

Ambulatory and Continuing Care News

February 2008



Health independence program guidelines

The draft *Health independence program guidelines* have now been released for comment. A copy of the guidelines can be accessed at www.dhs.vic.gov.au/ahs/concare. The department encourages managers and clinicians from health independence programs and other key stakeholders to review the draft guidelines and provide feedback.

Overview

The *Health independence program guidelines* have been developed to provide direction and facilitate alignment of post acute care (PAC), sub-acute ambulatory care services (SACS), Hospital Admission Risk Program – Chronic Disease Management (HARP CDM) and Hospital Admission Risk Program – Better Care for Older People (HARP BCOP).

Integrated PAC, SACS and HARP CDM guidelines have been developed to enable a better client journey across the care continuum from hospital to home or prevent hospitalisation. Each health independence program will continue to have its particular role but the programs will be underpinned by common processes that facilitate improved health outcomes and community integration.

The guidelines outline the aligned health independence program processes. These include:

- single point of access units to link a person into the range of programs that a person needs
- common assessment practices and protocols, including sharing assessment information across different programs
- common referral practices and protocols to facilitate transition between programs
- coordination of services between programs
- integration, with guidelines for programs that are complementary and consistent
- processes that support continuity of care.

The draft guidelines will be reviewed in line with feedback from the sector and the final document will be published by the department in mid 2008.

How to provide feedback

Please see next page >



Welcome Betty Tzouvelis

Betty joined the Programs Branch in September 2007. Her role focuses on managing the Transition Care Program (TCP) which supports older people in a suitable care environment following hospitalisation.

Betty is on secondment from the Austin Hospital where she worked as the coordinator of the Inpatient Care Coordination Team. Betty has had prior experience in community aged care services.

Betty is a qualified social worker and experienced primary and secondary school teacher. She is currently undertaking further studies with a Master of Health Science – Aged Services Management through Victoria University.

In her spare time, Betty coordinates and teaches Greek studies. She enjoys spending time with family and friends, regular retail therapy, a good novel or film, photography and travelling. Her greatest achievement of recent times has been abstaining from chocolate for 42 days, no mean feat over Christmas and New Year.

How to provide feedback

Feedback is to be provided by completing the online feedback questionnaire form and e-mailing to hipguideline@dhs.vic.gov.au or fax: 9096 9204 by **Friday 14 March 2008**.

Please note that only one questionnaire should be completed per health independence program (one questionnaire from each PAC, SACS and HARP program per organisation). The department encourages health independence program teams to discuss the guidelines. A user name and password will be allocated, and one feedback questionnaire will be accepted from each health independence program or key stakeholder.

The health independence program forum being held on **Wednesday 27 February 2008** will also provide an opportunity for feedback on the guidelines. Invitations to attend this forum will be emailed to PAC, SACS and HARP CDM program managers who will be requested to extend invitation to attend to clinicians.

For further info please email hipguideline@dhs.vic.gov.au

Health independence programs communication-breaking news

Please note the change in structure of meetings for 2008. All staff working within the health independence programs: SACS, PAC, HARP CDM and HARP BCOP will be invited to attend four communication forums throughout the year.

The morning session (10.00am – 12.15pm) will be a larger meeting covering a topic relevant to all programs – for example, on 27 February this will be the *Health independence programs guidelines* (see relevant article). Both managers and clinicians are welcome to attend the morning session.

The afternoon session (1.00pm – 3.00pm) will be for program managers and will be divided into four groups:

- SACS managers
- PAC managers
- HARP CDM managers
- rural and regional SACS and HARP meeting (including HARP BCOP).

The proposed dates for meetings for 2008 are:

- Wednesday 27 February
- Friday 6 June
- Friday 19 September
- Friday 21 November.

An agenda and call for registration for 27 February will be emailed shortly to managers.

New name, new structure

Towards the end of 2007 the name of the 'Continuing Care and Clinical Service Development' section was changed to the 'Ambulatory and Continuing Care' section and Susan Race was appointed manager of the section. The new name better reflects the type of work that will be undertaken within the section.

The section is made up of three teams. These are:

- **Sub-acute Services** (Manager – Nicole Doran)
- **Post-acute Services** (Manager – Andrew Crow)
- **Chronic and Complex Care** (Manager – Jenny Collins).

Each team has responsibility for a number of programs and projects, however, the key work areas are outlined below. Contacts for each of the team members can be located in the table on the last page of the newsletter.

Post-acute services

The Post-acute Services team is responsible for overall program management of PAC, SACS, the Victorian Paediatric Rehabilitation Service (VPRS), Hospital in the Home (HITH) and HARP BCOP). Some of the key projects for 2008 include the review of pain services, review of continence equipment provision, completion of the SACS equipment review and the PAC review and the ongoing implementation of the Victorian Integrated Non-admitted Health Dataset (VINAH).

Sub-acute services

The Sub-acute Services team has responsibility for providing program and policy advice and support primarily relating to the further development of rehabilitation and health services for older people. This includes inpatient rehabilitation and geriatric evaluation and management (GEM), the Transition Care Program (TCP) and advance care planning (ACP). Some of the key projects being undertaken in 2008 include the development of a sub-acute services planning framework, ACP policy development, the COAG Long Stay Older Patients Initiative, and piloting of TCP plus flexible models of care for patients ineligible for TCP.

Chronic and complex care

The Chronic and Complex Care team has responsibility for those programs that aim to prevent hospital admission, provide packages of care and care management and support care in the community, with a focus on general practice engagement and carers. Some of the key program areas include hospital admission risk program chronic disease management (HARP CDM), maintenance dialysis, HIV services, Victorian Respiratory Support Service, Family Choice Program, and the management of the home oxygen program.

Post-acute care– evaluation of service models

In April 2007, contractors were engaged to undertake a review of PAC service models. The key areas identified for review were:

- the off-site model versus the on-site model for delivering PAC
- referral systems and relationships
- current governance arrangements
- consortia arrangements.

Over 130 PAC employees and other key stakeholders took part in interviews to explore these issues. A further 541 stakeholders responded to a survey to explore the issues identified during the interviews.

Some of the key findings from this review were:

- The PAC program is generally well regarded.
- While referral systems and relationships were generally good, InterPAC referral arrangements need to be improved.
- The evaluation found no evidence to indicate that either service model (off-site/on-site) was preferable with each model having advantages and disadvantages. The report suggested that face-to-face contact was advantageous for complex cases while simpler cases could be handled remotely.
- Current governance arrangements need improvement.
- The current consortia arrangements are redundant.

The full report compiled by Dench McClean Carlson can be downloaded from the PAC Review website: www.health.vic.gov.au/pac/review

The department supports many of the reports recommendations, particularly in the area of improving governance arrangements. A copy of the department's response to the recommendations can also be downloaded from the PAC Review website.

Many of the report's recommendations have been incorporated into the draft *Health independence programs guidelines*, which have just been released for comment. The draft guidelines can be downloaded from our website www.dhs.vic.gov.au/ahs/concare

For further information please contact Carol Pyke (carol.pyke@dhs.vic.gov.au or on 9096 1335).

Sub-acute ambulatory care services equipment review– some good news!

Prior to Christmas health services received a list of equipment able to be purchased following the SACS equipment review. Letters will be sent to health service chief executive officers informing them of the SACS equipment funding. Not surprisingly the good news was well received and gave many SACS sites a very happy Christmas!

Health services will initially purchase the equipment directly. The department will then reimburse the health services for the equipment on receipt of a purchase order and invoice. All equipment must be purchased by the start of May so health services are encouraged to start purchasing.

The department is in the process of finalising contractors to manage the administration associated with the purchase of equipment. The contractors will also be available to discuss questions regarding purchasing specific equipment on the lists including price changes or requests to alter equipment purchased.

For further information please contact Juliet Coles (juliet.coles@dhs.vic.gov.au or on 9096 0507).

These are the current contact details for the section.

The Ambulatory and Continuing Care Team contact details

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