

DEPARTMENT OF HUMAN SERVICES

**COMMUNITY HEALTH SERVICES WAITING LIST REDUCTION FUNDING
2006/07**

EVALUATION REPORT – NOVEMBER 2007

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1. BACKGROUND

In December 2006-07 the Primary Health Branch allocated approximately \$370,000 non-recurrently to community health services to provide additional hours of service and to implement strategies to reduce waiting lists and waiting times. All CHSs were invited to submit proposals with a maximum of \$40,000 available to any one agency. Only proposals that could be fully implemented in the 2006-07 financial year were considered.

Eighty submissions were received with a total request for \$2.1 million. Thirty-two submissions were short-listed based on Regional recommendations.

Thirteen agencies were granted funding for a total of seventeen projects based on the following selection criteria:

- Length of waiting time and number of people on current waiting list
- Measurable reduction in waiting time/numbers
- Value for money
- Regional priority
- Addresses a community health priority area (paediatrics, counselling, chronic disease, Kooris)
- Innovation and sustainability

Table 1 summarises the seventeen projects.

2. OUTCOMES

A requirement of funding was for agencies to provide a report evaluating the success of the project in their agency. The reports identified:

- The waiting times and numbers on waiting lists prior to the funding in June 2006 and after the completion of the funding in June 2007; and
- How the additional services were provided and learnings from the project.

Table 1 summarises the outcomes for each project, including comments on the methodology employed. It shows that agencies reported substantial reductions in both waiting times and numbers for each project.

Waiting times:

Across all the projects a total reduction in waiting times from 2,500 days to 773 days was achieved. This is an average reduction from 147 days to 45 days representing an overall reduction of 69%.

Numbers on waiting lists:

The cumulative reduction in the fourteen of the seventeen projects that reported complete figures was from 1,988 to 776. This represents an overall reduction of 61%.

Table 2 shows substantial reductions in both waiting times and numbers across all disciplines.

Table 3 analyses the effectiveness of the different approaches adopted by agencies. These are grouped into three categories:

- *System change:* improved intake, assessment, service and referral pathway.
- *Service model change:* employing allied health assistants, increasing the use of groups or self-care, phone counselling/coaching, and developing mechanisms to utilise Medicare Benefit Schedule funded access to allied health services.
- *Increasing workforce:* increasing allied health (and allied health assistant) staffing time.

In many cases these approaches were combined, so it is difficult to isolate the value of specific approaches. However, it is clear that all approaches are capable of obtaining a significant level

of waiting time and waiting list reduction, and those based on system change and service model change appear to be as effective as those based on increased staffing within existing systems and service models.

Without additional recurrent funding, it is reasonable to assume that the projects involving system change and service model change will provide more sustainable reductions in waiting times and numbers than those based on increased staffing alone.

The attached snapshots provide more detail on how these approaches were used in each project.

3. CONCLUSION

All projects reported substantial reductions in waiting times and/or numbers. Almost all reported substantial reductions in both.

A number of different approaches were adopted by agencies to obtain these results, according to their particular needs or circumstances.

The modest amount of non-recurrent project funding made available for each project enabled agencies to maintain or temporarily increase their effort in delivering services whilst allocating staff time to the development and implementation of system change and service model change.

4. NEXT STEPS

It is important to align any future waiting list reduction work with the community health Demand Management Strategy being implemented by the Primary Health Branch and community health sector.

It is proposed to:

- Follow up with all the agencies in early 2008 to assess to what extent gains in waiting times have been sustained.
- Explore ways of assisting other agencies in developing and implementing their own demand management approaches, building on the work reported by the thirteen agencies involved in this project.

TABLE 1 AGENCY REPORTS SUMMARY JULY 2007

Region	Agency	Service Type	Approach	Funding (\$)	Waiting Time (Days)			Numbers Waiting			Additional Client Contacts		Additional Service Hours	
					Actual Jun06	Prop'd Jun07	Actual Jun07	Actual Jun06	Prop'd Jun07	Actual Jun07	Prop'd	Actual	Prop'd	Actual
EM	Knox CHS	Paed. Occ. Therapy	1.System Change 3. Increase AH EFT	26,291	270	25	120	49	10	35	423	369	706	567
EM	Whitehorse CHS	Speech Therapy	1.System Change 3. Increase AH EFT	40,000	210	60	120	41	15	11	393	362	574	570
		Occ. Therapy			210	60	60	41	15	11				
		Counselling ¹			210	60	60	41	15	13				
SM	Caulfield CHS	Paed. Occ. Therapy	1.System Change 2.1 Employ AHA	40,000	210	14	16	65	12	6	396	150	638	410
		Speech Therapy ¹			210	7	19	57	2	3	198	150	319	210
SM	Peninsula CHS	Podiatry	2.3 Phone consult /coaching	25,000	60	30	45	119	20	125	80	180	1345	600
SM	Cardinia Casey CHS	Counselling	2.3 Phone consult /coaching	35,000	140	56	7	55	40	25	1000	770	680	671
N&WM	Darebin CH	Podiatry	2.2 Groups 3. Increase AH EFT	20,000	96	20	72	129	20	66	220	198	255	255
B-SW	Barwon Health	Physiotherapy ²	3. Increase AH EFT	14,000	62	40	15	71*		22*	230	259	311	241
B-SW	Barwon Health	Podiatry ²	3. Increase AH EFT	16,800	363	30	93	185	50	37	284	245	373	321
Gramp	Wimmera Health Care Group	Podiatry	2.4 Medicare AH 3. Increase AH EFT	38,000	150	90	10	366	220	38	1176	295	1021	332
Gramp	East Grampians HS	Podiatry	3. Increase AH EFT	20,000	70	35	40	700	300	364	480	336	384	192
Gramp	Stawell Regional Health ³	Podiatry	2.1 Employ AHA	20,000	70	35	39	700*	300*		608	98	304	221
Gipps	Gippsland Lakes CH	Physiotherapy	2.2 Groups 3. Increase AH EFT	34,000	42	3	17	32*		22*	900*		20	20
Hume	Upper Hume CH	Counselling	1.System Change 2.2 Groups	32,000	70	14	35	65	20	40	1700	1127	1580	1092
L-M	Swan Hill District Hospital	Physiotherapy	3. Increase AH EFT	8,808	57	21	5	75	30	2	200	196	120	120
Totals				369,899	2,500	600	773	1,988	769	776	7,388	1,323	8,630	5,822

1. Agency proposals combined as a package.
 2. Separate, independent proposals.
- * Not included in totals due to incomplete data.

TABLE 2 - OUTCOMES BY DISCIPLINE

Discipline	No of Projects	Average Waiting Time (Days)			Average Numbers Waiting		
		Jun 06	Jun 07	% Red'n	Jun 06	Jun 07	% Red'n
Occupational Therapy	3	230	65	72%	52	17	66%
Speech Therapy	2	210	69	67%	49	7	86%
Physiotherapy	3	54	12	78%	59	15	75%
Podiatry	6	135	50	63%	272	126	54%
Counselling	3	140	34	76%	54	25	54%
TOTAL	17	147	45	69%	125	48	61%

TABLE 3 – OUTCOMES BY APPROACH

Approach	No of Projects	Disciplines	Waiting Time (Days)				Numbers Waiting			
			Av Jun 06	Av Jun 07	Av % Red'n	Range % Red'n	Av Jun 06	Av Jun 07	Av % Red'n	Range % Red'n
1+ (3,2.1 or 2.2)	7	ST, OT, C	199	62	69	92 - 43	52	17	67	95 - 29
2.1	1	Pod	70	39	44	44	700	N.A.	N.A.	
2.2 + 3	2	Pod, Ph	69	45	35	59 - 25	81	44	45	49 - 31
2.3	2	Pod, C	100	26	74	95 - 25	87	75	14	55 - (-5)
2.4 + 3	1	Pod	150	10	93	93	366	38	90	90
3	4	Ph, Pod	138	38	72	91 - 43	257	106	59	97 - 48
Total	17		147	45	69		125	48	61	

Key to Approach	
1	System change Improved Intake, Assess, Service & Referral Pathway
2	Service model change
	2.1 Employed Allied Health Assistant
	2.2 Increased Group &/or Self Care
	2.3 Phone Consultation/Coaching
	2.4 Medicare Funded Allied Health via GPs
3	Increasing workforce Increased Allied Health EFT

AGENCY SNAPSHOTS

APPROACH 1: SYSTEM CHANGE - IMPROVED PATHWAYS

CAULFIELD CHS – Paediatric Occupational Therapy & Speech Therapy

Funding: \$40,000

Approach: Improved pathways combined with employing allied health assistant.

Outcomes:

- Paediatric Occupational Therapy waiting time reduced from 210 days to 16 days and number waiting reduced from 65 to 6.
- Speech Therapy waiting time reduced from 210 days to 19 days and numbers waiting reduced from 57 to 3.

How additional services were provided:

Gains were made through:

- A review of clients on the current waiting list. Those clients deemed to be eligible and still in need of intervention were given an initial appointment.
- Improved intake processes to eliminate inappropriate referrals.
- Introduction of initial assessment interviews conducted within three weeks of referral thereby reducing the waiting time for initial assessments, confirming client needs and services required, and to provide interim family support.
- Allied Health Assistant (AHA) support with clinical and non clinical tasks i.e. setting and cleaning up after group work, developing activity aids, contacting parents to set up appointments, auditing the waiting list.

Service developments include:

- Remodelling of the Child, Youth and Family service delivery pathway.
- Improved referral/intake processes to reduce the number of inappropriate referrals, and fine-tune the information collected at the referral stage.
- Establishment of standard policies and procedures, and measurable KPI's.
- Development of standard templates and forms.
- Development of a referrer feedback form to communicate the outcome of the referral
- Communication strategy to update key stakeholders on CCHS services.
- Review of referral guidelines to enable referrers to understand milestone expectations and when to refer.

Learnings/Other comments:

- The introduction and implementation of process and system improvements has resulted in a sustainable efficient system.
- The project funding provided the opportunity for an allied health assistant to free up a portion of clinician's time to be able to implement the innovative changes identified by the project in a sustainable way.
- Efficiency gains were achieved by refining and formalising systems and practices at several stages of the client journey. This was the primary source of reduced waiting times.
- Trialling an allied health assistant resulted in a positive outcome: reduction of an estimated 15-20% non-clinical activities for the clinicians.
- There are many excellent initiatives underway state wide, nationally and internationally which have guided our initiatives and model of care for our own services.
- There is potential for collaboration and sharing of initiatives at a service/program level with other agencies.
- All key stakeholders, including parents and Maternal and Child Health, gave us valuable feedback around their current experience and offered up some workable ideas.
- Several issues impacted the services during this time including – staff turnover, location of service to another building, centralisation of the Intake process, introduction of upgraded

intake IT system. But there will always be stressors on the system, and it should aim to be robust enough to continue to provide a quality service regardless.

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UPPER HUME CHS - Counselling

Funding: \$32,000

Approach: Improved pathways combined with increased groups.

Outcomes: Waiting Time reduced from 70 days to 35 days and numbers waiting reduced from 65 to 40.

How additional services were provided:

The additional services were provided through enhancing our agency intake system and maintaining the Intake Workers hours during 2006-07. This allowed a centralised point of contact for all client enquiries. This has proved to be an effective model for service delivery ensuring clients are referred to the most appropriate service. This meant that clients were not waiting for extended time without being supported.

Groups were utilised more extensively – in particular, the Men's Support Group, and the establishment of an Anxiety and Depression Therapeutic Group program.

Some individual workers utilised principles of the Single Session approach.

Learnings/Other Comments:

The intake system has been valuable in developing networks and partnerships with other programs and agencies enhancing client referral pathways – for example the Stronger Families Service in the Upper Hume PCP catchment.

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WHITEHORSE CHS – Speech Therapy, Occupational Therapy & Child Psychology

Funding: \$40,000

Approach: Improved pathways combined with increased allied health EFT.

Outcomes:

- Speech Therapy: Waiting time reduced from 210 days to 120 days and numbers waiting reduced from 41 to 11 in the project period.
- Occupational Therapy: Waiting time reduced from 210 days to 60 days and numbers waiting reduced from 41 to 11 in the project period.
- Child Psychology: Waiting time reduced from 210 days to 60 days and numbers waiting reduced from 41 to 13 in the project period.

How additional services were provided:

The project proposed an additional 0.2 EFT in OT however this was not possible to recruit therefore the additional resource of 0.6EFT was allocated between speech therapy and psychology, with the psychologist taking on a project coordination role as well as an additional clinical role.

Learnings/Other comments:

Along with recruiting additional staff to provide more services and reduce client waiting times, WCHS implemented a new intake system that provides improved screening, early identification and referral.

- Phase 1: Define outcomes and objectives of the project.
 Develop a new system for children's services intake that aligns with the current organizational service coordination model.
 Conduct initial screening assessments for clients currently on wait list.
- Phase 2: Embed new initial screening assessment system for all incoming children's referrals.

The new screening assessment system adds an element to the service coordination continuum that combines components of INI and assessment. It:

- Provides a multidisciplinary screening assessment conducted by health professionals with paediatric skills, within 4-5 weeks of referral.
- Provides a screening assessment using the Ages & Stages Questionnaire.
- Further determines the best service response for the child and family & refers out as appropriate.
- Provides linking to other programs or services.
- Provides early intervention and care planning.

Project Outcomes

Outcomes of the new screening assessment system include:

- Early multidisciplinary assessment and referral to multiple services.
- Assisted referral (support to navigate service system and access a broad range of services).
- Linkage to other services and programs while waiting for WCHS services (e.g. hearing assessment, paediatric assessment).
- Home based intervention advice while waiting.
- Earlier and improved planning for group programs.

Within the project period the following outcomes were achieved:

- 15% referred to specialist children's services.
- 34% referred internally for 2 or more services.
- Double the number of groups offered in the term following screening assessment.

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APPROACH 2.1: SERVICE MODEL CHANGE – EMPLOYED ALLIED HEALTH ASSISTANT

STAWELL RURAL HEALTH – Podiatry

Funding: \$20,000

Approach: Employed allied health assistant.

Outcomes: Waiting time reduced from 70 days to 39 days.

How additional services were provided:

Stawell Regional Health proposed in-house training of a Podiatry Assistant who would work full-time to manage less complicated foot care and provide support to the podiatrists with the fabrication of orthotics. Part of this funding covered an increase in Podiatrist time to train the assistant in the workplace.

A reduction in staffing levels delayed the appointment of the Podiatry Assistant. The Australasian Podiatry Association Podiatry Assistants Course was postponed with short notice until April-May 2007. Core Competencies were developed within Stawell Regional Health to enable the Podiatry Assistant to achieve a level of safe practice in Infection Control, Nail Cutting and Manufacture of Orthotics prior to the commencement of the APodA course.

The funding provided has enabled us to train a highly motivated person to enhance and support our podiatry service.

We have commenced restructuring our Podiatry Department including the permanent appointment of the part-time Podiatry Assistant that has been trained with this funding.

The reduction in time between appointments has had a significant impact on both the foot health of our community, and staff morale.

Learnings/Other comments:

The Podiatry Assistant is a new vocational role in the Victorian health system. Whilst the Australasian Podiatry Association has developed a "Scope of Practice" document, there remain challenges in the incorporation of this document into local practice. Specific guidelines have been developed at Stawell Regional Health to accommodate the needs of our community, the organization and individual personnel.

Working with Podiatry Assistants requires practice change for existing staff.

The Podiatry Assistant position allows Podiatrists to more effectively manage the complex care requirements and is seen very positively from a recruitment perspective.

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APPROACH 2.2: SERVICE MODEL CHANGE - INCREASED GROUP/SELF CARE

DAREBIN CHS – Podiatry

Funding: \$20,000

Approach: Increased group/self care and additional staff.

Outcomes: Waiting time reduced from 96 days to 72 days and numbers waiting reduced from 129 to 66.

How additional services were provided:

The additional hours were implemented from January 2007. Project funding was combined with other backfill funding in order to attract staff. A locum was employed.

Learnings/Other Comments:

As well as the semi urgent waiting list reducing, the non-urgent waiting list has reduced from 58 people in January 2007 to almost zero at the end of June. This is a result of a priority system that came into operation in January 2006 & staff also working to reduce both the non-urgent and semi urgent wait list. The new system from Jan 2006 means that non urgent clients are no longer put onto the waiting list for individual treatment, but are offered a place in the "Feet First" program which encourages self care & people not wanting to go into the group are given information about other options for service.

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APPROACH 2.3: SERVICE MODEL CHANGE – PHONE CONSULTATION/COACHING

CASEY CARDINIA CHS – Counselling

Funding: \$35,000

Approach: Phone consultation/coaching.

Outcomes: Waiting times reduced from 140 days to 7 days and numbers waiting reduced from 55 to 25.

How additional services were provided:

All clients referred to C-CCHS for adults' counselling were successfully contacted and received ongoing counselling over the phone averaging three to four contacts until allocation to a counsellor.

Learnings/Other Comments:

This resulted in:

- High client satisfaction.
- Reduced counsellors' administration time, freeing them to pick up more clients and directly resulting in shortening the waiting list.
- High counsellor satisfaction of the support the service provided.
- High Information & Appointment (I&A) staff satisfaction.

Comments received from counsellors:

- Due to the short waiting time, clients engage with a counsellor more effectively possibly due to:
 - Less waiting time means clients are less likely to feel stuck when they do present; and
 - Clients feel their issues are important as they are seen promptly, in turn they feel valued and their motivation to engage in counselling has maintained its momentum.
- Improved staff morale.
- Thorough assessment by the 'Staying in Touch' worker gives counsellors more up-to-date and in depth information regarding clients, this aids counsellors in prioritising more effectively.
- Counsellors feel reassured that clients are being followed up and assessed by a skilled practitioner after referral from I&A service.
- Inappropriate referrals to counselling were dealt with immediately and clients were very satisfied and relieved with this.
- Clients on the waiting list have a point of contact and are supported until they see a counsellor.
- An effective way to reach men as they appeared to engage well via the telephone.

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PENINSULA CHS – Podiatry

Funding: \$25,000

Approach: Phone consultation/coaching.

Outcomes: Waiting times reduced from 60 days to 45 days and numbers waiting changed from 119 to 125. Following implementation of the service model changes waiting times have subsequently reduced to approximately one month.

How additional services were provided:

A project worker who was trained in telephone coaching was employed 1 day per week (0.2 EFT). Clients were placed on a data base for telephone coaching after they had attended a foot care education session and had their initial assessment with the podiatrist. The clients were to be given a self rating questionnaire prior to the footcare session, at the first appointment and at the end of the project. The aim was to encourage and develop self management strategies and alert the client and podiatrist to deterioration at a very early stage. This initial appointment included the development of a client centred care plan with a self management focus. Selected clients would then be rung at appropriate intervals by the trained telephone health coach who would follow a pre-established questionnaire based on the client's physical health, self management strategies, and other social issues which may impact on their health. Criteria were developed with the podiatrists that would alert the project worker to refer the client back to the podiatrist.

Although the project itself produced positive results this was not reflected in the actual waiting list because our full time podiatrist resigned just as the project was commencing followed by a 0.6 EFT, podiatrist a few weeks later. Both those positions have recently been filled with the full time podiatrist commencing 2 weeks ago.

Learnings/Other comments:

The resources needed for preparation of the tools and the associated processes used in the project were underestimated, and absorbed dollars that had originally been allocated for staffing.

The pathways and tools developed through this project are now a part of the organisation wide approach to chronic disease, this has lead to long term gains with the waiting list for podiatry, by the end of July it was one month.

The project developed the phone coaching module. It is anticipated that a number of staff, including podiatrists, will be trained in health phone coaching in September. Phone coaching will become a standard part of service delivery follow up within the Live Well chronic illness management team. The other change which has occurred due to this project is the number of footcare education sessions that the organisation runs has now been increased, to improve timely access for new clients to podiatry.

The number of direct clinical hours available was the single most important factor that affected the waiting list.

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APPROACH 2.4: SERVICE MODEL CHANGE – MEDICARE FUNDED ALLIED HEALTH VIA GPs

WIMMERA HEALTH CARE GROUP – Podiatry

Funding: \$38,000

Approach: Medicare funded allied health via GPs combined with increased allied health EFT.

Outcomes: Waiting time reduced from 150 days to 10 days and numbers waiting reduced from 366 to 38.

How additional services were provided:

Additional services:

- In January 2007 an extra Podiatrist was recruited bringing the Podiatry Department to 4EFT. From the period January 2007- to June 2007, this 1 EFT position allowed the work outlined below to be undertaken, as well as the provision of an additional 333 clinical contacts, resulting from 293.5 service hours.
- Funding was also utilised to review systems around waiting lists. This review included audit of the client medical history, and categorisation of risk status. Allocation of an "At-risk" card with a set number of appointments has enabled clients to make an autonomous decision and take ownership over scheduling of appointments. All new clients requiring review are subject to this process. This procedure has significantly reduced the hours of administration support required to manage the Podiatry waiting list.
- New waiting list management: During the waiting list funding period, evaluation has been undertaken of the new client waiting list procedure. All new referrals are screened and prioritised by a Podiatrist within the department, allowing for service prioritisation, in accordance to greatest medical need. Direct contact with a clinician has reduced the lag time between referral and appointment allocation. The Podiatry department has retained medical criteria for services to ensure service provision is directed to those with chronic and complex health needs.
- The waiting list funding has allowed time to be directed to utilisation of the Medicare Benefits schedule for Allied Health Services. This has involved liaising with local general practitioners, regarding the benefits of utilising external service providers to provide timely and affordable access to private Podiatry services. This program has been significant in reducing the clinical load of the Podiatry Department.
- Other strategies: This has included generation of a flyer outlining local Podiatry services and pedicure businesses.

Learnings/Other comments:

The funding has provided an opportunity to review strategies to manage the Podiatry waiting list. The combination of strategies – additional EFT, allocation of 'At-Risk' cards, and utilisation of Medicare Benefits Schedule for Allied Health Services, has been effective.

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APPROACH 3: INCREASING ALLIED HEALTH WORKFORCE

BARWON HEALTH – Physiotherapy & Podiatry

Funding:

- **Physiotherapy** \$14,000
- **Podiatry** \$16,800

Approach: Increased allied health EFT.

Outcomes:

- **Physiotherapy** waiting time reduced from 62 days to 15 days and numbers waiting reduced from 71 to 22.
- **Podiatry** waiting time reduced 363 days to 93 days and numbers waiting reduced from 185 to 37.

How additional services were provided:

Physiotherapy targeted new clients from initial assessment to discharge. Podiatry targeted access and initial assessment for new clients or clients who had not been seen for over 12 months. All required a comprehensive assessment and care plan development. Podiatry clients were grouped into three outcome areas:

- (1) Complex clients (medical or social) - remained in the pool of ongoing clients.
- (2) Non-complex clients - assisted with a referral through the Medicare plus program for ongoing needs.
- (3) Clients who could be discharged within a couple of visits – these clients received a follow up appointment, e.g. biomechanical issues which would resolve with an orthotic.

Additional casual staffing hours were:

- Physiotherapy 12 hrs Corio per week.
- Podiatry 8 hours Newcomb per week.
- Podiatry 8 Hours Belmont per week.

Learnings/Other Comments:

It was difficult to recruit due to the small EFT and the lack of available physiotherapists in our region.

This project demonstrated that significant inroads were made for waiting lists with a small amount of EFT mainly because the role was focused solely on clinical activity.

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GIPPSLAND LAKES CHS – Physiotherapy

Funding: \$34,000

Approach: Increased allied health EFT combined with greater use of groups.

Outcomes: Waiting time reduced from 42 days to 17 days and numbers waiting reduced from 32 to 22.

How additional services were provided:

This funding combined with other funding enabled the employment of a full time Gr1 Physiotherapist. Recruitment of Allied Health professionals continues to be a challenge. This vacancy was advertised for eight months prior to attracting an international graduate. The

region was affected by floods which prevented both therapists from attending work. This quickly created a huge impact on the waiting list.

Group work is a most effective strategy. Hydrotherapy groups, children gyms, presentations at local schools and various community groups are some newly established groups. A qualified AHA delivers physical activity sessions to our PAG clients. This supports the strategy of increasing AHA positions as these positions appear easier to fill.

Learnings/Other comments:

We need to be creative with our multi funding sources to ensure full time positions are available as part time positions are unable to be filled in our region.

We are also looking into the possibility of being able to fund several Allied Health Assistant (AHA) traineeships as we feel this would strengthen the capacity of our unit to staff group work with suitably qualified staff reducing the demand on our supervising therapists allowing them more 1:1 client time and time to develop quality programs that can then be delivered by AHAs.

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KNOX CHS – Paediatric Occupational Therapy

Funding: \$26,291

Approach: Increased allied health EFT.

Outcomes: Waiting time reduced from 270 days to 120 days and numbers waiting reduced from 49 to 35.

How additional services were provided:

The project enabled a part time paediatric occupational therapist to be extended from 15 hours a week to full time for the duration of the project. In addition to the delivery of direct clinical services to children and their families, including individual treatment and group work, the additional funding has allowed for service capacity building. The paediatric OT has attended the clinical demand management working group and KCHS has aligned our current practice to better meet the demands for service provision. This role and the subsequent further development of relationships with the early intervention services has increased the referrals between services and secondary consultation. While the waiting list for paediatric OT services currently stands at 35 families, there have been 45 referrals into KCHS's service since November, 2006. Demand for paediatric OT services will continue to grow.

Learnings/Other comments:

KCHS has a small child allied health team. In order to provide services to children and their families in a timely and coordinated manner, KCHS is developing clinics to provide multidisciplinary assessment for children. Initially the clinic will be conducted by the paediatric OT and child psychologist. Outcomes will include more timely referral for services and prioritisation of children's needs.

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SWAN HILL DISTRICT HOSPITAL – Physiotherapy

Funding: \$8,808

Approach: Increased allied health EFT.

Outcomes: Waiting time reduced from 57 days to 5 days and numbers waiting reduced from 75 to 2.

How additional services were provided:

A locum physiotherapist was employed part time for 3 weeks.

The dedicated staffing resource for Community Health clients allowed for the majority of clients being provided full course of care, allowing for assessment, treatment and discharge. This was achieved by clients being able to access the Physiotherapy service as necessary, resulting in many clients accessing a number of treatments per week.

Learnings/Other comments:

Due to the success of the 3-week period in waiting list reduction the same physiotherapist has since been employed for another short period to assist with staff shortages and waiting list management.

The waiting list reduction funding not only enabled the hospital to dramatically reduce the physiotherapy waiting period and client numbers and develop a relationship with the locum physiotherapist for further locum periods but also enabled the implementation of improved client management. This is evident by the client number and waiting period being maintained at such low levels.

The locum physiotherapist has also been a valuable professional resource for newly graduated staff and physiotherapy students at the hospital.

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EAST GRAMPIANS HEALTH SERVICE - Podiatry

Funding: \$20,000

Approach: Increased allied health EFT.

Outcomes: Waiting time reduced from 70 days to 40 days and numbers waiting reduced from 700 to 364.

How additional services were provided:

East Grampians Health Service's proposed model was to focus on employing a podiatry assistant to support the current podiatrist. However, this was not possible due to recruitment issues.

The focus shifted to look internally at the option of retraining some allied health workers in foot care to work along side the podiatrist and support the initial needs process. However this also became problematic with the timing of the project and limited training possibilities.

An opportunity presented for East Grampians Health Service to secure a contract with a podiatrist for an additional 8 hours per week and it was decided to pursue this option to immediately address the growing waiting list.

Learnings/Other Comments:

East Grampians Health Service believes that the preferred model to address waiting list issues would be the employment of a podiatry assistant and the expansion of the podiatry department. This model would ensure a more sustainable approach but the issues of recruitment are still current. With increased uptake in chronic disease management care plans, the expansion of the podiatry department is a priority for East Grampians.

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