Best Practice in Home Modification Service Delivery
HACC funded HM and AT Project

- In July 2013, the ILCWA commenced a new project funded by the WA Home and Community Care (HACC) in Home Modifications (HM) and Assistive Technology (AT).

- In WA, HACC provide funds to support HM through the Community Aids and Equipment Program (CAEP) and TADWA. With recognition that HM and AT technology can support clients to maintain their independence and wellbeing.

**Project aim:** To inform the further development of a sustainable service model that will enable WA HACC clients to access home modifications and assistive technology (often referred to as aids and equipment) that support independence and well-being through the WA Assessment Framework.
Key Drivers

- The project stems from the Commonwealth reform agenda Living Longer Living Better report which identified home modifications as an area of development and reform that will support and facilitate independent living at home for older people.

- National reform in aged and disability sectors moving towards consumer choice and control

- Complex and inconsistent pathways to access home modification services for HACC clients in Western Australia, inconsistent practice and application of eligibility criteria

- KPMG Home modification and home maintenance Commonwealth HACC services review (KPMG, 2014) – benefits of home modifications
Project objectives

- Build on the WA Assessment and identify approaches to facilitate a **streamlined client pathway**, improve communication and reduce duplication of assessment.

- **Map current pathways** for HM and AT currently used by RAS Assessors.

- **Develop a model** providing **clinical governance** and identify strategies to support TADWA in referral management and service delivery.

- **Develop guidelines** that support the consistent application and practices for HACC.

- Make recommendations of how ongoing **maintenance** of AT will be delivered and funded.

- Develop a strategy and resources to better support consumers of HM & AT to make informed choices.

- Develop a recognised interface/pathway between short term re-ablement and provision of HM & AT.
Project activities

- Understanding current pathways, programs and interfaces
  - identify where delays to service delivery for HACC clients is occurring/duplication of assessment

- Supporting HACC funded HM provider (TADWA):
  - working together to develop clinical governance and guide their interface with WAAF

- Supporting the Regional Assessment Service (RAS) :
  - to provide understanding and clarity around pathways to AT/HM
  - building knowledge of AT/HM
  - access to advisory line to support better decision making.

- Supporting consumers through the development of resources

- Identification of best practice and development of a model
Scoping review

- Partnership with Curtin University Occupational Therapy and Social Work School
- Scoping Review
- Underlying approach to this scoping review was a focus on re-ablement, taking a multi-component approach to exploring current practices for HMs that promotes capacity for community living in people who access HACC

Diagram:

260 papers assessed for eligibility
- 96 papers included in final synthesis
- 162 papers excluded

Papers identified through journal hand search (~5%)
Papers identified through database search (~35%)
Papers identified through grey literature search (~30%)
Papers identified by experts in the field (~30%)
Research question

What are the key factors that influence best practice in home modification service delivery as identified in the literature?
Key findings – Overview of current practice

- **Consumers** - Most commonly female, individuals over 65 years, for conditions including diabetes, stroke, hip fracture, fall or joint replacement, and those who live alone and/or have lived in their home for 10+ years.

- **Types** - Most frequently obtained HMs include:
  - lighting installations
  - facilitators to self-care (e.g., bathroom and kitchen accessories) and,
  - mobility and accessibility enablers (e.g., ramps, handrails, and grab bars) Older adults tended to receive less expensive HMs than younger age groups.
Key findings – Approach and Model of Care

- Outcome of HM significantly improved when embedded with reablement approach
- Person-centred approach increases likelihood of uptake of HM
- Person-Environment-Fit – increase capacity of person as well as decrease environmental demands
Recommendations: Approach and Model of Care

- Reablement person centred approach to services – empower clients to manage own wellness and acknowledge client’s meaning of home (include this in training). Upskilling and providing strategies may reduce the need for care later on.
- P-E-O fit model
- Combined HM/AT service
- Colocation and Collaboration
Key findings – Referral management/Triage

- Reliable screening that determines level of need and identify risk was identified as a critical element of best practice HM.
- Earlier intervention can often result in cheaper solutions or encouragement to self-fund improvements.
- Fast Track’ systems can significantly reduce waiting times and increase client satisfaction.
- Triage should collect customer information, identify desired outcomes and preferred solutions, and assess urgency.
Recommendations: Referral management/Triage

- Centralised point of contact
- Services need to be timely and have appropriate triage/screening to allow for fast track systems – esp. to facilitate reablement
- Eligibility criteria to focus physical function rather than medical diagnoses
Key findings - Assessment

- Traditional outcome measures focusing on occupational performance and safety are not adequate as they may not provide sufficient insight into the broader impacts of HM.

- Service delivery models are different for metropolitan vs rural and non-complex vs complex HMs, requiring different services, follow-up, and workforce.

- Majority of OTs did not use standardised HM assessment tools.

- Assessment tool should cover: history of falls, patterns of usage of the home, protective and risk-taking behaviours, functional vision, physical and cognitive attributes that affect mobility and performance, and fall risk situations such as reaching, climbing, and transferring.

- Solutions guided by: timeliness, meeting the disability-related needs of the person and their family, cost effectiveness, and providing value for money.
Recommendations: Assessment

- Holistic assessment – function and environment – not just focusing on safety and performance but also on caregiver and prevention.

- Formalised assessment to ensure consistency.

- Use both objective and subjective evaluations in combination.

- Solution to not be guided by the design process but rather; timeliness, meeting the disability-related needs of the person and their family, cost effectiveness, and providing value for money.

- Self-assessment

- Development of an OT kit that includes assessment tools and templates
Key findings - Review

- Follow up/re-evaluation is essential to measure changes and usability, increase knowledge of the effects of HM. Follow-up is required to
  - measure functional changes and usability
  - to prevent accidents and falls and
  - to increase the knowledge of the effects of HMs on service users

- Several different modes of follow up were identified including face-to-face interviews in clients' homes; telephone calls (the most common mode) with or without survey; postal questionnaires; and tele-technology – no evidence regarding most effective

- Inconsistent or no review practices

- Issues identified in follow up for HM included failure to deliver or wrong equipment delivered, improper installation of equipment, and difficulties in use.
Recommendations: Review

- Follow-up and re-evaluation is essential – both minor and major modifications
- Clear procedures to ensure consistent application of practice
- Continuity of staff
Key findings - Workforce

- OTs central to HM process – experts in identifying and quantifying environmental factors and impact on occupational performance
- Role of OT is greatest in initial stages
- Coordinated collaboration between members of the HM team (construction and building design) - complex HM joint visit beneficial with builder
- Non-health professional have a role in minor HM under OT supervision with training and clear guidelines
Recommendations: Work force

- Training and PD for all staff involved in service delivery. Further training required for staff working within complex HM – Specialised skills required
- Knowledge of application of technological advances – limited by imprest lists
- Clear role clarification and supervision when utilising non-health professionals
Key findings - Policy

- There is a lack of a public policy framework to guide the design and implementation of HM programs. The ageing, health and community sectors are siloed and policy is fragmented.

- Individual service delivery and housing policy planning is essential and universal design principles should be incorporated.
Recommendations: Policy

- Coordinator and integrated policy across ageing, health and community sector. Best practice at the individual consumer-service level cannot occur if broader change does not occur at the higher policy level.

- Expert panel including consumers, referrers, health professionals, tradesman and reviewers.

- Clear consistent governance for providers working within HM service delivery.
Recommendations: Client Experience

- Provision of clear visuals of complex adaptations
- Provision of step by step process including timescales
- Single point of contact through the process
- Alternate pathways provided when ineligible or service unavailable
- Development of a design guide that reflect common community care needs
Proposed Service Delivery Model

**Centralised Access / Triage**
- Fast track system
- Eligibility based on function not diagnosis
- Information only: Non-HACC, Self funded

**Holistic Occupational Therapy Assessment**
- OT essential in initial stages
- Non-OT role in minor mods with OT supervision
- Builder/OT assessment for complex HM (Joint)
- Client's who elect to self-fund

**Home Modification Provider**
- Timely
- Efficient
- Culturally appropriate
- Flexible
- OT essential in initial stages
- Non-OT role in minor mods with OT supervision
- Builder/OT assessment for complex HM (Joint)

**Consumer Support**
- Information and advice
- DIY resources
- Consumer workshops
- Contractor and OT Directory

**Follow-up and Review**
- Continuity of personnel is important in follow up
- Training and PD required for all staff in HM service delivery
Next Steps

WA Home Modifications and Assistive Technology Model: Building a Consumer Focused Platform
Questions?

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References
