

Centres Promoting Health Independence (CPHIs)

The creation of Centres Promoting Health Independence is a key element of the *Improving care for older people: a policy for Health Services*. The purpose of this paper is to outline the philosophy and features of these Centres, and to outline the steps involved in their creation and ongoing operation.

Outcomes from CPHIs

Centres Promoting Health Independence will act as a key lever for the implementation of *Improving care for older people*. Once these Centres are operational, the following outcomes would be expected at the end of two years of funding:

1. That Health Services take a strong, person-centred approach to the provision of care and services:

- That older people, those with complex and chronic conditions, and where appropriate, their carers, are given information which explains treatment options and care process, and that they are actively engaged in care planning processes.
- That Health Services ensure mechanisms are in place so that feedback from older people, those with complex and chronic conditions and their carers is utilised as a part of continuous quality improvement processes.
- That staff take a person-centred approach to the treatment and care.
- That people receive treatment and care in a setting that best meets their specific care needs and preferences where it is safe and cost-effective to do so.
- That all people across Victoria have access to a Centre Promoting Health Independence.

2. That Health Services better understand the complexity of older people's health care needs:

- That older people and those with complex and chronic conditions under the care of Health Services receive treatment and care that is based on best evidence.
- That Health Services meet the specific care needs of older people and those with complex and chronic conditions including specific attention to the risk of malnutrition, decreased functional mobility, pressure injuries, incontinence, falls, dementia, the development of delirium, problems with medication, poor self-care and depression.
- That Health Services take clinical governance responsibility for the care of older people and those with complex and chronic conditions, and that staff receive appropriate education and training in this area.
- That care is provided by using a multidisciplinary approach by the care team.

3. That Health Services improve linkages, coordination and integration within Health Services and between Health Services and ongoing support services available in the broader community:

- That care processes which support the care of older people and those with complex and chronic conditions, including risk screening, comprehensive assessment, care planning, care coordination and transition planning, are operating effectively in Health Services.

- That treatment and care of older people and those with complex and chronic conditions is coordinated to achieve integrated care across all settings and integrated with ongoing community support providers.

The Department of Human Services will support CPHIs and Health Services to achieve these outcomes. Support will include the creation of a community of practice with other CPHI champions and the development of tools, protocols and training packages that can then be implemented through the CPHI network. Goals and implementation timelines for each CPHI will be formed in discussion with the CPHI's Health Service and the Department of Human Services.

Connection to policy

The policy *Improving care for older people* clearly outlines the directions and requirements for Health Services in the way they care for older people. The policy encourages Health Services to:

- (1) adopt a strong, person-centred approach to the provision of care and services;
- (2) better understand the complexity of older people's health care needs; and
- (3) improve integration within Health Service's community-based programs and between Health Services and ongoing support services available in the broader community.

Policy direction behind Centres Promoting Health Independence

There is a strong correlation between older age and demand for medical and hospital services. Currently, people over the age of 70 years use 46 per cent of multiday patient stays in public hospitals. This trend represents a new challenge for Victorian Health Services and is likely to continue.

Older people, and younger people who have multiple and complex needs, often require access to specialist assessment and treatment and a variety of support services to be able to maintain their independence in the community.

Refocusing and developing existing services

Health Services currently provide a number of programs that support the independence of older people and those with complex and chronic conditions, including inpatient services, ambulatory care and multidisciplinary assessment and treatment clinics. These services should be strongly linked and co-located with other programs whose main client group is older people and those with complex and chronic conditions in order for maximum benefit to be gained. Such arrangements already exist at most extended care centres and at some major sub-acute facilities. The refocusing and further development of these sites will enable the creation of high profile Centres Promoting Health Independence.

Functions of the Centres Promoting Health Independence

These Centres will help strengthen people's health independence from two perspectives. Firstly, they will reduce the need for hospital admission by providing community-based therapeutic interventions that may improve a person's function or prevent the deterioration of existing conditions. Secondly, people who have experienced an inpatient episode will be supported to achieve the maximum level of reintegration into their community.

Centres Promoting Health Independence should be available to people of all ages who need sub-acute care and access to specialist diagnostic, therapeutic and rehabilitation services. The Centres should be developed and promoted not just as providing treatment and care services, but as a resource that enables all people to maintain their optimal independence in the community (for example, by enabling an arthritis support group to use the hydrotherapy pool and providing healthy ageing information). The Centres should work collaboratively with all Health Services in their region to support the delivery of quality services.

Target population

The primary target group for Centres Promoting Health Independence will be older people and younger people with complex and chronic conditions who require inpatient or ambulatory sub-acute or transition services.

Function of CPHI (Services)

The creation of CPHIs will not involve the construction of new facilities, focussing instead on strengthening existing services and models of care.

Where possible, each CPHI will provide a core suite of services from the single site. These services will include:

- Inpatient services: including rehabilitation and Geriatric Evaluation and Management services.
- Sub-acute ambulatory care services: centre-based, home-based and the full range of specialist clinics.
- Out-reach: CPHIs will provide outreach services to the community, including
 - Diagnostic services;
 - Assessment services; and
 - Information services.
- In-reach: provided to the acute sector within Health Services. In-reach will include consultancy services, education and training and information resources.
- Co-location with other services which will include, where appropriate:
 - Aged Care Assessment Services;
 - Psycho Geriatric Assessment Services;
 - Program of Appliances for Disabled People (PADP) program;
 - Ongoing community support providers;
 - Carers centres/Seniors resource centre;
 - Case management/brokerage programs;
 - Home and Community Care day centres; and
 - Health promotion programs, where possible.

Philosophy of CPHI

CPHIs will lead the implementation of the *Improving Care for Older People* policy in each Health Service. They will promote a strong philosophy of person-centred care and will work to improve the quality of care provided for older people and those with complex and chronic conditions. This will be achieved through focussing on key areas of change for Health Services as described under the following headings.

Refocusing culture – person-centred care

The staff of CPHIs will embrace and model a culture of taking a person-centred approach to the care. This approach will be promoted to areas of the Health Services including acute care and the emergency department through workforce development in the main.

Activities will include:

- Education, training and resources around taking a person-centred approach to the care;
- Development, implementation and evaluation of strategies to involve older people, those with complex and chronic conditions and their carers; and
- Staff education on systematic approach to, and use of tools for screening, and assessment.
- Staff education and protocols for transitioning older people and those with complex and chronic conditions through the Health Service and into the community.

Specific Care Needs

Older people and those with complex and chronic conditions have specific care requirements when receiving treatment and care from Health Services (including the risk of malnutrition, decreased functional mobility, pressure injuries, incontinence, falls, dementia, the development of delirium, problems with medication, poor self-care and depression). These care needs will be identified and met throughout Health Service settings, through:

- Exploration of evidence base to inform practice;
- Staff training and development;
- Internal data collection and audits on quality of care indicators;
- Information and resources for older people and their carers about specific care issues for older people; and
- Educational resources available to health care professionals and members of the community.

Physical Environment

The staff working in CPHIs will lead change across the Health Service to make the physical environment as “age friendly” as possible, within budgetary constrictions. This work will be informed by the project currently being undertaken by the National Ageing Research Institute on defining “age friendly” physical environments.

The work undertaken in this area may include addressing the following points:

- Identification of elements of an ‘age friendly’ physical environment;
- Ensuring input by older people and their carers;
- Audit of current environments across all campus’ of Health Services;
- Continuous quality improvement practices embedded in systems; and
- Sharing of best practice in relation to the physical environment.

Training and development

CPHIs will play a key role in staff training throughout Victorian Health Services. Evidence based practice will be strongly promoted and supported by web-based resources available through the CPHI network.

Professional development will be auspiced through the CPHIs. Mentoring programs will be established at all centres in all disciplines. Each CPHI will establish interdisciplinary and transdisciplinary team models, which will be expanded to other Health Service campuses and settings. This program will also involve the provision and promotion of training placements between care settings and geographical locations.

Partnerships and Networks

CPHI will be the centre of a regional health care network for older people and those with chronic and complex conditions. Work will be undertaken to achieve this through developing links and building networks between providers in the CPHIs own geographical catchment including those in the primary care and aged care sectors.

Rural CPHIs will need to work in partnership with other Health Services and community providers in their region to develop a regionally based network that meets the care needs of older people and those with complex and chronic conditions.

Each CPHI will also form a part of a state-wide CPHI network where learnings and innovation are shared.

Transfer of expertise

All CPHIs will have built up over time, expertise and experience in the treatment of high complexity, lower volume conditions (i.e. Acquired Brain Injury, treatment of Parkinson's Disease). This expertise can than be transferred via education, secondments and upskilling to Community Rehabilitation Centres. This will enable people to receive their treatment and care in their local community where possible. At each step, the CPHI will be available to provide the health care professionals treating the person with additional expertise and support.

Enablers for change

There are a number of ways in which the change process will be supported including the development of workforce training initiatives and the adoption of common systems incorporating common process and protocols. The provision of information technology infrastructure, information and tools will also assist with these change processes. Funding will be provided to Health Services to assist these processes.

Funding for leading change

Each CPHI will be funded to the amount of \$300,000 over two years (January 2005 to December 2006) to lead change within the Health Service as outlined above.

Funding will be conditional upon the:

- Nomination of an executive sponsor;
- Nomination of a key implementation contact with responsibility for implementation of various initiatives;
- Participation in a community of practice including attendance at regular meetings and activities; and
- Reporting on outcomes (to be agreed in negotiation between Health Services and the department) on a six-monthly basis.

Evaluation

The development and implementation of Centres Promoting Health Independence will be evaluated at regular intervals.

Initial activities within Centres will include the completion of baseline surveys including (a) age friendly environment survey and (b) person-centred care survey. These surveys will then be repeated on an annual basis.

Analysis and comparison of all data will occur on both the state-wide and the Health Service level.

Principle 12: *Improving Care for Older People: a policy for Health Services*

Principle 12:

All older people across Victoria have equal access to Centres Promoting Health Independence.

Key objectives

12.1 That existing extended care centres and some major sub-acute facilities are refocused into Centres Promoting Health Independence, with at least one designated centre in each departmental region.

12.2 That Centres Promoting Health Independence:

- provide a sub-acute inpatient service, with the size dependant on the catchment population.
- provide a range of sub-acute community care services to enable people living in regional and remote areas access to clinical expertise, including centre-based and home-based services, cognitive dementia and memory services, continence clinics, falls and mobility clinics, general geriatric rehabilitation clinics and mobile outreach services.
- are a focus for the development of statewide specialist services that provide health care professionals with additional skill levels and access to a wider support network for the management of people with specialist needs.
- where possible, co-locate with ACAS, aged psychiatric and mental health services and community support programs (such as community aged care packages) to provide a recognisable facility that supports people, particularly older people, to remain in their community.
- provide access to a hydrotherapy pool.
- are a recognised point of access (from the community or from acute services) to services for the prevention, treatment and management of disabling conditions.
- are outward-focused community resources that provide information, services and facilities to older people and people with a disability.

Implementation issues

- The department will produce a design features brief for Centres Promoting Health Independence to ensure they addresses physical, social and environmental issues relating to the care of older people.
- Major extended care centres will be refocused into Centres Promoting Health Independence. Where there is not a distinct facility already identified in a region, the major sub-acute provider in that region will be redeveloped, as resources become available, to take on the additional role as a Centre Promoting Health Independence.
- The department will work with Health Services in developing their capacity to provide outreach services from their Centre Promoting Health Independence.

Sites Identified as Centres Promoting Health Independence

Departmental Region	Health Service	Facility
Southern Metropolitan	Bayside Health	Caulfield General Medical Centre
	Southern Health	The Kingston Centre
	Peninsula Health	Mornington*
Eastern Metropolitan	St Vincent's Health	St Georges
	Eastern Health	The Peter James Centre
	Austin Health	The Royal Talbot Rehabilitation Centre and Heidelberg Repatriation Hospital
North Western Metropolitan	Northern Health	Bundoora Extended Care Centre
		Broadmeadows Health Service
	Western Health	The Sunshine Hospital
	Melbourne Health	Melbourne Extended Care Centre
Barwon South Western	Barwon Health	The Grace McKellar Centre
Grampians	Ballarat Health Services	The Queen Elizabeth Centre
Loddon Mallee	Bendigo Healthcare Group	The Anne Caudle Centre
Hume	Hume Health Services Consortia	Hume Health Services Consortia
Gippsland	Latrobe Regional Hospital	Latrobe Regional Hospital

* Note: Planning is underway for development of a new CPHI in Mornington. This facility will replace the existing services currently provided from The Mount Eliza Centre and some other sites across Peninsula Health. The Mount Eliza Centre will be the focus of CPHI activities until the Mornington development is completed.