

PROJECT BRIEF

Aims of the WHY Project

The aim of this project is to provide HACC eligible clients with access to a broad range of HACC Allied Health and other services in the local government areas of West Wimmera Shire, Hindmarsh Shire and Yarriambiack Shire - AND

To promote a partnership approach between HACC Assessment Services and HACC Allied Health teams in the nominated Shires.

Project Objectives

- To enhance access to allied health services in the specified LGAs
- To increase referral to Living at Home Assessment Officers
- To promote a person centred and enabling approach to all HACC services delivered in the specified LGAs
- To remodel the availability and delivery of Personal Care services through increased involvement of Allied Health clinicians and more flexible service delivery

Participating Organisations

- West Wimmera Shire - HACC Assessment Service
- Edenhope and District Memorial Hospital - HACC Assessment Service
- Harrow Bush Nursing Centre
- Hindmarsh Shire - HACC Assessment Service
- West Wimmera Health Service – HACC Assessment Service
- Dunmunkle Health Service - HACC Assessment Service
- Woomelang Bush Nursing Service
- Yarriambiack Shire Council - HACC Assessment Service
- Rural North West Health
- Department of Health, HACC Program - Grampians Region

Process for Change and Objective Achievement

Increased Allied Health Access

Prior to commencement of the WHY Project in December 2012 there was limited uptake of some HACC Allied Health services in the Shires of West Wimmera, Hindmarsh and Yarriambiack. Access for HACC clients to Allied Health was at times problematic in the areas of West Wimmera Shire and Yarriambiack Shire.

In 2012 the State Government of Victoria (HACC Program) advised that further Allied Health funding was to become available for an increase in HACC Occupational Therapy and Physiotherapy. At this time the Grampians Region HACC Program announced that part of this increase in funding would be based at West Wimmera Health Service to supplement their existing Allied Health availability – and – to extend their service geographically to include the Shires of West Wimmera and Yarriambiack.

A meeting was held in December 2012 with relevant service providers in the three Shires to commence the planning and implementation of this project which included:

- The level of OT/PT service which will be made available and dates of service delivery
- The actual location for service delivery
- A client centred approach to service delivery that is required in the HACC Program
- The building of close working relationships with HACC Living at Home Assessment Officers in each of the Shires
- An evaluation plan to determine if this model of service delivery is reaching its intended target
- The development of supportive documentation to assist the relationship building and working arrangements Within and between the three Shires
- The formation of a Project Working Party which includes all relevant stakeholders in the three Shires to guide and support the project through until completion in June 2014

Increased Usage of Living at Home Assessment Services

In 2007/8 there were seventeen HACC Assessment Services (HAS) designated in the Grampians Region. Within the project boundaries there are five HAS services which are based at: West Wimmera Shire Council, Hindmarsh Shire Council, West Wimmera Health Service, Yarriambiack Shire Council and Dunmunkle Health Service.

During the period 2008 to 2012 the Living at Home Assessment Officers have worked hard to develop their own practice and shared practices within the Grampians Region. Referrals specifically for a Living at Home Assessment are quite low but have shown some improvement over time.

Each HAS service has identified its own client base and routinely provides a Living at Home Assessment for each client newly engaged. This has had varying success dependent on where the service is based and their access to the target population of HACC clients.

A key objective of the WHY Project is to ensure that there is:

- An increase in usage of Living at Home Assessments in the Grampians Region
- An increase in the working relationships between HAS and HACC Allied Health teams within the nominated Shires

- Support for Living at Home Assessors to familiarise themselves with Allied Health roles and effective referrals for proactive, enabling allied health professional assessments
- Clear referral pathways between Allied Health and HAS assessors

Changes to Personal Care service delivery

In many instances the delivery of HACC personal care has been limited to basic support such as assistance with Personal Activities of Daily Living and respite services.

Since the introduction of the Active Service Model expectations of service delivery models have been challenged and a clear focus placed on service delivery being person centred and enabling. The Active Service Model promotes the opportunity for clients to maintain and/or enhance their capacity to manage independently and work with the service delivery agency to ensure that service delivery is flexible and delivered appropriately.

In 2012 the State Government of Victoria announced an increase in HACC personal care funding to promote the use of a person centred approach to service delivery and service delivery flexibility.

Consultations have been undertaken within the Grampians Region HACC sector to promote a broader, more flexible understanding of what is reportable under personal care in MDS reporting.

Building strong relationships between Allied Health and HAS Assessors through the WHY Project is anticipated to increase referrals from HAS Assessors to Allied Health for a capacity building, restorative and preventative approach to personal care service delivery.

The use of personal care services to enhance and support allied health treatment plans is being encouraged within the Grampians Region. In reverse, early referral to allied health clinicians is encouraged as a way to assist clients with maintaining their skill capacity and developing new skills to support their ongoing independence. This includes such things as:

- Occupational Therapy assessment to determine the types of assistance clients may need to access social networks, maintain personal and domestic activities of daily living and reach their chosen goals. This assessment may lead to a Home Support Worker providing assistance for the client to:
 - access social engagements
 - try different ways or new equipment when dealing with household problems
 - go shopping at the supermarket, or have help in preparing meals rather than reliance on a delivered meals service
- Physiotherapy assessment to help manage pain, body flexibility and mobility problems and encourage a healthy exercise regime. The Home Support Worker may work with the client and the physiotherapist to:
 - continue an exercise program at home
 - do targeted activities with the client such as a walking program
- Dietetic assessment can be provided prior to the introduction of delivered meals on wheels services to ensure that the right type of meals are prepared and/or delivered, or to assess unexpected weight loss or gain. The Home Support Worker may be engaged to work with the client on:
 - meal preparation in the home rather than introduce a meals on wheels service
 - prompt clients to maintain a healthy diet
 - assist clients to plan and shop for healthier food

- Assessment by a podiatrist to determine the cause and treatment of foot problems that may be limiting the client's mobility and comfort – this can also lead to a maintenance program being developed for the Home Support Worker to provide assistance to the client with foot care

Enhanced person centred, enabling approach

The Active Service Model and the WHY Project focus closely on the need for:

- Client inclusion in all decision making and service planning
- The use of allied health clinicians to maintain and enhance capacity and choice
- Referral to other service agencies in the community to promote choice and available options
- A strong emphasis on ability and strengths rather than a deficits based model of service delivery

Client focussed Project Working Party

The WHY Project will be supported through the development of a client centred Working Party to guide and monitor progress towards objectives. This Working Party will allow for representation from all key stakeholders and will meet as required through the life of the project.

Project Evaluation

The WHY Project will be evaluated using the following strategies:

The number of clients being provided with a service

- Type of service
- Location of service delivery
- Referral pathway
- Hours of the service
- Time wastage in terms of missed appointments, no appointments
- Travel time – given that the allied health clinicians are travelling across three Shires

The quality of the service being offered

- Client satisfaction
- Support Plan audits
- Clinical outcomes

The number of activities the allied health clinicians participated in/provided

- Secondary consultations and who with
- Group training
- Client specific training
- Joint assessments

Monitoring of targets and on-referrals

- Quarterly monitoring of MDS targets
- Quarterly monitoring of on-referrals from allied health clinicians and HAS assessment officers

Key Milestones

The key milestones for the WHY Project will be:

- Commencement of the Occupational Therapist and Physiotherapist within the three Shires – estimated to be April 2013
- Agreement reached in relation to actual days of service delivery in each Shire, referral pathways, service delivery locations and client fees (collection and actual fees for service) – estimated to be March 2013
- Training opportunities for allied health clinicians and HAS assessment officers to share joint client visits to learn from each other and promote cross referral – anticipated to be an ongoing activity
- Six monthly project evaluation reports to be completed in July 2013 and January 2014
- Final project report to be completed and distributed in June 2014
- Project Working Party and HACC Program (Grampians Region) to determine the future funding of this model of service delivery – June 2014