HACC ASM SEEDING GRANTS FIRST ROUND

health

FINAL PROJECT REPORT

Focus 2: Partnerships & Focus 4: Building on Existing Work

NAME OF YOUR ORGANISATION: Wimmera Health Care Group (Grampians Region)

1. Title of Project

Co-location of Living at Home Assessment Officers (May 2011)

2. Aims and Objectives of Project

1. To improve the level of communication and cooperation between assessment services at Wimmera Health Care Group and Horsham Rural City Council especially LAHA Officers.
2. To establish a process for joint assessments between the 2 organisations.
3. To reduce duplication in the assessment process.
4. To implement coordinated care plans
5. To co-locate LAHA officers from both organisations for 1 to 2 days per week for a set period so they can support and learn from each other.
6. To provide a facilitator to work with the LAHA Officers from the two organisations to provide an independent person to work through any issues that arise between the staff and the organisations. The facilitator will maintain a project focus on the ASM principles.

3 Who was involved in your project?
Please identify the partners in the project
Please describe which staff have participated in the project, including their role?

WHCG and HRCC LAHA Officers
1. Work together to implement LAH and ASM principles across the catchment
2. Develop joint assessment and collaborative process between the organisations.
3. Support each other to develop as assessors
4. Conduct joint assessments where appropriate.

Line Managers at WHCG and HRCC
1. Support the joint location of LAHA Officers
2. Support the LAHA Officers to work collaboratively and develop joint assessment processes
3. Encourage LAHA Officers to develop their assessment skills, spend time learning about local service and health providers and what they can offer to clients in they way of services and skills development.
4. Providing staff with the time to develop the role of Living at Home Assessment Officer and understanding the importance of developing the role and not just conducting assessments

4. Please describe what you did in the project, including specific strategies/activities you undertook?

1. Locations established as per available rooms. HARP building WHCG & HRCC meeting room.

2. Acquired remote computer access for each LAHA computer.
-computer programs in HRCC/WHCG are not compatible. Unable to access/read all documents electronically or share database spreadsheets. Overcome some issues with scanning document but time consuming practise. Staff training required.

3. Initially, staff orientation program undertaken to both work facilities. Education required to other health workers in HRCC/WHCG regarding joint assessment process, breaking down barriers for referrals to both LAHA workers. Time given by management to enable a setup of logistics, develop relationships and promote interdisciplinary practice which is sustainable.

4. Promoting and introducing the role of LAHA.

- Liaised with Allied Health (OT, Dietetic, Podiatry, Social Work, speech pathology)
- Community Rehabilitation Centre and support groups (dementia support group, cardiac, pulmonary, & CDAMS)
- Alzheimer's Support services-Dementia Support Worker
- HARP (Chronic Heart Failure, Lung Support group, Social groups, Gym groups)
- DNS, Day Centre, Hospice, continence, Personal alarm assessment nurse, wound nurse.
- Commonwealth Carer Respite Centre/carer choice-Barkuma House, Support groups
- Wimmera Community Options-CACP & EACH packages, Linkages, Case management
- St Laurence and Villa Maria Case managers
- ACAS
- Meals on Wheels, Community services roles, Maintenance services, engineering.
- Liaised with local GP services (Tristar Medical centre) initially meeting with GP practise nurse and consequently invited to speak at a Monthly Dr's Meeting to explain role of LAHA.
- Liaised with Lister House Medical Clinic with practice nurses.
- Vision Australia-reciprocal sharing of information about services
- DVA services-Home Care services, personal care providers
- Invitations to be guest speaker at local groups and including presenting at Regional Day Centre forum, Best Practise conference.
- Wimmera Hearing Society
- Wimmera PCP
- U3a
- Grampians Psychiatric Services.

5. Attended open days organised by HRCC. Liaised with contacts from Vision Australia, legal services, Centrelink, Wimmera volunteers, Action Aids equipment and other community services.

6. LAHA workers have undergone training in PDSA, Health Coaching, Professional Supervisors, IT management, Elder abuse, Depression in the elderly, Assessment and Carer planning, interviewing skills, Mepacs (PAV) training, ASM training, Best Practice conference to assist in improving skills and establishing LAHA practise.(some of this was facilitated through the LAH Partnership Project (Janet Hall Project Officer)with funding drawn from initial HAS implementation grants)

7. Ongoing LAHA regional group meeting monthly.

8. Regular input and discussions with up line managers

9. Developed process for Work Instruction for Coordinating an integrated Approach between HRCC & WHCG for LAHA clients using the PDSA approach on establishing a process of identifying common clients/referrals.

10. HRCC forms adapted to guidelines set by Grampians LAHA Project Group providing a professional approach to incoming referrals. Researched standard referral form for GP's, adapted to state-wide referral forms, contacted GP surgeries/clinics and supplied with new referral forms.

5. How did you include client and carer views in the project ?

Consent from client/family requested at intake to share information with both organisations.
Client/carer informed that joint approach to assessment reduces duplication of services and more effective care planning for them.
A joint assessment enables the workers to respond to the person and their carer/family members individually.
Care co ordination planning with clients focusing on their right to determine their own needs and be actively involved in decision making.
Copy of the care coordination plan is provided to client/carer. This increases the ownership of their goals and actions.
Approach individualised and flexible according to their goals/needs.
Provided with information pack regarding the LAHA – brochure, privacy information, grievance information, contact numbers and specific organisational information.

Education for workers with PDSA training, "Better Questions", Health coaching, and goal setting providing a better, more informed method to working with client goals with an ASM approach.
Education and information sessions for community members and other health professionals on the co-location project providing brochure designed by WHCG on "Living At Home" with details of both organisations available enabling clients/carers to make a choice about access to LAHA.
Language appropriate for client/carer. Changed the way we introduced ourselves. Team approach. Commenced with title Living at Home assessor, not organisational based or service based.

6. What were the outcomes of your project?

A collaborative approach to client assessment. Better communication between HRCC & WHCG and other health professionals. Joint assessments also with other HACC providers (OT, Dietitian). Relationships established and barriers addressed.
Reduction of duplication of assessments where referrals sent to both organisations for service requests and of commonly shared clients.
Written processes completed for LAHA workers to identify common clients and plans to develop written processes to assist with ongoing collocation of services.
More holistic person centred approach to client care needs and wishes/goals.
Assessment paperwork shared between organisations where appropriate. Adapted IT systems to assist with this. Requires further investigation to establish better links.
For WHCG, referral pathway to LAHA has liberated time for district nurses to focus on services provided and allow LAHA to follow up with holistic approach, goal setting and review of goals.
Increase in demand for services as peoples needs have previously not been identified with service specific approach. Broader approach to addressing goals often identified by client themselves (solution based goals). Greater amount of referrals sent by both organisations, in particular, HRCC.
Local knowledge of services improved by workers.
Increased sense of value in job performance.
Assessments are now more comprehensive with secondary consultation and regular case conferences with multidisciplinary health teams.
For HRCC, whole change of practise.

Co Location plans to continue after project completed.

7 What have been the main benefits/achievements from the project?

Improved assessment process providing the client/carer with greater options to improve their ability to remain at home and independence. Clients/carers have greater ownership of their own decisions regarding their needs. Solution focus rather than service/task orientated approach.
Marketing of the LAHA as a team based on the position of Living at Home Assessment Officer rather than the organisation they are employed by or their base qualification.
Improved access to professionals and organisational structures. Acceptance of the integrated team by professionals within the organisations.
LAHA are accessible by the public/community.
Any access point enables a LAHA.

8. What were the major barriers/challenges to implementation and what strategies did you use to address these?

Initially, resistance to change of assessment style from other professionals within both organisations. Lack of understanding of what is a LAHA and the time involved in a more holistic assessment style. Burden of time constraints within organisations and the roles previously expected of workers. Push to continue with same turnover of 'numbers' of clients rather than outcome for client solution focus.
Also there were barriers, particularly for HRCC assessor, in access to areas of professional assistance/consultation. Seen as Home Help/Meals on wheels service provider rather than a Comprehensive Assessment Service. Nursing was more accepted in this area by other providers of services and groups in community.
There is an ongoing issue with incompatible computer systems/programs and unreliable external connections.
Non permanent external office to collocate. Use of rooms at both organisations where space is premium has provided a challenge. Creative flexibility, use of external modems and constant communication has overcome this issue to some degree.
The biggest challenge now for the collocation project is the continued sustainability.

The key to success of the project was the marketing of the Living at Home Assessors as a team.
Time was allowed by upper management to pursue attendance to open days, education, visiting other providers of service, meetings, groups in community, GP surgeries etc. This had major time implications for both organisations and release from assessment time on these occasions.
The way the assessors presented to all areas of the community and professionals alike was a team approach. The use of language was explored and an "Introduction to LAHA" was practised by the assessors and used in all aspects of the assessment process. The no wrong door approach was promoted by both assessors and followed up in secondary consultations.
Persistence and consistency with co workers to promote better understanding of ASM approach of assessment and building on skills of HRCC community workers to enhance this was vital and needs to be ongoing.
Some processes have been instigated to assist with ongoing communication process, detecting common approaches and a work in progress in an intake checklist for determining eligibility for a LAHA.
As sole workers in this role within our organisations the sustainability to continue if staff not available (i.e. extended leave) would be in jeopardy. Managers are aware of this and are currently exploring staffing possibilities.

9. What are the key learnings from the project?

Time free from the pressure of conducting assessments is required to establish the Living at Home Assessment (LAHA) process with in an organisation.
With out the support of line and senior managers the LAHA process will not reach its full potential with in an organisation.
Having the LAH Partnership Project develop resources and create the links between organisations prior to the commencement of this project enabled the project to have a structure to build on.

10 What strategies are you using to embed key learnings into ongoing practice?

Developing documents on LAHA processes between organisations.
Continued marketing of Living at Home Assessments in the community and organisations.
Ongoing regular meetings with LAHA regional group.
Access to IT to maintain our systems and links.
Ability to tap into each organisation networks.
Ongoing weekly inter service link.
Establish managerial meetings to support the collocation process and flow of information between organisations.

11. How can the learnings from your project benefit other organisations? For examples is there a final report/materials produced that can be disseminated.

Presentation shared with Grampians region LAHA project worker to be shared in Hume Region at their best practise conference. Informal talks with groups as required.
Support provided to two further projects commencing in the region.
A brochure was developed and has already been distributed to a number of organisations and the Department of Health
Both Wimmera Health Care Group and Horsham Rural City Council have freed LAHA Officers and Line managers to speak with organisations who are implementing Co Location Projects.
Policies and work instructions continue to be developed
A final report is being written.

12. In summary, how did this project help the participants move to a more ASM approach?

This collocation project has been a journey for the Living at Home assessors and their respective organisations as much as it would be for the clients whom we accept to assess in the ASM way. We have discovered strengths unknown/untapped and have been drawn out to utilise the skills in turn to assist the client and carers, community members and other service providers in understanding a better approach to providing care in the community. Seeing people reach their client focus goals, their sense of achievement and being empowered to be more independent in their lives in the community is unbelievably satisfying.