- Examples of ways in which occupational therapists can have a positive impact on the cost of an episode of care include:
    - Facilitating timely inpatient discharges
        - Getting ready and organised the *safe discharge* of a patient
    - Achievement of rehabilitation goals and improved FIM scores
        - Achieved in timely manner, FIM scores are used to calculate the cost of care for rehab patients and OT's have a big role in rehabilitation and administering the FIM and calculate the scores which would contribute to the funding
    - Achievement of outpatient goals in fewer sessions
        - Length of stay
    - Shorter outpatient treatment sessions
    - Home programs
        - Provision of home programs to reduce length of stay
    - Treating multiple patients via group formats or utilising therapy assistants
    - Reducing DNAs (did not attend)
    - Accurate and detailed clinical notes
        - Clinical coders trawl through notes to determine the cost of care

<u>Influencing Factors in a Public Hospital Context</u>

- Funding Model
    - ABF; imperative to keep the cost of care as close as possible to the nationally efficient price
- Inpatient Length of Stay
    - Minimising length of stay to maintain costs
    - Avoiding hospital acquired illnesses
        - Elderly people**
            - People waiting for residential care, not an appropriate place for privacy and stimulation
- Multidisciplinary Model
    - Direct access and working in a team regarding the planning and management of the care of a patient
    - Acute hospital: include OT, physio, SW, medical, nursing, speech pathology, dietetics, podiatrists, pharmacists
        - Decisions are team based
- Medical Model
    - Main factor: the doctor on the team has ultimate clinical governance for the patient, takes ultimate responsibility for the care of the patient
    - OT: advocate for the patient in team meetings, convince the doctor that the course of action you have decided on should be the one that is taken
- National Safety, Quality and Health Care Standards - accreditation
    - These standards stipulate in some relation to care, very specifically, there are standard for pressure care, falls and clinical note writing; provide detailed documentation of what you must and mustn't do when treating a patient in hospitals
- Risk Management
    - In an environment where you're trying to move patients as quickly as possible, must keep a close eye on the potential risks for a patient in the hospital
- Commonwealth vs. State Government Funding and Governance in Hospitals and Health Care

Community Aids and Equipment Program (CAEP)

- Not a hospital program as such, but the services that access CAEP are often home-visiting services that are based in hospitals, that also many of the disability services access CAEP for assistive technology for their clients.

- The Community Aids and Equipment Program (CAEP) provides an equitable, accessible and consistent state-wide scheme for the provision of equipment and home modifications to benefit people with a long-term disability living at home in the community.
- Administered by the Department of communities Disability Services
- Eligible clients are being transitioned to NDIS
- Non-NDIS eligible clients will continue to access AT via CAEP or an alternate state-based program yet to be determined.
    - Still is a State and Commonwealth divide.
    - e.g. clients with needs regarding bariatric issues, they are not eligible for AT under NDIS as such, so people with bariatric needs, living in the community will still need to access a state-based program when NDIS has been completely rolled out.

Week 3 - Community Mental Health Practice Context

What do you bring?

- Before you start any therapeutic relationship - you bring something of yourself. This is inevitable.
    - It is important to know what your own values are, what your ethical responsibilities are
    - Being self-aware!!
- Your experiences in life and values impact on your use of self in the therapeutic relationship.
- You may be triggered by someone's story; their appearance; their attitude etc. and this is okay! They might remind you of something you would rather forget. You may be distracted by stress in your personal life or be frazzled by a situation with a client that happened earlier that day.
- This awareness is essential. Acknowledge it. If needed; seek supervision or speak with someone on team or seek support from family or friends that you trust if the trigger is significant.
- Reflecting on this and acknowledging will help you be present with a client and help you look after yourself.

How did your client get here?

- "The single most significant predictor that an individual will end up in the mental health system in a history of childhood trauma, and the more sever and prolonged the trauma, the more severe are the psychological and physical health consequences." Middleton, W. (2012)

- Trauma can arise from single or repeated adverse events that threaten to overwhelm a person's ability to cop. When it is repeated and extreme, occurs over a long time, or is perpetrated in childhood by care-giver it is called complex trauma.

- Trauma- informed Practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for everyone, and that creates opportunities for survivors to rebuild a sense of control and empowerment (Kezelman, C. A. & Stavropoulos, P. A., 2012)

- Communication and documentation in this setting revolves around constant phone contact with key parties, SMS, file notes, entering employment plans, attendance to each session into Centrelink's mainframe system.
- Recommend: to develop your own goals and rehab plan for each client, in person-centred language, that is separate from the plan that Centrelink generate, which is not person-centred at all.

Typical Day

- Initial Needs Assessment
- Rapport building
- Understand enablers and barriers
- Work trial
- Alternative work setting, given medical advice that knees won't cope with construction work (working in drafting)
- Office ergonomics
- May consider a full drafting course, under consideration by the client
    - Which institutes provide the course, perhaps more intensively so that he can complete the course quicker to provide for his family
- Pacing, injury advice with client, energy conservation
- Chat with case manager with psychology background
- Worksite assessment, take clients out there to give them a first-hand view of the job
- 1hr session of motivational interviewing
    - You have people at different progress in the program, initial stages, people gaining work experience/trials

OT Services

- Job capacity assessments (JCA)
- Initial interview
- Goal setting
- Functional capacity evaluations (FCE)
- Job task assessment
- Worksite assessment
- ADL assessment
- Risk assessment
- Medical and allied health case conferences
- Workplace modification and equipment
- Job matching
- Case management
- On the job support
- Mentoring and advocacy
- Case management
- Education and training

Key Performance Indicators

- Your performance will be based on employment outcomes, that’s where the larger funding is based
    - e.g. targets by the end of the financial year is to commence 35 clients on the program which equals $X, place 30 clients into employment which is $X, and have 25 durable outcomes (26 weeks of continuous employment) = $X
- KPI may be to provide X amount of discipline-specific service for the team
- Each provider will have slightly different business models, some businesses have assessment teams and placement teams
    - Not do a full-linear case management model
    - KPI's would reflect that

Commonwealth Home Support Program – CHSP

- Entry level home help program for older people who need some help with daily tasks to live in independently at home.
- Services include: personal care, domestic assistance, home maintenance, home mods, nursing care, social support, transport, food services, allied health input, respite care (in-home, centre based, community), assistance with care and housing for the homeless or at risk of becoming homeless.
- RAS Assessor can work with client to identify an appropriate service provider.
- Client contribution to cost of care, depending on level of income

Home Care Packages (HCP)

- Includes care services and case management tailored to meet individual needs. The client has flexibility and choice about who delivers the care.
- Four levels of Packages
  - L1- basic care needs
  - L2- low level care needs
  - L3- intermediate care needs
  - L4- higher level of home care package and prioritised for care based on assessed need
- Client is approved for one level of home care package and prioritised for care based on assessed need.
- Client financial contribution to the cost of care expected where personal circumstances allow

Pathway to Access and Manage a Home Care Package

- All home care packages are provided on a consumer directed care basis.
- A Home Care Agreement must be completed with the care provider prior to the commencement of the package.
- HCP's are managed via a national waitlist which has resulted in delays to access to care not previously encountered with HCP referrals were managed locally.

Transition Care Program - TCP

- For older people who have been in hospital, but need more help to recover and time to make a decision about the best place for them to live in the longer term
- Transition care may be provided either in the client's home or in a 'live-in' setting
- "Live In" services may be part of an existing aged care home or health facility such as a separate wing of a hospital.
- Transition care can only be access directly from hospital

"Build an empowering, sustainable and consistent approach ensuring National Disability Insurance Scheme participants have choice in, and access to, ***individualised assistive technology solutions*** *that* ***enable and enhance*** *their* ***economic*** *and* ***community participation****."*
NDIS Assistive Technology Strategy

There are three strategic AT priorities and initiatives:

1. **Support and stimulate a vibrant and innovative supply-side market** by providing a conduit for innovation and promoting the uptake of technology solutions. Development of an innovation hub to:
    - **capture information and build an evidence-base about disability needs to drive innovation**
    - **stimulate uptake of new and mainstream technologies**
    - **test new technologies to stimulate industry solutions**

2. **Support and stimulate informed, active, participant-led demand** by empowering participants to choose AT that best supports their needs.
    - **Identify the right multichannel national model [online, face-to-face, over the phone] to give information about AT options to participants;**
    - **Finalise the participant capacity-building framework. This is used to determine and build participants' capacities to choose and implement AT, and recommend the level of professional support needed; and**
    - **Review agency processes, policies and systems to optimise their support for participant choice and control.**

3. **Deliver a financially robust, sustainable scheme that generates economic and social value.**
    - **Source AT through free markets and central sourcing by NDIA**
    - **Develop organisational capacity and governance needed to be sustainable**

AT Complexity Levels