



# EMR HACC Alliance e-Bulletin

Eastern Metropolitan Region (EMR) Home and Community Care (HACC) e-bulletin - a resource to help all EMR HACC funded services implement an ASM approach.

Issue 12, April 2013

## Special edition: Supporting ASM and Diversity Planning 2013

### Inside this issue:

ASM and Diversity Planning 2013—Introduction	1
ASM and Diversity Planning - Frequently Asked Questions	2
ASM and Diversity Planning - Case Study example: Penumbra Centre Inc.	3
ASM and Diversity Planning - useful tools & resources	4
EMR HACC Alliance Meeting Dates 2013	4

Plans are nothing;  
planning is everything

*Dwight D. Eisenhower*

### Introduction

As you would all now be aware, EMR HACC organisations are required to undertake a consolidated Active Service Model (ASM) and Diversity Planning and Review process for 2013–14.

Each organisation will need to provide:

- A progress report on the 2012-13 Active Service Model Implementation Plan (including HAS Action Plan for designated agencies)
- A progress report on Year 1 of the Diversity Planning & Practice Plan (2012-15)
- An updated Diversity Plan for 2013-15

To assist with the review and planning process, you should all have received the following documents via email on 19 April 2013:

- An Information Sheet* explaining the proposed state-wide alignment of ASM and Diversity reporting cycles, and how this is to be implemented in the EMR
- The *ASM & Diversity Planning for 2013-14* template
- A *Case Study* template
- Four *ASM & Diversity Evaluation Planning* examples

Whilst organisations are not required to submit updated ASM or HAS plans for 2013-14, there is provision on the Diversity Plan 2013-15 Pro forma for the inclusion of current or updated ASM priorities if organisations would like to commence consolidating ASM and Diversity Plans during the current planning period. Please note, this is optional, as the state-wide alignment of ASM and Diversity reporting cycles will occur in 2014-15.

If you require further assistance, a list of ASM and Diversity Planning tools and resources is included on page 4 of this bulletin.

For clarification on any of the above information, please contact Lisa Dean, ASM Industry Consultant or Belinda Gillam, HACC Diversity Advisor.

### Important Dates

Mon 20 May	Draft ASM & Diversity Pro Forma to be submitted to the DH EMR office for feedback (optional)
Tues 21 May	ASM & Diversity Evaluation Planning Workshop (optional) Time & venue to be confirmed
Fri 31 May	Completed ASM & Diversity Pro Forma due to be submitted to the DH EMR office



## ASM and Diversity Planning 2013-14 Frequently Asked Questions

### Does my HACC funded agency need to complete the *EMR ASM and Diversity Planning Pro forma 2013-14*?

You need to complete the *EMR ASM and Diversity Planning Pro forma 2013-14* if the Eastern Metropolitan Region leads the management of your agency's HACC service agreement. HACC funded Senior Citizen's programs and those services that do not provide direct services to clients are excluded from the EMR ASM and Diversity planning process.

If you provide HACC services across other Department of Health (DH) regions we will forward your planning documentation to the relevant DH regional office.

If you provide HACC services in the EMR region, but you primarily report to another DH region (ie: Southern Metropolitan Region) you are not required to complete the EMR ASM and Diversity Planning documentation. Other DH regions will provide you with information about their own planning processes to support ASM and Diversity in due course.

### My agencies submitted an ASM Implementation Plan in October 2012. Why am I being asked review it in May 2013?

The planning and reporting cycle for ASM Implementation Plans has changed to align with the Diversity Planning cycle.

This year, EMR HACC agencies need to review and report progress against priorities and actions identified in their 2012-13 ASM Implementation Plans. There is no expectation that all priorities and associated actions will be complete. The timelines for this current 2012-13 plan is extended to April/May 2014.

EMR HACC agencies are not required to submit a new ASM Implementation Plan for the 2013-14 period but if you identify that some your existing actions need to be modified, we encourage you to update these accordingly.

### The template looks similar to those we have completed in previous years for ASM and Diversity but there are some distinct differences. Why?

The reporting documentation for ASM and Diversity planning has been consolidated into a single template. The *ASM and Diversity planning Pro forma* includes a

range of activities to support EMR HACC agencies to plan for, and collect evidence to demonstrate how ASM and Diversity is being implemented. The Department of Health has identified the collection this evidence as a priority for all Victorian HACC service providers in 2013-14.

### I have read that ASM will be incorporated as a part of the EMR local area planning approach. What does this mean?

In 2012 EMR HACC agencies were supported to developed Diversity Plans using a local area planning approach. This approach sought to build on existing local partnerships to identify and plan for Diversity priorities within a local government area. The EMR HACC Alliance will continue to provide opportunities for EMR HACC agencies to share ASM and Diversity priorities within and across local area catchment areas and we encouraged you to consider all potential partnerships (both HACC and non HACC) that might support the best outcomes for your clients.

As part of the ASM and Diversity planning process for 2013-14, the DH EMR office will develop a summary of ASM and Diversity priorities and actions for each of the 7 local planning areas across the EMR.

### What resources are available to support the ongoing implementation of ASM and Diversity Planning and Practice?

ASM and Diversity planning are 2 elements of a broader quality framework. Planning needs to be considered as part of your agency's continuous quality improvement cycle with priorities and actions commensurate with your capacity and funding level.

The EMR HACC Alliance seeks to support the implementation of ASM and Diversity within the context of a broad quality improvement agenda. The Alliance supports effective information sharing between agencies, promotes collaborative problem solving and seeks opportunities to strengthen and/or create new partnerships to address common issues. A range of resources have been developed through the Alliance and these are available you for to access at the EMR HACC website (refer to page 4 for details)

### What are the timelines for submitting the *EMR ASM and Diversity Planning Pro forma 2013-14*?

All agencies must complete and submit the *EMR ASM and Diversity Planning Pro forma* template to the DH EMR office by Friday 31 May 2013.

Agencies may submit a draft of the planning documents by Monday 20 May 2013 and the DH EMR office will prioritise the provision of feedback within 3 working days.

For further information or support please contact:

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## ASM in Practice - Case Study

### By Jacque Moffat, Penumbra Centre Inc.

#### Introduction

Penumbra Centre Inc. was originally established in Heathmont in 1978 as a day centre for adults with vision impairment. Over the years, the nature of the service has broadened and now includes quality group and social activity programs and respite services for a diverse range of people including the aged, people with sensory impairment, intellectual disability, brain injury or mental health disorders.

Penumbra operates a HACC funded Planned Activity Group (PAG) for approximately 30 people. The program runs over 2.5 days per week during the school term and is supported by a Program Lead and a group of dedicated volunteers.

For many years, the program had continued to operate without significant change but with movement at both the Committee of Management and staffing levels a decision was made to relook at the service delivery model within the context of the Home and Community Care (HACC) Active Service Model (ASM). Additionally, it was hoped that service enhancements would reverse the recent decline in program attendance.

#### Our Approach

The introduction of Goal Directed Care Planning (GDGP) was identified as a priority in Penumbra's ASM Implementation Plan in 2011-12. Until that time, care plans were static documents, containing only the information necessary to comply with health and safety related issues.

The Program Manager realised early on that the approach needed to be structured in a way that would cause minimal disruption to the program while giving consideration to the capacity of the staff. The decision to delay the commencement of term 1, 2013 by one week to undertake the process was agreed.

The Program Manager pre-scheduled a time to meet with every person attending the PAG over a one week period. The meetings took place in people's own homes and the benefits of this approach became very clear when previously unengaged carers were invited, and accepted the opportunity to be involved in the care planning discussion.

The response to the home visits was very positive. In particular, the visits to people residing in Supported Residential Services (SRS) resulted in one resident commenting that the visit made him feel that his personal opinions mattered and that his involvement in the activities of the Penumbra Centre were valued.

The Program Manager used the GDGP Template developed as part of the [EMR PAG Pathways Project](#) to document discussions with people using the Penumbra Centre including their likes, dislikes, strengths and preferences.

#### Outcomes to date and key learning's

Attendance at the PAG has improved with a noticeable increase in the number of people living in SRS accommodation engaging with Penumbra. Participants now have a greater involvement in program planning and the program options are more varied and flexible to meet the needs of individuals.

The Program reflected that the process of GDGP is very rewarding however it requires commitment at all levels and can be complex if staff have not been involved in the process before. Further, it is important to be realistic about the time it takes.

#### Where to from here?

Staff and volunteers at Penumbra are still learning about, and practicing this new approach but are confident that Penumbra is on track to providing a service which empowers all people to be involved in choices and decisions that impact their care.

A review of all care plans is scheduled for 6 months time.

*Goals identified by people using our service were often different to what we expected. Through discussion, one long term attendee shared his desire to improve his literacy skills.*

*A volunteer has since been working one-on-one with him to the extent that he is now confident enough to venture into the world of computers*

All EMR HACC agencies are required to submit a case study as part of the ASM and Diversity Planning process for 2013. The case study should demonstrate the impact of implementing ASM or Diversity from a client or carer and system improvement perspective. All HACC Assessment Services, Community Health Services and large non Government HACC funded agencies are expected to submit a *written* case study. Smaller HACC funded agencies are invited to take part in a phone interview to provide an example for publication.

A case study template is available from the DH EMR office to assist with the documentation of the case study. Thank you to Jacque Moffat from the Penumbra Centre Inc who has kindly shared a case study of their own.



## Resources to support ASM and Diversity planning 2013-15

- Both the Inner East PCP and Outer East PCP host the EMR HACC Alliance web pages which include a range of resources that might help you to design the right evaluation strategies for ASM or Diversity priorities and actions. Look at the following websites or click on the hyperlinks below to access specific resources:

<http://www.iepcp.org.au/active-service-model-emr-hacc-alliance>  
<http://www.oehcsa.org.au/special-project>

- [Designing effective evaluations](#)
  - [Designing project evaluations \(powerpoint\)](#)
  - [Strategies to evaluate common ASM actions](#)
  - [Choosing the right outcome measures \(powerpoint\)](#)
  - [Identifying 'measures of success'](#)
  - [Sample ASM staff survey](#)
  - [Evaluation Resource list](#)
- ASM and Diversity—Evaluation Planning introduction and examples: This resource provides four examples to help you design of an evaluation strategy to support section 5 of the ASM and Diversity planning pro forma
- Case Study Template: The case study template provides a guide to documenting a good case study and includes questions to prompt thinking about the type of information to include in the case study

## EMR HACC Alliance Meeting Dates 2013

**EMR HACC Alliance** meetings provide the opportunity for *all EMR agencies* to effectively share their knowledge and key learnings and access resources. The meetings feature HACC updates, group discussion, and collaborative problem solving and education sessions. From time to time, the Broad Alliance meetings will be followed by short term, fixed Focus Group meeting to complete specific pieces of work (i.e. development of a MOU). We welcome your feedback about the EMR HACC Alliance and associated activities via email [emr.asmalliance@health.vic.gov.au](mailto:emr.asmalliance@health.vic.gov.au)

Tuesday 25 June	9.00-11.00 am	<p><b>Session includes:</b> Interactive Presentation by Mullum Mullum Indigenous Gathering Place and Eastern Health to support good practice Aboriginal and Torres Strait Islanders Communication Protocol</p> <p><b>Waratah Room</b>, City of Whitehorse, 379-397 Whitehorse Road, Nunawading</p>
Tuesday 13 August	9.00-1.00 pm *Extended session and venue change	<p><b>Session includes:</b> a 3 hour Dementia Community of Practice Forum which aims to provide information about the range of services and resources available to support the delivery of HACC services to people with dementia and their carers</p> <p><b>Willis Room</b>, City of Whitehorse, 379-397 Whitehorse Road Nunawading</p>
Monday 21 October	9.00-11.00 am	<b>Ground Floor Conference Room 1 &amp; 2, DHS, 883 Whitehorse Road Box Hill</b>
Wednesday 4 December	9.00-11.00 am	<b>Ground Floor Conference Room 1 &amp; 2, DHS, 883 Whitehorse Road Box Hill</b>