

# **A Wellness Approach: Shifting Cultures from Outputs to Outcomes**

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## Overview

- Why do we need a wellness approach?
- Outcomes: an important element in a wellness approach
- A Maturity framework of implementing wellness and reablement approaches
- ACCOM – an outcomes model
- Nous Review
- Workforce Needs Assessment Study
- Short Term Restorative Care Presentation by Kate

## How to access the poll

1. Open your phone or tablet
2. Type: [pollev.com/chsp835](http://pollev.com/chsp835) into google or web browser
3. Include your name (optional) or skip

Are you ready for the poll?

yes

no

# CHSP program philosophy: maximising independence and autonomy



## Wellness

A philosophy based on the premise that even with frailty, chronic disease or disability, people generally have the desire and capacity to make gains in their physical, social and emotional wellbeing and to live autonomously and as independently as possible

## Restorative Care

Involves evidence-based interventions by allied health workers that allow a person to make a functional gain or improvement after a setback, or in order to avoid a preventable injury e.g. STRC Program

## Reablement

Time-limited interventions that are targeted towards a person's specific goal or desired outcome to adapt to some functional loss, or regain confidence and capacity to resume activities

## Why Focus on Wellness

Improved level of individualised care that seeks opportunities for improving quality of life

Changing consumer preferences and expectations

New Single Quality Framework: stronger focus on consumer outcomes

Economic driver: a wellness approach seeks to maximise independence and that has the potential to minimise/reduce dependence on service provision

CHSP grant funding requirement – there is an expectation that providers are working towards embedding a wellness approach (commencing 1 July 2015)

## A sector in transition

### **Traditional Model (HACC)**

Service Driven

Not supportive of a person centred approach

Client as a passive recipient

Looks at what is currently available

Staff training reflects a dependency style model

Service for life approach

Focus on outputs

### **Wellness Approach (CHSP)**

Client driven

Person centred approach

Client as an active participant

Offers beyond what is currently available and works towards the future

Staff training in person centred approach

Service based on level of need(s)

***..... Focus on outcomes***

# How would you assess your organisations progress towards implementation of wellness and reablement approaches

Starting  
Point

Developing

Compliant

Proactive

Generative

## An all-of-organisation cultural shift

Organisation  
management  
and leadership  
to support  
change

A wellness approach needs to be embedded in:

- Organisational policy and procedures; recruitment, employment, induction practices, position descriptions & performance reviews
- Staff training and supervision
- Consumer documents, care plans and reviews

# Do you feel supported to embed a wellness approach in your organisation?

Lots of support

Some support

Little support



How can we move beyond the rhetoric of choice and quality to seek real means for improving the delivery of care to those who need assistance to remain at home?

# Outputs to Outcomes

- CHSP has historically reported outputs as in the number of sessions delivered against funded targets – this style of reporting is very service provider centric and focuses on tangible evidence that a service has (or has not) been delivered.
- Whereas, outcome measurements/reporting focusses on how things turn out, or consequences of something – this style of reporting can be quantitative and qualitative (client’s perspective) and seeks to answer the question: ‘what has been the impact of our service?’.
- Typically under outcomes, you would have a well defined objective/goal, a baseline measurement and then a re-measurement at an agreed time to establish gain/loss.
- Outcomes demonstrate to consumers and funders that we are able to effectively provide high quality care. |

What are some examples of the use of outcome measurements in your workplace?

## Outcomes as Products of the Production of Social Care

Inputs	Service Production Process	Outputs	Outcomes
-Funds (public and private)  -Consumers (care recipients)  Staff	Organisation and conduct of work	Types and amounts of services or other products provided	Welling of individual consumers; - Health, - Family/carer wellbeing; - Residential outcome (e.g. remain at home)

Ref: Ageing Well at Home: Measuring the Impact of Community Care for Older People

## Australian Community Care Outcome Measure (ACCOM)

- A research study by Macquarie University & University of Wollongong (May 2017)
- Aim to establish a robust, reliable and effective system for collecting and measuring information related to the outcomes of community care
- Combined 3 measurement tools:
  - ASCOT SCT4 (Modified)
  - ONI Functional Profile
  - Demographic Data

<https://research-management.mq.edu.au/ws/portalfiles/portal/60319751>

## Department of Health: Wellness Reablement in the Home Care Sector Review (Nous Group)

How can the home care sector better promote and support, as well as remove barriers to implement wellness and reablement approaches for older Australians?

Waiting for the final report to be released

## Workforce Needs Assessment Survey

- Survey completed in December 2017
- 282 survey responses:
  - 59% of respondents predominantly provided personal care
  - 12% of respondents were coordinators
  - 17% unknown service types provided
- Better understand the knowledge of skills of the CHSP workforce in providing services from a wellness approach & establish an evidence based training framework

## Practices that enable a wellness approach

- Wellness-focussed care plans
- Communication and continuity of care with clients
- Appropriate policies and guidelines
- Regular debriefs, discussions & meetings for staff
- Staff training opportunities
- Having a range of services
- Being flexible and responsive to client needs

## Identified challenges/barriers in providing a wellness approach from a staff perspective

- Rostering issues
- Not enough time (funding/resources)
- Lack of continuity of staff
- No clear policies or direction
- Clients often don't get to choose their support workers and lack of communication about their service arrangements cancels out wellness with stress
- Not being listened to about client's needs

## Challenges in applying a wellness approach with clients

- Client resistance to wellness/reablement
- Client motivation
- Client abilities
- Client expectations
- Lack of communication with family
- Language barriers
- Not being able to complete face-to-face reviews with clients
- Time restrictions
- Rostering issues
- Inadequate resources
- Inadequate policies, procedures and guidelines

# References

Living Well at Home: CHSP Good Practice Guide

[https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/06\\_2015/good\\_practice\\_guide\\_version\\_web\\_accessible.docx](https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/06_2015/good_practice_guide_version_web_accessible.docx)

Wellness & Reablement Review: Embedding wellness and reablement in the Australian home care sector

<https://www.wellnessreablementreview.com.au/>

active@home project report: August 2017

Commonwealth Home Support Programme: Programme Manual 2017

[https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/05\\_2017/chsp\\_manual\\_april\\_2017\\_final\\_0.pdf](https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/05_2017/chsp_manual_april_2017_final_0.pdf)

Healthy@Home Workforce Needs Assessment Survey Draft Report