

Neurological Complex Care Project

**Mary-Lou Proppe - Nillumbik Community
Health, BNPCA**

**Helen Corbett - Bundoora Extended Care Centre,
Northern Health**



Acknowledgements

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**Project management group – Representatives:
DHS, Banyule Nillumbik PCA, City of Darebin, Bundoora Extended Care Centre – Northern Health .**

❖ **Centre for Applied Gerontology**

❖ **A variety of service providers**



Background

- **Service coordination for people with progressive neurological diseases (PND's) and their families**
- **Regular health reviews**
- **Shortfalls/fragmentation in services**
- **Submission came from a cooperative planning process**

Neurological Complex Care Project (NCCP) overall objectives ...

- To evaluate the process and impact of a service coordination model with people diagnosed with PND.**
- To adapt service co-ordination inter-agency protocols and practices with new stakeholders.**
- To introduce an extended model of service coordination to those agencies involved**

Aims of the model ...

- **Improve clinical outcomes through early identification of symptoms, early referral, key worker role, monitoring & review and education**
- **Document benefits and limitations experienced by clients and agency staff through-out the trial**
- **Identify future directions**

Methodology

- **Tasks and timelines**
- **Project brief**
- **Evaluators**
- **Interagency agreements and protocols**
 - *Recruitment criteria*
 - *Data collection*
 - *Early intervention*
 - *Key worker identification*
- **Training needs analysis**
- **Education & support program**

Methodology ...

- **Recruitment – criteria**
- **Data collection**
 - **Interviews**
 - **Practitioner forums**
 - **Practitioner questionnaire**
 - **Service tracking**
- **Evaluation**
- **Risk management strategy**

Outcomes...

- **Interagency collaboration facilitated coordination of services**
- **NCCP education program had a significant impact on practitioners confidence in managing this complex client group**
- **Improved understanding of service activity for specific conditions**
- **Identification of high service activity**

Outcomes...

- **Waitlist management**
- **Hidden resource costs**
- **Key worker role**
- **Modified service coordination model**
- **Project staffing**

Independent evaluation of the project

The client & carer experience

Themes identified at first interview were ...

- Repetitive assessments
- Difficulty identifying where people were from
- Financial strain, despite financial support
- Lack of timely access to equipment/modifications
- Carer/family stress/juvenile carers
- Perceived age barriers
- Feelings of worthlessness



Independent evaluation of the project



Case study – 1st interview

- **System disjointed**
- **Can't tell one worker from the other**
- **Formed private network to find out information**
- **“Waiting to deteriorate, so I can go into care because I can't get any help”**
- **Need professional psychological support**
- **Couldn't get to social/exercise groups because not eligible for assistance**

Independent evaluation of the project

Case study – 2nd interview

- Frank approached the key organisation – trial
 - Was contacted by the key worker (several contacts)
 - “puts me in touch with the right person”
 - Grant to support costs of social activities/carer
 - After hospitalisation, grant will support new aides
- “In the past there wasn’t just one person that I could contact directly. She has called to tell me she is leaving, and who my next contact will be. It has been a hell of a lot easier”

Independent evaluation of the project

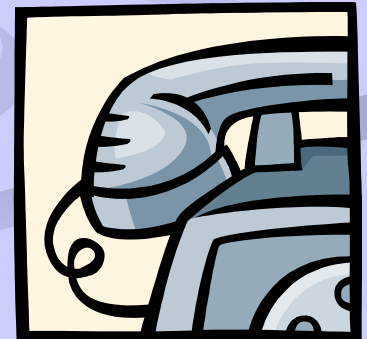
➤ The practitioner experience

- **Service coordination**
- **Access to equipment & modifications**
- **Key worker role – pseudo case manager ???**
- **Project resources**
- **Relationships**
- **Protocol**



Recommendations...

- **Reduce the wait time for equipment for people with PND's through allocating dedicated resources**
- **Improve access to neuropsychology services**
- **Implement specialist checklists for specific client groups**
- **Review Key Worker role**



Recommendations...

- **Trial alternatives to face-to-face case conferences**
- **Sustain the NCCP Education Program through HACCC training calendar**
- **Provide up-to-date on-line resources for agencies**
- **Review respite care options for people with PND's.**