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 7, February 2012

EMR ASM Implementation Plans

Thank you to all agencies for completing a review of their 2010-11 Initial Agency ASM Implementation Plan, and preparing an ASM Implementation Plan for 2011-12. It is pleasing to note that the region received 100% of the Plans expected, and we look forward to sharing your achievements, learnings' and challenges with the ASM Alliance over the coming year.

In reviewing the 2010-11 Plans it is clear that EMR HACC agencies have achieved the goal of increasing knowledge about the application of an ASM approach and have increased commitment to implementing an ASM approach, the first stage of the implementation of ASM.

Key achievements

Key achievements identified by the EMR include:

- Committee of management/board/CEO endorsement of quality initiative and ASM approach to service delivery
- High level of activities relating to knowledge and skill development for staff and volunteers (at all levels) about the principles and application of ASM
- High level of activities to increase client/carer involvement in planning activities (predominately PAG providers), including feedback processes
- Commitment to, and development of a range of new and/or different program activities that incorporate aspects of wellbeing including nutrition and exercise
- Appointment/identification of ASM specific positions to champion the ASM approach (predominately HAS/CHS)
- Exploration of partnerships including the development of new partnerships and strengthening of existing partnerships to maximize opportunities to assist clients to achieve their goals, reduce duplication and streamline practices

ASM Communication Toolkit available now

All EMR HACC funded agencies should now have received 1 copy of the ASM Communication Toolkit which includes a handbook and DVD with soft copy brochures, fact sheets, posters (in 12 community languages), and an image bank of photographs.

It is important to familiarise yourself with the content of the toolkit as well as the conditions of use (particularly for the photographs); and consider how these tools might contribute to the promotion of HACC services provided by your agency.

The department has agreed to providing a limited number of printed versions of the It’s about you brochure, factsheet and posters. An electronic survey will be sent to you this month to gauge the number of printed versions required by each agency.

I look forward to hearing your feedback about the toolkit, however if you have any questions please don’t hesitate to contact me at Lisa.dean@health.vic.gov.au or via phone on 9843 1738.
Round 2 Seeding Grant Projects by LGA: Eastern metropolitan region

HACC Active Service Model Round 2 Seeding Grant Projects by LGA: Eastern Metro Region

Each project is represented on the map by a number. A project may be delivered across multiple LGAs. The colour of the number and project name represents the seeding grant focus area for that project.

1. City of Boroondara
   This project seeks to support volunteers understand the ASM approach and develop resources to support this. It will involve a range of key stakeholders including Volunteer Resource Centres in the EMR to identify issues volunteer face in conceptualising the ASM approach, identifying strategies and develop resources to support Volunteer Coordinator sustain active engagement of volunteers as they move to an ASM approach to their volunteering.

2. Knox CHS Consortium
   This project will support the continued development of the ASM Alliance and include opportunities to further explore implementation of the HACC Assessment Practice Guide and Diversity Framework.

3. Whitehorse CHS
   This project will enable Whitehorse CHC, City of Whitehorse and RCHS to work together to enhance integrated practice between the three organisations.

4. City of Manningham
   This is a Mental Health pilot project to build the capacity of HAS workers to work with HACC clients with mental health issues including upselling and building capacity in their understanding of people with a mental health issues, develop appropriate referral pathways and building partnerships with specialist mental health services.

5. Eastern Health
   Funds will be used to build on the first phase of this project and focus on sustainability, sharing learnings and further enhancing this Shire of Yarra Ranges partnership which includes Council, CHS, Eastern Health, divisions of GP, indigenous health team, RCHS and district nurses. The project aims include reducing assessment duplication between agencies, providing education and information on ASM and improving care planning and goal directed care practice.

6. Knox CHS Consortium
   This project will work with smaller HACC funded organisations in EMR to move towards an ASM approach through increasing staff knowledge of an ASM approach; incorporating ASM in organisations’ assessment and care planning tools; providing networking opportunities and identifying ASM champions to mentor other small organisations.

7. Knox CHS Consortium
   This project aims to build the capacity of the EMR HACC sector for effective goal directed care planning by gaining shared understanding of key elements of goal setting; providing opportunities to share knowledge, tools and expertise across the region; utilizing a reflective practice approach to actively engage staff in the ongoing evolution of their approaches; undertaking a collaborative, regional approach to the application of the HACC practice guide and other relevant care planning processes; and developing recommendations regarding appropriate tool templates to support effective, goal directed care planning.

8. Knox CHS Consortium
   This project will address identified training gaps to further build capacity of the sector to embed the ASM approach. The project will scope ASM training priorities at a regionalise level and then facilitate the delivery of training to meet these across the region, capturing on opportunities for networking and partnership building between organisations in the training delivery.

9. Coca Cottage
   This project will see the organisation work closely with a life organization to transfer their skills and expertise gained through Well for Life implementation. The project will also involve an element of mentoring, which will further enhance partnerships and the sustainability of approach.

10. Yarraville Community Education Project
    This project will see the organisation work closely with a life organization to transfer their skills and expertise gained through Well for Life implementation. The project will also involve an element of mentoring, which will further enhance partnerships and the sustainability of approach.

Department of Health

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ASM in Practice - Better questions lead to improved client outcomes
By Kerri Goding, Healesville Interchurch Community Care Inc. (HICCI)

HICCI is a small, not for profit organisation run by a committee of management with five part time staff. HICCI delivers HACC funded Volunteer Transport and the culture, and philosophy of the organization “Caring support that empowers” sits perfectly alongside the ASM Model.

The very nature of volunteer transport is about keeping people engaged in their community, assisting them to remain in their homes and live as independently and autonomously as they can. The introduction of ASM has not involved significant physical changes to the way in which we deliver our service/transport.

A key action for our ASM implementation has been the introduction of a number of new questions on intake. This new practice was easy to implement and has achieved greater service satisfaction and is a more person centered approach to our service. It has allowed us to identify how the client can best utilise our range of services and where we can instigate new services (and work together with other relevant service providers).

New Intake Questions

**Why are you seeking our service?** This question on many occasions has seen the client inform us that they drive locally but are too anxious to drive in city traffic. This has given us better understanding of why they are using our services when staff/volunteers may question why they have seen the client driving around locally.

**Have you missed attending something or doing something you enjoy?** A client informed us of missing knitting/craft activities as she could not get to Spotlight to purchase equipment. This instigated trips to Spotlight which have been very popular with many clients. The last Spotlight trip saw us take 17 clients.

**Is there something or somewhere you would like to go to?** A client needed to purchase a new bed and needed to be taken to a number of speciality stores to purchase the most suitable bed for her health and associated conditions.

In the past these questions were not asked and many clients felt too embarrassed or didn’t want to bother us with tasks such as these. They thought the service was for more urgent medical assistance and many find it hard to ask for help. These questions allowed them to freely express other places or reasons or purposes to use our volunteer transport service.

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For further information about HICCI’s volunteer transport service please contact:

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P. 5965 3529 or 5965 3522

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Common Community Care Standards (CCCS)

Australian Healthcare Associates (AHA) was recently appointed by Department of Health to conduct quality reviews of HACC funded agencies against the Community Care Common Standards (CCCS) in Victoria.

At present, AHA is in the process of developing the Victorian HACC Quality Review Resource which will support agencies’ understanding of the Victorian HACC requirements in relation to the CCCS.

Additionally, AHA will be conducting two regional information sessions in May 2012 (dates to be confirmed) at which time agencies will be provided with information about the assessment schedule and processes.

Details about the information sessions will be forwarded to agencies once dates are confirmed, however in the meantime, all HACC agencies are encouraged to access information about the CCCS at www.comcarestandards.com.au

“…… there is something about a well worded question, that penetrates to the heart of the matter, and triggers new ideas and insights.”

Adapted from Brian Tracey
Motivational coach and author
## Implementation Plans cont......

### Learning’s to date

Overwhelmingly, the key message from agencies is the need to engage all levels of staff and management early in the change process. Those agencies which identified champions (either an individual or working group) were particularly positive about this approach.

Agencies identified training provided by the HACC Training Calendar, ASM Alliance and initial seeding grants as valuable and recognise the need for ongoing training for staff, volunteers, partners and service users.

Many agencies acknowledged that change must happen slowly and that it is important to ensure they allow time to build awareness, change practice and ultimately see tangible change. One agency commented that “staff may not have the knowledge of terms and jargon associated with ASM but they do have a working knowledge of the principles of ASM”.

### Themes and Priorities for 2011-12

The key priorities and themes for 2011/12 are relatively unchanged from those identified in 2010/11. This is predominately due to the fact that the majority of agencies overstated the scope of activities that would be achieved to advance the application of ASM during that time. Agencies spent considerably more time than anticipated managing the initial change process which focused on information sharing and building the knowledge and skills of staff. Given this experience, agencies have been able to realign their expectations to create more realistic and achievable implementation plans for 2011/12. Key activities for 2011/12 include:

| Training | ● Healthy ageing information/promotion/good practice  
|          | ● Motivational interviewing/strength based approach to supporting clients  
|          | ● Goal directed care planning  
|          | ● Volunteers  
| Communication | ● Brochures, marketing, website review  
|            | ● Common messaging to clients and partners  
|            | ● Translation of culturally appropriate material  
|            | ● Positive ageing/wellness messaging  
|            | ● Need to maintain momentum and involve staff in discussion  
| Workforce | ● Supporting volunteers to understand their role within an ASM approach  
|           | ● Resistance to change  
|           | ● Workloads associated with assessment and change  
|           | ● Review or documentation of induction/orientation programs, position descriptions, and PPD processes  
| Systems | ● Updating policy & procedure documents to ensure ASM approach embedded in written material  
|          | ● Updating referral processes & practices  
|          | ● Updating IT systems, data bases, resource lists  
|          | ● Reviewing program delivery with the view to increasing/changing format  
|          | ● Development and or review of client and carer feedback  
| Partnerships | ● Engaging agencies with shared clients in regards to streamlining referral and assessment processes  
|            | ● Engaging with agencies to support clients from CALD or Aboriginal communities and aligning with Diversity Framework  
|            | ● Engaging with the Mental Health sector  
|            | ● Access to, and sharing learning’s through networks and meetings  
|            | ● Promoting service to potential partners or referral sources such as GPs, YMCA, other  
| Exit Strategies | ● Develop and implement exit process/service closure/transition process  
|              | ● Review service exit procedures including exit interviews  
|              | ● Client/carer feedback systems  
| Initial Assessment, Care Planning & Tools | ● Link to further training around goal directed care planning  
|                                      | ● Review and or update tools to include the collection (and documentation of) care plans  
|                                      | ● Review initial assessment processes  

Useful Websites

Visit [http://www.health.vic.gov.au/regions/eastern/hacc-training.htm](http://www.health.vic.gov.au/regions/eastern/hacc-training.htm) to view all upcoming EMR HACC training events including the ASM sessions for PAG Pathways—Implementing a Person centred approach (Thursday 1 March) and Systems & Structures that Support ASM Implementation (Thursday 8 March)


In conjunction with the Office of Senior Victorians; COTA and YMCA Victoria, is delivering the Active Ageing Network. The Network aims to increase the number and range of sustainable physical activity programs for older people in Victoria, particularly people from disadvantaged groups and areas of disadvantage. The Network provides information and resources to health and fitness practitioners and offers opportunities for networking, development and support. The network can be accessed free at [http://www.activeageingnetwork.org.au/Pages/default.aspx](http://www.activeageingnetwork.org.au/Pages/default.aspx)

Upcoming Events

**National Aged Care Workforce Census and Survey**

The National Aged Care Workforce Census and Survey will be delivered to all aged care homes and community aged care services in February 2012. HACC agencies are encouraged to complete the survey which will provide a comprehensive profile of workers who care for older people, and will ultimately help to inform the implementation of aged care reforms and improve workforce planning. Information about the survey can be found at [www.ipsos.com.au/NACWCAS](http://www.ipsos.com.au/NACWCAS)

**Goal Directed Care Planning—Vocational Training places (applications close February 2012)**

The Department of Health are offering interested health and community services practitioners the opportunity to complete co-funded training in the Vocational Graduate Certificate Unit—Implement goal directed care planning. Applications are being received to the end of February 2012 and practitioners with a high level of knowledge or skills in care planning are encouraged to apply. Applications can be made by website [http://www.health.vic.gov.au/pcps/goaldirected.htm](http://www.health.vic.gov.au/pcps/goaldirected.htm)

**2012 Community Medicines Forum: Promoting Independence with Medicines Management**

This forum, run be RDNS is scheduled for 13 April 2012, aims to share information and innovations in medicines management with emphasis on:

- Understanding the contexts of medicines management at federal, state, local and consumer levels (including ASM approaches)
- Hear about the current evidence in relation to medicines and ageing
- Know about the best ways of promoting levels of independence with safe, self administration of medicines, collaborate with other agencies to promote efficiencies and rational use of resources.

To register or enquire about this forum please contact ajohnson1@rdns.com.au

**Stories to Inspire—Cultural Diversity in Ageing 2012 Conference (7-8 June 2012)**

This conference is open to people with a broad range of interests within the aged care and related sectors and will explore current and future initiatives and key challenges for providing culturally inclusive care and services to Australia’s ageing migrant population. Further information and registration details can be found at [www.culturaldiversity.com.au](http://www.culturaldiversity.com.au)

**Available Resources**

**BrainyApp**, released on 9 November 2011 is the world’s first dementia risk reduction app designed to help people monitor and improve their Brain-Heart health. The tool has been developed by Alzheimer’s Australia and Bupa Health Foundation to raise awareness of the risk factors for Alzheimer’s disease and other types of dementia. BrainyApp is available as a free download for users of iPhone, iPod and iPad devices from the Apple Store at [http://itunes.apple.com/au/app/brainyapp/id473599106?mt=8](http://itunes.apple.com/au/app/brainyapp/id473599106?mt=8)