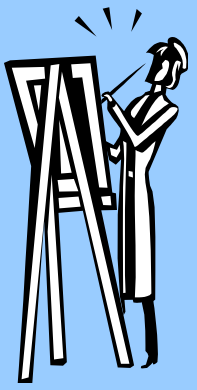
Transitioning to a new model of care.

The art of transformational change



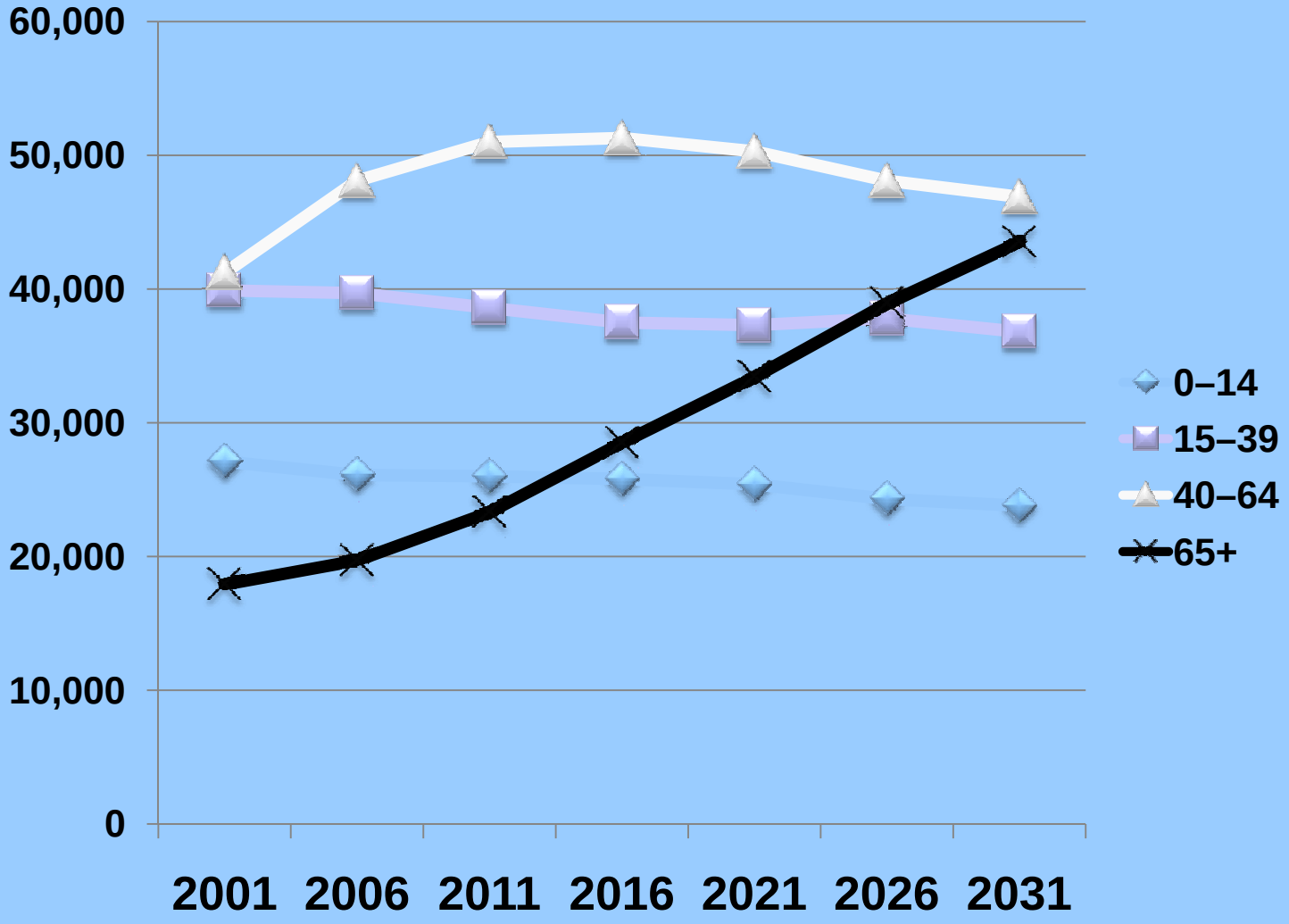
Introduction

- DHB perspective
- Pat Curry - DHB Portfolio Manager for HOP services

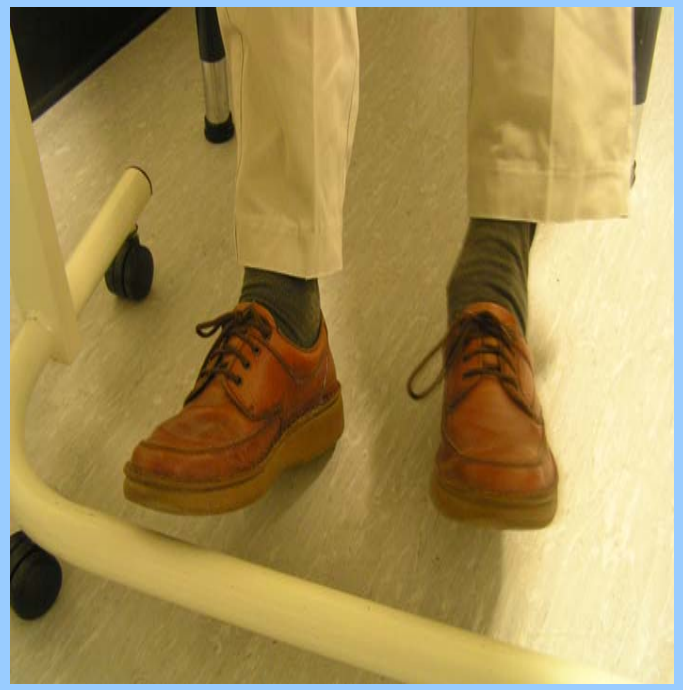
- NASC perspective
- Carole Kerr - District Manager Support Works NASC

- NGO provider perspective
- Susan Watson – Area Manager Healthcare NZ Ltd

NMDHB POPULATION



What and How ????



- Rigid system with limited options for support
- Prescribed services
- Dependence model
- Purchase model -fee for service
- Payment for inputs
- Fragmented casualised workforce
- High worker turn over
- Poorly trained workforce
- Not sustainable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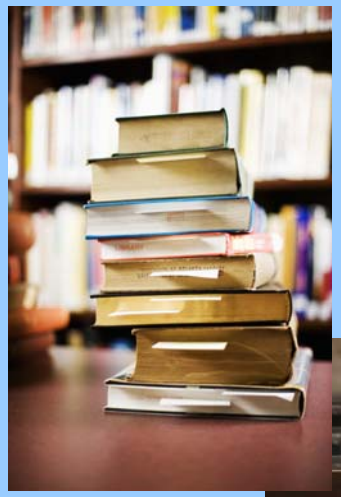
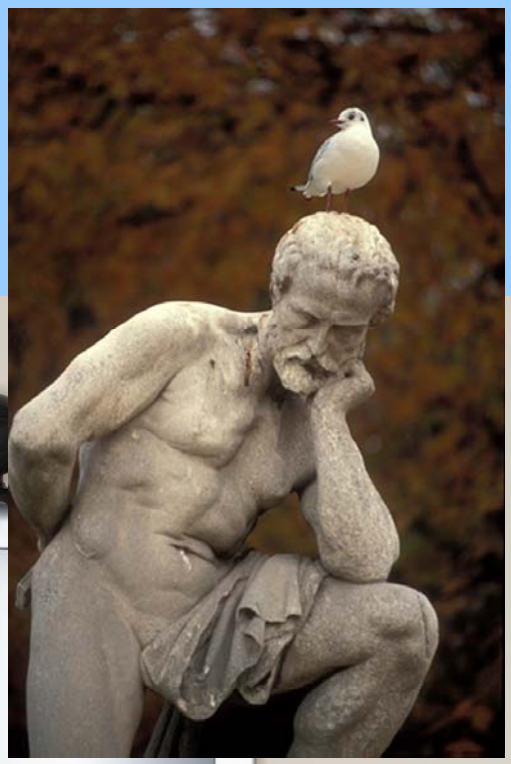
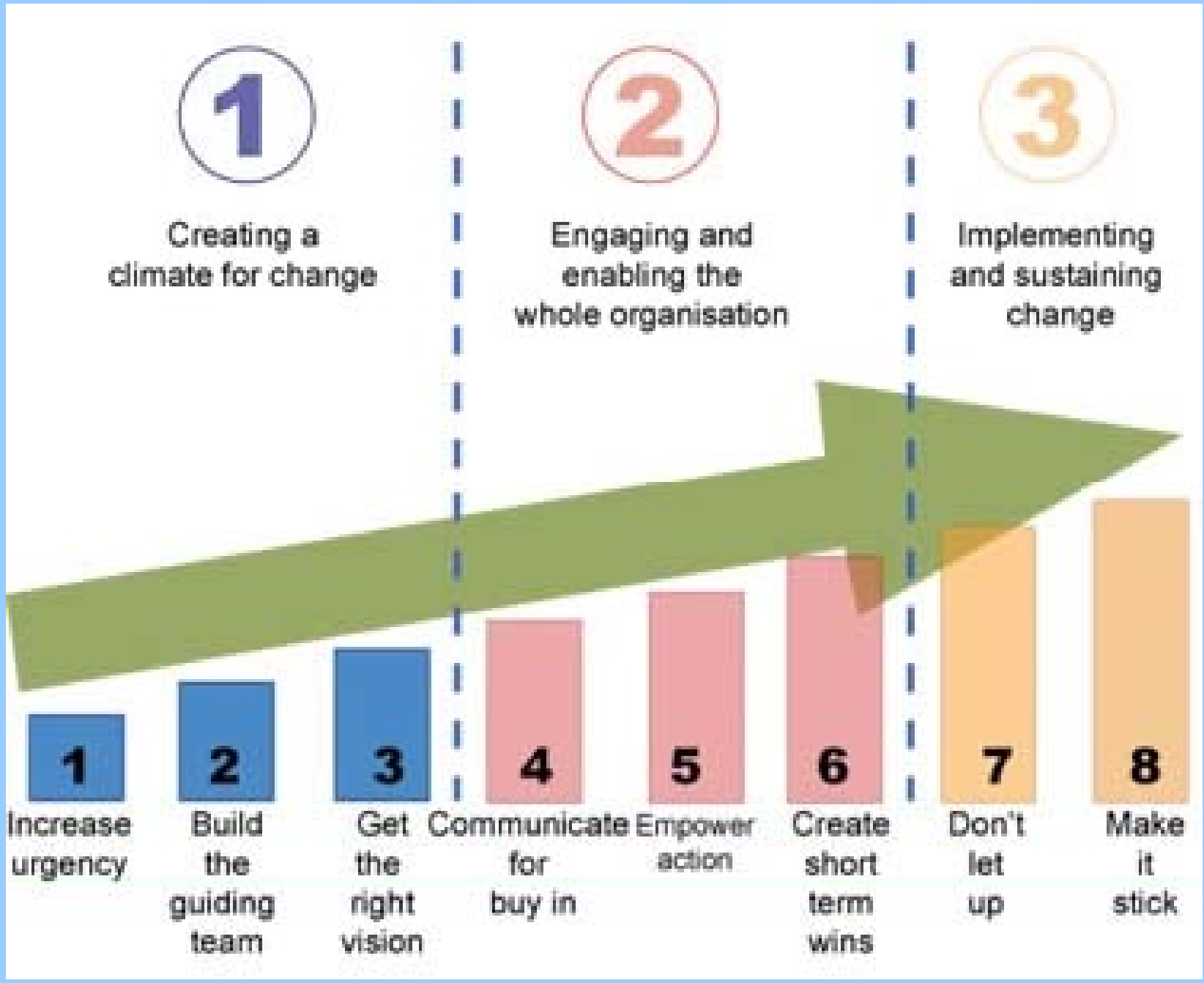
WONG WAY

Research





Packages of Care


1
Creating a climate for change
2
Engaging and enabling the whole organisation
3
Implementing and sustaining change
1
Increase urgency
2
Build the guiding team
3
Get the right vision
4
Communicate for buy in
5
Empower action
6
Create short term wins
7
Don't let up
8
Make it stick

Creating a climate for change

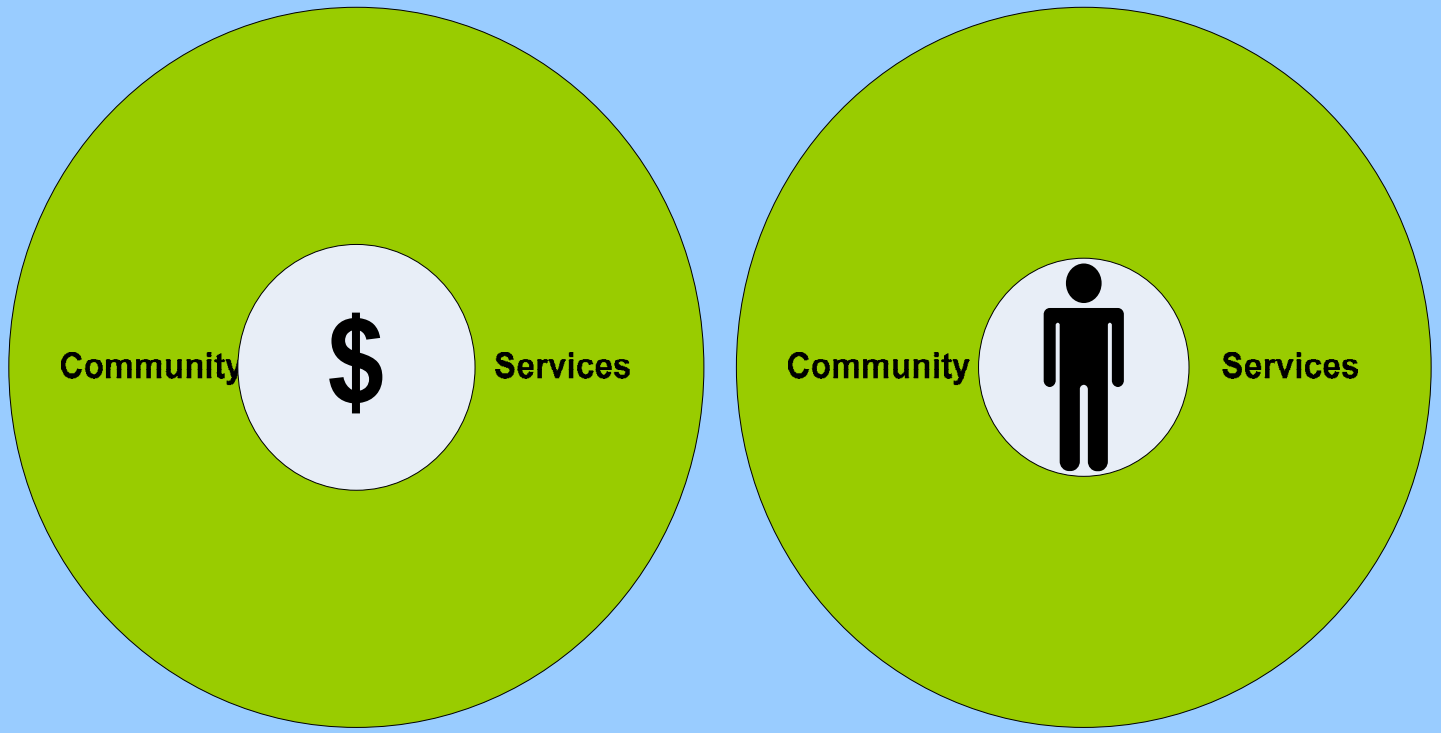
- More Flexibility
- Individualised package
- Independence focused
- Support based around goals
- Purchase model packages of care
- Payment for outcomes
- Training programme in place

Engaging and Enabling

- DHB and Senior Management team
- NGO providers
- Consumers
- Allied health
- Hospital provider
- Community
- NASC
- Primary Care

Engaging and Enabling

- Consultation process
- Regular network meetings of NGOs, AH, NASC
- Setting up generic processes
- Training


Community
$
Services
Community
Services

Implementing and Sustaining Change

- Keep at it
- Make it stick
- Irreversible
- Regular review
- Deadlines

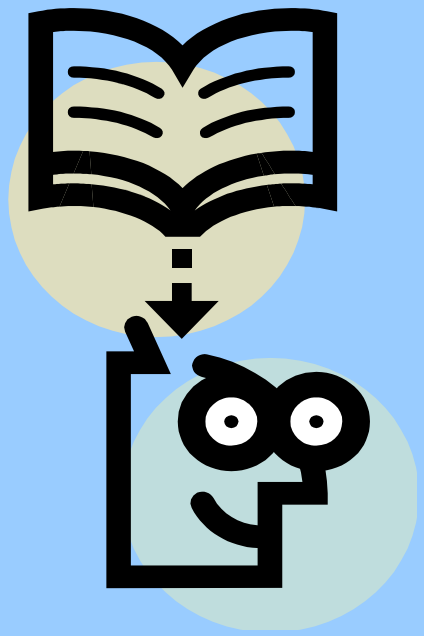
What worked well.

- Regular meetings
- Opportunity to feedback
- Celebrate the successes
- Include everyone
- No secret squirrel
- Capacity and capability building

Key messages.

- Create a climate for change
- Engage and enable key players
- Plan the implementation
- Sustain and incentivise the change
- Regular review
- Don’t let up
- Only direction is forward

Why do we need to Change?



Restorative Focus

- Supportworks worked alongside Planning and Funding, Allied Health and Home Providers to change focus from task based support to restorative focus
- Team included assessors with various degrees of experience
- Change promoted working collaborately with the other teams

How will the new path look?

- Include processes for staff to follow
- Work with leaders
- Support followers
- Allow some resistance

How to support the process

- Listen to all ideas
- Allow staff to feel safe expressing concerns
- Take your time
- Have a planned implementation
- Let it become usual practice

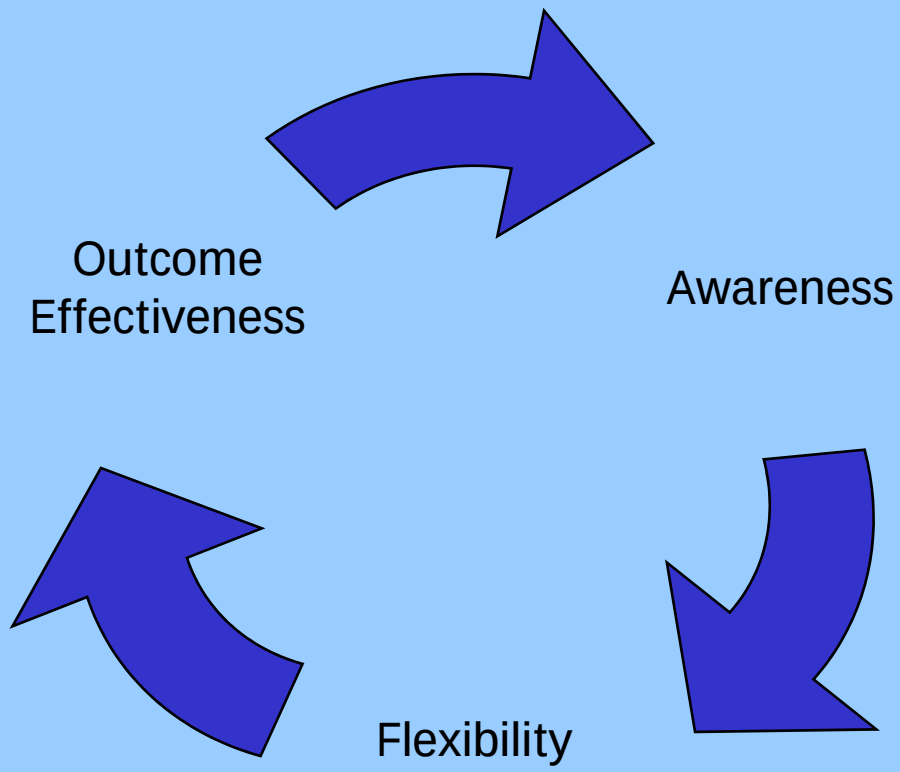
Make it Happen

- Work to peoples strengths
- Provide the right tools for the work
- Provide the right environment for change
- Provide training

Restorative focus

- Keys elements that supported the change were
- Clear direction
- Consultation meetings
- Understanding other roles
- Planning for the change
- Training of staff

Restorative focus



Restorative Focus

- Continuing to review processes
- Review of cases on a regular basis
- Ongoing discussions with Allied Health and Providers
- Future planning
- Reporting back

Use of Language

- Be consistent around language from the beginning
- Changes made over time were from
- HBSS
- TARGET
- COMMUNITY CARE and SUPPORT

What worked well

Having a plan

Reviewing processes as you go along

Feedback

Case presentations

Working as a larger team

“If you do what you have always done you get what you have always got”

“We are all in this together”

Transitioning to a New Model of Care 'Good to be Home'

Oct 2008

Engaging and Enabling

Planning

- Meetings with Planning and Funding
- Collaboration and planning between Planning and Funding; NASC; Allied Health and Providers
- Coordinators
- Support Workers
- Clients
- Infrastructure

Who Needed to be Involved?

Support Workers

In order to implement a more client centred service support workers needed to become aware of…

- Their own attitudes, beliefs, values and feelings regarding older people, people with disability and complex needs, and associated issues of dependence and disability.
- The needs and feelings of people with complex needs and their families/whanau
- The vital roles that they (support workers) play in ensuring support services are provided in the most person centred way.
- And be trained in Good to be Home model of Support

What is Good to be Home ?

- Aimed at providing choice, promoting dignity and is an outcome focused partnership between client, support worker and other health professionals.
- The ultimate goal is for the client to remain independently in their home and participate in activities and the community.
- Care is tailored to the individuals needs and goals. Family / Whanau, friends are involved in care planning if so desired
- Support is *integrated* and brings together the skills of a range of carers and health professionals.
- Good to be Home specifically targets;
  - Clients with chronic illness or high health needs
  - Those that need care with a rehabilitation focus
  - Long term conditions e.g. respiratory diseases
  - Conditions more commonly associated with older people e.g. dementia
  - Isolation issues

Who Needed to be Involved?

Clients

- Education
- Choice
- Achieving Goals
- Quality of Life

Who Needed to be Involved?

good to be home

Coordinators

- Trained in SMART
- Greater time per client to Coordinate
- Greater liaison with family/whanau
- Greater liaison with community groups
- Greater liaison with Support Workers
- Greater liaison with NASC and Allied Health

Implementing the Change

- Early Trials
- Greater liaison with community groups
- Infrastructure Changes
- Training
- Regular case reviews
- Gap Analysis

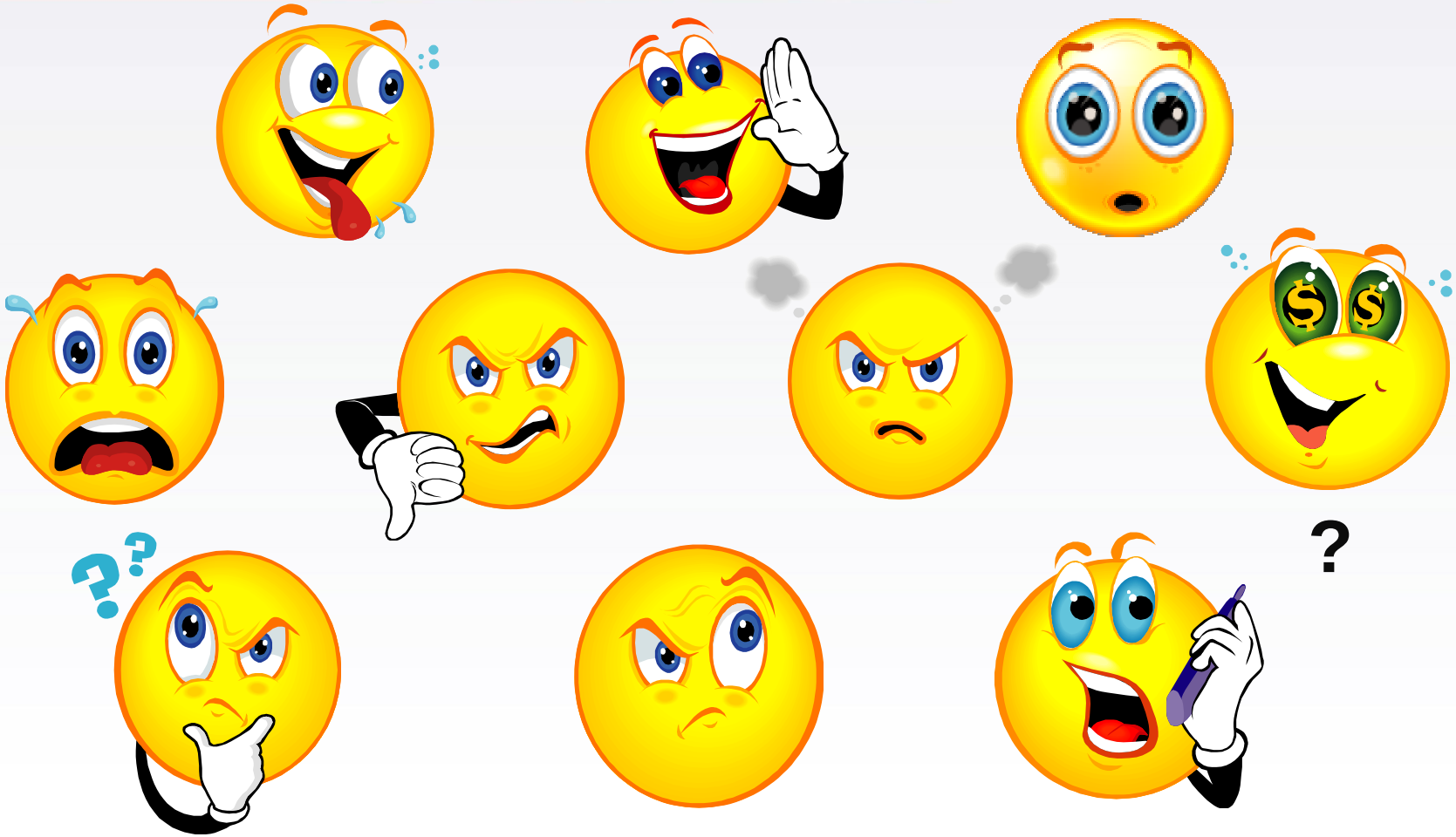
Sustaining the Change

- Ongoing Collaboration at all levels
- Ongoing training for Support Worker's and Coordinators
- Ongoing review of the contract
- Ongoing review of the processes
- Ongoing review of case studies
- Building on what is working well and adjusting what is not

Outcomes

- Empowered clients
- Greater family and community involvement
- Prepared, proactive health and social care teams
- Satisfaction among staff

Conclusion



Conclusion