

SERVICE COORDINATION - BETTER ACCESS TO SERVICES 2001 - 2002

Summary

Project Name: Better Access to Services Implementation 2001/2**Objective**

Coordinating implementation of the IM strategy (see [2.1A](#) for the detailed strategy).

Accountability

Implementation will be coordinated through the PCP Executive Officer.

Key Tasks***Initial Contact***

- ?? Identify best practice models from mapping process
- ?? Coordinate 6 month survey of Initial Contact activity across all primary care and community agencies (draft form attached [2.1c](#)) July - December 2001
- ?? Identify opportunities to integrate access to health promotion activities at initial contact (workshops)
- ?? Develop standards, competencies for best practice in initial contact
- ?? Identify duty of care issues especially around volunteers and non-professional staff; supervision and support needs
- ?? Develop information and skills training programs for initial contact staff and volunteers

Initial Needs Identification pilots

- ?? Consumer feedback process developed and implemented to identify consumer issues and ideas
- ?? Analysis of projects and other best practice models for lessons relating to initial needs identification
- ?? Identify barriers and enablers, issues relating to initial needs identification
- ?? Coordinate provider workshops with DHS to contribute to development of the INI tool
- ?? Coordinate 3 month pilot of draft tool in volunteer agencies (Portland & District Community Health Centre, Western District health Service - Community Services, Community Connections and Glenelg shire)
- ?? Evaluation of issues, problem solving, resource issues (workshops)
- ?? Prepare discussion paper collating information from the preliminary pilot of the INI tool and use for consultation with agencies
- ?? Develop consensus on use of INI tool, protocols and forms for access, referral, consent
- ?? Develop quality standards, competencies for best practice

- ?? Develop information and skills training programs for intake staff and a broad range of professional service providers

Care Planning pilots

- ?? Identify existing best practice models
- ?? Provider workshops and focus groups to brainstorm issues; specialist and service specific; links with community care and disability sectors; consumer involvement
- ?? Identify barriers and enablers, issues relating to care planning
- ?? Identify provider "volunteers" to carry out preliminary pilot; range of service specific and specialist services
- ?? Prepare discussion paper collating information from the preliminary pilot of the care planning tool and use for consultation with broad range of providers
- ?? Develop consensus on use of care planning tool, protocols and forms for access, referral, consent

Service Specific Assessment

- ?? Use service database and service profile to identify providers
- ?? Identify innovative and existing best practice models in service specific assessment
- ?? Identify linkages with initial needs identification, referral, comprehensive assessment and care planning processes

Specialist Assessment

- ?? Identify innovative and existing best practice models in service specific assessment
- ?? Identify linkages with initial needs identification, referral, comprehensive assessment and care planning processes
- ?? Awareness and education of primary care providers of role of specialist services

Timeline

12 months July 2001 - June 2002

Resourcing

Project hours will be purchased from member agencies to support the above tasks in accordance with the Provider Participation Strategy [\(1.1B\)](#)

Costs:

Expense	\$
0.5 EFT BATS Project Coordinator	30,000
Administration 200 hours x \$25.00 per hour	5,000
Backfill - agency staff time for piloting INI and CP tools, education (4 sites x \$6,000)	24,000
Workshops	1,000
Travel	2,000

Operating costs	5,000
Education and training sessions	8,000
TOTAL	75,000

Southern Grampians and Glenelg Primary Care Partnership

Project Name: Working with Private Providers

Objective

- ?? To improve linkages with private practitioners in developing an integrated primary care system
- ?? Increased use of the MBS Enhanced Primary Care items relating to case conferencing and care planning
- ?? Access of private practitioners to the service database established

Stakeholders

Private providers are a significant component of the primary care system and effective linkages with these providers is essential to the development of an integrated system.

- ?? Private practitioners: 80% of the primary care system (see [1.2A](#))
- ?? Pharmacists: significant providers of health information as well as specialist advice on medications. Pharmacists are an important stakeholder in the Asthma IDM project ([3.3M](#))
- ?? Physiotherapists: allied health services most likely to be in private practice. Will be targeted in the health promotion project ([3.2i](#))
- ?? Optometrists: eye problems are linked to many diseases and accidents and can play a key role in health promotion. Optometrists are targeted in the Diabetes Retinopathy Screening project ([3.3P](#))
- ?? Dentists: Dental health Services will shortly be commencing the provision of services in Hamilton and this will be an opportune time to initiate linkages with dental practitioners

Key Tasks

- ?? To provide accessible information to private practitioners on primary care services
- ?? To develop and implement effective communication processes between private practitioners and the Primary Care Partnership
- ?? Develop protocols between private practitioners and other primary care services around assessment, care planning and case conferencing
- ?? To encourage the active involvement of private practitioners in policy development, strategic planning and implementation of projects
- ?? Develop strategies and joint projects for use of the MBS Enhanced Primary Care items relating to case conferencing and care planning (GPs) and other private practitioners
- ?? Provide information to private practitioners about DHS proposed Initial Needs Identification and Care Planning tools
- ?? Survey private practitioners in relation to:
 - o Use of a single referral form for primary care services
 - o Use of electronic referrals

- o Requirements for feedback and involvement in case management

?? To ensure service information is accessible and meets the needs of private practitioners.

?? Improve coordination between the health promotion efforts of private practitioners with those of other primary care providers

Action plan to be further developed.

Timeline

The project will be carried out over 12 months July 2001 - June 2002

Resourcing

Project workers will be recruited, preferably from private practitioners, to carry out this project. Project staff of the Otway Division of General practice will be sub-contracted to work with general practitioners

The project will be managed by the Executive Officer.

Costs

	\$
Project Management	
o Project hours - 400 hours @ \$100.00 per hour	40,000
o Administration - 100 hours @ \$20.00 per hour	2,000
Operational costs	
o travel, phone, etc	5,000
TOTAL	47,000

Southern Grampians and Glenelg Primary Care Partnership
SERVICE COORDINATION - INFORMATION MANAGEMENT 2001/2002

Summary

Project Name: Implementing the Information Management Strategy 2001/2

Objective

Coordinating implementation of the IM strategy (see [2.2A](#) for the detailed strategy).

Accountability

Implementation will be coordinated through the SWVPCP Steering Committee

Key Tasks

- Develop appropriate processes for consumer representation on the sub-committees
- Review the business process mapping carried out in 1999 (SWARH [2.2a](#)) to update information on the interaction within the local service system to support identification of the information requirements
- Develop a standard form for referral based on the Initial Needs Identification template between primary care providers that can be used by email, fax or for verbal referral
- Pilot the draft Care Planning tool (see [2.1A](#)) and identify issues for providers and consumers on information sharing
- Support a workgroup of primary care providers to report to the Client Services sub-committee of SWVPCP and make recommendations to inform policies on sharing consumer information
- Liaise with similar programs in the acute sector such as the Coordinated Care Pathways program; develop consistent processes and practice
- Use the asthma integrated disease management project to develop information management processes including consumer education and participation and the full range of providers ([3.3M](#))
- Workgroup to develop recommendations on linking service information for SW Victoria with client data
- Workshop providers including GPs on education information currently being used for health promotion with clients; identify issues in developing/accessing standardized resources
- Increase awareness and confidence in using the Better Health Channel as a source of health information
- Pilot the datasets for services information, initial needs identification and care planning within PCP agencies and develop consistent practices, processes and systems for information management

- Develop understanding of the national guidelines for the secure management of health information and facilitate education sessions with primary care providers
- Encourage primary care providers to use the Better Health Channel to inform their clients and patients about health and lifestyle matters

Timeline

12 months over the period July 2001 - June 2002

Resourcing

Project hours will be purchased from member agencies to support the above tasks.

Costs

Expense	\$
Project hours 1000 hours@\$35.00 per hour	35,000
Administration 200 hours x \$25.00 per hour	5,000
Workshops	1,000
Travel	2,000
Operating costs	5,000
Education and training sessions	2,000
TOTAL	50,000

Southern Grampians and Glenelg Primary Care Partnership

Project Name: Addressing Privacy Issues in Information Management

Proposal Summary

It is proposed to identify issues relating to privacy and obtaining informed consent from clients. Both provider and consumer issues will be identified in a variety of appropriate ways.

The PCP will pilot initial needs identification and care planning tools and will implement a consistent approach to initial contact. This work will require the sharing of personal and health information between agencies within the PCP. Initial contact also requires information sharing, but for the most part this will be demographic and personal information.

Learning will inform the development of policies, practice and protocols in collaboration with the development of statewide guidelines. Agreed protocols will be integrated into service coordination practice with an appropriate education program.

Background

Providers need to share with other providers some common information about the needs and care provided for each consumer. In the current system, minimal personal information is transferred between providers and it is usually a printed referral or a test result that is either sent with the consumer or faxed to the provider. Using electronic information systems, it is possible to send more detailed personal information directly between providers.

Improved sharing of information can be implemented through the development of electronic health records. The electronic health record can assist with the coordination of the interactions between consumers and providers, acting as a centrally held master file which is available to all authorised staff immediately, removing the wait for a paper file to be retrieved. This can allow the agency to provide a cohesive and coordinated service regardless of which providers actually deliver the service.

The transition from paper-based records into an electronic environment is likely to take some time because of the complexity of the issues involved, but will be factored into the planning processes. The change to electronic records will require adequate security and authentication measures to prevent inappropriate use. Consumers need to feel confident that information about them held by agencies and in computer systems is securely managed. Many issues can be addressed even with paper-based records.

A means of uniquely identifying consumers is an essential component of the information management framework needed to enable the sharing of consumer information between provider systems. This also raises sensitive privacy and confidentiality issues and concerns widely held throughout the community. A primary concern for consumers is the need for confidence and certainty with regard to what the identifier will be used for.

The key objective is to ensure that personal information held in electronic form is securely managed. Standards Australia International Ltd (Standards Australia) has developed a generic Information Security Management Standard and is currently developing an implementation guide for the health industry. Health and community service organisations will be able to seek accreditation under that standard which will mean that consumers and providers will have a means for assessing the trust they can place in an organisation managing individual information.

Consumers will want to record and own their health and care information so that it is accessible to them where they need it, such as when they're away from home or in an emergency. Personal electronic health records have the potential to improve the quality of life for consumers who need long term care.

The legislative context

The Victorian Parliament passed the *Information Privacy Act 2000* on 30 November 2000, a partner to the *Electronic Transactions Act 2000*. The Commonwealth Privacy Act creates a national privacy scheme for the non-government sector. The Minister for Health has sponsored the Health Records Bill, which provides specific protection to health records held either in the public or private sectors. Accordingly, the Information Privacy Act does not apply to health records. The two Acts will work together to create a sound framework for the protection of privacy in Victoria.

The Health Records Bill (2000) sets out 11 Health Privacy Principles, which will establish the scope of what information can be collected, the circumstances in which it can be collected, together with the protocols and safeguards regarding access to that information and its application.

The Health Records Bill 2000 sets out principles that govern the activities of organisations in relation to the collection, use, disclosure, storage and destruction of health information. PCPs are not considered as organisations for the purposes of this legislation. Under the proposed Act, each agency or practitioner within the PCP is considered to be a separate organisation. This means that the sharing of health information within PCPs is governed by the provisions for use and disclosure of health information by individual organisations. Under the legislation, each agency within a PCP that is providing health services to an individual can share information within the agency either with the consent of the individual, or where the sharing is necessary to ensure that health services are provided safely and effectively to the individual. However, information sharing between agencies would require the consent of the individual concerned unless the sharing is necessary to prevent a serious and imminent threat to the individual's life or health.

Objectives

Service coordination provides a framework whereby the PCP can work towards functional integration across the range of services. This means that while services remain independent of each other in a structural sense, they work in a cohesive and coordinated way so that the consumer experiences a seamless and integrated response. To achieve this functional integration providers will need to share health and care information to:

- o Support consumers with complex needs who require care coordinated across a number of services or agencies.
- o Meet the needs of consumers with straightforward requirements who need to be referred to another provider or who have repeated contact with the service system over an extended period.

Assisting Providers To Obtain Consumer Consent

Ensuring that consumers understand and consent to the care they access is integral to service delivery. The importance of consumer consent means that the consumer is not a passive recipient of services but has the right to participate in choices about their health and care. The most important goal of informed consent is that the consumer has an opportunity to be an informed participant in their care decisions.

Informed consent involves consumers being made aware of:

- o The nature of the decision and the process by which it has been achieved
- o Reasonable alternatives to the proposed action if they exist
- o The relevant risks, benefits and uncertainties related to each alternative.

It requires providers to be able to:

- o Assess consumers' understanding of what information they are being given
- o Assessing the competence of a consumer to make a voluntary
- o Record the acceptance of proposed action by the consumer

The development of processes and protocols around consent is a vital task of the PCP. Given the range of services involved it is not reasonable for consumers to be asked to give blanket consent to sharing sensitive health information between all agencies within a PCP.

The PCP, in collaboration with consumers, needs to develop a consent mechanism that will support continuity of care and care coordination without unrealistic administrative requirements and repeated consent requests for consumers.

There will be occasions where consent to the sharing of personal or health information will not be given (especially when the information is considered especially sensitive, for example clients of sexual assault services, mental health services or drug treatment services). The PCP will need to develop information management processes (including protocols for the provision of information to consumers about the potential risks of withholding consent) to address this situation.

Consumer Involvement

Consumer engagement will be critical in managing the change as more services use electronic information sharing to coordinate the service delivery process. Specifically, consumers will need to be involved in the development of consent mechanisms and will need to provide consent prior to their information being shared across more providers.

- o How consent will be sought from consumers.
- o What mechanisms need to be established to ensure that consumers are able to control the use of information collected about them.
- o How to engage consumers in the process.
- o How to handle and address consumer concerns.

Current activity

- ?? Information on privacy and confidentiality policies in agencies has been collected in a survey of quality issues December 2000
- ?? Privacy and maintenance of confidentiality has frequently been raised as an issue by providers and members of the Community Participation Workgroup
- ?? Provider identified privacy and consent processes and issues are being collected in the initial contact and initial needs identification mapping currently underway

Proposed tasks

- ?? Work group including consumer representatives formed to manage implementation of project - reporting to the client services sub-committee of SWVPCP Steering Committee
 - o Detailed action plan developed
- ?? Survey of privacy and consent issues identified by providers at initial contact, initial needs identification, assessment and care planning (interviews and workshops)
- ?? Consumer and community issues analysed:
 - o Consultation format developed
 - o Target groups identified - sexual assault, psychiatric services, Koori services, drug treatment, youth; information collected from these groups by variety of means
 - o Linked with asthma IDM and counselling projects
 - o General community forums
- ?? Identify statewide and departmental activities
 - o DHS guidelines to assist providers to satisfy privacy legislation requirements.
 - o DHS guidelines to manage obtaining informed consumer consent
 - o National guidelines for the secure management of health information
- ?? Develop policies and protocols to ensure consistent practice
 - o Analysis of information and development of recommended policies and processes, linked to statewide guidelines
 - o Agreement through SWVPCP Steering Committee on processes, protocols, systems
 - o Implementation strategy developed
 - o Education sessions with primary care providers linked to DHS statewide workshops on privacy and confidentiality
- ?? Evaluation
 - o Action plan includes risk management and success indicators
 - o Evaluation strategy developed to assess provider and consumer satisfaction with process of development of protocols
 - o Monitoring strategy developed to document compliance with protocols, % cases informed consent obtained

Deliverables

- ?? Consensus on information management processes and protocols consistent with agreed statewide guidelines
- ?? Provider skills in obtaining and documenting informed consent
- ?? Consumer confidence in privacy and confidentiality of their personal information

Benefits

- ?? Provider awareness of privacy and consent issues in working across the primary care sector
- ?? Consumer involvement in developing agreed information management processes
- ?? Recommendations to inform the development of information management processes for the South West Victoria Primary Care Partnerships

Stakeholders

- ?? Providers: identify issues and concerns and contribute to development of solutions
- ?? Consumers: identify issues and concerns and contribute to development of solutions
- ?? Agencies: to integrate agreed processes within agency policies and practice; conform to legislative requirements
- ?? Community: confidence in privacy and security of their information
- ?? Primary care services and partnerships: shared learning from project and development of statewide processes

Work Practices

- ?? Consensus on agreed processes for obtaining and documenting informed consent for information sharing will be obtained. Provider education will be required for implementation.
- ?? Agreed processes for storage and transfer of consent information. Provider education for implementation.

Accountability

- ?? Accountable through the PCP Executive Officer to the Executive Committee of the SG-G PCP for financial management and overall achievement of objectives
- ?? IM project officer responsible for coordinating project and reporting on progress and outcomes to the SWVPCP Client Services sub-committee
- ?? Community Participation project officer to develop strategies for consumer involvement in process
- ?? Reports to the SWVPCP Client Services sub-committee and makes recommendations for the development of effective processes to obtain and document informed consent at initial contact and initial needs identification

Timeline

- ?? Formation of workgroup, action plan, literature reviews and preliminary consultation structures developed August 2001
- ?? Data collection - 2 months
- ?? Analysis of information and development of draft protocols - 1 month
- ?? Evaluation and monitoring 3 months

Resourcing Required

	\$
Project Management	
o Project hours - 500 hours @ \$30.00 per hour	15,000
o Administration - 100 hours @ \$20.00 per hour	2,000
Operational costs	
o travel, phone, etc	2,000
o workshops	5,000
Other resources	
o consumer reimbursement	1,000
o service provider time in consulting with specific target groups	5,000
TOTAL	30,000

Southern Grampians and Glenelg Primary Care Partnership

Project Name: Videoconferencing: realizing the potential through training

Summary

Travel is a major component of unproductive time for primary care providers and the greatest opportunity to change business practice arises from the use of video conferencing.

Videoconferencing can be used at no cost across SWVARHnet and video sites are now available in Hamilton, Portland, Casterton and Warrnambool. It is now possible to reduce the travel required for meetings within the SWVARH region creating real savings.

Videoconferencing can be improved when participants understand the transmission of images and are able to set up a videoconference to achieve maximum effect. Practical experiencing in using the technology improves outcomes.

Confidence in using videoconferencing for meetings between providers will pave the way for using the technology more broadly for consumer contact and access to specialist providers who might otherwise not be accessible.

Neighbourhood Houses provide training in basic computer skills and have links with a broad range of community groups and will be a valuable support to the development of consumer skills in videoconferencing. As members of the PCP, Neighbourhood Houses will become linked to SWARHnet with the potential to become video-conferencing sites.

Objective

- Reduce unproductive time associated with travel - eg for meetings
- Increase community willingness to use videoconferencing for contact with service providers

Description

Training in videoconferencing will be developed for primary care providers and community volunteers who will act as peer educators for the community. Ongoing training and support to be through Neighbourhood Houses

Deliverables

- Primary care provider confidence and skill in using video conferencing
- Trained volunteers to support increased confidence in and use of videoconferencing in the community
- Identify community issues with video-technology
- Develop a peer education program for community volunteers to increase use of videoconferencing in the community

Benefits

- All primary care providers will benefit from increased access to meetings with less traveling.
- Increased experience of videoconferencing in the community and trained volunteers will facilitate the introduction of service provision by video in the future

Accountability

Implementation of this training will be through the PCP.

Key Tasks

- Develop draft training program for providers
- Pilot training and modify based on feedback
- Involve 100 providers in training sessions
- Recruit community volunteers through Neighbourhood Houses
- Consult volunteers on requirements for the peer education training program; expectations of volunteers
- Develop and implement peer education program
- Finalise resource materials
- Develop protocols re volunteer access to videoconferencing for community sessions
- Neighbourhood House Coordinators to develop training courses within the houses on a regular schedule.

Timeline

The total project will be carried out over 6 months, January - July 2002

Resourcing

A PCP Project Worker will be recruited from a member agency to manage this project, reporting to the PCP Executive officer.

Neighbourhood House Coordinators will be involved in the development of this project and will maintain ongoing community training

Budget

	\$
Project Management	
o Project hours - 100 hours @ \$35.00 per hour	3,500
o Neighbourhood Houses 3 x 20 hours @ \$30.00 per hour	1,800
o Administration - 10 hours @ \$20.00 per hour	200
Operational costs	
o Training sessions	1000
Other resources	
o Peer education training resources and manuals	1,000
TOTAL	7,500

Southern Grampians & Glenelg Primary Care Partnership

Project: Developing the Service Database to meet the needs of Service Providers

Project Name: Developing the Service Database to meet the needs of Service Providers

Summary

The service database will be a central resource to support service coordination and referral processes. The service directory must provide appropriate information, particularly as part of the initial contact, initial needs identification and care planning process.

Before promoting the availability of the database, feedback has been received from a variety of providers that there is a need to fine-tune the information to make it a truly useful tool.

A variety of providers will be confronted with "real-life" situations in a facilitated workshop and asked to use the database to obtain information to meet their requirements. Feedback will lead to improved information management and development of quality control processes for ongoing management of the database.

Objectives

- Development of an effective service database, able to support both consumer and provider requirements, including accurate and appropriate referral and service information
- The broad range of primary care providers require search features that will provide more detailed information including waiting lists, professional assessment and treatment interventions, waiting lists, after hours services and gender specific services
- Search results that provide useful information for users to choose appropriate services for referral.

Description

Practice-based workshops will be conducted to assess the effectiveness of the database to provide required information. Providers will be asked to access information for a number of "clients" in common situations that they are faced with. Facilitators will collect and evaluate provider feedback in a structured format.

Workshop groups in a variety of locations will include:

- Primary care providers from community health services
- General Practitioners
- Acute services including post-acute care and allied health professionals
- Reception staff from various agencies and medical practices
- Staff and volunteers from community agencies such as Neighbourhood Houses
- Consumer groups

Deliverables

- Data content meeting provider duty of care needs
- Organisation of data and appropriate key words to facilitate effective access to required information
- Consistent guidelines for the entry of data into the service database
- Identification of required data in hard copy directories
- Identification of fields to be available in plain English for consumer access to information

Benefits

- Primary care provider confidence in the service database and willingness
- Willingness to use the service database
- Effective roll-out of the database and ability to promote service database relevance to provider needs

Stakeholders

Primary care providers have a duty of care to make appropriate referrals for their clients. They need to be confident that the information gained from a service database is accurate and will be comprehensive.

Consumers require information written in plain English that describes the services available to assist them in access.

Accountability

- Primary care providers will be recruited to facilitate workshops of colleagues. 2 facilitators will be available for each workshop.
- The project will be managed directly by the PCP as part of the development of the service database. The Service Database Project Worker has responsibility to ensure objectives are met.
- Project Manager reports to the SWVPCP Administrative Services sub-committee to ensure maximum effectiveness of the software development and compatibility with other applications
- Accountable through the PCP Executive Officer to the Executive Committee of the SG-G PCP for financial management and overall achievement of objectives

Key Tasks

- Development of workshop structures; identification of facilitators
- Facilitate workshops
- Analyse content and prepare guidelines for database content and quality control processes
- Manage data entry and quality control

Timeline

The INFOCOM software has been installed and the existing service directory information has been converted to this format. Additional information is currently being collected as part of the BATS survey and will be included in the service database. A functional database will be available from August 2001.

Primary care workshops will be conducted in September and October. Review of the information currently in the database will be carried out October/November and final guidelines for data entry developed.

Promotion of the PCP service database will commence December 2001.

Resourcing

	\$
Project management 100 hours @ \$35.00 per hour	3,500
Facilitator costs 12 workshops x 2 x 2 hours @ \$50.00 per hour	2,400
Administration and operating costs	500
Workshops costs - venue and catering	600
TOTAL	7,000

There will be no ongoing costs.

Southern Grampians and Glenelg Primary Care Partnership

Project: Development of an Information Bank to support sustainable integrated planning

Summary of project

Planning is an ongoing process and will be improved by access to a broader range of information than the "one-off" consultation and needs assessment processes. It is proposed to develop an "Information Bank" linked to the service database as a repository for provider collected information. This will build the sustainable availability of information into the planning process at a local program, agency and PCP level.

Background

A wide range of agencies and a diverse group of workers collect information through their work - needs assessment, consultations with professionals and the community, program development and various planning processes. Most of this information remains with the worker or in the agency and is therefore lost to the broader planning and priority setting process. This information complements other sources of information such as Burden of Disease and service utilization data.

The HEAPS database tried at a national level to capture information and ideas. It relied on health professionals submitting outlines of health promotion programs to the database. However, it was difficult to collect such information given the pressures on providers and the database was discontinued.

The Primary Care Partnerships may prove a more effective means to capture this information for a smaller geographical area. As with the service database, this information can then be collated at a statewide level. Such an Information Bank could also provide a focal point for creativity and fresh thinking, as well as a repository for information pertinent to planning. The PCP is developing a Resource Centre to support agencies, providers and the community in access to a broad range of information.

The INFOCOM software purchased for the service database also has a publications manager that can be used to maintain an Information Bank. It provides the ability to integrate data from a variety of sources including the internet, word documents or spreadsheets, scanned images and cross-references to hardcopy materials including reports, manuals and pamphlets. The INFOCOM software provides the ability to publish details of services or resources to the internet in a fully searchable form and a new version of the web search engine is being developed for use on local intranets.

An intranet can be a valuable management system to transform various pieces of information into "knowledge", allowing the results of an individual's or group's work to be shared with a wider audience. The intranet is also a powerful communication tool.

Example:

A youth service surveys 3000 high school students on their priorities for a funded activity program to be implemented over 12 months. Evaluation of the activity program will provide additional information as to the fit between wishes and take-up of a program. Making this information available to a broader range of planners will allow the information to be included into shire recreation plans and inform recreation and sporting clubs of youth desires and priorities.

Catchment area

The collection of information will initially focus on information available from agencies and community groups in the Southern Grampians and Glenelg shires. Learning will be available to support statewide guidelines for the sharing of information relevant to planning.

Target group

Planners: to provide access to a broad range of local information materials that can contribute to planning, reducing duplication in consultation and collection of data.

Service providers: to provide access to information to assist in the development of local programs; to provide a "deposit" bank for information they have collected in the process of developing local programs that may be useful to other providers and planners

Community and special interest groups: access to a centralized "information bank" to provide and obtain information of particular interest

Objectives

- o To initiate and develop a mechanism to capture the information collected through various local processes into a central database
- o To provide access to information in a variety of ways, including an intranet, hard copy and via the PCP Resource Centre.
- o To improve service development and planning through access to otherwise unknown information and to convert this into new forms of thinking and ideas

Tasks to be undertaken

- ?? Consultation re types of information that would be most useful to be collected
- ?? Guidelines for collection of information relevant to planning and program development
- ?? Development of process and protocols to support collection of information
- ?? Development of a PCP intranet through which interested individuals may access information
- ?? Provision of relevant information in a variety of formats including hard copy as required by individuals
- ?? Promotion of I nformation Bank and PCP Resource Centre.
- ?? Development of evaluation process to monitor use of the I nformation Bank and value to planners, providers and the community

Infrastructure requirements

The INFOCOM software has been purchased for the service database and has the capability to function as an Information Bank.

An intranet site will be developed for the PCP as a communication tool and to provide access to the Information Bank.

In recognition of the fact that many providers and community members/groups do not have ready access to a computer, the provision of relevant information in a variety of formats, including hard copy, is required

Deliverables

- PCP intranet site
- Information bank available to inform planning decisions and development of local programs
- PCP Resource Centre responsible for maintenance of the Information Bank and an access point for information for individuals without other access to the intranet

Benefits

- Consistent access to relevant information for planning and program development
- Less duplication and repetition of information collection
- Sharing of information between agencies and providers
- Ability to monitor trends over time

Evaluation

An evaluation design will be developed to determine:

- Effectiveness of information collection and management process
- Use of the information bank and preferred means of access
- Improved planning processes resulting from access to expanded information base
- Provider feedback

Management

- The project will be managed directly by the PCP as part of the development of the service database.
- Project Manager reports to the SWVPCP Administrative Services sub-committee to ensure maximum effectiveness of the software development and compatibility with other applications
- Accountable through the PCP Executive Officer to the Executive Committee of the SG-G PCP for financial management and overall achievement of objectives

Timeframe

The project will take up to 6 months, allowing for the development of the intranet. The INFOCOM database has been installed on the SWARH server and will be operational from July 2001. Guidelines for the Information Bank and development of information collection processes can be developed within 3 months. An evaluation process will be developed at the commencement of the project. Evaluation will be carried out and a report available after 12 months of operation to determine viability and benefits of the Information Bank.

Budget

	\$
Project hours 300 hours @ \$35.00 per hour (including evaluation over 12 months)	10,500
Administration and operating costs	2,000
Workshops and consultation	1,000
Education and promotion material	1,000
Development of intranet site (based on InfoXchange quote)	18,000
TOTAL	32,500
Ongoing management of the Information bank and intranet given a positive evaluation report	5,000 per annum

Southern Grampians and Glenelg Primary Care Partnership

Project Name: The Transport Planner - linking transport options to service information

Project Summary

Limited access to public transport in rural Victoria is a major barrier to access to services, resulting in delayed treatment or reluctance to participate in health promotion activities. Along with improved access to service information, automatic linkage to transport options will encourage primary care providers to consider this factor in making appointments and provide a more consumer-focused service.

The South West Community Transport Development Project maintains a transport database that has been integrated into the PCP service database. Development of a software program, the Transport Planner, will increase the value of this information.

Background

The PCP has taken responsibility for maintaining the service database (see [2.3b](#)) which includes service information and the South West Transport Database. The INFOCOM software has been installed and existing directory information, including the transport database, has been converted.

The majority of people living in rural areas rely on private motor vehicles for transport. Relatively small populations and long distances mean that the cost of providing public transport is extremely high, hence the limited number of services available. The number of individuals without access to private means of transport is growing, this is largely due to the increasing aged population, and this in turn is leading to greater demands for transport to access services.

Lack of transport is frequently identified as a barrier to accessing services, both in provider and community consultations. A significant feature of the regular services available is limited availability, such as weekly or even fortnightly services from small townships to the larger towns. Community (volunteer) transport services are being developed in South West Victoria to supplement regular services.

Limited access to public transport has been identified as a major barrier to access of services. This particularly important when encouraging people to access to early intervention, prevention and health promotion programs.

Objective

To increase appropriate and timely use of primary care services through improved linkages to available transport options

Description

Development of a software program called the Transport Planner with the potential to link client and service location in the service database with available transport options. The developed systems would enable the integration of consumer location, transport and service options and will allow the 'querying' of the linked databases. These tasks are currently undertaken through stand alone databases.

Further details of the service and transport options will also be accessed to confirm that they are suitable and meet the needs of the person requiring the service.

For the initial period many service providers may not have access to the electronic database to take full use of this capability. In the interim phase, providers will be able to obtain hard copy directories

Key priorities for the Transport planner will be:

- User friendly. Many of the requirements will be automatic, with pop-up boxes to remind the operator to either search for transport options or (preferably) searching automatically and providing options
- Ability to insert data manually - eg current client location
- Ability to print information to meet provider requirements - eg local timetables
- Potential to link with client and contact data to become comprehensive service. Linkages with appointment scheduling also required.
- Compatibility with other service databases and potential to develop as a statewide system

Deliverables

- Improved use of existing information on services and transport automatically available to users
- Application (software) developed with transferability for statewide potential

Benefits

- Improved access to services.

Example: Resident in Glenthompson calls the Hamilton Medical Group to make an appointment with her GP. Hamilton is 60 Km from Glenthompson, which has no visiting GP service. Receptionist queries transport options on the database, finding a community bus service (shire operated) fortnightly (alternate Wednesdays) or the possibility of the Hamilton Community Transport Car (volunteer). As her requirement is not urgent, the consumer chooses the cheaper option of the community bus and makes an appointment for the next Wednesday at 12.00pm, also allowing her to go shopping before returning home.

- Removal of barrier to health promotion activities.

Example: Community health nurse is planning a health promotion program targeting older isolated women on farms. Review of transport available contributes to planning so that program schedule makes best use of regular transport available. Transport arranged through volunteer services for areas not serviced by a regular service.

- Improved access to coordinated services

Example: Newly diagnosed consumer with diabetes rings Community Health Centre to make appointment with Diabetes Educator. I NI data reveals the consumer lives in outlying town and is only able to get into town on a weekly basis; appointment made for that day. Receptionist also able to make appointments with Dietitian in Outpatients (Hospital) and GP (medical practice) on the same day through linked appointment program (currently being piloted through SWARH)

Stakeholders

- Reception staff - improved service - appointments linked to transport options. Involved in development of the Transport Planner to ensure it meets their needs.
- Service providers - able to plan and provide improved access to programs. Involved in development of the Transport Planner to ensure it meets their needs.
- Consumers - access to service. Priorities identified for inclusion in and use of Transport Planner.

Work Practices

The key task will be to increase provider use of the service database (see [2.3A](#), [2.3i](#)). Use of the Transport Planner (automated) will follow on from this

Accountability

- Accountable through the PCP Executive Officer to the Executive Committee of the SG-G PCP for financial management and overall achievement of objectives
- The South West Community Transport Development program has developed a transport database that has been integrated into the comprehensive services database. The Coordinator is responsible for updating database information.
- The South West Community Transport Development Coordinator will work with the PCP Service Database Manager (Project Manager) to implement the project. Reporting to the PCP Executive Officer. The South West Community Transport Development Advisory Committee includes key stakeholders in SW Victoria and will provide input.
- Project Manager reports to the SWVPCP Administrative Services sub-committee to ensure maximum effectiveness of the software development and compatibility with other applications

Key Tasks and Timeframe

The project will take up to 4 months, allowing for a programmer to be sought following development of the project brief. The service database, including the SW Transport Directory, will be operational from July 2001 and can be implemented at any time from July 2001. It will be completed by December 2001.

	weeks
Consultation and development of Transport Planner specifications	2
Expressions of Interest to be sought	(4-6)
Development of Transport Planner (programming)	4
Testing and modification	3
Training of PCP staff in data entry/maintenance of Planner	1
Recommendations for future developments	1
Promotional materials/education for providers	1
TOTAL	12

Proposed Budget

	\$
Project Management	
o project hours - 100 hours @ \$35.00 per hour	3,500
o travel, phone, etc	500
o workshop costs	500
Development of Transport Planner (software)	10,000
Educational resources and training	1,500
TOTAL	16,000

There will be no additional ongoing costs.

INTEGRATED APPROACH TO PHYSICAL ACTIVITY INFORMATION, ASSESSMENT AND REFERRAL

GOAL

To improve health related quality of life and premature mortality for people at risk of physical inactivity related diseases/conditions in the Southern Grampians/Glenelg Primary Care Partnership catchment area.

PROGRAM SUMMARY

This program will contribute to the improvement of health and well being for people at risk of physical activity related diseases and conditions in the Southern Grampians and Glenelg Primary Care Partnership catchment area.

Utilising a sustainable, integrated and comprehensive approach, the program will develop a coordinated process for physical activity assessment, information and referral. This will include the development of a risk screening and assessment tool and risk management strategies for consumers. As a statewide issue, these outcomes will have high level of transferability to other areas.

The program will include links with local health services, community organizations and groups, local government, private businesses, statewide organizations and with service coordination components of the Community Health Plan.

The community resources for physical activity that are being collated as part of the development of a service database, will be included as part of the referral process, to increase access to physical activity providers, services and groups. Conversely this program will contribute this integrated use of community facilities as an improvement to the service planning process.

SOUTHERN GRAMPIANS/GLENELG PRIMARY CARE PARTNERSHIP PRIORITY HEALTH PROMOTION ACTION AREA

Physical Activity is one of the thirteen State priority health promotion action areas and links to all the National health priority areas. At every local consultation across the Southern Grampians/Glenelg Primary Care Partnership (PCP) catchment area (13 during April and May 2001), physical activity was identified as a current felt and normative health promotion need.

Department of Human Services Burden of Disease data indicate that physical inactivity is the second highest risk factor contributing to illness and disease in Victoria and for the Barwon South Western region, it is the highest risk factor for females and second highest for males. Inactive lifestyles are also responsible for around 8% of burden of premature death in Victoria.

The breadth of this evidence was paramount in setting physical activity as the first priority health promotion action area for the Southern Grampian/Glenelg PCP.

PROBLEM DEFINITION:**Context for physical activity health promotion action in Southern Grampians and Glenelg shires**

This program has been developed in the context of the goals of the Primary Care Partnership health promotion strategy, to develop an integrated health promotion program that contributes to the achievement of physical activity related gains for the community in the Southern Grampians/Glenelg shires. Research and local data/opportunities have been analysed within this context to develop a quality health promotion plan that incorporates the key factors that constitute evidence-based physical activity interventions.

Health and Well Being

Given the evidence that physical activity is correlated with premature death, morbidity, the range of diseases/conditions, it represents a major opportunity for addressing and improving the health and well being of the community. This program will aim to contribute to the improvement of the health and well being of people at risk of physical inactivity related diseases/conditions in the Southern Grampians/Glenelg Primary Care Partnership.

Integrated Approach

This integrated approach to physical activity enables the capitilization of the coordinated planning and action by identifying, consolidating and using the broad range of local physical activity resources and having a greater capacity to respond effectively to the interrelated nature of physical activity with other major diseases and risk factors/protectors.

Within the Southern Grampians and Glenelg PCP, there is enormous scope to identify the relevant services, current practices and interventions relating to physical activity. General Practitioners and physiotherapists, for example, represent major opportunities for physical activity intervention. By identifying and coordinating their current physical activity practices/interventions with other fields and sectors, for example, gym owners, it will strengthen the capacity for an effective, wholistic physical activity practice/ intervention. Developing this further to encompass state/national approaches to physical activity could provide the basis for a best practice approach to physical activity.

Using physical activity as the priority area will also foster the integrated approach by:

1. already being addressed by a broad range of local services in different fields and that cross intersectoral boundaries.
2. appropriately linking to other locally identified priorities, for example, chronic illnesses/conditions, healthy eating, cardiovascular disease, men's health and women's health. This will encourage agency participation and ownership of the program as there will be additional relevant health promotion impacts for their service providers and clients.

3. maximising the opportunity to see some tangible health promotion impacts. It is well documented that physical activity is a modifiable behaviour that has great potential to reduce the burden of disease and can play a major part in producing health and wellbeing gains. This includes through the prevention and management of chronic illness, cardiovascular disease, colon and bowel cancer and other related factors such as weight management, mental health and reducing falls in older people.
4. being able to target specific relevant groups - psychiatric services, disability
5. involving a broad range of primary care providers including GPs, physiotherapists, fitness instructors,
6. establishing strong links with community facilities such as gyms, leisure centres, recreation and sporting clubs.
7. linking with other projects such as the PCP asthma and diabetes integrated disease management, and support development and use of the initial needs identification, assessment and care planning tools.

Health Promotion and Physical Activity

In line with health promotion core principles, The Active for Life Physical Activity Framework and National Heart Foundation's Promoting Physical Activity recommendations, this program will:

- ?? further the integrated approach to encompass intersectoral collaboration,
- ?? maximize access, opportunities and benefits to all community members and
- ?? use interventions that target the most vulnerable/at risk groups in the community.

Physical Activity Workforce

The Active for Life Physical Activity Framework and National Heart Foundation's Promoting Physical Activity recommendations emphasise the physical activity workforce as an important means for achieving improvements in population physical activity participation.

In the Southern Grampians and Glenelg Shires, physical activity assessments are often the first point of contact for consumers seeking to begin or change their physical activity. They are common and are currently undertaken in a variety of settings, sectors and by a variety of professionals including General Practitioners, fitness instructors and physiotherapists. This workforce presents local, existing opportunities for intersectoral collaboration, capacity building and organizational/workforce development around physical activity. It also supports an approach that will have a broad target reach. This will enhance the potential of the interventions to benefit those people most vulnerable/at risk by not being physically active.

Risk Factor Assessments

A risk factor assessment is a process of detecting overall risk of certain diseases/conditions. The physical activity assessment process enables those vulnerable/at risk of the range of related diseases/conditions, for example, chronic illnesses such as diabetes, arthritis, asthma and depression, cardiovascular disease etc., to be identified and appropriately followed up. It more specifically has the potential to:

- ?? Identify physical activity levels
- ?? Identify susceptibility to risk conditions
- ?? Impart relevant information and education
- ?? Provide appropriate referral
- ?? Provide appropriate follow up.

These interventions are acknowledged as beneficial to addressing barriers to participating in physical activity and enhancing participation. Physical activity assessments will be utilized as an existing initial needs identification process that will be tailored to develop a range of effective client interventions, particularly for those vulnerable/at risk of physical inactivity-related diseases/conditions. This evidence-based mix of interventions represents the basis for the integrated health promotion action plan for physical activity in the Southern Grampians/Glenelg Primary Care Partnership.

Provider duty of care is an important issue. Many people targeted in this project could be at risk of injury if inappropriate activity is undertaken, or at too fast a rate. Introduction of physical activity as part of an overall care plan - identify responsible worker to monitor interventions and prevent harm. Provide supportive information - eg dietary re fluid intake, when to eat, taking care of the body eg back care, falls prevention.

Capacity Building

Capacity building strategies underpin this physical activity program to further the impacts of this specific program and also for the broader PCP system development. These strategies reflect the key change management strategies of the Southern Grampians and Glenelg Primary Care Partnership Community Health Plan (CHP). This includes links across CHP strategies and particularly the key components of the health promotion strategy. This supports a simultaneous aim of achieving physical activity outcomes whilst building the capacity of the PCP, organizations and communities to continue developing physical activity and other health promotion programs.

Objectives:

- ?? Develop an integrated, collaborative and comprehensive approach to physical activity assessment and referral
- ?? Increase accurate assessment of people at risk of physical inactivity related disease/conditions
- ?? Increase and improve access to appropriate physical activity referral for people requiring further intervention
- ?? Increase access to supportive physical activity related information
- ?? Increase consistency of physical activity information, assessment and referral

Target Group:

- ?? Those people who are vulnerable/at risk of physical inactivity related diseases/conditions..
- ?? Professionals working within non-government, community and private sectors, who provide physical activity and related assessments
- ?? Community organisations and groups

ACTION PLAN

A systemic approach to physical activity information dissemination and referral is recognized as an important for achieving consistent, accurate, current advice and appropriate services regarding physical activity, for consumers and professionals. This program employs a combination of health promotion approaches to facilitate the use of effective systemic strategies/interventions to map and develop physical activity practices, information and referral. Physical activity assessments pose a local opportunity to identify and develop a best practice approach to physical activity initial needs identification, particularly for those at risk of physical inactivity related diseases/conditions.

By incorporating local consumer and professional input with the findings of related programs like 'Active Script', it is envisioned that the action plan will contribute to addressing its goals and objectives in a comprehensive and locally responsive way.

Strategies and Timelines

Strategy	Tasks	Who	Time Line	Risk Management	Evaluation Criteria
1. Develop an integrated, collaborative and comprehensive approach to physical activity assessment and referral					
1.1 Develop and use sustainable, intersectoral partnerships	<p>?? Establish 2 Advisory Groups (1 Hamilton based, 1 Portland based) to have key stakeholder input and ownership</p> <p>I identify key stakeholders including consumers, promote program and invite them to participate</p> <p>I identify communication processes between PCP Executive Officer, Program Manager, Advisory Groups, project staff, organizations and consumers</p>	PCP	Aug 2001	<p>Involvement of professionals from different sectors and consumers</p> <p>?? Involve services early in project</p> <p>?? Recognise the 'culture' that services work in and also their skills and expertise</p> <p>?? Promote benefits for various services/sectors</p> <p>?? Utilise information from PCP Community Participation Workgroup to identify ways of involving consumers</p> <p>Effective relationship between stakeholders</p> <p>?? Clarify roles and responsibilities early in project</p> <p>?? Establish effective administrative processes</p> <p>?? Membership of advisory group</p> <p>Avoid duplication, confusion and consultation burn out</p>	<p>Process:</p> <p>?? Involvement of broad range of intersectoral providers and consumers including GPs</p> <p>?? Advisory Groups formed with agreed aims, roles and broad membership</p> <p>?? Partnership members make a commitment to continue working together for physical activity issues</p> <p>?? Integrated planning and coordinated physical activity assessment program development</p> <p>?? Advisory group members make commitment to continue meeting as necessary</p> <p>?? Partnership communication processes in place</p>

Strategy	Tasks	Who	Time Line	Risk Management	Evaluation Criteria
				consultation burn-out ?? Have 2 advisory groups to minimise time commitment ?? Link to PCP Health Promotion strategy and Community Health Plan ?? Link to statewide physical activity organizations ?? Identify relevant programs- eg Active Script ?? Range of providers to be involved-dietitians, physiotherapists, general practitioners Program fully integrated into the services involved ?? Services involved in all stages, from beginning ?? Consensus on use of physical activity principles, tool etc ?? Direct benefits for services ?? Long term PCP incentives to participate	Impact: ?? Health service system capacity to respond to physical activity needs increased
1.2 Utilise existing skills and resources	?? Second workers from primary care organizations to undertake project work ?? Liaise with relevant statewide organizations, DHS, Active for Life,	PCP Project Worker	August 2001 September 2001	Avoid work overload ?? Spread program work over up to 4 organisations ?? Program Manager to assist workers ?? Set realistic timeframes for program work	Process: ?? Organisations committed to participating in program

Strategy	Tasks	Who	Time Line	Risk Management	Evaluation Criteria
	Heart Foundation, Arthritis Victoria				
1.3 Use capacity building opportunities	<ul style="list-style-type: none"> ?? Encourage in kind support for program from organizations ?? Incorporate health promotion benefits with education regarding tool ?? Ensure program staff foster health promotion leadership values/qualities 	PCP	Ongoing	Acknowledge capacity building as a long term process ?? Aim for small, positive health promoting changes ?? Encourage the integration of small, realistic and ongoing health promoting changes	Process: ?? PCP health promotion strategy reinforced throughout program
1.4 Evaluate Physical Activity Program	<ul style="list-style-type: none"> ?? Develop plan to determine whether program has met its objectives ?? Design evaluation criteria and measures ?? Data collection ?? Analysis and final report 	External	July/August 2001 Ongoing September 2002	Development of good evaluation design ?? Program design to reflect implementation and achievable and immediate impacts ?? Evaluation criteria specified at start of program ?? Define timelines and measureable outcomes ?? Best use of research ?? Define key measureable performance indicators ?? Ensure collection of data	Impact: ?? Sustained, intersectoral partnership for physical ?? Use SF36 to monitor change after 6 and 12 months activity in catchment
2. Increase accurate assessment of people at risk of physical inactivity related disease/conditions					
2.1 identify the physical	?? Undertake physical activity service mapping	Project Worker	October/ November	Lack of engagement with key stakeholders – GPs,	Process:

Strategy	Tasks	Who	Time Line	Risk Management	Evaluation Criteria
activity assessment practices currently being used across Southern Grampians & Glenelg Shires	?? Undertake a physical activity assessment audit ?? Undertake a consumer satisfaction survey of physical activity assessment practices ?? Identify risk management practices ?? Identify referral practices and options		2001	physiotherapists ?? GPs, GP divisions and physiotherapists involved with program early ?? Active strategies to market program and engage providers Comprehensive information obtained ?? Link with collection of information for services database ?? Link with Southern Grampians Recreation Directory ?? Link with BATS strategy collection of data for assessment and care planning Consumer Participation ?? Ensure survey has good design	?? Include consumer feedback Impact: ?? Identification of services undertaking physical activity assessments and work practices, including risk management and referral
2.2 develop and adopt stakeholder agreed physical activity assessment principles	?? Identify local, state or national current physical activity assessment guidelines based on best practice models, including literature review ?? Utilise audit/mapping findings to develop agreed	Project Worker advisory groups	December 2001	Consensus Reached ?? Ensure common understanding of aims and roles early Advisory Group meeting structure to encourage open, positive debate, including good facilitator	Process: ?? Principles agreed by all advisory group members Impact: ?? Adopted principles include relevant local,

Strategy	Tasks	Who	Time Line	Risk Management	Evaluation Criteria
	<p>risk management protocols and referral pathways</p> <p>?? Collate and debate current best practice guidelines as basis for agreed physical activity assessment principles</p>				<p>state and national evidence/research</p> <p>?? Adopted principles based on best practice</p>
3. Increase and improve access to appropriate physical activity referral for people requiring further intervention					
3.1 identify physical activity services, providers and groups	<p>?? Include all broad physical activity related services in service mapping task</p> <p>?? Identify referral practices and options</p>	Project Worker	October/November 2001	<p>Include all relevant organizations, services and groups</p> <p>?? Utilise links to relevant state and local physical activity organisations</p>	<p>Process:</p> <p>?? Includes comprehensive health, welfare, intersectoral services</p>
3.2 develop a physical activity directory/data base	<p>?? Utilize Southern Grampians recreation directory as a basis to update and add the Glenelg Shire physical activity service information</p> <p>?? Printed directories</p>	PCP	September/October 2001	<p>Maintenance of information</p> <p>?? Link to PCP service directory updating</p>	<p>Process:</p> <p>?? Comprehensive Southern Grampians/Glenelg directory/database available</p>
4. Increase access to supportive physical activity related information					
4.1 identify providers and groups	<p>?? Review relevant information required for safe activity</p>	Project Worker Advisory Groups	October/November 2001	<p>Include all relevant organizations, services and groups</p> <p>?? Utilise links to relevant</p>	<p>Process:</p> <p>?? Education materials available</p>

Strategy	Tasks	Who	Time Line	Risk Management	Evaluation Criteria
		Groups		state and local physical activity organisations	
4.2 develop standardized education materials	<p>?? Identify existing resources</p> <p>?? Develop consensus on the resources to be used</p> <p>?? Develop resources to fill gaps</p>	Project worker	December 2001		
5. Increase consistency of physical activity information, assessment and referral and monitoring					
5.1 develop and implement the stakeholder-agreed, best practice physical activity assessment tool including best practice risk management protocols, and referral pathways	<p>?? Combine agreed physical activity assessment principles, risk management protocols, referral pathways and other elements as identified, into a format that is suitable for all relevant professionals/ organizations</p> <p>?? Incorporate physical activity directory/database</p> <p>?? Implement according to findings of pilot evaluation</p> <p>?? Introduce and educate</p>	<p>Advisory Groups</p> <p>Project Worker</p> <p>Project Worker</p>	January 2002	<p>Continuing communication about format</p> <p>?? Utilize IT to maintain contact with stakeholders re: changes and for input</p> <p>?? Link to PCP service coordination/planning goals</p> <p>Promotion and education to all relevant organizations</p> <p>?? Budget includes promotion, education component</p>	<p>Process:</p> <p>?? Physical activity assessment tool available including risk management protocols and referral pathways</p> <p>Impact:</p> <p>?? Southern Grampians/Glenelg directory/database incorporated into physical activity assessment tool</p>

Strategy	Tasks	Who	Time Line	Risk Management	Evaluation Criteria
	professionals in the use of the physical assessment tool, using training manual		Feb/Mar 2002		
5.2 Pilot the physical activity assessment tool	<p>?? Develop an agreed plan, objectives and strategies for piloting physical assessment tool</p> <p>?? Promote tool and pilot to organisations</p>	Project Worker	Feb/March 2002	<p>Range of organizations are represented in pilot</p> <p>?? Continued use of advisory groups for pilot selection</p> <p>?? Involve key stakeholders in evaluation</p>	
5.3 Evaluate the pilot	<p>?? Develop a plan to determine whether the physical assessment tool has met its objectives</p>	External Evaluator	May 2002	<p>Good pilot evaluation design</p> <p>?? include provider and consumer feedback</p>	<p>Process:</p> <p>?? Evaluation identifies strengths and weaknesses of tool</p> <p>?? Evaluation determines whether tool has met its objectives</p> <p>Impact:</p> <p>?? Physical assessment tool integrated accordingly into service delivery</p> <p>?? Consumers have increased/improved access to consistent physical activity assessment and referral</p>
5.4 develop a practice and	<p>?? Develop a training manual to facilitate</p>	Project Worker	February 2002	Plan for sustainability, ongoing monitoring and review of tool	Process:

Strategy	Tasks	Who	Time Line	Risk Management	Evaluation Criteria
protocol manual for the assessment tool	consistent implementation of physical activity assessment tool ?? Develop a plan for ongoing integrated, implementation of tool, if findings are favourable	Advisory Groups		?? promote shared organization responsibility to review early develop roster of responsibility for task before program ends	?? Training manual is available Impact: ?? Training manual used with education regarding tool

MANAGEMENT ARRANGEMENTS

This program will be managed as a collaborative activity through the Southern Grampians and Glenelg Primary Care Partnership.

The Program Manager will be the PCP Health Promotion Strategy Project Worker. Roles and responsibilities of the Program Manager are:

- ?? to oversee the implementation of the project,
- ?? achievement of program outcomes and
- ?? develop an evaluation framework.

Accountability to the Executive Committee through the Executive Officer of the Southern Grampians and Glenelg Primary Care Partnership.

2 Advisory groups will be established for the program. The roles of these groups are to:

- ?? enable key stakeholders, to be involved in decision-making
- ?? liaise with other community agencies and service providers, including physiotherapists, general practitioners
- ?? establish links with businesses and related eg gym owners, sports shops
- ?? involve consumers in the development and decision making

Program staff will be sought from agencies in the PCP catchment to deliver the program outcomes. This will maximise the use of existing health promotion skills, ownership of the program and develop the process of organizations providing/committing resources to integrated health promotion programs.

Community participation will be by:

- ?? Community consultations
- ?? Target groups - cardiovascular disease, asthma, diabetes, arthritis, disabilities, depression etc
- ?? Nominations to advisory groups

BUDGET

	\$
INCOME	
2000/2001 Rural health funding for health promotion	35,000
2001/2 PCP health promotion funding	13,500
2001/2 rural health funding	25,000
TOTAL	73,500

EXPENSES***Management***

Program Manager 200 hours @ \$35.00 per hour	7,000
Advisory Groups (travel and administration)	1,000
Administration and operational expenses	3,000
Travel costs	5,000

Capacity building

Project hours 200 hours @ \$35.00 per hour	7,000
Promotion/advertising	2,000

Physical Assessment Tool

Project hours 300 hours @ \$35.00 per hour	10,500
Pilot projects (5 sites) @ \$1000 per pilot	5,000
Printing (draft tools)	1,000

Supportive resources (safe exercising)

Project hours 100 hours @ \$35.00 per hour	3,500
Workshops	1,000
Resource purchase and development	5,000

Database development

Project hours 100 hours @ \$35,00 per hour	3,5000
Printing (directories)	2,000

Evaluation

Evaluation 100 hours @ \$35.00 per hour	3,500
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Integration into practice

Project hours 100 hours @ \$35.00 per hour	3,5000
Training & education	5,000
Resource manuals and assessment tools (printing)	5,000

TOTAL	73,500
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