

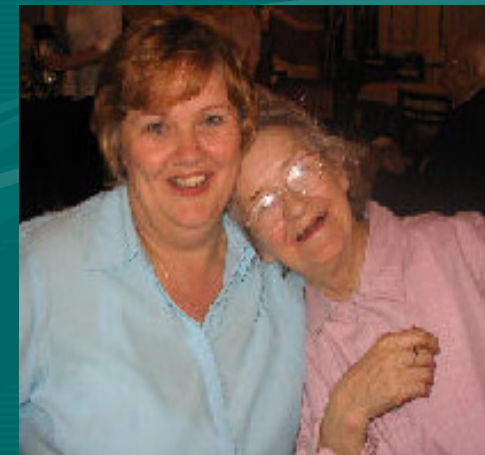
Bendigo and Heathcote's Active HACCC Project

A collaborative initiative between
the City of Greater Bendigo, McIvor Health
and
Bendigo Health Care Group



Current HACCC Service

- HACCC aims to prevent premature admission to long-term residential care.
- Over the years many people have become dependant on these services.



HACC Active Service Model

- The Active Service Model
 - Successful ageing
 - Emphasis on capacity building
 - Person centred approach
 - “Well for Life”

Part of new approach to HACC
assessment



Victorian HACC ASM projects

- Moreland City Council Independent Living Program
- Baw Baw Shire Low Maintenance Gardens Project
- Alpine Shire Home Independence Program
- Murrindindi Shire Look Good, Feel Good, Eat Well Project



HACC service provision in Bendigo and Heathcote

- Bendigo – HACC Ax by Nursing or Allied Health staff from Home Assessment and Rehabilitation Team (HART). OT and Physio assessment by internal referral.
- Heathcote – HACC Ax by McIvor Health HACC Assessors. OT and Physio assessment by referral to Rural Health Team.



Aims of Bendigo/Heathcote Active HACC



- To identify clients who have the desire and the potential to improve their independence
- To decrease the reliance on long term services
- Provide Community Care Workers the opportunity to increase their skill level
- To measure the satisfaction of Community Care Workers and clients taking part in the new program

Project team

- Project Manager– Carol Parker (CHERC)
 - Kay Ford (OT), Kim Hitchman (Physio) from HART
 - Bendigo - 32 Personal care & General home care staff from COGB
 - Allied Health assessment provided by Kay and Kim
 - Heathcote - 5 Personal and General home care staff from McIvor Health
 - Allied Health assessment/treatment provided by Nicole Roberts (OT) and Penny Limmer (Physio) from RHT



Eligibility

- HACCC eligible
- Capacity to consent
- Ability to improve functional ability/capacity
- Willing to participate
- Require HACCC Allied Health to improve function
- Have expressed motivation to improve functional independence in personal care or domestic tasks
- Supportive carer (if applicable)

Active HACCC Referral & Assessment

- Referrals will be received from
 - HACCC Assessors
 - Council
 - General Practitioners
 - Self referral
 - Other
- Assessment and review will be completed by an Occupational Therapist and/or a Physiotherapist



Active HACCC Assessment

- Initial Assessment Tool (includes physical measures)
- Activity Assessment – Domestic Tasks
- Activity Assessment – Personal Care Tasks
- Client Care Plan
- Client Weekly Action Sheet

Client Activities

- Client's plans may include:
 - prescribed home exercise programs and/or be linked in to appropriate community based services
 - altered techniques for completing domestic tasks more easily
 - altered techniques for achieving independence in personal care



Training of Community Care Workers

- Community Care Workers will volunteer to be involved
- They will receive:
 - Training and support to include new techniques into their current roles
 - Ongoing support to assist clients to reach their goals
 - Ongoing support to assist in the transfer of tasks to clients that they may have previously been doing for them.



Equipment Pool

- Domestic & personal care tasks:

Equipment available for trial and short term use

- Exercise/strength training:

Weights and other simple equipment available for use



Evaluation and Continuation of Active HACCC

- The success of Active HACCC will be assessed during the first year, including:
 - Client satisfaction
 - Community Care Worker's satisfaction
 - Success of clients in achieving their goals
- Changes will be made to the program, as needed, to promote satisfaction and successful results for all involved



Progress so far

- Assessment tools/Care plans/ Weekly action sheets drafted
- Referral and communication processes developed
- Identification of equipment needs and funding secured
- 37 CCW's recruited and training through BRIT commenced



- Client Active HACC folder developed
- Development of Active HACC brochure
- Presentations/ inservices
- Liaison with community exercise groups
- Investigation of transport options
- Liaison with COGB regarding flexibility of tasks

Bendigo

- 35 referrals
- 1 inappropriate.



Heathcote

- 6 referrals received by RHT
- Liaison with Vic Fit trained Strength Trainer for home-based exercise programs
- Smaller town/ Closer relationship between clients and service provider
- Greater flexibility within HACC service



Issues identified/strategies implemented

- Initial referrals - not typical of HACCC clients

→ Further education of HACCC assessors/referrers

Reviewing HACCC Assessment waiting list

Presenting at Case Conference meetings

- Client/ family member reluctance to try different approach

→ Picking up direct from waiting list

Involve family member in initial meeting

Rethink terminology used

Stagger goals

Increase use of social support visitor program



- Client / CCW relationship issues

→ Encourage CCW to be part of program with focus on clients goals

Service provider recommending change in staff to decrease this

Increase other social support networks



- Limitations on marketing to community

→ letter to current clients with brochure

Potential for further marketing as positive stories evolve



- Complexity of consent form

 - Client is provided with a summary consent form

- Delays in training of CCW

 - Provision of workshop by Allied Health staff to CCW's



- Heathcote

Additional workload issues for Allied health staff

Limitations in response time and follow-up with clients

→ Staggering new referrals

HACC Assessors complete consent form and non AH part of initial Ax form

Communication processes – phone/fax



Look out for our final report in
2009!

