Progressing toward an Active Service Model:

Examples of co-location from HACC services

March 2013

Preamble

The community sector has a long history of sharing resources to meet the demand for services using limited funds. Many organisations share resources such as facilities, administration, organisational infrastructure, service delivery infrastructure, professional development, governance, information management and human resources. Co-location within the context of this booklet is primarily referring to the sharing of human resources, however, each of the co-location initiatives detailed incorporates the sharing of various other resources which compliment co-location.

Co-location in the Home and Community Care (HACC) sector is emerging as one strategy in progressing toward an Active Service Model approach whereby services are accessible, timely and coordinated. Large waiting lists, particularly the demand for allied health services, are a key driver for this change. Other key drivers include the need to reduce duplication and streamline referral pathways and practices. Co-location offers the opportunity to strengthen relationships between organisations and foster the transference of skills between different disciplines and across services. Many co-location initiatives help empower services to achieve goal-directed care, particularly those which involve allied health disciplines.

Whilst there are obvious benefits to co-location, there are some key challenges which may need to be overcome. It is a challenge to resource any new initiative and to design a co-location model which ensures mutual benefit. It can also be difficult to achieve information technology connectivity between different organisations. However, despite these challenges many organisations have embarked upon co-location initiatives with many and varied positive outcomes. This booklet profiles some of these stories, highlighting the barriers, enablers and strategies used to achieve co-location.

This booklet has been developed for HACC services currently participating in the HealthWest ASM Project, who are engaged in, or considering embarking upon co-location. The booklet was developed in response to an emerging interest in co-location amongst the project partners. While the majority of the examples in this booklet are drawn from the HACC sector, there are also examples from other areas which are considered to be relevant. A number of the examples in the booklet feature co-location of Occupational Therapists and Assessment Officers, however, the approach taken by each of the partnerships is markedly different in design and context.

Contents

Community Health Partnering with Local Governments

In 2011 Djerriwarrh Health Service commenced co-locating Occupational Therapists (OTs) at Melton City Council and Moorabool Shire. The OTs work on priority three referrals with a focus on activities of daily living, maintaining skills, independence and assisting timely access to services.

Key features of the project

- The OTs are co-located at each Council 2 days per week.
- Focus on priority three referrals.
- Providing comprehensive OT assessments which consider client goals, needs and developing care plans with clients.
- Assessment and community care workers implement care plans with clients.
- The OTs oversee the care plans and review them with the key community care workers and clients on a regular basis.

Benefits of co-locating

- Better working relationships with the Councils.
- Faster access to OT services for clients.
- Having the OTs located at the Councils helps promote the embedding of ASM.
- Development of resources (e.g. enhanced daily living program brochure, and indicators for making referrals).

Enablers

- The OTs were willing to give it a go.
- The services were enthusiastic about working collaboratively.
- The OTs provided continued education on ASM to Council staff.
- A small working party was established at the health service to develop resources.

Challenges

- Different IT systems.
- Each organisation was at different stages.
- To ensure all staff are on board from each organisation, a new working party consisting of Council and health service staff is required.

IT support

- The OTs are required to remotely access the health service from off site.

Supervision arrangements

- The OTs have regular monthly supervision with their manager from the health service.
- ASM is an agenda item during supervision sessions.

Evaluation framework

- The OTs utilise the Canadian Occupational Performance Measure to examine the outcomes for the client in relation to their goals.

Future directions

- Investigating the implementation of group programs (e.g. focusing on encouraging independence with meal preparation) and embedding this approach in PAGS.

TOP TIPS

- All organisations need to be on board and involved in the development of the program.
- Ongoing education of all staff will be required regarding ASM.
- Ensure that management staff from all organisations are on board and able to allocate time to the ongoing development of the project.

More information

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Focus on Assessment & the Active Service Model

Horsham Rural City Council and Wimmera Health Care Group commenced a co-location project in 2011 to work together to enhance their Living at Home Assessment (LAHA) service. Their goals were to: implement the Active Service Model (ASM) and LAHA principles across the catchment; develop joint assessment and collaborative processes within the organisations; share skills and learning streams to develop as assessors; conduct joint assessments where appropriate; and educate the community about LAHA and how and when referrals can be made.

Key features of the project

- Assessment officers from each organisation co-locate at each other's offices 1 day per month (initially they were co-located 1-2 days per week on alternate weeks).
- Sharing of skills and organisational cultures between the assessment officers.
- An established process for joint assessments and associated paperwork.
- Implementation of coordinated care plans, or where relevant, shared care plans.

Benefits of co-location

- Increased understanding of mutual client group.
- Enhanced communication and greater knowledge of each other's organisations.
- Joint assessments and shared care plans are more efficiently conducted.
- Reduced duplication of paperwork and questions asked during the assessment process.
- Clients feel 'heard' because of reduction in closed and repetitive questions.
- Brain storming leads to new approaches to practice and mutual respect.
- Embeds principles of LAHA as not attached to an agency.
- Provides an alternate venue away from organisational office structure.

Enablers

- Manager support.
- Financial support from a seeding grant.
- Allocated time and resources to develop assessment processes.
- Ability to negotiate who would lead assessment or conduct assessment.
- A multi-disciplinary approach to assessment, care planning and achieving client goals.
- Support of LAHA network.

Challenges

- Change of staff.
- Motivation to continue once the project was completed.
- Time taken to improve assessment practices and move from service specific to ASM.
- Lack of time to 'market' project and educate health and other professionals about LAHA.
- No affordable venue available outside of the partnering organisations.
- Lack of referrals for HACC services generally.

IT support

- Acquired remote access technology to overcome incompatibility of data bases.
- Remote technology/ iPad established and used when co-locating and in assessments.
- Training in use of equipment and connecting care as secure tool for sharing information.

Supervision arrangements

- Individual supervision as needed.
- Co-location meetings minuted and used in supervision.

TOP TIPS

- Management support.
- Consideration and support of allocated time to develop processes.
- Organisations need to be aligned with a strong desire to ensure success of collaboration.

More information

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Enhancing Communication

Peninsula Health and Mornington Peninsula Shire began co-locating Occupational Therapy in 2011 with the goal of enhancing communication between HACC Assessment Officers and Occupational Therapists (OTs) to support clients to achieve goals. Co-location enables open communication between the Assessment Officers and the OTs when working with identified clients.

Key features of the project

- OTs co-locate at the Council Monday mornings, and call in whenever required to follow up regarding specific clients.
- A desk, computer and phone is available as required.
- There is a clear understanding that the OT will be available to communicate with Assessment Officers regarding individual client cases.
- The OT can provide support and advice as required by the Assessment Officers.
- Enables open communication between the Assessment Officers and the OTs.
- The time spent co-located is also used for planning to undertake joint assessments.

Benefits of co-location

- Timely, open, clear communication.
- The Assessment Officers know when the OTs will be available and vice-versa.
- Great opportunity for brain storming regarding individual clients.
- Time to liaise regarding joint visits to clients.
- All players being on the same page regarding client care requirements.

Enablers

- Having available space to co-locate at the Council office.
- Flexible, committed team players (OTs and Assessment Officers) who see clear benefits with the arrangement.
- Management support of the initiative from both organisations.
- Ensuring clear communication if OT iss not available to attend the office on agreed day.
- Regular meetings between Council's senior staff and OT to discuss any issues or opportunities.

Challenges

- Initially two OTs were co-located to cover the geographical area, but one left.

IT support

- The databases of the organisations are incompatible and discussions continue to progress.

Supervision arrangements

- All supervision of OTs is conducted by their employer.

TOP TIPS

- Ensure all team members are committed to making it work, including senior staff and practitioners.
- Ensure there is available space for the co-location.
- Clear, open dialogue between all parties is needed.

More information

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Improving Access to Equipment & Aides

In 2011 the City of Casey collaborated with Cardinia Casey Community Health to establish a closer working relationship with the Occupational Therapists (OTs) in order to implement ASM practices and reduce waiting periods for clients to access OT assessment for installation of equipment. The OTs work together with Community Care Staff, Assessment Officers and clients to reduce reliance on services through the use of appropriate equipment and aides.

Key features of the project
- An OT is co-located 1 day per fortnight at the Council.
- The OT and Assessment Officers conduct joint assessments for clients with complex support needs.
- Implementation of ASM principles.

Benefits of co-location
- Reduced wait period for clients to access OT assessment.
- Closer working relationships between Council and the OT.
- Positive outcomes for clients e.g. access to equipment.
- Sharing of knowledge between OT and Assessment Officers.

Enablers
- Flexibility from both organisations.
- Good networking and relationships prior to commencing co-location.
- All parties having same expectations.
- Agreement on outcomes.

Challenges
- Staff at Council being aware of who the OT is and how to contact them.
- Finding desk space.

IT support
- The OT utilises the computers at the Council and accesses their usual email account.

Supervision arrangements
- Supervision is provided by the organisation of employment.

TOP TIPS
- Have a written agreement.
- Review agreement regularly.
- Include co-located staff member/s in office activities and meeting.

More information
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Physiotherapy & Occupational Therapy

Bayside City Council and Bentleigh Bayside Community Health Service were experiencing delays of approximately four to six months for Occupational Therapy assessments. In many situations this resulted in personal care services being unable to commence and clients being unable to maintain optimal independence. In 2009 the two organisations commenced co-locating an Occupational Therapist (OT) at the Council. The Physiotherapy service has now also become involved. Discussions have also commenced with case management and nursing services about co-location opportunities.

Key features of the project

- The OT originally co-located five days per week. This has been reduced to 1-2 days per week.
- The OT trusts in the judgement of Council's assessment staff and prioritises assessments as required.
- Council provide a desk, computer, telephone at no cost.
- The OT conducts joint visits with Assessment Officers as required, and are a resource for secondary consults.
- The OT works closely with the Home Maintenance Officer.
- The OT can assist care workers who are dealing with complex situations.
- The Physiotherapist attends Council 1 day per week when Assessment Officers meet.

Benefits of co-location

- Reduced waiting times for OT from 4-6months to 1-2 weeks.
- Faster access to personal care assistance, if required by clients.
- OT and Assessment Officers are far more informed of each other's roles.
- Improved relationships between the two organisations, and better working relationships amongst staff which has improved client outcomes.
- Used as a model by other local governments in the Southern region.

Enablers

- Management provided leadership.
- Preparedness to try things and review them on an ongoing basis.
- Trust.
- Professional staff.
- Working through a change management process.

Challenges

- OT referrals increased enormously, so they had to put some boundaries around what was appropriate for the co-located OT and what constituted a general referral to go through the usual community health channels.
- Issues around clinical governance for the health service has meant some changed priorities, hence, the role has decreased from three days co-location to 1-2 days.

IT support

- IT departments from both organisations worked together to provide access, with wireless capability and dial in. It is not difficult to support people away from their main office.

Supervision arrangements

- Supervision and management, as agreed, is provided by the employing health service.

TOP TIPS

- Spend time planning the co-location.
- Engage with staff at an early stage.
- Ensure the co-located staff are made to feel part of the team.

More information:

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Co-location & Education

Dianella Community Health Service and Hume City Council began co-locating an Occupational Therapist (OT) at the end of 2012 to improve relationships, understanding, collaboration and care planning between the organisations to enhance client outcomes.

Key features of the project

- An OT is co-located at the Council one day per week within the Aged & Disability team.
- Clients are referred to the OT by Assessment Officers.
- OT home visits are completed on the co-location day.
- Case conferencing between the OT and Assessment Officers.
- Joint visits with property maintenance staff to assess for more complex home modifications.
- Reviewed processes to improve efficiency and remove duplication between the services (e.g. by sharing assessment information at the time of referral).
- Reviewed feedback processes to improve communication and care planning (e.g. letters regarding outcome of assessments).

Benefits of co-location

- Improved communication.
- Face-to-face relationships help foster collaboration.
- Incidental education e.g. discussion about client needs could allow OT to suggest short term options to assist clients and carers.
- Makes it easier to do joint visits with Assessment Officers or property maintenance.

Enablers

- Commitment by all involved to make it work and support from both management.
- Provision of resources including a dedicated desk and computer during co-location.
- OT has access to Council's client database and notes.
- Good planning and a clear memorandum of understanding before starting co-location.

Challenges

- The OT needs to travel to the health service to access OT equipment for trials.
- The OT has a different phone number on the co-location day.

IT support

- The OT uses a desktop with access to the Council's system, simultaneously with a laptop with wireless internet to access the health service's system.
- This is problematic with regular time outs, two Outlook calendars, and needing to copy notes from one computer to another for printing, scanning and recording on databases.

Supervision arrangements

- The OT is supervised by their team leader from the health service and meets with a Council Coordinator fortnightly for 'troubleshooting' and brainstorming improvements.

Plans for the future

- More focus on improving processes and efficiency.
- Education to build Council staff (Assessment Officers, Team Leaders and Direct Care Workers) capacity and understanding of Occupational Therapy.
- Improved relationships with property maintenance and joint visits to improve client outcomes.

Evaluation framework

- Pre/post (12 months) staff survey of Council Assessment Officers, Team Leaders and Direct Care Workers to assess understanding of ASM, care planning and Occupational Therapy. The results will also be used to plan what role the OT could have in staff education.
- Considering using the Canadian Occupational Performance Measure with clients to measure change and achievement of goals pre and post Occupational Therapy.

TOP TIPS

- Be flexible and open to new ideas or ways of doing things.
- Plan ahead and don't rush into it.
- Focus on client benefits as motivation to improve collaboration and relationships.

More information

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Co-locating Assessment & Allied Health

In 2010 examples of OTs being co-located in Council HACC teams were showcased at an ASM Conference in Melbourne. Representatives from Western District Health Service (WDHS) and Southern Grampians Shire Council attended this conference, and agreed that co-location would be ideal step to achieve enhanced client outcomes. Following further discussion, a trial co-location of Council assessment staff commenced at WDHS in November 2010. Following 12 months of success, the arrangement became permanent.

WDHS and the Council are currently reviewing with consumers their experience of services in the home. WDHS and the Council are working to envision a model of care for home based services which ideally will enhance i) continuity of care for clients and ii) workforce efficiency. This may result in further collaboration and co-location initiatives.

Key features of the project

- The entire Council HACC Assessment staff (2 individuals) are co-located on a full-time basis.
- The Assessment staff spend approximately 5 hours per week at the Council to ensure connection with admin and personal care workers etc.
- The Assessment staff are co-located in the allied health building with chronic disease programs and a range of allied health services.
- The Assessment staff share an office with the Home Referral Service who manage the assessment and referral of patients (including Post Acute Care Service) from the acute facility. These two teams communicate with each other regularly throughout the day, discussing client needs, referrals, management and follow-up.
- The Assessment staff attend Key Worker meetings and multi-disciplinary meetings to co-ordinate client care.
- The Assessment staff are also closely involved in quality improvement projects focusing on ASM implementation. These include: i) use of consistent INI fom; ii) use of SCTT care plan; iii) plans for electronic sharing of care plans; iv) plans for HACC Assessment staff conducting some reviews in the acute ward rather than at home; v) sharing HACC minimum data set.
- Other quality partnership projects have included: i) shared consumer engagement forums to review processes and plan service enhancement - current project is the 'Home Journal' project, with HACC clients asked to complete journal about their service experiences; ii) HACC Aboriginal access projects, including shared cultural training and engagement.

Evaluation & benefits of co-location

Evaluation was conducted after 12 months, with Council HACC, Council Admin and WDHS Home Referral Service staff.

- 70% stated it had improved communication between Council and WDHS staff
- 70% stated it had saved time, improved efficiency
- 80% stated there were better outcomes for clients (including increased knowledge of WDHS/Council services and increased knowledge of individual client specific needs/ issues)

Management perceive that:

- There is a culture of working together, as if it were one organisation.
- Staff interact daily as if they are one organisation - involved in tea room chats, training, consumer and engagement with Aboriginal peoples.

Enablers

- Leadership, a practical approach and commitment from management and CEOs.
- Staff willingness to give it a go.
- Establishing as a 12 month Trial enabled trust to be built.
- Evaluation and addressing of issues that were identified by staff (*see below*).
- The ability to refer to other examples of co-location (from the ASM conference in 2010).
- A Memorandum of Understanding was developed for CEO sign-off. This clarified the purpose, roles and ensured support of CEOs.

Challenges

- The Assessment staff have experienced some feelings of loss due to the transition from their 'Council team' and reduced communication with Council Admin. To overcome this, Assessment staff spend a set time with the Council Admin team each week. This may not be such an issue as new staff commence in the roles as they wont have that connection back to the Council team.
- The shared office environment has raised concerns regarding confidentiality and noise. An additional office has been made available for use for confidential calls or on busy days, as needed.

IT support

- The Assessment staff have normal access to their network from their new office.

Supervision arrangements

- The Assessment staff continue to be supervised by their line Manager.
- A HACC Governance Group, consisting of WDHS and Council HACC management, oversees the quality improvement projects.

TOP TIPS

- Management level - develop trust, agreed purpose, outcomes, and address any concerns between the two agencies. Document this with a Memorandum of Understanding.
- Staff level - use change management approach. Articulate the vision and reasons why. Start as a trial and evaluate against agreed outcomes. Ensure open communication, staff engagement and feedback throughout. Address staff concerns early.
- Focus on consumers - use the co-location to 'talk up' operating as if you are one organisation. Involve teams in consumer forums to hear positive outcomes for clients.

More information:

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A Team Approach to Co-location & the Active Service Model

In 2010 an Occupational Therapist (OT) from a Community Health Service began co-locating at a local Council (*not identified*). This was undertaken as an Active Service Model initiative to improve response times and access to OT services. A Physiotherapist from the Health Service also supports the work of the OT.

Key features of the project

- An OT is co-located for 1.5 to 2 hours, two days per week at the Council.
- The OT works with Team Leaders and Assessment Officers in assessment of new and existing clients, with an ASM approach.
- The OT and a Physiotherapist are members of the Council's ASM Working Group.
- A key strategy is to promote the ASM principles to both staff and clients.
- The OT and Physiotherapist work in conjunction with the Council on a number of small ASM driven projects.
- The OT and Physiotherapist provide specific ASM training to staff on identified topics (i.e. program activity staff on goal setting *and* in-home support field staff in how to assist clients with home exercise programs).

Benefits of co-location

- Develops networks and strengthens working relationships.
- Improves assessment processes and outcomes for clients.
- Promotes ASM principles.
- Creates a better understanding of each organization's role, services and challenges in relation to assessment and service provision.

Enablers

- Common interest in ASM.
- Good working relationships between organisations.
- Funding provided to the health service for the ASM initiative.
- Development of pathways and processes which work for both organisations.

Challenges

- Different client data bases, which are unable to talk to each other (minimal effect).
- Different organisational business unit requirements and documentation (minimal effect).

IT support

- The OT does not access the IT systems at the Council.

Supervision arrangements

- The co-located OT has no official supervision from the Council, however, they have both informal and formal access to the In Home Support Coordinator and the Manager of Community Care to discuss relevant issues as required.

TOP TIPS

- Make sure you have the available office space to provide an appropriate work station.
- Locate the person in the same area as the relevant work group.
- Have a clear understanding of the outcome you wish to achieve with the co-location.
- Clear protocols and process are important.

Short-term Co-location

In 2010 Manningham City Council and Manningham Community Health Service were funded for one year, to improve Occupational Therapy waitlists for clients referred to Council for services. Previous projects involved Assessment Officers and Occupational Therapists (OTs) completing home visits together, which proved to be inefficient. The short-term co-location project was more successful. It focused on the development of new processes and procedures, by co-locating project workers during the research, planning, evaluation and report writing phases.

Key features of the project

- Project workers co-located at the Council one day per week during the research, planning, evaluation and report writing phases.
- There was no co-location during the implementation phase.
- The health service reserves one appointment each week for council referrals. These referrals skip the waiting list.
- On going co-location was considered, but not possible due to lack of desk spaces at Council.
- The organisations continue to send representatives to each other's team meetings on a roster.
- Staff go out for lunch on an annual basis.

Benefits of co-location

- Improved relationships between staff of different organisations.
- Increased understanding of how each organisation operates.
- Improved outcomes for clients. Clients who want personal care but need modifications before it can start are now able to receive the service quickly instead of waiting months for the OT to arrange modifications.

Enablers

- Both agencies were aiming to achieve the same thing.
- Funding.

Challenges

- Differences of approaches between agencies.

IT Support

- Council allowed the OT to have login to Council's computer network. The OT also used a laptop so they could log in to their own organisation's network.

Supervision arrangements

- As it was only one day per week, the existing manager continued supervision.
- Council was the leading agency for the project, so their manager supervised day to day work of the project.
- The Manager from the health service was on the steering committee and also knew what was going on.

TOP TIPS

- Ensure it is part time so worker can have contact with people form own organisation.
- Staff need to be able to access their own organisation's network in the co-location space.
- The co-located staff need to be experienced and be able to stand firm to own organisation's values and beliefs.

More information

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An Exchange between Occupational Therapy & Assessment

In 2010 Central Bayside Community Health Service co-located an Occupational Therapist at Kingston City Council to improve referrals between the two organisations and progress toward the Active Service Model (ASM). Council staff are now commencing co-location activities at the health service.

Key features of the project

- Co-located hours vary (initially co-located weekly for half a day).
- The OT attends some key meetings at Council.
- The OT and Council staff undertake training in ASM together.
- The OT and Council staff participate in joint assessments and case conferencing.
- Senior Management initially partook in a steering committee.
- Council staff recently commenced attending training and meetings at the health service.

Benefits of co-location

- Better understanding of roles and processes at respective organisations.
- Better communication between organisations, which benefits the client.
- Joint assessments undertaken when needed.
- Flexible approach to client issues/assessments.
- Better quality referrals between organisations.
- Better outcomes for clients.

Enablers

- Commitment by management, including allocation of appropriate resources.
- Commitment of staff at all levels, and persistence.
- Good communication.

Challenges

- Ensuring that all staff understand the purpose and are committed to making it work.
- Staff changes led to "glitches" in the partnership (with staff getting to know new people and styles of work).
- Ensuring appropriate resources are allocated to the partnership.

IT support

- The co-located OTs have received logins for the Council's IT system and learnt how to use their system.

Supervision arrangements

- Staff are accountable to their respective organisations, however, progress is discussed at management and steering committee meetings.

TOP TIPS

- Be realistic about the resources needed for the co-location (e.g. time, staffing, meetings, relationship building).
- Allow the time for relationships to develop, and don't be too ambitious about achievements as they take time.
- Ensure that management and relevant staff are all on the same page about what the purpose of co-location is.

More information

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Establishing a Community Diabetes Foot Service Clinic

In September 2012 Western Health collaborated with ISIS Primary Care and Djerriwarrah Health Services to establish a Community Diabetes Foot Service Clinic, as part of a step-down approach to client care, designed to reduce emergency presentations and hospital admissions or diabetic foot related complications. It is also designed to facilitate discharge into local community podiatry services for clients. In addition to a community clinic, a multidisciplinary clinic also operates out of the hospital two days a week for more acute clinical care.

Key features of the project

- Podiatrists from Western Health HARP are co-located two days per week at ISIS Primary Care and Djerriwarrah Health Service sites.
- The podiatrists work in partnership with the Diabetes Nurse Educators at these sites.
- The podiatrists provide education to the community health podiatrists at these sites and at a Western Region Podiatry network that was set up by the Diabetes Foot Service.
- Clients are engaged with this service for a maximum of 12 months.
- Case conferences (known as audits) are held monthly to discuss complex cases, with all disciplines involved in the clients care at the hospital.

Benefits of co-location

- These services are more accessible to clients as they are located in the community rather than the hospital.
- Sharing expertise and knowledge of clients across the disciplines and organisations.
- Reduction of financial cost for client appointments due to 'step down' approach not having medical consultant needs, and assisting in hospital Diabetes Foot Service outpatient appointment availability with these disciplines involved.

Enablers

- Support of all organisations.
- Clients, health services, general practitioners and health professionals were consulted during the planning of the clinic.
- Receiving a grant to establish the clinic.
- Increased communication between the organisations.
- A quarterly update about the clinic is widely distributed to referrers and those involved.
- Provision of education to practice nurses, general practitioners and local podiatrists from acute, community and private services.

Challenges

- Limited financial resources.

IT support

- IT access has been facilitated through services working together to allow access.

Supervision arrangements

- A steering committee oversees the clinic.
- The co-located podiatrists report to their management at the hospital.

Evaluation

- An audit will be conducted later in 2013.
- The project lead meets with community podiatry services teams and managers on average every six months to review service provisions and for feedback from clinicians.

TOP TIPS

- Ensure good communication between organisations and engage all health professionals involved with the working arrangement.
- Ensure clients are involved and considered.
- Staged roll out.

More information:

Eleanor Garnys, Diabetes Foot Service Project Lead, Western Health, Ph: 8345 7636

Co-locating for over fifteen years

The Royal District Nursing Service (RDNS) commenced co-location initiatives 15 years ago with two different services. RDNS provides three full time registered nurses to deliver services to Mercy Palliative Care (MPC) clients. Additionally, Western Health provides RDNS with funding to deliver Hospital Admissions Risk Program (HARP) services in the areas of diabetes, chronic obstructive pulmonary disease, paediatric asthma and eczema.

Key features of the project

- Co-location occurs every day.
- RDNS staff are co-located between RDNS and either the MPC or HARP offices.
- Staff identify as RDNS and wear RDNS uniform, however services are delivered to either MPC or HARP clients.

Benefits of co-location

- Sharing of resources.
- Sharing of skills and knowledge.
- RDNS has infra-structure and resources to provide home visits.

Enablers

- Regular communication at all levels.
- Clear strategy and goals.

Challenges

- Clinicians needing to use two different computer systems e.g. client databases differ between organisations.
- Differences in policy.

Supervision arrangements

- Staff are supervised and managed by the employing organisation. If performance issues are identified by an alternate organisation they are dealt with via the appropriate line manager.

TOP TIPS

- Consider additional workload regarding navigation of different IT systems.
- Have a clear and well thought out communication strategy.
- Consider policies and procedures and the potential issues.

More information

Marilyn Harper (Sunshine RDNS) or Helen Mathews (Altona RDNS), Ph: 1300334455

Co-location Checklist

The following checklist is a list of key considerations for organisations who are considering pursuing co-location or are in the process of reviewing their co-location strategies. The items on this checklist are drawn from the examples showcased in this booklet (*Progressing toward an Active Service Model: Examples of co-location from HACC services, HealthWest, 2013)* and from a report on the Department of Health's Active Service Model Co-location Workshop in 2011. This is not a definitive checklist, but it may assist planning and prompt worthwhile discussions.

Things to consider when co-locating HACC services:

Personnel:

- ☐ Are management supportive, committed and available to manage a co-location initiative?
- ☐ Are all staff members involved committed to making it work?
- ☐ Is there a communication strategy and clear, open dialogue between all involved?
- ☐ Is the co-located staff member/s included in team activities, training and meeting?
- ☐ Have you implemented relevant education to support the initiative ? (e.g. ASM training or up-skilling of staff)
- ☐ What supervision/peer support does the co-located staff need from their own organisation?

Management:

- ☐ Do you have a clear understanding of the purpose of co-location and the outcomes you wish to achieve?
- ☐ What co-location model do you need to achieve your desired outcomes? (i.e. who, what, where, when, EFT)
- ☐ Is there a shared benefit in the design to all partnering organisations?
- ☐ Have you allocated sufficient resources (time and staffing) to develop processes, protocols, policies, agreements, IT systems etc?
- ☐ Have you got a process in place to review your strategies and make adaptations as required (e.g. Plan Do Study Act cycle or action research)?
- ☐ Have you considered evaluating this initiative and establishing base line measures?
- ☐ Have you considered the sustainability of this initiative?

Administration:

- ☐ Are there clear agreed processes and protocols?
- ☐ Are their any relevant policies that need to be reviewed (e.g. WHS)?
- ☐ Do you have a written agreement which is reviewed regularly?

Facilities:

- ☐ Is there an available workstation/s and is it located with the relevant work group?
- ☐ What IT arrangements will you need to have in place?

Sustainability Tool

The following checklist may be used when planning a co-location initiative, or to assess the sustainability of an existing initiative at various points in time. Consider the following criteria and document how your initiative meets these criteria. Indicate whether this is favourable or unfavourable to its sustainability, then outline what needs to be done to optimise the sustainability of your co-location initiative into the future.

Criteria	Favourable	Unfavourable	Justification	Goal
Public Policy Is it supported or mandated by public policy or strategy?				
Coherence Does it align with written objectives or plans? Is it relevant?				
Shared understanding Are there shared principles and language?				
Ritual Are there any rituals which have emerged? (e.g. meetings, supervision, joint assessments)				
Symbols Does it have a profile?				
Leadership Is there sufficient leadership and guidance?				
Human resources Is there sufficient staffing or stakeholder commitment? Is this in their PDs?				
Financial resources Are there sufficient financial resources? Is it budgeted for in future budgets?				
Material resources Are there sufficient resources (IT, workstation, supplies)? Are these budgeted for?				
Documentation Is all of the above documented ? (e.g. in an MOU)				
Adaptation Is it adapted and adaptable to the context?				

This tool has been adapted from Ridde, V., Pluye, P., Johnson-Lafleur, J. (2007) The Sustainability Toolkit. www.cacis.umontreal.ca/perennite/index_en.htm

Sustainability Tool - Example

The following is an example of how the sustainability tool may be used. This example is based on a hypothetical scenerio involving the co-location of an OT at a local council.

Criteria	Favour-able	Unfav-ourable	Justification	Goal
Public Policy Is it supported or mandated by public policy or strategy?	✓		Co-location is supported by ASM and our funding body (Dept. of Health).	
Coherence Does it align with written objectives or plans? Is it relevant?		✗	The project vaguely aligns with the orgs current plans.	Co-location will be included in the next strate-gic plans.
Shared understanding Are there shared principles and language?	✓		Both organisations have intentionally worked to develop a shared under-standing which is under-pinned by the ASM.	
Ritual Are there any rituals which have emerged?		✗	The co-located OT, senior assessment officer and their respective manage-ment meet sporadically.	Monthly meet-ings will be scheduled in advance,.
Symbols Does it have a profile?	✓		The OT has been included on staff contact lists, fea-tured in the staff newslet-ter and introduced to all staff including admin.	
Leadership Is there sufficient leader-ship and guidance?		✗	It is currently overseen by an interim working group which will cease meeting in 2 months.	Managers of both orgs will meet bi-annually to monitor and review it.
Human resources Is there sufficient staffing or stakeholder commit-ment? Is this in their PDs?	✓		The OT has a revised PD. The management all have responsibility for it built into their PDs.	
Financial resources Are there sufficient financial resources? Is it budgeted for in future budgets?		✗	The project was imple-mented with seed funding.	Funds need to be allocated in the next finan-cial year budget.
Material resources Are there sufficient re-sources ? Are these budget-ed for?	✓		The Council provide in-kind support to the OT. This is budgeted for and documented in the MOU.	
Documentation Is all of the above documented ?		✗	An MOU was created at the start of the project six months ago.	The MOU needs to be updated and reviewed annually.
Adaptation Is it adapted and adaptable to the context?	✓		Management will adapt the project bi-annually in consultation with staff.	

Partnership Agreements - Template

The following template demonstrates how a partnership agreement or Memorandum of Understanding (MoU) could be developed to support a co-location initiative between two or more organisations. This is just one example of a partnership agreement tool. More information on developing such documents may be sourced from www.communitydoor.org.au or from the organisations who have contributed to this booklet. Note that an MoU is not a legally binding document.

Memorandum of Understanding
between
>Insert name of organisation<
and
>Insert name of organisation<
>Insert month/date MoU commences<

Background/ Context
Outline the relationships and events which led to the development of this co-location initiative. Briefly describe the co-location initiative and its key elements.

Purpose
Briefly state the purpose of the MoU in outlining the intentions of the partners in a shared commitment to work collaboratively toward co-location. Make mention that this document is not a legally binding document.

Objectives
Outline the objectives of the co-location initiative.

Principles
Outline the shared principles and understanding that underpin the co-location initiative.

Roles and responsibilities
Detail the specific roles and responsibilities of those involved in the initiatives, including the co-located staff members, the colleagues they will be working with, and their respective management.

Agreed protocols/ procedures/ arrangements
Outline any agreed protocols or procedures which need to be implemented or practiced by staff, making reference to any relevant policies. Also outline any other arrangements such as IT, works stations and use of fleet cars.

Governance
Provide an overview of the governance structure, including relevant committees, working groups or managers. A diagram may useful. Also outline processes for reviewing strategies (such as a PDSA cycle).

Supervision and peer support
Detail agreed supervision or peer support arrangements (such as inclusion in team meetings) for the co-located staff members.

Reporting and evaluation
Detail the reporting requirements of the partners and their respective funding bodies. Outline the evaluation plan and methods of determining whether objectives have been met.

Financial arrangements
Outline the financial commitment of the partners, including the provision of in-kind support, such as office space and the use of fleet cars. Detail the funding of EFT for the co-located staff.

Communication
Outline an agreed communication strategy to be implemented with the co-located staff and other affected staff at each of the partner organisations.

Dispute resolution and complaints
Outline the processes for resolution of disputes and responding to complaints. Make reference to any relevant policies.

Risk management
Outline the necessary risk management strategies or processes. If a risk assessment has been completed, make reference to this and indicate who is responsible for managing this.

Intellectual property, marketing and publicity
Detail the intellectual property rights of the partners and the requirements for making acknowledgements (i.e. use of logos in publications). Make reference to any relevant policies.

Confidentiality
Outline the processes and safeguards for ensuring privacy and confidentiality. Make reference to any relevant policies or standards.

Duration of the MoU
Specify the exact duration of the MoU, review date (if applicable), and who is responsibility for instigating a review.

Signatures
The MoU needs to be signed by appropriate management, executives and witnessed.

Signature _____

Date ____/____/_____

>Insert name, position, organisation<

Signature _____

Date ____/____/_____

>Insert name, position, organisation<

Witness:

Signature _____

Date ____/____/_____

>Insert name, position, organisation<

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