Unleashing the power of Allied Health in Capital and Coast DHB
Dorothy Clendon and Chantalle Corbett

MA TINI, MA MANO, KA RAPA TE WHAI - BY JOINING TOGETHER WE WILL SUCCEED
Wellington – the coolest little capital in the world
Total Population
313,000
Our mission...
Case for change #1
Case for Change #2

HOW’S IT GOING, UNDERLING?

MY LONG HOURS AND INSANE WORKLOAD ARE CAUSING FATIGUE, DEPRESSION, AND ORGAN FAILURE. I’LL PROBABLY BE DEAD IN A MONTH.

WHEN DID PEOPLE STOP SAYING, “FINE”?
Case for change #3

New settings for care
There are three settings for care to be delivered, all supported with digital technology.

Digitally-enabled environment

Home
allowing people to take greater control when and where is convenient to them

Hospitals
allowing hospitals to provide specialist care for those who need it most

Interdisciplinary teams

Community health networks
a central organising point where we can reach more people, more often

Community Health Network

Community Health Network
# Allied Health in CCDHB

<table>
<thead>
<tr>
<th>Profession</th>
<th>HHS* ORA**</th>
<th>HHS Outside of ORA</th>
<th>Primary and community</th>
<th>Total FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapists</td>
<td>52.42</td>
<td>4.6</td>
<td>1.8</td>
<td>58.82</td>
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<tr>
<td>Occupational Therapists</td>
<td>31.88</td>
<td>4.8</td>
<td>3</td>
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<tr>
<td>Speech and Language Therapists</td>
<td>8.37</td>
<td>2.4</td>
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<td>10.77</td>
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<tr>
<td>Social Workers</td>
<td>29.96</td>
<td>5.98</td>
<td>5.65</td>
<td>41.59</td>
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<tr>
<td>Dietitians</td>
<td>16.09</td>
<td>0</td>
<td>2</td>
<td>18.09</td>
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<tr>
<td>Allied Health Assistants</td>
<td>16.48</td>
<td>2.6</td>
<td>0</td>
<td>19.08</td>
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<tr>
<td>Liaison Nurses</td>
<td>5.6</td>
<td>0</td>
<td>0</td>
<td>5.6</td>
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<tr>
<td>Psychologists</td>
<td>0.6</td>
<td>6.4</td>
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<td>7</td>
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<tr>
<td>Hand Therapists (OT or PT)</td>
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<td>3.9</td>
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<tr>
<td>Visiting Neuro Developmental Therapists (OT)</td>
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<td>4</td>
<td>0</td>
<td>4</td>
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<tr>
<td>Nutritionists</td>
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<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Counsellors</td>
<td>0</td>
<td>0.3</td>
<td>2.05</td>
<td>2.35</td>
</tr>
<tr>
<td>Podiatrists</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Management</td>
<td>7.5</td>
<td>2.5</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>172.8</strong></td>
<td><strong>34.58</strong></td>
<td><strong>19.5</strong></td>
<td><strong>226.88</strong></td>
</tr>
</tbody>
</table>

*HHS – Hospital and Health Services

**ORA – Older Adult, Rehabilitation and Allied Health Service
Developing our new model of care..

• Understanding what we do now
• Collecting the ideas and aspirations of Allied Health in CCDHB
• Understanding what people need and want
• What is happening in other places?
Understanding what we do now..

Compared to their population size, older people are higher users of AH.

16% of CCDHB 65+ years
35% of CCDHB 85+ years

AH patients as a percentage of CCDHB population in each age group

Number of people and Allied Health contacts each setting

AH (2017) 8%
CCDHB (2017) 11%
CCDHB (2030) 13%

Māori 8% Māori 7% Māori 6%
Pacific 7% Pacific 7% Pacific 6%
Other Ethnicities 85% Other Ethnicities 82% Other Ethnicities 81%
Bringing people on the journey
A snapshot of ideas from staff...

“Early referral of low back pain to physio for encouragement of lifestyle changes/self management, exercise therapy i.e. active management”

“Many patients have very good skills, knowledge, talents and experience that could be used to help empower and support each other.”

“Age friendly communities. Better links with other agencies. Work with them to support and guide. Act as a resource. Provide input where appropriate”

Have a GAP - General Allied Health Practitioner who works like a GP but from an AH perspective in Primary Care

“Patient could be discharged home with immediate follow up by therapists who know the patient to set up rehab goals functional to patient within home environment”

“Drop in advice service run by AH similar to ED/GP centres; e.g. COPD could get chest physio for prevention should they feel an episode begin... Perhaps akin to a CF clinic”

“Capital & Coast District Health Board”
## Improvement ideas league table

- Improving discharge
- Providing services in the community and alongside primary care
- Early intervention at time of diagnosis of long term conditions
- Supporting people to self manage
- Assessment/triage at point of referral to specialist services (for example, orthopaedics)
- Health promotion for at risk groups eg obesity, pre-frailty
- Greater access to and use of assistants/navigators/kaiāwhina
- Clinical Leadership
- Online education and resources easily available for people and whānau
- Improved coordination of Allied Health services across settings
- and more...
Allied Health Professions
Co-creating Wellbeing with the People of Scotland

The Active and Independent Living Programme in Scotland

June 2017
Based on continuing research carried out at the Newcastle University Institute for Ageing.

Hiking
Brisk Walking
Get up from Floor
Walk a Mile
Cutting Toenails
Shopping
Using Steps
Walk 400 Yards
Heavy Housework
Full Wash
Cook a Hot Meal
Moving Around
Transfer From a Chair
Light Housework
Transfer From Toilet
Get Dressed
Transfer From Bed
Wash Face and Hands
Eat Independently

IDEAL CURVE

OPTIMAL CURVE

SUB-OPTIMAL CURVE

Elapsed Time on the LifeCurve

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Version 2.0 released 7th November 2018
CCDHB LifeCurve date

Life Curve Patient Problem Count by ORA Community

<table>
<thead>
<tr>
<th>Life Curve</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>LC0 Pre life curve</td>
<td></td>
</tr>
<tr>
<td>LC1 Cutting toenails</td>
<td></td>
</tr>
<tr>
<td>LC2 Shopping</td>
<td></td>
</tr>
<tr>
<td>LC3 Using steps</td>
<td></td>
</tr>
<tr>
<td>LC4 Walking 400 metres</td>
<td></td>
</tr>
<tr>
<td>LC5 Heavy housework</td>
<td></td>
</tr>
<tr>
<td>LC6 Full wash</td>
<td></td>
</tr>
<tr>
<td>LC7 Cook a hot meal</td>
<td></td>
</tr>
<tr>
<td>LC8 Moving around</td>
<td></td>
</tr>
<tr>
<td>LC9 Transfer from chair</td>
<td></td>
</tr>
<tr>
<td>LC10 Light housework</td>
<td></td>
</tr>
<tr>
<td>LC11 Transfer from toilet</td>
<td></td>
</tr>
<tr>
<td>LC12 Get dressed</td>
<td></td>
</tr>
<tr>
<td>LC13 Transfer from bed</td>
<td></td>
</tr>
<tr>
<td>LC14 Wash face and hands</td>
<td></td>
</tr>
<tr>
<td>LC15 Eat independently</td>
<td></td>
</tr>
</tbody>
</table>

CCDHB Scotland
Te Herenga Ora: He mahi kōkihi
A new way of working for Allied Health
The role of Allied Health:

- Allied Health will maximise the health and wellbeing of people in CCDHB and their whānau by:
  - providing pro-equity services that will meet the needs of Māori and Pacific people, whānau and workforce
  - acting early; empowering people and populations through prevention, early intervention and self-management
  - delivering quality, responsive services that make a difference.
How will Allied Health work?

**Simplify** service delivery for those people who have good health knowledge and health resources

**Intensify** service delivery for those who are vulnerable to reduce inequalities

**Work with communities** to improve health and wellbeing to prevent or delay the onset of illness

**Act early to improve outcomes** and make better use of time and money

**Work together** Interdisciplinary teams work together to provide better solutions in homes, communities and at hospital

**Innovate** Innovative use of technology to improve knowledge, choice and access to healthcare

**Efficiency** Efficient use of resources in homes, communities and hospital
Priorities for change

• Improving discharge
• Working at top of scope to reduce demand for specialist services
• Early intervention/Prevention
Barriers/Challenges
Quick wins

- Adopting principles into PDP’s
- Language Change
- Governance Model
- Quality Improvement processes (measures)
Case study #1: Early intervention for people with head and neck cancer

Redesign of clinical care pathway $$\rightarrow$$ Pretreatment and prevention focus

Small additional investment $$\rightarrow$$

Big system Consequence:

- 111 bed day savings in first 4 months (=over $1m)
- 0 admissions of Maori & Pacific people

if we didn't think we were going to change the world, we wouldn't be here.
Case Study #2
Improving Discharge - The Home Initiative

Small additional short term investment in FTE

↓ LOS
↓ readmissions
↑ functional recovery
Well begun is half done

Aristotle