



EMR ASM Alliance e-Bulletin

Eastern Metropolitan Region (EMR) Active Service Model (ASM) e-bulletin - a resource to help all EMR HACC funded services implement an ASM approach.

Issue 9, September 2012

ASM Implementation Plan Review 2011-12 & ASM Implementation Planning 2012-13



Thank you to those EMR HACC agencies that have submitted their review of 2011-12 ASM Implementation Plans and 2012-13 Implementation Plans to date. For all other agencies, the review of 2011-12 ASM Implementation Plans and the planning for 2012-3 Implementation Plans should be well underway, with all Plans to be submitted to the regional office by Monday 1 October 2012.

HACC ASM Implementation planning requires agencies to identify a range of priorities and actions to progress their ASM work. The ASM Implementation Plan provides a structured approach for recording and checking progress against quality improvement activities.

While the Department of Health HACC regional office is sensitive to the fact that agencies will vary in their progress towards an ASM approach, it is expected that the majority of HACC agencies will have started to put the ASM approach in practice. We encourage all agencies to think about how you can demonstrate evidence of processes and practices to support this within the ASM Implementation Plans.

Review of ASM Implementation Plan 2011-12

- Describe for each strategy; what you did, who was involved, your achievements, challenges and outcomes. Think about what evidence you have to support your reflections. If a strategy has not been completed, please include a comment on your progress to date and then add the strategy to your Implementation Plan for completion in 2012-2013

Development of ASM Implementation Plan 2012-13

- Agencies are required to develop tangible actions (which should be realistic, achievable and measurable) that will contribute to achieving identified priorities
- There is no specified number of priorities that each agency will be required to identify
- The scale of an agency's Implementation Plan should be appropriate to the capacity of the organisation and the scope/size of their HACC funding
- Actions may change over time (despite the best intentions, not everything works). Utilising a PDSA approach is helpful to ensure that changes can be piloted, their impacts understood and approaches modified to optimise outcomes.

Inside this issue:

ASM Implementation Planning	1-2
Setting Outcome Measure	1
ASM in Practice—Responding to Behaviors of Concern Caladenia Dementia Care	3
Access & Support	4
Useful tools & resources	4
ASM Alliance Meeting Dates 2012	4

Its better to take many small steps in the right direction than to make a great leap forward only to stumble backward

Old Chinese proverb

For further information about the ASM Implementation planning process please contact:

Lisa Dean, ASM Industry Consultant
P: 9843 1738
E: lisa.dean@health.vic.gov.au



Identifying Appropriate 'measures of success'

By Kate Pascale, ASM Alliance Consultant

You need to know what question is being asked before you know if you have the right answer



Over recent months many Alliance members have raised questions about evaluating the ASM and Diversity actions. A review of existing ASM and Diversity Plans has identified that this remains a challenge for many agencies.

The following information has been prepared to support the development of appropriate measures of success. The resource, along with a range of practical examples has been forwarded to all Alliance members (and will be available on the ASM Alliance web page shortly)

Additional resources to support the establishment and completion of evaluations are also located on the ASM Alliance website at:

- http://www.iepcp.org.au/sites/www.iepcp.org.au/files/Common%20project%20themes_evaluation%20matrix_20110207.pdf
- <http://www.iepcp.org.au/sites/www.iepcp.org.au/files/evaluation%20methodologies%20>

The ability to demonstrate the quality and impact of our work is increasingly important and for HACC services, designing evaluation strategies is an integral part of organisational planning. As such, defining clear 'measures of success' has been incorporated as a key component of the planning templates for both the ASM and Diversity.

The table below seeks to clarify the key steps required to develop appropriate 'measures of success'.

<p>Step 1 Define the change you are hoping to achieve (your priority)</p>	<p>Your priority should clearly describe:</p> <ul style="list-style-type: none"> • The target group that you are working with (e.g. a particular group in your community, clients, staff, your organization and/or a partnership) • What will be different for the group (e.g. improvements in access to your service, health outcomes, referral pathways, revised policies) <p>Be specific – once you know exactly what you are hoping to achieve, you can design more targeted actions.</p>
<p>Step 2 Develop a strategy that you can realistically take to achieve this change (your action)</p>	<ul style="list-style-type: none"> • Outline the key steps that will be taken to address the priority. Ensure each action is clearly defined and measurable. • Set realistic timelines about when each action will be completed
<p>Step 3 Identify who needs to be involved in order to successfully achieve this change</p>	<ul style="list-style-type: none"> • Consider whether there are other agencies (within and beyond HACC) who you can partner/collaborate with in order to achieve the best results. • Allocate responsibility to a specific person to ensure each action is completed
<p>Step 4 Consider how you will demonstrate that the action has been completed and measure the change that has occurred (your measures of success)</p>	<p>Define the strategies you will use to:</p> <ul style="list-style-type: none"> • demonstrate how well the action has been completed (process measures) • understand the difference the action has made (impact measures)



ASM in Practice - Responding to Behaviours of Concern

By Sarah Yeates, Caladenia Dementia Care



Caladenia has a younger person with younger onset fronto-temporal dementia visiting our day program several times each day. He is in his mid thirties and very fit and well physically. Lets call him James.

James calls on us several times through the day, he plays the piano for us, eats a savoury snack from one location, a sweet snack from another, and then juggles for us. Sometimes we can persuade him to stay for a meal if one is ready to serve.

James' dementia has resulted in a lack of inhibitions (both verbal and physical) and some very repetitive behaviours such as ringing the door bell 10 times, jumping and touching the gutters outside, and jumping and touching each of our pendant light fittings in the hallway. Whilst the behaviours do not concern the staff in any way – this behaviour concerned his Mother and the paid carers. It could also have caused an injury as James was starting to touch the lights with more force at each visit.

Carers tried distraction – James would not be distracted from the behaviour until he had finished. Carers tried admonition – Telling James not to do something had no effect – he would continue the behaviour and apologise afterwards. Some carers tried to physically restrain him from jumping – but James does not respond to touch that he has not initiated – and carers were told quite calmly “please take your hands off me.”

Staff at Caladenia brainstormed the problem – and the answer became clear. ‘

So we called an electrician and had the lights shortened – they are now almost a meter higher. James can now jump without anyone worrying that he or the lights might be hurt.

Sometimes the answer for a behaviour of concern has nothing to do with the person at all! Instead the environment which caused James to want to jump has been altered.



Aaron our electrician modifying Caladenia's lights

For further information about Caladenia Dementia Care please contact:

Sarah Yeates
E. Caladenia@caladenia.com.au
P. 9727 2222

HACC Training & Education

As many of you will know, a review of the HACC state wide training functions has been undertaken with recommendations to centralise the function from July 2013. The department is seeking to engage a suitably qualified and experienced registered training organisation (RTO) to provide the Victorian HACC Education and Training Service. The successful tenderer will plan, coordinate, promote and deliver education and training to the HACC workforce across Victoria.

The Victorian HACC Education and Training Service will also develop and maintain a Victorian HACC Education and Training Website, in consultation with the department, as a central portal for information about HACC funded and other relevant education and training opportunities. Information about HACC education & training is available at www.health.vic.gov.au/hacc/projects/workforce_training.htm and http://www.health.vic.gov.au/hacc/projects/workforce_training.htm

In the meantime please visit <http://www.miceastmelb.com.au/EMRHACCTraining.htm> to view EMR HACC training available across the region.



Access & Support

The Migrant Information Centre (Eastern Melbourne) has a new program called Access & Support (A & S) which will provide short-term, individual help to Home and Community Care (HACC) eligible people who need some extra support to access HACC services, due to their diversity.

- The primary eligibility is those individuals who have difficulties accessing HACC services due to their diversity
- Diversity is not limited to cultural and linguistic diversity. It also includes people living with dementia, at risk of homelessness, financially disadvantaged, Aboriginal and Torres Strait Islander, and GLBTI (Gay, Lesbian, Bisexual, Transgender, Intersex)
- People should be HACC eligible and live in the Eastern Metropolitan Region
- Services are client-focussed, consider strengths and abilities of clients and support them to be as independent as possible to reach their goals
- A & S will form a bridge between the client and service providers, supporting the client through the steps of needs identification, assessment and service delivery
- A & S workers can provide information to clients, attend appointments and assessments, explain how the service system works, assist with completing forms, visit services with the client and follow up services once they are established

Referrals from service providers are preferred through the E-Referral (S2S) system but can also be made by email, fax or telephone. The service is free and confidential and operates Monday to Friday between 9 am and 5 pm. A & S workers are Sharon Porteous, Robyn Tan & Wanling Zhang

For further information, please contact the Access & Support Program on 9275 6901 or email wzhang@miceastmelb.com.au

Resources



Both the Inner East PCP and Outer East PCP host the ASM Alliance web pages which include a range of useful resources and information to support the activities of the Eastern Metropolitan Region ASM Alliance. Check out the latest resources added to the sites at:

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



The *Dementia practice guidelines for HACC assessment services* is now available to be downloaded at <http://www.health.vic.gov.au/hacc/assessment.htm#pathways>. This resource provides dementia-specific information and practical guidance for HACC assessors to improve assessment, care planning and service provision for people with possible dementia and their carers.



On 15 August 2012 the Family and Community Development Parliamentary Committee released a report on the need for an age friendly Victoria. The report discusses a range of opportunities for participation of Older People in the community. The full report and executive summary (with recommendations) can be downloaded at <http://www.parliament.vic.gov.au/component/content/article/301-inquiry-into-opportunities-for-participation-of-victorian-seniors/1475-report>

ASM Alliance Meeting Dates 2012

ASM 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 ASM Alliance and associated activities via email emr.asmalliance@health.vic.gov.au

Mon 22 October 2012	9.30 – 11.00	Waratah Room , City of Whitehorse, 379-397 Whitehorse Road, Nunawading
Tues 4 December 2012	09.00 – 10.30	Waratah Room , City of Whitehorse, 379-397 Whitehorse Road, Nunawading