

HACC ASM SEEDING GRANTS FIRST ROUND 2010:

PROJECT PLAN PRO FORMA

health

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

1. Title of Project

Co Location of Living at Home Assessment Officers (July 2010)

2 Background and Rationale for Project (including links to key initiatives at a Department and/or organisation level)

1. To build closer links between LAH assessment services at Wimmera Health Care Group (WHCG) and Horsham Rural City Council (HRCC).
2. To establish joint assessment processes (LAH) between the 2 organisations.
3. Identify opportunities where HACC assessment and ASM can build on Integrated Chronic Disease Management work.
4. Expand in-service training to assessment officers by local allied health practitioners from partnering community health services or district nursing services. For example training in continence management, dementia, nutrition, functional assessment and mobility all of which are relevant to the ASM approach.
5. Investigate processes to decrease duplication and improve communication.

3. Project Aim and Objectives

1. To improve the level of communication and cooperation between assessment services at WHCG and HRCC 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/LAH principles.

4. Anticipated Project Outcomes and how these will support an ASM Approach

1. Part of the facilitators' role will be to develop a whole of region approach to implement ASM, rather than individual organisational approach's.
2. Strong links will be established between the WHCG and HRCC (especially between LAHA Officers) and these links will remain and continue to develop post the project.
3. Both organisations will develop a greater understanding of what services are available across the region to support clients to remain independent with in their homes and the community.
4. Develop a process for regular Client Case Conferences between the organisations to discuss clients in common and seek feedback and support from each other.
5. Use the Case Conferencing process to involve other health professionals and service organisations to improve client outcomes, assist clients to achieve their goals and maintain their independence.

5. Strategies to gain ongoing sustainability

1. As the LAHA Officer roles at both WHCG and HRCC are funded on an ongoing basis the processes established during the initial implementation phase are able to be maintained at no additional cost to either organisation.
2. With the relationship between the LAHA Officers and organisations established during the project, these should continue to grow and develop after the project is completed.
3. Both organisations will share a standard set of documents as determined under the Grampians Living at Home Protocols and the associated MOU which has been signed by both organisations.
4. Documents that fall outside the protocol will be shared by both organisations. If required WHCG and HRCC will develop joint documents to meet specific requirements.
5. The project will allow both organisations to observe the benefits of closer links producing positive outcomes for clients and an increasing level of job satisfaction for staff. These closer links will become embedded in every day processes over time.

6. Anticipated project commencement and completion dates

1. Commence July 2010
2. Facilitation until December 2010
3. Joint location commenced August 2010
4. Project conclude March 2011
5. Joint location may continue after March 2011, weekly case meetings will continue beyond this point even if co-location ceases.

7. Who needs to be involved in the project. Please identify key stakeholders, their roles and what they will do, specifying project partners where applicable.

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.

Facilitator

1. Support the LAHA Officers and organisations to work cooperatively, develop joint assessment processes and work through any issues which may arise.

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 the way of services and skills development.

9. Project Plan – Stages, Key Tasks/Strategies, Deliverables and Timeframes

1. Appointment of LAHA Officers
2. Establish co-location
3. Commence case management meetings
4. Appoint Facilitator
5. Initiate joint assessments
6. Develop and implement shared processes and documentation
7. Review Progress

- 10 Management Arrangements for the Project

1. Funds Holder – Wimmera Health Care Group
2. Wimmera Health Care Group LAHA Officer reports to District Nursing Service Unit Manager
3. Horsham Rural City Council LAHA Officer reports to General Manager Community and Enterprise Services

11. Client Participation. How will client and carer views be incorporated as part of this project

1. Both organisations have robust client feedback processes in place and clients will be encouraged to utilise these.
2. The implementation of this project is fluid enough to allow for client/carers input influencing the project as it progresses.
3. Each client who has a LAH Assessment will have at least one follow up review at which feedback from the client on the processes will be sought and encouraged.
4. This process is client focused with the client setting their goals, supported by a key worker (LAHA Officer) who coordinates the plan to support the client to achieve their goal(s).

12. Risks and their management

1. The Wimmera HACC Living at Home Assessment project has developed risk management strategies around home visiting which have been adopted by both HRCC and WHCG LAHA Services.
2. The use of a paid facilitator will allow issues which may have had a negative impact on the project to be worked through to achieve a satisfactory outcome for both organisations.
3. The recurrent funding of the LAHA Officers ensures that the service will continue beyond the project completion date.
4. The close working relationship developed between WHCG and HRCC over the course of the project and the associated benefits for the clients and the staff helps minimise the risk of these services not collaborating or integrating in the future.

13. Detailed Budget Breakdown

1. Facilitator - \$14,675.70 over a six month period.
2. Shared office space - \$3,900.00 (it is hoped that this will continue post the project)
3. Laptop computers for each LAHA Officer - \$3,000.00 (2 x laptops)
4. Operating platforms and remote access back into organisations server for laptops - \$1,000.00

Total - \$22,575.70

14. Evaluation. How will you know the project aims and objectives have been achieved?

1. Implementation of regular joint assessments
2. Establishment of regular client case meetings
3. The development and implementation of LAH processes between the two organisations.
4. That collocation has actually occurred
5. Feedback from staff
6. Clients are not receiving multiple assessments.