



Seniors Collaborative
Action Project

Barossa.Gawler.Light.Mallala

MINUTES OF RAS/MAC TROUBLESHOOTING WORKING GROUP

Thursday July 28, 2016

1:00pm – 3:00pm

Barossa Council Chambers

PRESENT:	APOLOGIES:
<ul style="list-style-type: none">• Angela Schuster (CRU)• Bev Galway (Tanunda Lutheran Home)• Corinne Bruer (Uniting Communities - RAS)• Courtney Dswonitzky (Barossa & Light Home Assist)• Craig Gogoll (ACNA RAS)• Deb Anderson (SCAP)• Debbie Carter (Carers' Link)• Debbie Phillips (Carers' Link)• Elspeth Morgan (Carers' Link)• Mark Schuster (Community Aged Care Services, Country Health SA)• Morna Coats (Alzheimers Australia)• Que Ralph (Uniting Communities - RAS)• Que Ralph (Uniting Communities RAS)• Sanna Brannan (Gawler Home Assist)• Vonny Edwards (Country Home Services)	<ul style="list-style-type: none">• Gaby Lengyel• Jacqui Bowden (APM)• Jo Parker (Barossa & Light Home Assist)• Jodie Zimmermann (Barossa Village)• Lynn Stewart (SA Country Carers)• Lynne Hosking APM)• Olena Lesnikov (APM)• Rosie Ward (Barossa Village)• Sandy Lehmann (Gawler Home Assist)• Simon Newbold (Barossa Village)• Stefan Nowak (ACAT)• Tracy Maynard (Country SAP HN)

1. OPEN

Meeting opened at 1:10pm with a round of introductions

2. REVISIT PURPOSE OF GROUP

It was agreed that the objectives developed at the first meeting in January are still relevant.

3. BUSINESS ARISING FROM PREVIOUS MEETING

3.1 Post-ACAT client confusion

This issue was raised by a practice nurse at a GASHAN meeting and responses were gathered at the last Troubleshooting meeting and from ACAT. Especially an issue for consumers who do not have a carer or representative to advocate for them and for those who have not received any entry level services ie CHSP so have had no prior exposure to the Aged Care system. It was acknowledged that ACAT was doing everything they can within resource limitations.

ACAT relies on person making referral eg discharge planners, nursing staff and GPS etc to explain the reason for the referral and the process. Angela reported they are meeting with all of the discharge planners at metro hospitals to improve the situation when country patients are discharged from metro hospitals.

Other possible solutions included:

- Produce similar brochure as the Aboriginal TCP brochure describing the Patient Journey – plain English and images.
- 'Showbag' of service provider flyers etc that ACAT gives out (however likely to add to information overload)
- Referral to social worker

- Ideally there needs to be face-to-face follow up by an independent third party who can go through all of the service provider options and explain the process. This would be need to be resourced in some way.

Action: Mark Schuster will follow up with ACAT

3.2 Feedback to DoH (survey results)

Survey results from MAC – What’s Working and What’s Not – and notes from workshops on same topic conducted by some Collaborative Projects were forwarded to DoH. However as these were undertaken prior to 27th May MAC System Changes, DoH would like an update on which issues are still current.

Refer table below which will be forwarded to DoH.

4. DEMENTIA

4.1 Morna Coats is the Alzheimers Australia Dementia Link Worker covering Country North West region. 75% in Barossa, Yorke, Mid North.

- Morna provides education and support about understanding dementia and the implications of a diagnosis of dementia or memory loss. Delivers “Living with Memory Loss” programs and support programs for family carers, also community talks. Can help clients navigate MAC.
- Accepts referrals from GP’s, carers, general public etc subject to client permission
- Shortage of Geriatricians and long waiting lists. Closest geriatrician in now at Lyell McEwin.
- People with Younger Onset Dementia have to wait up to 3 months for services.
- Alzheimers Australia having problems with MAC – now listed under ‘special services’
- Contact details: morna.coats@alzheimers.org.au; ph: 08 8372 2100; mobile; 0476 848 784

4.2 Dementia Training : Deb will distribute booklet of Alzheimer Australia workshops. If there is enough interest she will seek some funding to have them delivered in the region.

5. NEXT MEETING

Thursday 27th October

1:00-3:00pm

Barossa Council Chambers

MY AGED CARE – WHAT’S WORKING; WHAT’S NOT WORKING

MAC SYSTEM CHANGES 27 MAY 2016	COMMENT
<ul style="list-style-type: none"> • Ability to view and compare additional information in the Aged Care Home Finder 	Not CHSP related
<ul style="list-style-type: none"> • Changes to how Multi-Purpose Service information is displayed in the service finders 	Much more effective way for consumers to search for multiple services
<ul style="list-style-type: none"> • Improved display of the current status of Notices of Non-Compliance and Sanctions in the service finders 	Not relevant
<ul style="list-style-type: none"> • Ability to view and request changes to occupancy of ACAT Delegate positions in the assessor portal 	Not relevant
<ul style="list-style-type: none"> • Improved support plan review functionality in the assessor portal 	Working well
<ul style="list-style-type: none"> • Improved task maintenance in both assessor and provider portals 	Better than it was but still room for improvement
<ul style="list-style-type: none"> • Changes to the myAssessor app 	An improvement but not significant
<ul style="list-style-type: none"> • Ability to search, match and refer for multiple service types in the assessor portal 	Much more effective way of searching for multiple services by RAS assessors
<ul style="list-style-type: none"> • Ability to sort the order of client concerns and goals in the assessor portal 	Useful improvement
<ul style="list-style-type: none"> • Pre-population of recommendations in support plan in the assessor portal 	Useful improvement
<ul style="list-style-type: none"> • Ability to view PDF of client record in both assessor and provider portals 	Lot more information now available including name of assessor and details of referrals to all service providers
<ul style="list-style-type: none"> • Ability to view Delegate decision history in the assessor portal 	Very useful for RAS as can now see if client has received ACAT
<ul style="list-style-type: none"> • Improvements to the client registration process in the 	Useful for MAC contact centre staff

MAC SYSTEM CHANGES 27 MAY 2016	COMMENT
assessor portal	
OTHER ISSUES	
<ul style="list-style-type: none"> Confusion regarding 'next steps' following an ACAT assessment. Especially an issue for consumers who do not have a carer or representative to advocate for them and for those who have not received any entry level services ie CHSP so have had no prior exposure to the Aged Care system. 	<ul style="list-style-type: none"> Ideally there needs to be face-to-face follow up by an independent third party who can go through all of the service provider options and explain the process. This would need to be resourced in some way.
<ul style="list-style-type: none"> The number of times consumers are telling their story 	<ul style="list-style-type: none"> New medical/professional webform means can skip contact centre screening process so that's one less time. Ability of reviews to come back to original assessor is helpful. Not enough consumer education about the aged care system and point of entry so consumers don't understand why they have to repeat their story.
<ul style="list-style-type: none"> Consumer awareness of the process required to access Aged Care services 	<ul style="list-style-type: none"> Not enough consumer education about the aged care system. Service Provider Guidelines indicate service providers are ideal first point of contact for consumers however services are not funded to provide this service. Potential to develop as a Volunteer program auspiced by a single provider in a region, eg COTA or a local council, however would need the resources to do this

MAC SYSTEM CHANGES 27 MAY 2016	COMMENT
	<ul style="list-style-type: none"> • Consumers are confused about difference between RAS Assessment and Primary Health practice nurses' assessment and ACATs. • Would be useful if there was some coordination regarding the Primary Health assessment conducted by practice nurses – feed it into the MAC process. There is a relationship of trust with the practice nurse and this should be capitalised on.
<ul style="list-style-type: none"> • Particular market segments 'falling through the cracks' 	<ul style="list-style-type: none"> • Needs a different approach for vulnerable people eg homeless, CALD, people with dementia • Younger Onset Dementia (YOD) not eligible for services as are under 65 • Lack of knowledge among health professionals about YOD and dementia in general so consumers are not being referred. • Not clear which consumers aged under 65 is eligible (other than homeless and ATSI) as there is no clear definition of 'aged-related conditions'. Also can be an issue finding service providers who service this cohort.
<ul style="list-style-type: none"> • Eligible consumers being deemed ineligible by contact centre 	<ul style="list-style-type: none"> • Contact centre should not be doing any assessment. • New screening tool has algorithm that appears to be assessing clients as being ineligible, examples include 80 plus year old consumers needing gutter cleans, because he ticked the boxes for a number of other

MAC SYSTEM CHANGES 27 MAY 2016	COMMENT
	<p>questions regarding independence he was not considered eligible</p> <ul style="list-style-type: none"> • ACHA clients do not answer yes to 'social isolation' question so are deemed ineligible • Carers of people with dementia – contact centre won't register because client can't give consent. Need to provide evidence of Power of Attorney which can delay assessment. • People with mental health issues, eg anxiety, may not answer phone when MAC calls back following web-based registration
<ul style="list-style-type: none"> • Inappropriate referrals- service providers not able to provide services for the consumers referred 	<ul style="list-style-type: none"> • Sometimes referrals for services beyond service provider's capacity, however these tend to come direct from MAC not RAS. • Not really an issue as RAS assessors are familiar with local service providers.
<ul style="list-style-type: none"> • Multiple service providers being involved when one provider could do all 	<ul style="list-style-type: none"> • Improved since MAC enhancement as both referrals are now attached so might be less of an issue. • Sometimes there is a logical reason for this and this is documented on referral by the RAS assessor. • OT and home modifications biggest issue – causes client confusion as multiple providers involved.
<ul style="list-style-type: none"> • Postcode issues - provider's services only showing for some postcodes and not others 	<ul style="list-style-type: none"> • Service provider's responsibility to make sure post codes are correctly listed on service finder. • Post codes don't always match boundaries.

MAC SYSTEM CHANGES 27 MAY 2016	COMMENT
	<ul style="list-style-type: none"> <li data-bbox="1193 188 1868 220">• If RAS know area well, not really an issue.
<ul style="list-style-type: none"> <li data-bbox="174 284 981 363">• Confidentiality preventing consumer details being provided. 	Introduction of provider's unique code means they can follow up.
<ul style="list-style-type: none"> <li data-bbox="174 478 864 510">• MAC is not set up for CHSP single services. 	Under service info the minimum service delivery frequency is one hour per month. This does not fit single services such as gutter cleans or garden maintenance or home modifications which are usually a one-off service, or occurring once a year or at most once a quarter. Cannot leave this field blank otherwise it shows as 'service pending' and sends constant reminders.

