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Rhonda's interest is mainly in the rights of older people and particularly people living with dementia. A primary focus of her work is translating evidence into practice. Current ACEBAC research includes person-centred care, pain and dementia, need-driven behaviours, standardised care processes and workforce. AIPC research covers a broad range of topics including consumer participation, active service models, e-health, quality improvement, accreditation and standards. ISP is a new university institute that capitalises on research strengths around human rights and social participation. Initially identified areas for investigation are intellectual disability, deafness, chronic illness and ageing.

The academic position forms part of the Department of Health's commitment to education and training for the community and health care professionals and research specific to gerontic care. Rhonda's contribution assists to broaden awareness and understanding of gerontic care.

Integrated chronic disease management online clearinghouse

The Department of Health Secretary launched the Integrated Chronic Disease Management Online Clearinghouse at the Australian Disease Management Association (ADMA) national conference in Melbourne on 3 September. The clearinghouse, developed by ADMA in partnership with the department, is now live and available for use.

The clearinghouse has been developed to hold practical resources and tools used by chronic disease services and initiatives, plus brief explanations of their development and use.

It includes a range of assessment tools, evaluation tools and frameworks, position statements, guidelines, pathways, policies, patient education materials, health professional education materials, planning tools and more.

The clearinghouse is openly accessible so that anyone can search and access resources, as well as contribute their own practical tools and resources. It is intended to reduce the duplication of, and expedite access to, practical unpublished tools and resources for all health services, as well as reduce the growing burden upon those health services running well-established and innovative Victorian chronic disease initiatives by providing an efficient mechanism for sharing information and resources.

The clearinghouse can be found at <http://clearinghouse.adma.org.au>.

All Victorian clinicians and services are encouraged to use and contribute to the clearinghouse, including:

- HARP services
- SACS
- early intervention in chronic disease initiatives
- community health services
- Primary Care Partnership staff and member agencies
- divisions of general practice.

Domiciliary oxygen workshop

A workshop to explore current practices and future directions for domiciliary oxygen was held on Friday 28 August 2009.

A recommendation from the review of the Victorian Aids and Equipment Program (A&EP) (2006) was that 'Elements that involve ongoing clinical and health support should be integrated within the relevant mainstream programs to ensure better outcomes for clients' and particularly that the 'responsibility for the provision of oxygen should be transferred to the HARP'.

However, key findings from the HARP respiratory review highlighted that for 2007-08, 21.7 per cent of metropolitan clients and 54.7 per cent of rural clients receiving A&EP-funded home oxygen were also enrolled in HARP respiratory services. Overall only 33.9 per cent of A&EP-funded home oxygen clients were also HARP clients. Based on these findings approximately 70 per cent (or 1,583 people) on A&EP-funded home oxygen are not HARP clients.

Given these results, the workshop sought to discover the current practices that supported these 70 per cent of clients on A&EP-funded oxygen not managed by HARP.

The workshop involved key stakeholders currently managing domiciliary oxygen. There were a wide range of attendees including metropolitan and rural health respiratory physicians, oxygen nurses/therapists, oxygen scientists, pulmonary rehabilitation physiotherapists, A&EP issuing centre managers and HARP services.

Overall the workshop highlighted that variations exist among the current services that manage clients on domiciliary home oxygen. The workshop demonstrated that processes are in place to support those 70 per cent of clients not known to HARP services; however, these services currently managing oxygen could benefit from

Functional Implementation Measure (FIM) implementation forum

On Friday 4 September the department hosted a forum to introduce and plan the implementation of FIM as a common outcome measure across all rehabilitation and GEM-admitted services statewide. The department plans to assist by funding two rounds of training in the next year. The Victorian Admitted Episodes Data Set (VAED) will also be reformed to include the Australian Rehabilitation Outcomes Council's (AROC) minimum dataset so that ultimately health services will report only once, to the department, which will then forward all necessary items to AROC.

There was a fantastic response from both metropolitan and rural health services with close to 120 attendees at the forum.

The forum was opened by Susan Race who explained the key drivers behind the FIM implementation. This was followed by a presentation from Frances Simmonds, manager of AROC, who discussed the FIM training process, the procedures involved in reporting to AROC and the benchmarking information available to members.

The second half of the morning consisted of presentations from Dr David Murphy (Bendigo Health Care Group) and Fiona McKinnon (Barwon Health) focussing on FIM in clinical practice, which provided valuable insights into the benefits of using FIM. This was followed by an update on the implementation plan by Emma Shannon and Andrew Brown from the department.

After lunch the health services were split into regional groups to assist with planning for the department-sponsored training and to facilitate

regional networking. These regional groups identified key issues that will be considered as part of the next stage of implementation.

Final training numbers from each health service are required by the end of September 2009.

[For further details and submission of final numbers please contact Emma Shannon \(contact details on final page\).](#)



Health independence programs (HIP) forum

The Health Independence Program (HIP) forum was held on Friday 11 September and attracted 120 participants, including program managers and clinicians.

Participants were welcomed by Susan Race, provided with team updates from Andrew Crow and Jenny Collins and presented with an entertaining VINAH update from Jason Ferriggi and Alison Daley.

In response to feedback from the previous HIP forum the theme of the morning information session surrounded the use of common assessment tools and key performance indicators.

Chelsea Simpson presented on the evaluation of the InterRai pilot project, a common comprehensive assessment tool piloted across eight HARP services. Anastasia Hutchinson, the manager of the Clinical Research Centre at Northern Health, proceeded in providing an overview of key performance indicators (KPIs) and clinical indicators (CIs), describing how KPIs and CIs can be used in the health care setting at the macro (policy), meso (program) and micro (patient/common) levels. Ana described how VINAH can be a valuable tool to assist in collecting data for such KPIs/CIs.

A panel discussion followed and comprised Michelle Kotis (Eastern Health), Ana Hutchinson (Northern Health), Louise Shanahan-McKenna (Northern Health) and Chelsea Simpson (Department of Health). Discussion included the process of planning and implementing common assessment tools across PAC, SACS and HARP and also raised some interesting questions regarding the use of KPIs/CIs in clinical settings.

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Following a quick lunch break the PAC, SACS, HARP and HARP-BCOP managers meetings were held, with the day finishing up at 2.30pm.

Once again many thanks to all who attended, especially to those who presented on the day.

Please keep Friday 20 November 2009 free for the next HIP forum.

Victorian Transition Care Program update

Many will be aware that in 2007-08, the Commonwealth Government endorsed its election commitment titled *New Directions for Older Australians – Improving the Transition between Hospital and Aged Care*, which provides an additional 2,000 transition care places nationally over a four-year period. Victoria was apportioned 498 places, which will result in 1,000 Transition Care Program (TCP) places being operational across the state by the end of 2011-12.

In 2008-09, 68 of the 498 additional transition care places became active in 12 major metropolitan/regional health services, bringing the total operational allocation to 570 places. In 2009-10, 104 places will become functional across the state as part of a staggered implementation process. As of 24 August 2009, 46 places became functional across three metropolitan and three rural/regional health services and a further 46 places are due to come on line from the 19 October 2009 in one metropolitan and two regional health services. The final 12 places of this second allocation will become available for occupation as of 23 November 2009 in one metropolitan and two regional health services. Therefore, by the end of 2009, 674 transition care places will be operational across Victoria to support older people in completing their restorative process following their hospital episode of care.

Service expansion is not limited to the allocation of additional places, but includes the opportunity for suitable health services to become approved TCP service providers as deemed appropriate by the Department of Health. South West Healthcare has been welcomed to the TCP family in 2009 as a new approved service provider in the Barwon-South Western region. Victoria currently has 15 health services (nine metropolitan and six regional) recognised as approved service providers of the jointly funded (Commonwealth and state) TCP. This number will no doubt grow with the implementation of the remaining allocation, to ensure that the program is easily accessible across the state.

The success of the program to date has been heavily reliant on the dedicated TCP staff who have enabled 9,106 admissions and 8,689 discharges from 28 June 2006 (when the first transition care service commenced in Victoria) to 31 July 2009. The average length of stay in the TCP during this period has been 51.3 days and average occupancy across the state has been 82.76 per cent.

Work will soon commence on the December expression of interest process for the 163 places that will become available in 2010-11.

[Contact Betty Tzouvelis for further information \(contact details on final page\).](#)

Post Acute Services update

This month we are pleased to **welcome back Juliet Coles** from 12 months' maternity leave.

In late September we also **welcome Wayne Massuger to the team**. Wayne is on secondment from Knox Community Health Service.

Portfolios in the Post Acute Services team will change and further details be made available in the October edition of this newsletter.

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