



Seniors Collaborative
Action Project

Barossa.Gawler.Light.Mallala

MINUTES OF RAS/MAC TROUBLESHOOTING WORKING GROUP
Thursday January 28, 2016
1:00pm – 3:00pm
Barossa Council Chambers

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| <p>1. PRESENT:</p> <ul style="list-style-type: none">• Bev Galway (Tanunda Lutheran Home)• Catherine Balfour-Ogilvy (Country Home Services)• Corinne Bruer (Uniting Communities - RAS)• Courtney Dswonitzky (Barossa & Light Home Assist)• Deb Anderson (SCAP)• Elspeth Morgan (Carers' Link)• Eve Rogers (SA Country Carers)• Fay Millington (Barossa Village)• Jacqui Bowden (APM)• Jacqui Jones (INCH – Community Aged Care Services)• Jo Parker (Barossa & Light Home Assist)• Jodie Zimmermann (Barossa Village)• Kerrie Draper-Rose (Gawler Home Assist)• Lynne Hosking APM)• Olena Lesnikov (APM)• Que Ralph (Uniting Communities - RAS)• Rosie Ward (Barossa Village)• Sandy Lehmann (Gawler Home Assist)• Tracy Maynard County SA PHN) | <p>APOLOGIES:</p> <ul style="list-style-type: none">• Alison Brighurst (INCH – CACS)• Craig Gogol (ACNA)• Dominic Musolino (KinCare)• Erin Findlay (Town of Gawler)• Marg Ryan (Carers' Link) |
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2. PURPOSE OF GROUP

The group will meet on a quarterly basis with the following objectives:

- To develop closer ties between service providers and RAS providers in the region which results in a more efficient and effective assessment and referral process.
- To gain a better understanding of the services available in the region, and to identify any gaps.
- To exchange ideas about service needs in the region.

- To be informed about program changes to CHSP and MAC and general updates regarding Aged Care Reform.
- To identify issues that are impacting on effective service delivery and, where possible, to resolve them at the regional level.
- To identify unresolvable issues to be communicated to the Department of Health via the Collaborative Project Officer.

3. CHAIRPERSON

It was agreed that the role of Chairperson would be rotated.
Que Ralph volunteered to Chair this inaugural meeting.

4. RAS/MAC UPDATES

- The MAC portal was updated Tuesday night and has been very slow and cumbersome since then.
- ACAT will join MAC in February.

5. WHAT'S WORKING?

- Service providers reported that they are receiving referrals and the portal seemed to be working OK.
- MAC and DoH do acknowledge if there are problems and do attempt to resolve them.
- Direct communication between RAS and service providers gets good results for clients.
- At request of ACAT, RAS assessors are including details in 'client interaction' section.
- Information on referral forms is a lot more client-focussed and the new formatting of notes is a lot better.
- Really good when RAS assessor contact details are included on referral forms.

6. WHAT'S NOT WORKING?

Consumers

- Consumers unfamiliar with terminology eg 'social support'
- Clients are confused about who is doing what part of the assessment.

Assessments

- Some providers still getting assessments with no RAS contact details.
- Some clients are being referred for both CHSP services and an ACAT.
- RAS reported some difficulties finding services when with clients eg continence support is under nursing.
- DVA clients being referred for CHSP (it was pointed out that if they have exhausted their allocation or choose not to use DVA services they are entitled to use CHSP and HCP services).

Direct Referrals

- Inconsistencies regarding direct referrals from MAC to service providers. Referral contains no details so service provider has to do an assessment.
- MAC has information that they won't share with service providers, eg 'Trusted Referrals' from GPs/medical centres/ acute sector – MAC will not allow access by service providers to details.
- Assumption from MAC that if referral is from GP /medical centres/ acute sector, it must be urgent. This is about how the screening tool is being applied. GPs, medical centres, practice nurses, discharge planners need a better understanding. It was pointed out that these crucial stakeholders were not effectively engaged in the development and implementation of MAC.

- No feedback loop. GP / medical centre etc is not receiving any information from the service provider once the service is in place. No care coordination by GP possible if no feedback.

OT Assessments/Physiotherapy

- Confusion about OT referrals. Service providers are receiving direct referrals for installation of grab rails however an OT assessment is first required. Service providers have not been advised that a post assessment is also required to ensure installation meets the prescription, nor are they advised of the outcome of the post assessment.
- Physiotherapists are able to prescribe some home modifications. INCH / CASA has both OT and physiotherapists available to provide this service.
- INCH provides physio in home. TLH home provides physio for outpatients

ACAT

- One residential provider pointed out that not all residential care needs are being identified during the ACAT.
- ACAT getting referrals that should be RAS. Perception that discharge planners trying to force an ACAT. Hospitals are geared to move patients on. Discharge planning needs to start on day 1.
- MAC won't screen trusted referral from discharge planners. Some tick both RAS and ACAT. Discharge planners need to understand the implications of ticking both (hospital staff training is responsibility of HACs).
- Service providers also getting direct referrals for clients that are to also have ACAT and RAS

CRU

- Country Referral Unit (CRU) accepts country-wide referrals on behalf of INCH/CACS so there is another step for them
- Angela Schuster manages MAC referrals at CRU

7. REGIONAL RESPONSE TO ISSUES

- RAS Team Leaders to reiterate need to include contact details on ALL referrals.
- Service providers to email case studies of poor referrals, including AC numbers, to MAC, to assist with professional development for call centre staff.
- Service providers check that services are in appropriate places on portal so that assessors can make better referrals eg incontinence, physio
- Jacqui will approach ACAT Coordinator for Barossa, Hills and Fleurieu to attend these meetings.

8. ISSUES TO FEEDBACK TO DoH

- MAC contact centre staff need to read and understand notes from 'Trusted Referrals' to ensure appropriate direct referrals to service providers.
- There needs to be engagement with source of 'Trusted Referrals' to ensure they understand implications of their referrals eg discharge planners
- Consumer education campaign needed about MAC and the referral and assessment process

9. MEETINGS FOR 2016

- Thursday April 28, 2016, 1:00-3:00pm
- Thursday July 28, 2016, 1:00-3:00pm
- Thursday October 27, 2016, 1:00-3:00pm