



SILVER CHAIN

EVERY MINUTE. EVERY HOUR. EVERY DAY. WE CARE.

Programs to Promote Independence at Home

Gill Lewin

25 February 2008

who cares...

we care



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- History
- Service model
- Results
- Operational Challenges
- Future directions



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- 1999 HIP model developed
- 2000 Pilot Study
- 2001 Operational trial in small area
- 2002 Controlled Trial,
PEP implemented across metro
- 2004 HIP implemented across metro
- 2005 HIP Randomised Controlled
Trial (RCT)
- 2008 RCT and evaluation ongoing



Reduce demand for home care

- Optimise independent functioning
- Prevent or delay further functional decline
- Promote healthy ageing
- Encourage self-management of chronic diseases





- Home Independence Program (HIP)
 - 12 week
 - Community based referral
- Personal Enablement Program (PEP)
 - 8 week
 - Hospital driven referral
- Both programs based on HIP Care Model

- HACCC eligible
- No diagnosis of dementia
- Able to communicate in English
- Over 65 years of age (HIP only)





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Key Model Components:

- Multi-disciplinary team working in inter-disciplinary way
- Multi-dimensional assessment
- Goal oriented care planning
- Targeted evidence-based interventions
- Telephone support
- Time limited



Examples of Interventions



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Aids and equipment

Falls prevention activities



Task analysis and redesign



Medication management

Self management of chronic disease

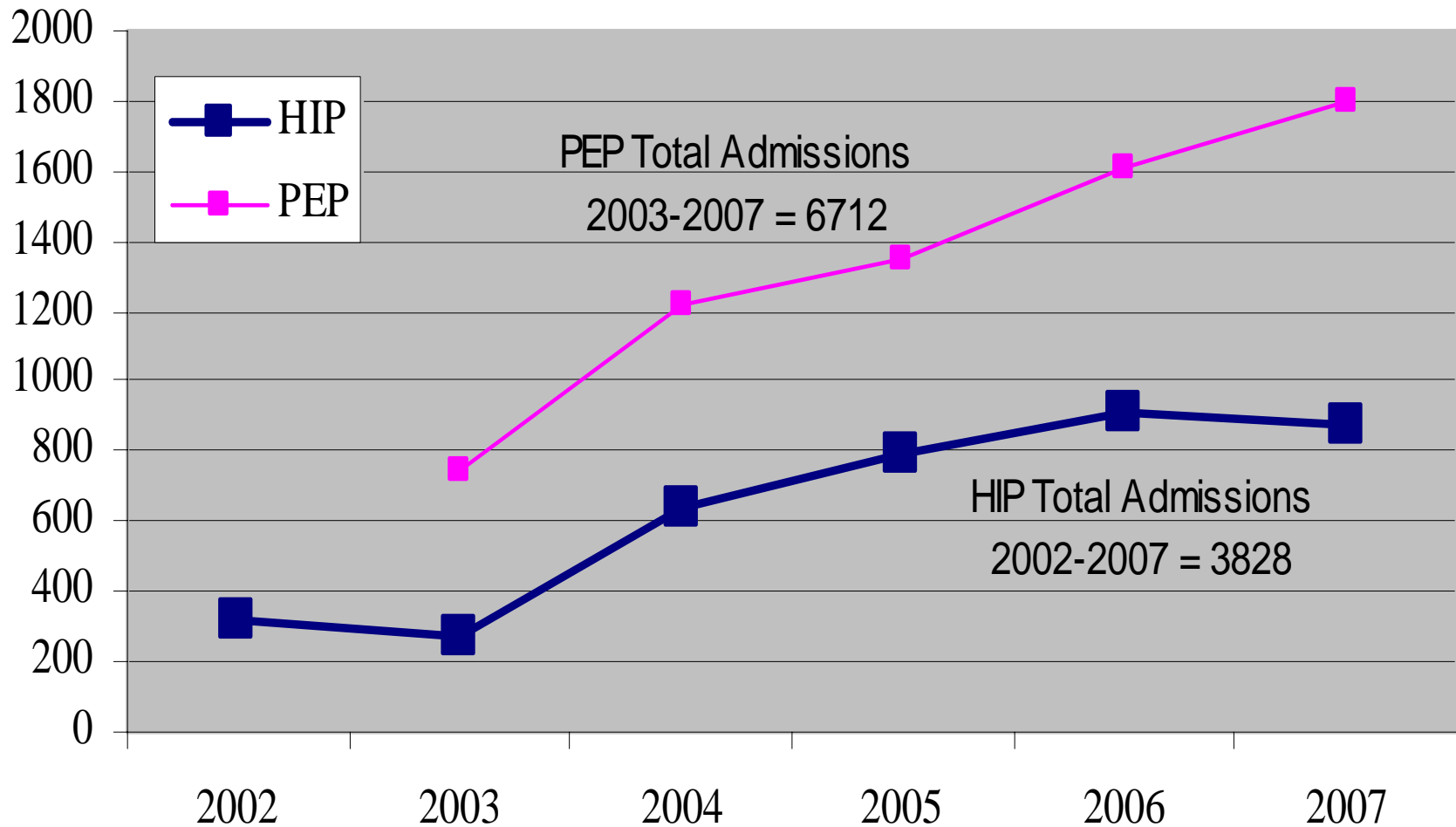


Exercises for strength and balance

Admissions to Independence Programs 2002-2007



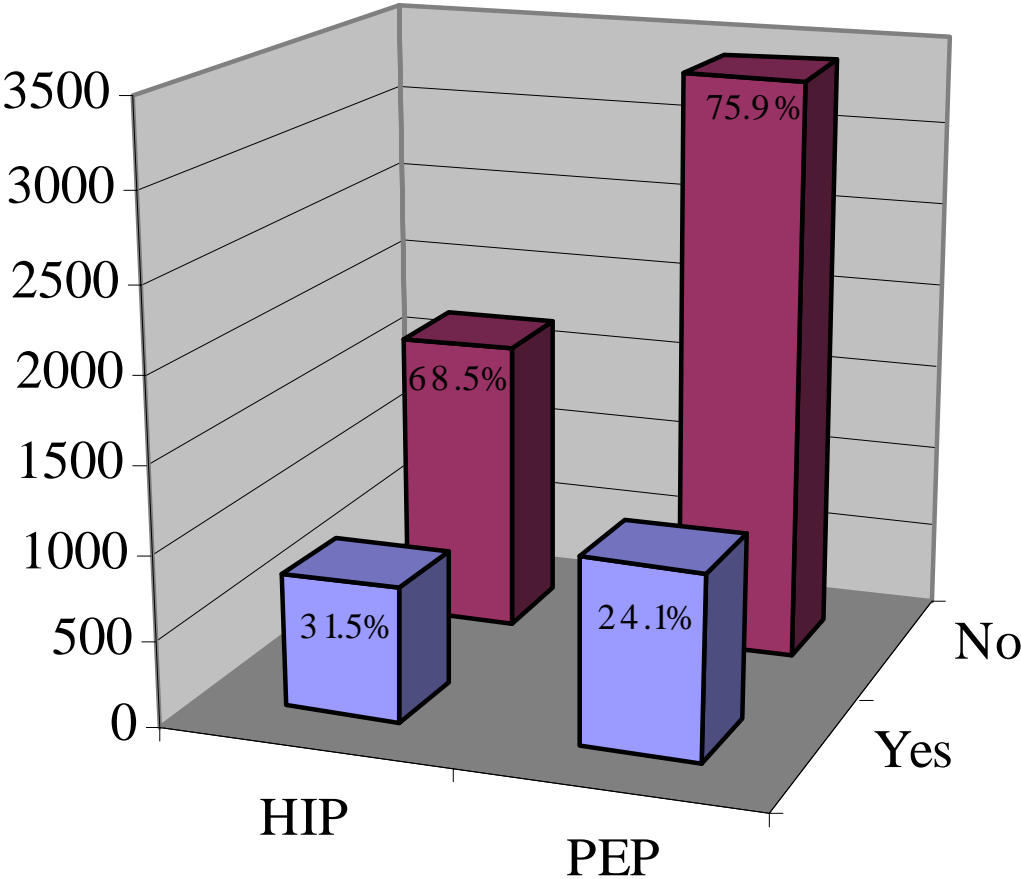
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Ongoing Services Program Completion



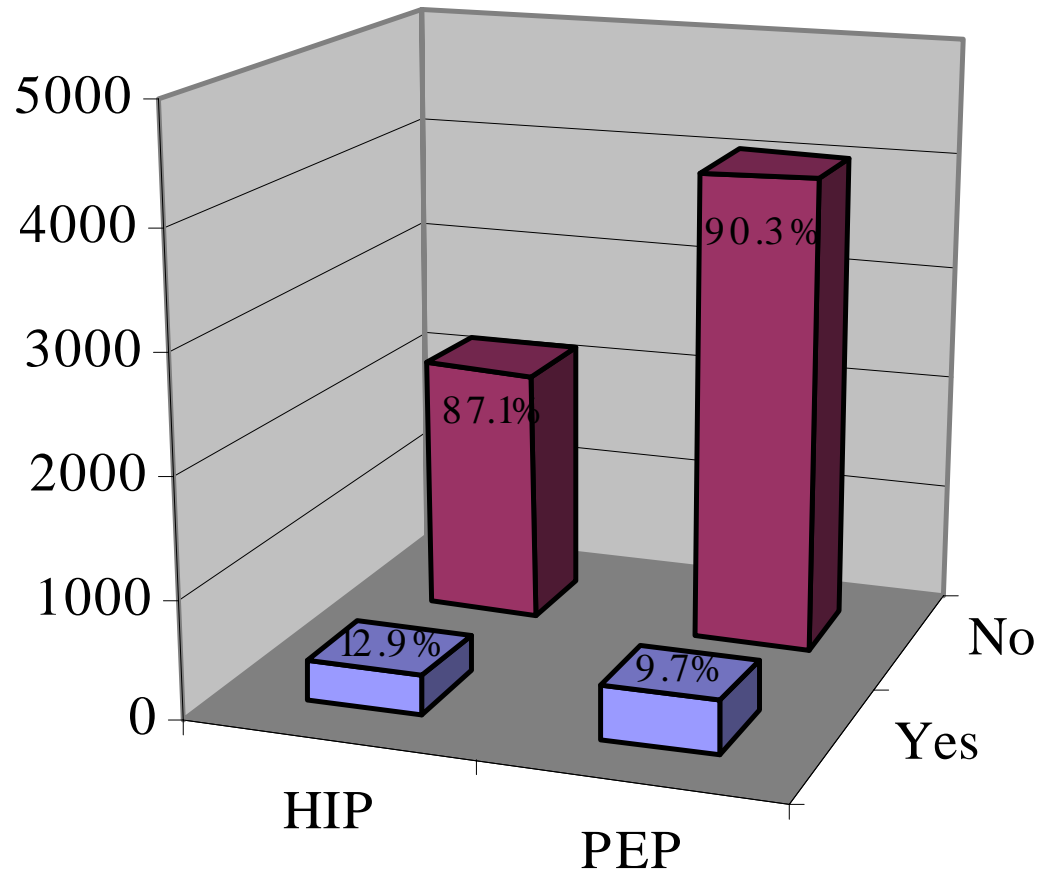
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New Services at Program Completion



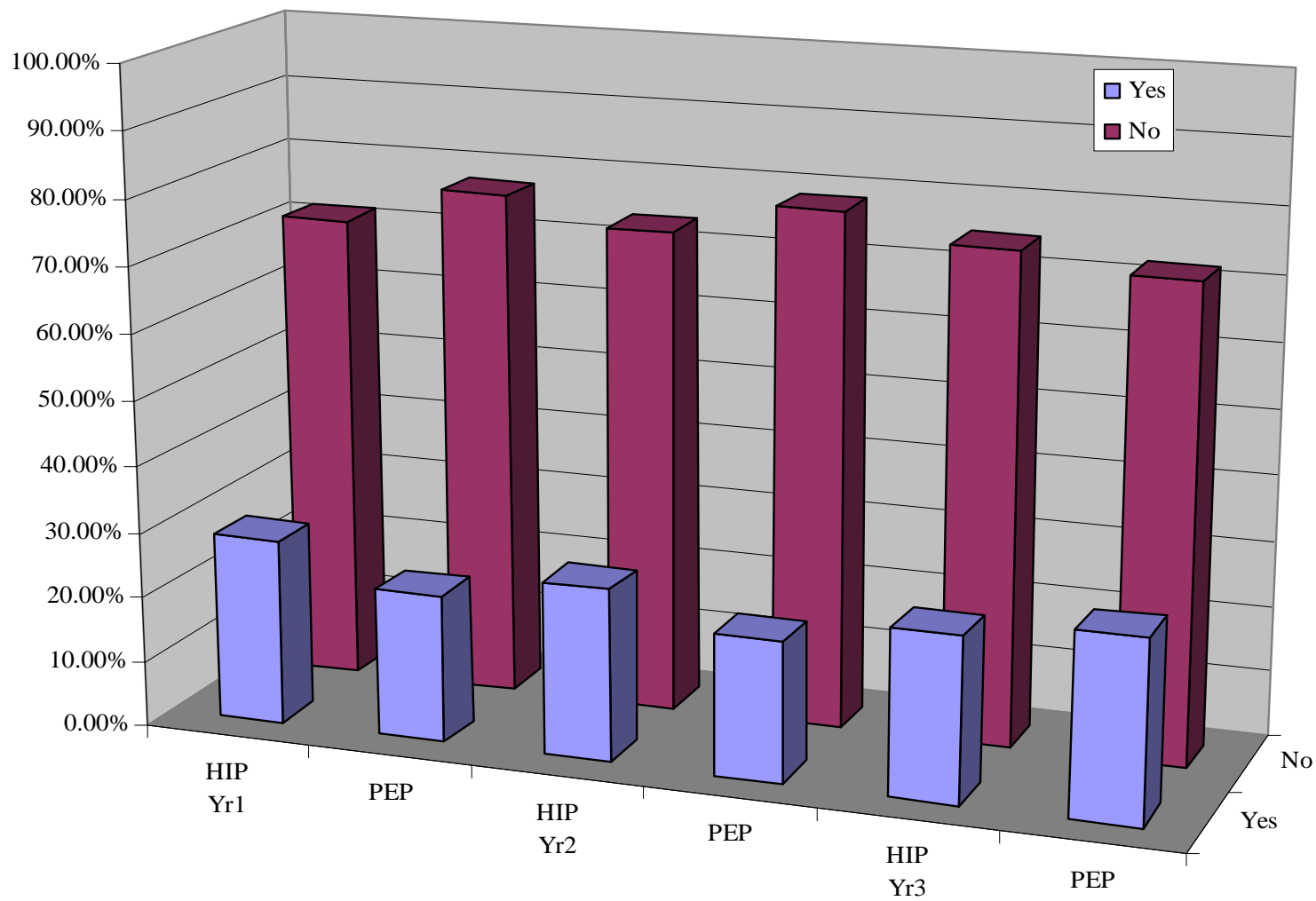
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Three Year Follow Up Results Ongoing Services



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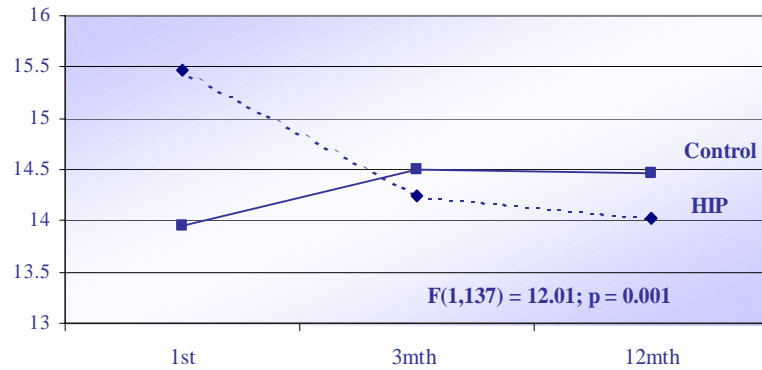


Individual Outcomes - Controlled Trial

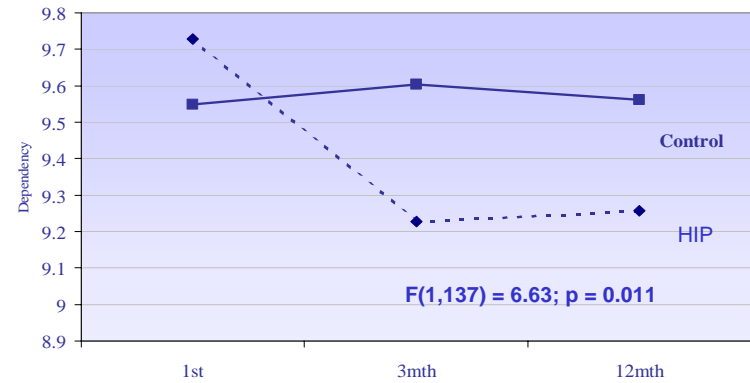


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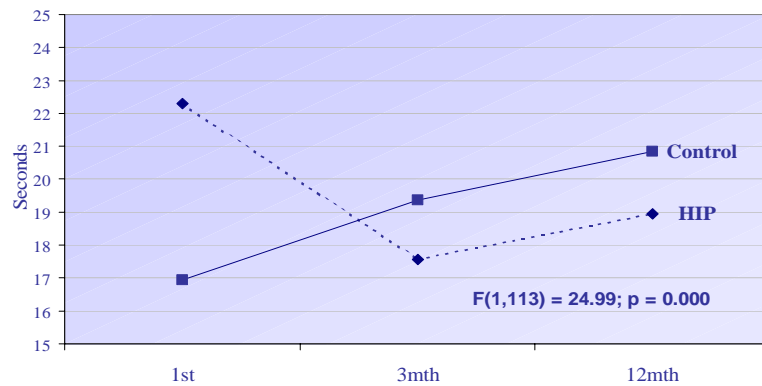
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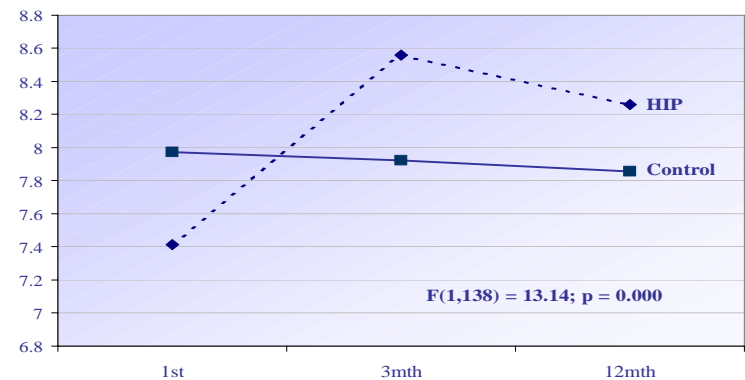
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TUG



MFES





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Overall Evaluation Of HIP

	Disagree				Agree
	1	2	3	4	5
You are more independent than you were before	10.0%	2.0%	8.0%	28.0%	52.0%
HIP was appropriate to you and your needs	0.0%	0.0%	3.3%	20.0%	76.7%
You would recommend HIP to other people	0.0%	0.0%	1.5%	20.6%	77.9%
Overall, you were satisfied with HIP	0.0%	1.5%	0%	21.9%	76.6%

Clients' "best things about HIP":

"The helpful caring manner which allowed me to re-establish my independence and mobility."

"Ideas - shower and toilet rails, pick up stick (fantastic), sock aid, VT Force information, Meals on Wheels."

"Follow up of progress both phone and personal visit."

"Helping me regain confidence. I'm doing things for myself."

- Targeting
- Expectations
- Staffing the team
- Maintaining independence when service ongoing





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- Expand our capability
 - Non-professional care managers
 - All care staff trained in wellness/independence
- Intervene as early as possible
- Change expectations



Independence Programs:

- Work well on an everyday basis
- Reduce demand for ongoing care
- Achieve better outcomes for clients
- Are cost effective
- Are essential component of new paradigm





Home Independence Program (HIP)

User Manual

Independence

"Independence is more than simply avoiding dependency, it is also about having the confidence to make decisions for yourself and your future"

HIP client



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Further Information



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THANKYOU

For further information contact
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