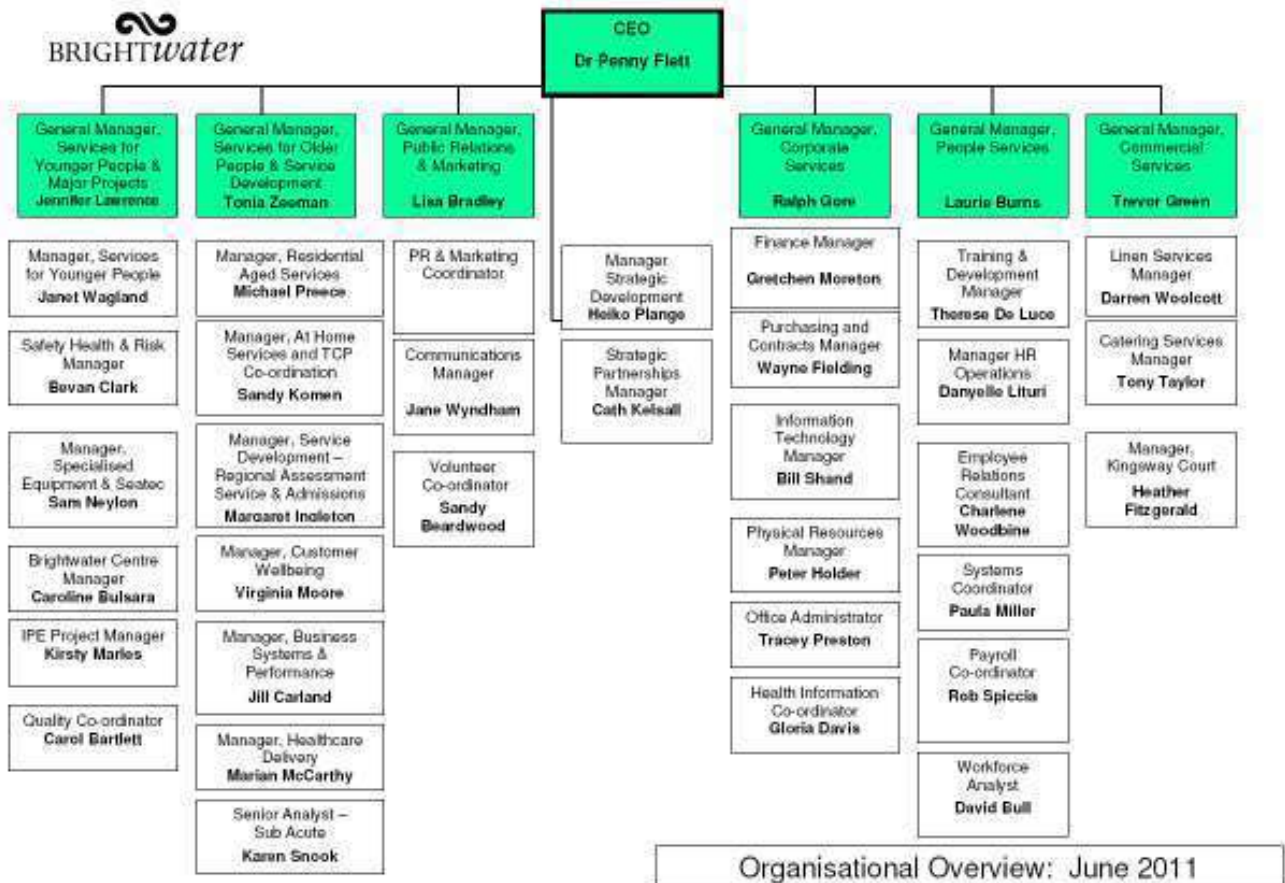


Appendix 9.1

Organisational Chart



Project Steering Group

Project contact

Name	Samantha Neylon
Current position	Project manager/Manager Specialised Equipment and Seatec
Organisation	Brightwater Care Group
Telephone	(08) 9473 5307
Email	sam.neylon@brightwatergroup.com
Role/functions performed	Project Manager
Proportion of time allocated to the project	0.2 EFT

Project sponsor

Name	Tonia Zeeman
Current position	General Manager, Services for Older People and Service Development
Organisation	Brightwater Care Group
Telephone	(08) 9202 2808
Email	tonia.zeeman@brightwatergroup.com
Role/functions performed	Project Executive Sponsor
Proportion of time allocated to the project	As required

Name	Lisa Woollams
Current position	Project officer/Senior Seatec clinical specialist (OT)
Organisation	Brightwater Care Group
Telephone	(08) 9473 5307
Email	lisa.woollams@brightwatergroup.com
Role/functions performed	Project Officer
Proportion of time allocated to the project	0.4 EFT








Name	Margaret Ingleton
Current position	Service Development Manager
Organisation	Brightwater Care Group
Telephone	(08) 9202 2860
Email	margaret.ingleton@brightwatergroup.com
Role/functions performed	<ul style="list-style-type: none"> • Assist with project management and change management • Assist with the implementation of the model
Proportion of time allocated to the project	Consultation as required

Name	Therese de Luce
Current position	Training and Development Manager
Organisation	Brightwater Care Group
Telephone	(08) 9202 2852
Email	therese.deluce@brightwatergroup.com
Role/functions performed	<ul style="list-style-type: none"> • Assist with the implementation of the training course • Assist with the development of the evaluation criteria
Proportion of time allocated to the project	Consultation as required and then 0.1 EFT when training is to be implemented

Name	Annette Crane
Current position	Allied Health Services Consultant
Organisation	Brightwater Care Group
Telephone	(08) 9202 2851
Email	annette.crane@brightwatergroup.com
Role/functions performed	<ul style="list-style-type: none"> • Assist with the development of Interdisciplinary Model • Assist with the implementation of the model
Proportion of time allocated to the project	Consultation as required

Appendix 9.2: Postural Care System



Postural Item	Number Required and Description
	1 x Velcro sheet
	3 x Velcro straps
	4 x medium brackets
	3 x thin pillows
	1 x bed wedge
	1 x horseshoe pillow
	1 x small cylinder roll

Appendix 9.3: Project Team

Name	Lisa Woollams (project team member: July 2010-June 2011)
Current position	Project officer/Senior Seatec Clinical Specialist (OT)
Organisation	Brightwater Care Group
Telephone	(08) 9473 5307
Email	lisa.woollams@brightwatergroup.com

Name	Joy Halleron (project team member: July 2010-June 2011)
Current position	Care Manager
Organisation	Brightwater Care Group
Telephone	93002701
Email	joy.halleron@brightwatergroup.com

Name	Sue De Vetter (project team member: July 2010-December 2010)
Current position	Deputy Care Manager
Organisation	Brightwater Care Group
Telephone	93002701
Email	sue.devetter@brightwatergroup.com

Name	Michael Preece (project team member: December 2010-June 2011)
Current position	Manager, Residential Aged Care Services
Organisation	Brightwater Care Group
Telephone	0417963343
Email	michael.preece@brightwatergroup.com

Name	Karen Gall (project team member: July 2010-June 2011)
Current position	Allied Health Team Leader/Occupational Therapist
Organisation	Brightwater Care Group
Telephone	93002701
Email	karen.gall@brightwatergroup.com

Name	Audrey O'Keeffe (project team member: July 2010-June 2011)
Current position	Physiotherapist
Organisation	Brightwater Care Group
Telephone	93002701
Email	audrey.o'keeffe@brightwatergroup.com

Name	Deb Fforde (project team member: December 2010-June 2011)
Current position	Postural Care Champion/Therapy assistant
Organisation	Brightwater Care Group
Telephone	93002701

Name	Caroline Mc Chesney-Martin (project team member: December 2010-June 2011)
Current position	Postural Care Champion/Care Worker
Organisation	Brightwater Care Group
Telephone	93002701

Name	Vicky Owens (project team member: December 2010-June 2011)
Current position	Postural Care Champion/Care Worker
Organisation	Brightwater Care Group
Telephone	93002701



Name	Cath Carroll (project team member: December 2010-June 2011)
Current position	Postural Care Champion/Care Worker
Organisation	Brightwater Care Group
Telephone	93002701



Appendix 9.4: Communication Plan

Health Workforce Australia (HWA) Project

Communication Plan

July 2010

1. Objective

To provide frequent, vibrant and informative communications both internally to Brightwater Staff and externally to each Stakeholder involved in the HWA Project.

2. Strategy

Create a communications framework that ensures frequent communication in differing mediums, including type, dates and allocation of responsibilities, to inform, educate, recognise and promote Brightwater's HWA Project.

Recognition of Project Sponsor

Brightwater acknowledges the financial and other support it has received from HWA and the Commonwealth (in accordance with the Knowledge Exchange Guidelines contained in Schedule 4) with this project.

Brightwater will include acknowledgement of this support in **all** publications, promotional materials and activities relating to the Project, (for example: *"this demonstration project was possible due to funding made available by Health Workforce Australia"*, and *"that the material in this (xx) does not necessarily represent the view of Health Workforce Australia"*);

HWA Project - Internal Communications Schedule 2010/11

July 2010	August 2010	September 2010	October 2010	November 2010	December 2010
<ul style="list-style-type: none"> Project RACF site meeting Project RACF posters (awareness raising) Project meeting minutes 	<ul style="list-style-type: none"> Project RACF staff meeting presentation Payslip note re: training SharePoint announcement Project meeting minutes 	<ul style="list-style-type: none"> Project RACF posters (re: training) Project meeting minutes 	<ul style="list-style-type: none"> Care Manager's meeting update Project meeting minutes 	<ul style="list-style-type: none"> Project meeting minutes 	<ul style="list-style-type: none"> Article in On Tap Project RACF posters (re: progress) Project meeting minutes
January 2011	February 2011	March 2011	April 2011	May 2011	June 2011
<ul style="list-style-type: none"> Project meeting minutes 	<ul style="list-style-type: none"> Leadership team update Project RACF posters (re: results/progress of clients) Project meeting minutes 	<ul style="list-style-type: none"> Project RACF - request for staff Award nominations SharePoint announcement Project meeting minutes 	<ul style="list-style-type: none"> Article in On Tap Project meeting minutes 	<ul style="list-style-type: none"> Payslip note re: project achievements Project meeting minutes 	<ul style="list-style-type: none"> Project RACF morning tea - presentation of staff Award Article in On Tap SharePoint announcement Presentation to Leadership Team Project meeting minutes



Internal Communication Categories

On Tap

Staff Newsletter distributed to all Brightwater staff quarterly

SharePoint

Brightwater Intranet homepage which is updated weekly. Will be used on an ad hoc basis to report program updates and deliverables.

Payslips

Flyers will be attached to payslips of the Brightwater Project RACF staff.

Leadership Team Presentations

Short Presentation will be made to inform Leadership Team on the progress and development of the project.

Care Managers Meetings

Presentation will be made to all Brightwater Care Managers informing them on the progress and developments of the project.

Communications Matrix

Communication Strategy Action Plan

The following template provides the basis upon which to prepare the HWA communication plan.

What is the communication objective / content?	What is the medium?	Who will create the communication?
Update Care Managers and Leadership Team on progress and development of the project	Oral and PowerPoint Presentation	HWA Project Manager
Advise all Project RACF staff throughout the project of project achievements, what's currently underway and what's planned.	Posters for Project RACF	PR & Marketing in consultation with HWA Project Manager
Advise all Project RACF staff throughout the project of project achievements, what's currently underway and what's planned.	Flyer stapled to payslips	PR & Marketing in consultation with HWA Project Manager
Advise Brightwater staff of project achievements, what's currently underway and what's planned.	SharePoint article / announcement	PR & Marketing in consultation with HWA Project Manager
Advise Brightwater staff of project achievements, what's currently underway and what's planned.	On Tap article	PR & Marketing in consultation with HWA Project Manager
	Project meeting minutes	Project Manager and Project Officer

HWA Project - External Communications Schedule 2010/11

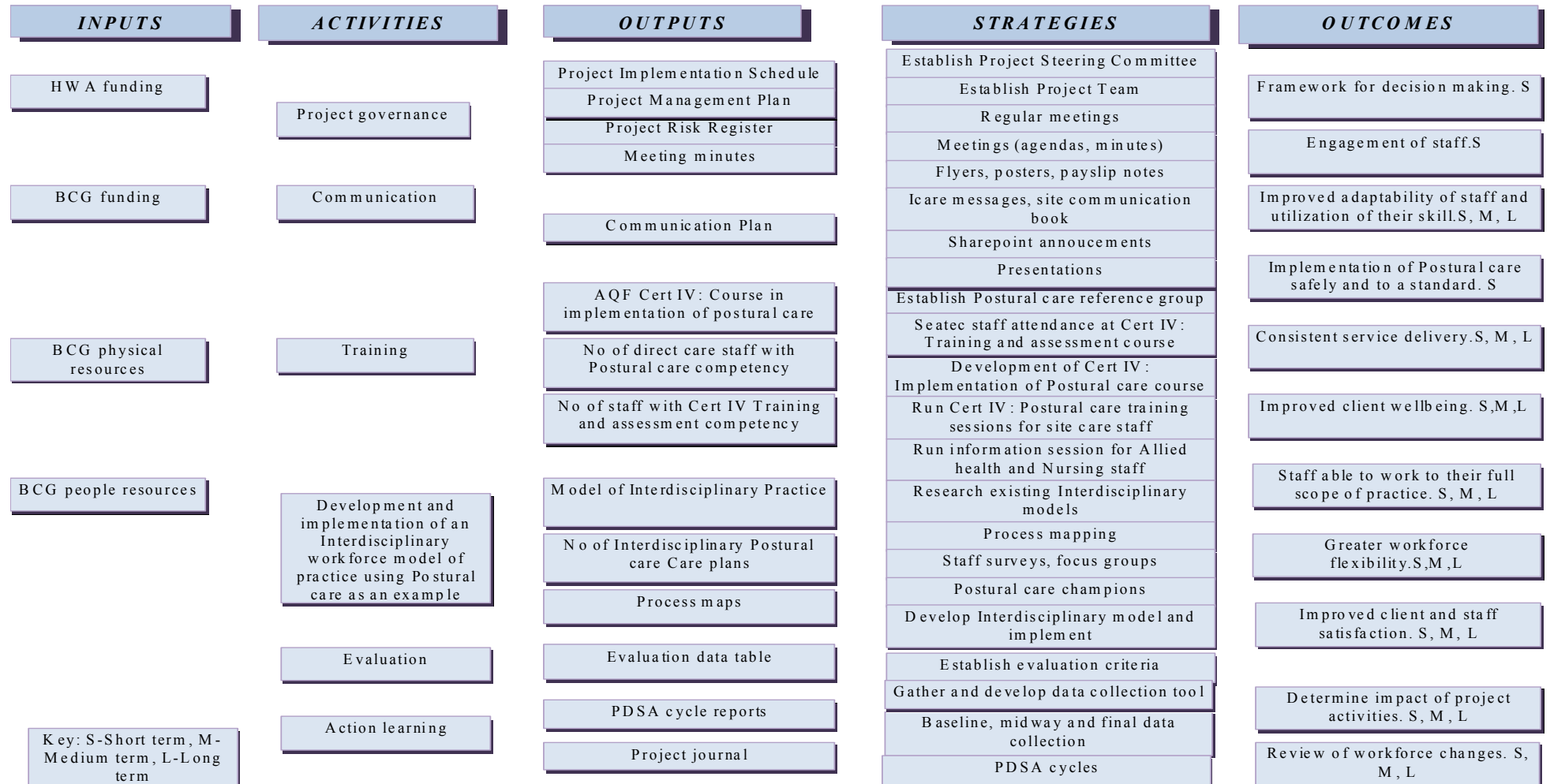
July 2010	August 2010	September 2010	October 2010	November 2010	December 2010
<ul style="list-style-type: none"> • Advice to submission referees • Communication with Postural Care Consultant • HWA teleconference • HWA Collaboration Workshop (in June – prior to project start-up) 	<ul style="list-style-type: none"> • Correspondence to GPs • Final versions of project documentation to HWA • Correspondence to families of proposed residents • Correspondence to WA DoH • HWA teleconference 	<ul style="list-style-type: none"> • HWA Collaboration Workshop • HWA teleconference • Communication with Postural Care Consultant 	<ul style="list-style-type: none"> • HWA teleconference • Communication with Postural Care Consultant 	<ul style="list-style-type: none"> • HWA Interim report • HWA teleconference • HWA Collaboration Workshop • Communication with Postural Care Consultant 	<ul style="list-style-type: none"> • HWA teleconference
January 2011	February 2011	March 2011	April 2011	May 2011	June 2011
<ul style="list-style-type: none"> • HWA teleconference 	<ul style="list-style-type: none"> • HWA teleconference • HWA Collaboration Workshop 	<ul style="list-style-type: none"> • Update relevant GPs and families • HWA teleconference 	<ul style="list-style-type: none"> • HWA Analysis report • HWA teleconference • Communication with Postural Care Consultant 	<ul style="list-style-type: none"> • Article for Annual Report • HWA Collaboration Workshop • Information on the Brightwater website • Determine relevant conference to present project findings 	<ul style="list-style-type: none"> • Half-day information seminar for stakeholders • Information brochure • Update WA DoH and submission referees

Specific Communication Objectives

For each specific communication objective the following template provides a matrix to verify exactly what should be communicated within each individual communication, providing a quality check as to the message being sent.

Who do we need to tell?	What do we need to tell them?	What medium should be used to communicate this message?	Who will create the communication?
DoH WA	Project status, benefits, achievements; part of a collaborative.	<ul style="list-style-type: none"> Formal letter 	Project Manager/Project Sponsor
Submission referees	Project status, benefits, achievements; part of a collaborative	<ul style="list-style-type: none"> Formal letter / email 	Project Manager
Postural Care Consultant	Project approach, schedule, scope.	<ul style="list-style-type: none"> Email / phone / project team meetings 	Project Manager / Project Officer
General Practitioners	Project approach, schedule, scope, benefits, achievements; part of a collaborative.	<ul style="list-style-type: none"> Formal letter Offer of personal meeting with Care Manager if necessary 	PR & Marketing in consultation with HWA Project Manager and Project RACF' Care Manager
Clients and family	Provide a clear understanding of postural care, how the project would be run, benefits etc	<ul style="list-style-type: none"> Formal letter Offer of personal meeting with Care Manager if necessary 	PR & Marketing in consultation with HWA Project Manager and Project RACF' Care Manager
Valued Stakeholder	Project status, benefits, achievements; part of a collaborative.	<ul style="list-style-type: none"> Invitation to half-day seminar 	PR & Marketing in consultation with HWA Project Manager

Appendix 9.5: Program Logic Diagram



Appendix 9.6: Evaluation Data Table

HWA ID	BW ID	Key Aim	Outcome Measure	Data Variable	Data Sources
11	1	1	Changes in competencies	Change to competencies acquired (using the results of the competency audit)	Competency audit
9	2	1	Change in capacity to deliver evidence based care	Change in capacity to deliver evidence based (based on protocols) care (audit against professional/discipline standards and our definition of 1 st time resolution care (right care, first time, right place)	Competency audit
18	3	3	Change in consumer satisfaction/acceptability	Change in consumer satisfaction/acceptability (target 80% increase)	Resident/significant other satisfaction survey. Client contribution to care planning
8, 14	4	3	Change in number of clients assessed	Number of residents referred for 24hr Postural Care assessment to site AH or Seatec	iCare
14	5	3	Change in number of clients treated/referred	Timeframe between referral and initial assessment	iCare
	6			AH occasions of service for Postural Care interventions	iCare
3	7	2	Change in number of care plans	Change in number of care plans created	Care plans
	8			Change in number of care plans successfully implemented (target 60% increase)	
	9	1	Change in salary, staff training, necessary capital or any other quantifiable implementation cost	Cost of salaries (by classification level only and hours worked)	HR
	10			Cost staff of training (additional number of professional development/training hours, backfill, travel costs)	HR
	11			Cost of any other quantifiable implementation cost e.g. postural kits	Finance (project budget report)
5	12	1	Change in number of staff	Increased numbers and disciplines of staff with Cert IV Postural Care unit certification	Training course numbers
	13			Change to number of staff (with the Postural Care competency)	Competency audit

HWA ID	BW ID	Key Aim	Outcome Measure	Data Variable	Data Sources
	14	2	Change in overtime/casual/locum and agency costs	Change in overtime/casual/locum and agency costs	HR
	15		Change in net staff turnover	Change in staff retention/attraction	Staff satisfaction survey
	16			Staff turnover data	HR
	17			New hire data	HR
7	18	1	Change in workforce attendance	Absenteeism – unplanned leave as % of total productive hours worked	HR
	19	2	Net change to staff and level	Net change to staff and level (skills mix as per functions and competencies mapped)	HR
	20			Net change to staff – headcount and FTE data	HR
10	21	2	Change in staff functions/work structure (Number of tasks/duties transferred)	Number of tasks/duties transferred/created	Duty list
	22			% increase in activities shared across roles and disciplines (target 50% increase)	Staff mapping
	23			Number of staff and variety of professional groups engaged in the Interdisciplinary Model of Care (target 60% increase)	
16	24	1	Change in number of critical incidents	Change in number of critical incidents	OH&S
	25			OH&S Loss Time Injury frequency rate for Oxford Gardens and Onslow Gardens	
	26			OH&S Medical Treatment Injury frequency rate for Project RACF and Onslow Gardens	
15	27	3	Change in average functionality score	Change in average functionality score	MBI ACFI

HWA ID	BW ID	Key Aim	Specific Outcome Measures	Data Source
	28	3	Changes in care outcomes: posture, sleep patterns, reduced pain, skin integrity, body shape Change in the type of services received with measureable improvement (ie improved direct care = less adverse behaviours) (target 80% increase)	MBI
	29			AusTOMs-PT
	30			Night-time Positioning Assessment
	31			Austoms-PT Pain scale
	32			Waterlow pressure score
	33			Reports on number and severity of pressure areas in progress notes
	34			Number of interventions provided by care workers at night time
	35			Basic observations: HR, O ₂ stats, temperature
	36			Sleep patterns
19,20, 21	37	1,2		Staff satisfaction with change in workforce structure
19,20, 21	38		Allied Health and nursing staff satisfaction survey Surveys include: <ul style="list-style-type: none"> • understanding of new postural care skills of CWs • skill development and utilization • staff perception of the changes to their role • awareness of the interdisciplinary model of practice 	

HWA ID	BW ID	Key Aim	Specific Outcome Measures	Data Source
	39	3	Net change in program/intervention application (change in program timeframes ie across 24hrs as opposed to 2 hrs per week)	Therapy program
	40			Staff mapping
	41	1	Interdisciplinary model of practice development	Development of an Interdisciplinary model of practice
	42	1	Characteristics representative of a shift towards Interdisciplinary practice	Team development measure

1. Project Evaluation Measure 1: Changes in Competencies
Change in competencies acquired using the competency audit

	Prior to Project	At commencement of project	At completion of project
Existence of any competencies related to Postural Care AQF Certificate IV: Course in Implementation of Postural Care-52295	0	Currently assessments are being marked. To date the figures are as follows: Multiple choice questions: 42/45 competent Short answer questions: to be marked Practical: 43/45 competent Peer assessment: 45/45 competent Overall: 42/45 achieving competency A further 9 assessments were planned for 30 th November/1 st December.	41/47 Care workers 4/4 Therapy Assistants

2. Project Evaluation Measure 2: Change in capacity to deliver evidence based care
Change in capacity to deliver evidence based care using the competency audit

	Prior to Project	At commencement of project	At completion of project
Facility able to deliver Postural Care interventions	No	Yes – with training and a rolled out mentoring/supervision schedule.	Yes- with continuation of training for new staff members

3. Project Evaluation Measure 3: Change in consumer satisfaction/acceptability
Change to consumer satisfaction/acceptability using Resident/significant other satisfaction survey/interviews.

	Prior to Project	At commencement of project	At completion of project
Resident/family satisfaction	Unknown	Two out of the eight participating residents are able to express their opinions. Both these residents have agreed to receive Postural Care. One participating resident's husband reported he is "happy for his wife to receive anything that may help". Overall the consensus is that the	Two of the eight residents that are able to express their opinion report they are happy to continue using Postural Care and that they find using the Postural Care supports as comfortable. The same husband consulted at the midway evaluation reports he is still happy for this wife to receive anything that will help

	Prior to Project	At commencement of project	At completion of project
		residents/significant others are impartial to the provision of Postural Care.	however he reports he does not see any difference in his wife while using Postural Care. Overall the consensus is that the residents/significant others are impartial to the provision of Postural Care.

Of the nine residents that received Postural Care two of the residents were able to provide consent to receive Postural Care. The same two residents were able to advise whether they were comfortable when set up in the Postural Care support, whether they were happy to continue using the Postural Care supports during and continuing after the project period and were able to communicate enough so that they were able to participate in making decisions about their Postural Care Plan. None of the residents who participated were able to provide specific details as to their experience of receiving Postural Care.

4. Project Evaluation Measure 4: Change in number of clients assessed

Change to number of residents referred for 24hr Postural Care assessment to AH or Seatec using iCare data

	Prior to Project	At commencement of project	At completion of project
Number of residents referred to AH or Seatec for Postural Care Ax	1	8	19

At the commencement of the project the number of residents referred was generated from the project scope. The final figure was based on the number of residents site staff identified as potentially benefiting from Postural Care as part of their general care routine (inclusive of the eight participating residents).

5. Project Evaluation Measure 5: Change in number of clients treated/referred

Change in number of clients treated/referred using timeframe between referral and initial assessment using iCare data

	Prior to Project	At commencement of project	At midway of project	At completion of project
Number of residents now being treated for Postural Care by CW	1	8	8	8

Prior to the midway evaluation point one of the participating residents had passed away. Another resident was then assessed and provided Postural Care to ensure eight residents were receiving Postural Care for the most part of the project duration.

6. Project Evaluation Measure 6: Change in number of clients treated/referred

Change in number of clients treated/referred using AH occasions of service for Postural Care interventions using iCare data

	Prior to Project	At commencement of project	At midway of project	At completion of project
Number of residents now being treated for Postural Care by AH	1	8	8	8

Prior to the midway evaluation point one of the participating residents had passed away. Another resident was then assessed and provided Postural Care to ensure eight residents were receiving Postural Care for the most part of the project duration.

7. Project Evaluation Measure 7: Change in number of care plans

Change in number of care plans created using Care Plan data

	Prior to Project	At commencement of project	At midway of project	At completion of project
Number of Postural Care plans developed	1	8	9	9

Between the commencement of the project and the midway point one of the participating residents had passed away. Another resident was then recruited resulting in another Postural Care Plan being generated.

8. Project Evaluation Measure 8: Change in number of care plans

Changes in number of care plans successfully implemented using Care Plan data

	Prior to Project	At commencement of project	At midway of project	At completion of project
Number of Postural Care plans implemented	1	8	9	9

Between the commencement of the project and the midway point one of the participating residents had passed away. Another resident was then recruited resulting in another Postural Care Plan being generated.

9. Project Evaluation Measure 9: Change in hours worked

Change in hours worked, using HR/Payroll data

	Prior to Project ie 09-10	At commencement of project	At midway of project	At completion of project
Hours worked	102,055.49			112,428

10. Project Evaluation Measure 10: Change in Salary, staff training, necessary capital or any other quantifiable implementation cost

Change in cost of staff training using HR/Payroll data (includes agency, roster coordination hours and backfill)

	Prior to Project	At commencement of project	At midway of project	At completion of project
Change in cost of staff training in Postural care (RACF costs)	\$0	Groups 1-7 \$18,127	Group 8 \$1,178.87	\$19,305.87 (Group 1-8)

11. Project Evaluation Measure 11: Change in Salary, staff training, necessary capital or any other quantifiable implementation cost

Change in any other quantifiable implementation cost using Finance data (project budget report)

	At commencement of project	At midway of project	At completion of project
Change in costs of implementing project	HWA funding \$0 Costs \$0	HWA funding 1st instalment: \$26,053.75 2 nd instalment: \$36,475.25 3 rd Instalment: \$26,053.75 Total to date: \$88,582.75	HWA funding \$104,215 Costs Project Officer salary: \$32,639.82 Other: \$112,020.58 (additional \$10,445.40 over budget)

12. Project Evaluation Measure 12: Changes in number of staff

Change in number of staff using increased numbers and disciplines of staff with Cert IV Postural Care unit certification using training course numbers

	Prior to Project	At commencement of project	At midway of project	At completion of project
Number of care workers with Cert IV unit in PC	0/47	Certificate pending completion of group 8 and the marking, collation and submission of all groups for accreditation	41/47	41/47
Number of TAs with Cert IV unit in PC	0/4	As above	4/4	4/4

13. Project Evaluation Measure 13: Changes in number of staff

Change in number of staff with the Postural Care competency based on competency audit

	Prior to Project	At commencement of project	At midway of project	At completion of project
Number of staff competent to deliver PC	0	0/51	45/51	45/53

14. Project Evaluation Measure 14: Change in overtime/casual/locum and agency costs

Change in overtime/casual/locum and agency costs using HR data

	Prior to Project	At commencement of project	At midway of project	At completion of project
Agency costs accrued	\$1,968.46	\$7,389 (Agency costs associated with Gps 1-7 training)	\$0 (Agency costs associated with Gp 8 training)	\$9,357.46 (\$1,968.46 + \$7,389)

15. Project Evaluation Measure 15: Change in net staff turnover

Change in net staff turnover using change in staff retention/attraction based on staff satisfaction survey

	Prior to Project	At commencement of project	At completion of project
Staff identified they will stay at proj RACF (Survey question: I enjoy working with the Project RACF team)	Unknown	90.2% of respondents indicated that they enjoyed working at Project RACF and of this 90.2%, 51.2% indicated they really enjoyed working at Project RACF (Survey return rate 92%).	91% indicated they enjoyed working at Project RACF of which 45% really enjoyed working at Project RACF (Survey return rate 21%).

Survey results demonstrate no significant change in staff retention/attraction based on enjoyment despite the varied survey return rate. The significantly lower survey return rate at the completion of the project limits the reliability and generalisability of the results. The 'at completion of project' survey results may contain bias reflective of the staff completing the survey. While acknowledging this bias the results are similar to the baseline survey results.

16. Project Evaluation Measure 16: Change in net staff turnover

Change in net staff turnover using staff turnover using HR data

	Prior to Project FY 09-10	At commencement of project	At completion of project July 10- April 11
Numerator: Terminations of permanent staff (not including employer initiated terminations) over 12 month period	10	N/A	7
Denominator: Permanent staff headcount at end of reporting period (as at 30 June)	75		75
Voluntary staff turnover %	13.33%		9.33%
Numerator: Terminations of permanent staff (voluntary and involuntary) over 12 month period	10	N/A	8
Denominator: Permanent staff headcount at end of reporting period (as at 30 June)	75		75
Total staff turnover %	13.33%		10.67%

Voluntary staff turnover has gone down by 4% and total staff turnover by 2.99% over the duration of the project. If significance is set at 5% then no significant change in voluntary or total staff turnover is noted.

17. Project Evaluation Measure 17: Change in net staff turnover

Change in net staff turnover using new hire using HR data

	Prior to Project FY 09-10	At commencement of project	At completion of project July 10- April 11
Numerator: Number of new hires (permanent staff and casuals who transition to permanent employment within three months of commencement) in reporting period	26	N/A	4
Denominator: Average of staff headcount taken at beginning and end of reporting period	98		70
Percentage of workforce new hires	26.53%		5.71%

Demonstrates a significant (significance set at 5%) reduction in number of new staff members hired by 20.82% over the duration of the project. At the completion of the project 94.29% of the staff at Project RACF had been employed at Project RACF for longer than 3 months as compared to 73.47% prior to the project.

18. Project Evaluation Measure 18: Change in workforce attendance

Change in workforce attendance using Absenteeism – unplanned leave as % of total productive hours worked using HR data

	Prior to Project FY 09-10	At commencement of project	At completion of project July 10- April 11
Numerator: Hours of unplanned leave (i.e. sick leave, carer's leave, unpaid sick leave, worker's compensation, compassionate leave)	5,135.90	N/A	3,661.18
Denominator: Total number of productive work hours (number of hours worked)	102,055.49		112,428

Unplanned leave as a percentage of total productive hours	5.03%		3.26 %
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No significant change noted (significance level set at 5%).

19. Project Evaluation Measure 19: Net change to staff and level

Net change of staff and level using HR data

	Prior to Project FY 09-10	Headcount	At completion of project July 10- April 11	Headcount
Staff head count and level numbers	Carer/AIN	53.00	Carer/AIN	54.00
	EN/EEN	9.00	EN/EEN	10.00
	RN	12.00	RN	16.00
	Care manager/ADON	2.00	Care manager/ADON	1.00
	Administration & other non care roles	15.00	Administration & other non care roles	15.00
	Allied Health staff	9.00	Allied Health staff	9.00

No significant change noted. Administration and Allied Health staff remained constant. Carer/AIN, EN/EEN and RN staff numbers slightly increased. Care Manager/ADON decreased by one as Deputy Care Manager was seconded to another project within Brightwater.

20. Project Evaluation Measure 20: Net changes to staff and level

Net change to staff, headcount and FTE, using HR data

	Prior to Project FY 09-10	Headcount	FTE	At completion of project July 10- April 11	Headcount	FTE
Numerator: Headcount in Category / FTE in category (headcount includes casuals; FTE excludes casuals) Denominator: Overall	Carer/AIN	53.00	21.74	Carer/AIN	54.00	21.69
	EN/EEN	9.00	4.97	EN/EEN	10.00	4.97
	RN	12.00	4.71	RN	16.00	4.18
	Care manager/ADON	2.00	2	Care manager/ADON	1.00	1
	Administration & other non care roles	15.00	8.34	Administration & other non care roles	15.00	7.97
	Allied Health staff	9.00	5.28	Allied Health staff	9.00	4.87

headcount / Overall FTE		100.00	47.04		105.00	44.68
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No significant change noted.

21. Project Evaluation Measure 21: Change in staff functions/work structure

Change in staff functions/work structure using number of tasks/duties transferred/created using duty list / staff mapping

(Specific to Postural Care. Tasks completed by Care Workers and Enrolled nurses).

	Time			
	4am – 9am	9am– 1pm	1pm- 8pm	8pm-4am
Prior to project	<ul style="list-style-type: none"> Remove soiled linen and place in linen bin Make bed Pad check and change 	<ul style="list-style-type: none"> 2-4 hourly repositioning 	<ul style="list-style-type: none"> 2-4 hourly repositioning Pad change 	<ul style="list-style-type: none"> 2-4 hourly repositioning Pad check and change 10pm Pad check and change 2am
At commencement of project	<ul style="list-style-type: none"> Remove soiled linen and place in linen bin Ensure Veltex mat is fitted to bed Pad check and change 	<ul style="list-style-type: none"> 2-4 hourly repositioning 	<ul style="list-style-type: none"> DAY TRIALS Set up Postural Care equipment as per Care plan Observations at set up, 2 hours, 4 hours and 6 hours (10 days only) If brackets included in Care Plan remove brackets for residents sitting up in bed for evening Following evening reposition resident and Postural Care equipment for remainder of time in trial (3 x 6 	<ul style="list-style-type: none"> 2-4 hourly repositioning Pad check and change 10pm Pad check and change 2am

	Time			
	4am – 9am	9am– 1pm	1pm- 8pm	8pm-4am
Completion of project	<ul style="list-style-type: none"> Remove soiled covers and wash in Peppermint/Birch pan room. (Refer to cleaning instructions in Postural Care folder) When making bed ensure flat sheet is fitted to bed rather than fitted sheet Pad check and change 	<ul style="list-style-type: none"> Check all soiled Postural Care covers are washed and hung out in Peppermint garden before 12 noon. (Refer to cleaning instructions in Postural Care folder) Apply clean covers to Postural Care equipment as needed (Second sets of covers are kept in the residents wardrobe) Ensure Veltex mat is fitted to bed for those residents requiring a Veltex mat as per their Care Plan 	hour trial days) <ul style="list-style-type: none"> Collect clean covers hung in Peppermint garden and return to residents room Ensure all Postural Care equipment has covers on For residents returning and remaining in bed, set up Postural Care equipment as per Care Plan Complete a pad change and wash after tea 	<ul style="list-style-type: none"> For residents returning to bed, set up Postural Care equipment as per Care Plan Final pad change between 9-10pm (Wash already completed earlier in evening) until morning.

Manual handling associated with repositioning every 2-4 hours has been eliminated for day and night care staff. 2am pad check and change has also been eliminated for night staff. Additional light manual handling is added to day care staff duties through changing of equipment covers and set up of clients in Postural Care in the afternoon /evenings.

22. Project Evaluation Measure 22: Change in staff functions/work structure

Change in staff functions/work structure using % increase in activities shared across roles and disciplines using duty list / staff mapping

	Prior to Project				Commencement of project				At completion of project			
	CW	RN/EN	A/H	TA	CW	RN/EN	A/H	TA	CW	RN/EN	A/H	TA
Postural Care Activity:												
Identification			100%			50%	50%		10%	40%	40%	10%
Assessment			100%				100%			10%	90%	
Trial			100%		60%	10%	20%	10%	60%	10%	20%	10%
Implementation			100%		80%		20%		70%	10%	10%	10%
Review			100%		10%	10%	80%		20%	20%	50%	10%

Over the duration of the project the roles and responsibility for providing Postural Care has shifted from a service that Allied Health (0% activities shared) were solely responsible for to a service that the Team at Project RACF (80% of activities shared) now provide. All activities are shared and 4/5 activities are shared amongst all clinical disciplines. The role of the CW has significantly changed. This change would not be possible unless CW were provided training in implementation of Postural Care.

23. Project Evaluation Measure 23: Change in staff functions/work structure

Change in staff functions/work structure using number of staff and variety of professional groups engaged in the Interdisciplinary Model of Care using duty list / staff mapping

	Prior to Project	Midway	At completion of project
Number of staff practices reflecting an I/D model	<ul style="list-style-type: none"> 10min @ 10.30 clinical meeting: Attended by Allied health and Nursing staff only Icare documentation: completed by Allied health only No sharing of responsibility for PC interventions 	<ul style="list-style-type: none"> 10 min @ 10.30 clinical meeting: Attended by Allied health and Nursing staff only Icare Documentation: completed by Allied health, Nursing and Care workers Sharing of PC interventions 	<ul style="list-style-type: none"> 10min @ 10.30 clinical meeting: Attended by Allied health , Nursing and a PC champion (3 Care workers and 1 Therapy assistant) Icare documentation: completed by all disciplines

		amongst all clinical disciplines (Refer to measure 22)	<ul style="list-style-type: none"> • Greater sharing of PC interventions amongst all clinical disciplines (Refer to measure 22) • To further facilitate Interdisciplinary Practice (IDP) as the model of practice at Project RACF BW has allocated funding to further establish IDP development through the delivery of pain management for residents.
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24. Project Evaluation Measure 24: Change in number of critical incidents
Change in number of critical incidents using OH&S data

	Prior to Project FY 09-10					At completion of project July 10-April 11			
Number of critical incidences	Muscular stress: 1 Unspecified mechanism of injury: 1					Unspecified mechanism of injury: 1			
Critical incidences using OSH data	Mth	% staff	MTIFR	LTIFR	SIFR	% staff	MTIFR	LTIFR	SIFR
	Jul	95	8.86	19.93	28.79	95	9.34	17.18	26.52
	Aug	96	9.99	19.07	29.06	95	8.55	17.85	26.40
	Sep	96	11.17	19.56	30.73	95	7.78	18.14	25.92
	Oct	96	10.19	21.31	31.51	95	6.26	16.57	22.83
	Nov	96	10.61	19.38	30.00	96	6.38	18.03	24.41
	Dec	97	11.47	19.27	30.74	96	6.35	17.56	23.91
	Jan	97	11.41	19.63	31.04	96	5.94	17.08	23.03

	Feb	96	11.37	19.09	30.46	96	5.53	17.32	22.85
	Mar	94	11.33	18.12	29.45	95	6.03	18.09	24.12
	Apr	95	13.09	17.15	30.24	95	5.62	17.60	23.21
	May	95	13.02	15.72	28.74	Not available	Not available	Not available	Not available
	June	95	13.88	16.12	30.00	Not available	Not available	Not available	Not available

The MTIFR (Medical Treatment Injury Frequency Rate) has significantly been reduced which shows that injuries requiring medical treatment are occurring less frequently at the conclusion of the project compared with the start.

The LTIFR (Lost Time Injury Frequency Rate) has also been reduced which shows that injuries requiring recovery time away from work is also occurring less frequently at the conclusion of the project compared with the start, however this was not found to be significant (significance set at 5%).

SIFR (Serious Injury Frequency Rate) is the summation of MTIFR and LTIFR which shows a significant decrease in the frequency of serious injuries at the conclusion of the project.

25. Project Evaluation Measure 25: Change in number of critical incidents

Change in number of critical incidents using OH&S Loss Time Injury frequency rate data

OH&S Indicator - LTI frequency rate		FY2009/2010	FY 2010-April 2011
A lost time injury is counted when a person sustains a work injury or illness which results in an inability for the person to work for at least one full day or shift any time in the twelve months following the day or shift on which the injury or treatment occurred.			
Numerator:	Lost Time Injuries in reporting period	1	1
Denominator:	Number of hours worked in reporting period	102,055	112,428

The additional hours worked during the project timeframe are not related to the project activities.

26. Project Evaluation Measure 26: Change in number of critical incidents

Change in number of critical incidents using OH&S Medical Treatment Injury frequency rate data

OH&S Indicator - MTI frequency rate		FY 2009-2010	FY 2010-April 2011
<p>A medical treatment injury is counted when a person who has, as a result of an incident at work, or work related, on being assessed by a doctor, requires secondary medical treatment. This means that where a doctor examines the employee and is required to write out prescription medicine, sew up a laceration, refer on for further treatment eg physiotherapy, then it will be an MTI. Where a doctor provides first aid, eg straps a sprained ankle and panadol, this is not an MTI.</p>			
Numerator:	Medical Treatment Injuries in reporting period	0	0
Denominator:	Number of hours worked in reporting period	102,055.49	112,428

The additional hours worked during the project timeframe are not related to the project activities.

27. Project Evaluation Measure 27: Change in average functionality score

Change in average functionality score using ACFI

Resident ID	ACFI													
	Prior to Postural Care							After Postural Care						
	ADL category	ADL score	BEH category	BEH score	CHC category	CHC score	TOT ACFI score	ADL category	ADL score	BEH category	BEH score	CHC category	CHC score	TOT ACFI score
A	High	99.99	High	55.42	Med	2	157.41	High	99.99	High	55.42	Med	2	157.41
B	High	99.99	High	51.03	High	3	154.02	High	99.99	High	51.03	High	3	154.02
C	High	99.99	High	65.13	High	3	168.12	High	99.99	High	65.13	High	3	168.12
D	High	101	High	66.13	Low	1	168.13	Deceased						
E	High	99.99	High	87.31	Med	2	189.3	High	99.99	High	87.31	Med	2	189.3
F	High	99.99	High	65.13	Med	2	167.12	High	99.99	High	65.13	Med	2	167.12

Resident ID	ACFI													
	Prior to Postural Care							After Postural Care						
	ADL category	ADL score	BEH category	BEH score	CHC category	CHC score	TOT ACFI score	ADL category	ADL score	BEH category	BEH score	CHC category	CHC score	TOT ACFI score
G	High	99.99	High	65.13	High	3	168.12	High	99.99	High	65.13	High	3	168.12
H	High	93.10	High	75.81	Med	2	170.91	High	93.10	High	75.81	Med	2	170.91
I	High	99.99	High	82.85	Med	2	184.84	High	99.99	High	82.85	Med	2	184.84

No change noted (as anticipated). This measure was provided as a requirement set by HWA. ACFI is a funding tool focusing on a persons care needs. It is not considered a valid measurement tool for this project as it does not measure the impact Postural Care is expected to have concerning a resident. The tool is not sensitive enough to detect the small changes Postural Care can provide.

28. Project Evaluation Measure 28: Changes in care outcomes

Changes in care outcomes using MBI

Resident ID	MBI	
	Prior to Postural Care	After Postural Care
A	0	0
B	0	0
C	0	0
D	0	Deceased
E	6	5
F	0	0
G	0	0
H	0	0
I	2	2

Minimal to no change indicated as anticipated. Resident E lost one point for sub-item: wheelchair mobility based on a decline in their ability to safely drive their electric wheelchair. This measure was provided as a requirement set by HWA. The MBI is intended to measure a person's performance in Activities of Daily Living. It is not considered a valid measurement tool for this project as it does not measure the impact Postural Care is expected to have concerning a resident. The tool is not sensitive enough to detect the small changes Postural Care can provide.

29. Project Evaluation Measure 29: Changes in care outcomes
Changes in care outcomes using AusTOMS-PT

Resident ID	Evaluation period	Impairment			Activity limitation			Participation restriction	Distress/ wellbeing
A		Domain			Domain				
		1	3	4	1	3	4		
	Baseline	1	0	2	0	0	0	0	2
	Final	1	0	2	0	0	0	0	2
B		Domain			Domain				
		1	3	4	1	3	4		
	Baseline	0	1	4	0	0	0	0	1
	Final	0	1	4	0	0	0	0	1
C		Domain			Domain				
		1	3	4	1	3	4		
	Baseline	1	1	2	0	0	0	0	2
	Final	0	0	2	0	0	0	0	2
D		Domain			Domain				
		1	3	4	1	3	4		
	Baseline	1	1	3	0	0	0	0	2
	Final	Deceased							
E		Domain			Domain				
		1	3	4	1	3	4		
	Baseline	0	1	3	0	1	1	1	2
	Final	0	1	3	0	1	1	1	2
F		Domain			Domain				
		1	3	4	1	3	4		
	Baseline	0	0	2	0	0	0	0	0
	Final	0	0	2	0	0	0	0	0
G		Domain			Domain				
		1	3	4	1	3	4		
	Baseline	0	0	1	0	0	0	0	1
	Final	0	0	1	0	0	0	0	1
H		Domain			Domain				




Resident ID	Evaluation period	Impairment			Activity limitation			Participation restriction	Distress/ wellbeing
		1	3	4	1	3	4		
		1	3	4	1	3	4		
	Baseline	0	0	2	0	0	0	0	2
	Final	0	0	2	0	0	0	0	2
I		Domain			Domain				
		1	3	4	1	3	4		
	Baseline	1	0	3	0	0	0	0	2
	Final	1	0	3	0	0	0	0	2

Domains:

- 1 Balance and postural control
- 3 Musculoskeletal movement and related functions
- 4 Neurological movement and related functions

No change noted as anticipated. This measure was included as a more contextually valid measure compared to the MBI in relation to Postural care. As with the MBI the AusTOMs provides a global picture of a person's performance. As an outcome measure it is not considered sensitive enough to detect the small changes that Postural Care can provide.

30. Project Evaluation Measure 30: Changes in care outcomes
Changes in care outcomes using Night-time Positioning Assessments

Resident ID: A		
Before Postural Care	Using Postural Care	After Postural Care
		
<p><u>Aim:</u> Maintain symmetry and assist with pain management <u>Outcome:</u> Symmetry maintained. Chest symmetry improved. Resident reports pain in left hip when lying in bed (previous fractured left NOF). Resident reports pain is reduced when set up in Postural Care, in particular a flexed left hip. Cardinal bed replaced with standard bed. <u>Comments:</u> Care worker staff report resident is "more straight". Resident has reported he finds Postural care comfortable and wishes to continue receiving Postural care.</p>		

Resident ID: A				
Measure		Baseline	Final	Comments
Chest rotation	Right	34cm	34.5cm	More symmetrical. Change is noticeable to the eye.
	Left	31.25cm	33cm	
Direction of displacement		Left	Left	No change
Pelvic tilt		Neutral	Neutral	No change
Pelvic rotation measure	Right	17cm	17.5cm	
	Left	13cm	15cm	
Direction of rotation		Left	Left	No change
Pelvic Obliquity	Right	25cm	23cm	Possible measurement error
	Left	25cm	26cm	
Direction of obliquity		None	Right	Possible measurement error
Leg length	Right upper	56cm	54cm	
	Right lower	41cm	42cm	
	Right total	97cm	96cm	
	Left upper	56.5cm	53cm	
	Left lower	41.5cm	40cm	
	Left total	98cm	93cm	
Leg length discrepancy		Left 1cm longer	Right 3cm longer	Possible measurement error
Hip flexion	Right	52 °	27.5 °	Reduced (Possible measurement error)
	Left	49.5 °	27.5 °	Reduced (Possible measurement error)
Hip abduction	Right	10 °	10 °	No change

Resident ID: A				
Measure		Baseline	Final	Comments
Hip adduction	Left	30 °	30°	No change
	Right	0°	0°	No change
	Left	0°	0°	No change
Knee flexion	Right	120 °	0°	Reduced (Possible measurement error)
	Left	115 °	0°	Reduced (Possible measurement error)
Knee extension	Right	-45 °	End range	Improved
	Left	-35 °	-32.5 °	No change



Aim: Maintain symmetry

Outcome: Improved chest and pelvic symmetry. Resident has progressed from requiring a Regency flotation chair to a recline/tilt wheelchair with supportive cushions.

Comments: Resident was unable to lie flat on her back due to significant difficulty with saliva management. Alpha x-cell overlay removed. Resident was provided a Cirrus mattress to enable resident to lie in bed with head elevated to 30-40 degrees. Care worker staff report resident is much "straighter" and "looks a lot better", "is sitting better" and "looks comfortable" in Postural care. Night staff are not required to attend to resident between 10pm-5am unless an incident occurs. Previously resident required turning every 2-3 hours and had a pad change during the night.

Resident ID: B				
Measure		Baseline	Final	Comments
Chest rotation	Right	25cm	23.75cm	More symmetrical
	Left	27cm	24cm	
Direction of displacement		Right	None	Improved
Pelvic tilt		Neutral	Neutral	No change
Pelvic rotation measure	Right	15cm	14cm	More symmetrical
	Left	18.25cm	14.5cm	
Direction of rotation		Right	None	Improved
Pelvic Obliquity	Right	24.5cm	23cm	
	Left	24cm	23cm	
Direction of obliquity		None	None	No change
Leg length	Right upper	45.5cm	46cm	
	Right lower	39cm	39cm	
	Right total	84.5cm	85cm	

Resident ID: B				
Measure		Baseline	Final	Comments
	Left upper	44.5cm	43cm	
	Left lower	37cm	39cm	
	Left total	81.5cm	82cm	
Leg length discrepancy		Right 3 cm longer	Right 3cm longer	No change
Hip flexion	Right	87.5°	75 °	Following measures should be viewed with caution. Resident's active movements and variable tonicity made measurement difficult.
	Left	71°	40 °	
Hip abduction	Right	Unable to measure due to active movement	5 °	
	Left	Unable to measure due to active movement	0 °	
Hip adduction	Right	Unable to measure due to active movement	10 °	
	Left	Unable to measure due to active movement	0 °	
Knee flexion	Right	End range	End range	
	Left	End range	115 °	
Knee extension	Right	-58 °	-72.5 °	
	Left	-57.5 °	-47.5 °	

Resident ID: C		
Before Postural Care	Using Postural Care	After Postural Care
		



Aim: To provide a more symmetrical posture for the resident to “fall” into when relaxed.

Outcome: Chest and pelvic symmetry improved.

Comments: Alpha x-cell overlay removed. Resident suitability for Postural Care was questioned initially due to the extent of the resident's active movements. Site staff were advised that this resident would move and postural supports do move out of place. In the After Postural Care photograph it is evident that the resident does not feel secure/stable without any support as they resident attempts to curl up. Night staff are not required to attend to

resident between 10pm-5am unless an incident occurs. Previously resident required turning every 2-3 hours and had a pad change during the night.

Resident ID: C				
Measure		Baseline	Final	Comments
Chest rotation	Right	24.5cm	25cm	More symmetrical
	Left	28.75cm	25cm	
Direction of displacement		Right	None	Improved
Pelvic tilt		Posterior tilt (fixed)	Posterior tilt (fixed)	No change
Pelvic rotation measure	Right	13.5cm	14.5cm	More symmetrical
	Left	19.25cm	14cm	
Direction of rotation		Right	None	Improved
Pelvic Obliquity	Right	24.5cm	22cm	
	Left	26cm	23cm	
Direction of obliquity		Right	Right	No change
Leg length	Right upper	46.25cm	Unable to measure due to active movement	
	Right lower	39cm	Unable to measure due to active movement	
	Right total	85.25cm	Unable to measure due to active movement	
	Left upper	49cm	Unable to measure due to active movement	
	Left lower	39.75cm	Unable to measure due to active movement	
	Left total	88.75cm	Unable to measure due to active movement	
Leg length discrepancy		Left 3.5cm longer	-	
Hip flexion	Right	46.5°	45 °	No significant change
	Left	49.5°	40 °	Slightly reduced
Hip abduction	Right	0°	0°	No change
	Left	0°	0°	No change
Hip adduction	Right	0°	0°	No change
	Left	0°	0°	No change
Knee flexion	Right	125°	End range	Improved
	Left	144.5°	125 °	Slightly reduced
Knee extension	Right	-79°	-55 °	Slightly reduced
	Left	-70°	-70 °	No change

Resident ID: D		
Before Postural Care	Using Postural Care	After Postural Care
		Not available.
<p>Aim: Maintain symmetry Outcome: Unable to comment as resident passed away 30/11/2010. Comments: Site staff reported improvements in residents seated posture after Postural Care was initiated and that resident looked comfortable in Postural care. Night staff were not required to attend to resident between 10pm-5am unless an incident occurs. Previously resident required turning every 3 hours and had a pad change during the night</p>		

Resident ID: D				
Measure		Baseline	Final	Comments
Chest rotation	Right	33cm	Deceased	Unable to comment
	Left	28.5cm		
Direction of displacement		Left		
Pelvic tilt		Anterior tilt		
Pelvic rotation measure	Right	15cm		
	Left	16.5cm		
Direction of rotation		Right		
Pelvic Obliquity	Right	28cm		
	Left	28cm		
Direction of obliquity		None		
Leg length	Right upper	49.25cm		
	Right lower	40.5cm		
	Right total	89.75cm		
	Left upper	48.5cm		
	Left lower	38.75cm		
	Left total	87.25cm		
Leg length discrepancy		Right 2cm longer		
Hip flexion	Right	53.5°		
	Left	47.5°		
Hip abduction	Right	25°		
	Left	19°		
Hip adduction	Right	0°		
	Left	0°		
Knee flexion	Right	124°		
	Left	119°		

Resident ID: D				
Measure		Baseline	Final	Comments
Knee extension	Right	-49°		
	Left	-35°		



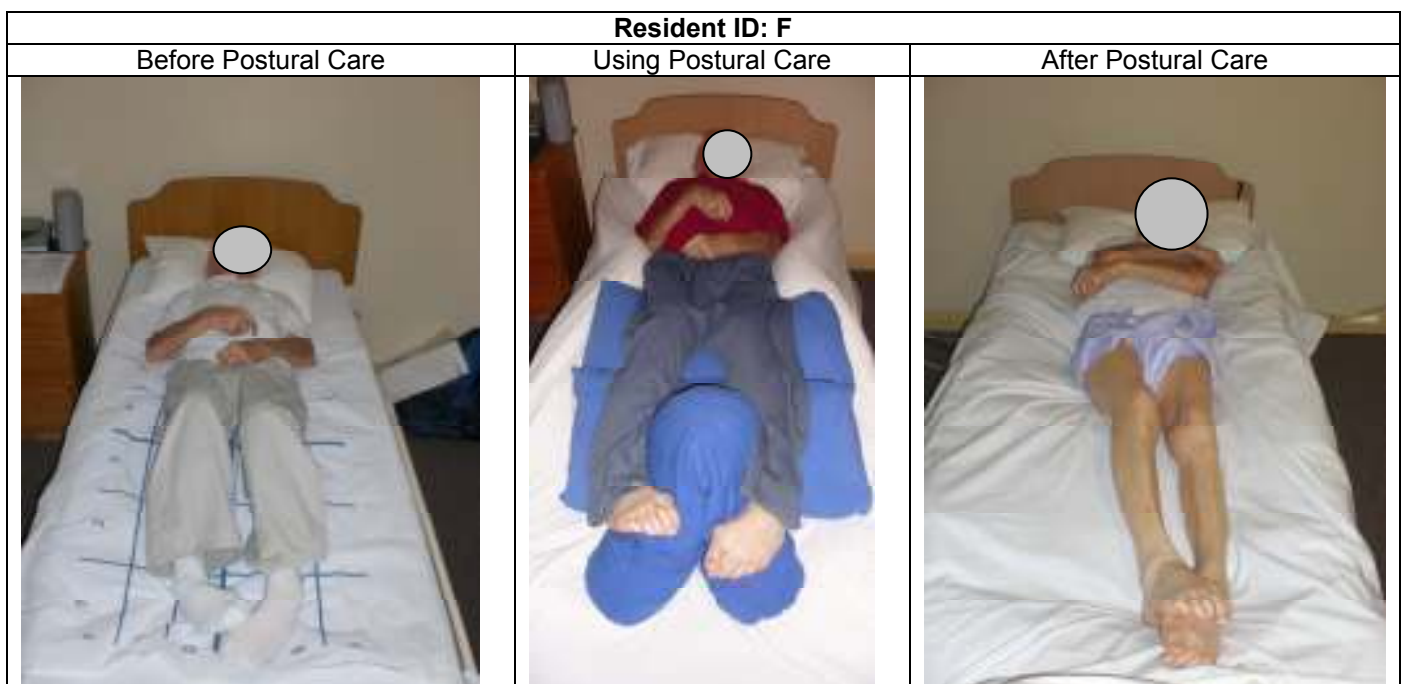
Aim: Maintain symmetry and encourage flexion in hips and knees.

Outcome: Symmetry maintained. Ripple overlay removed.

Comments: Resident reports Postural Care is comfortable and is happy to continue receiving Postural care. Care worker staff are making attempt to provide postural support outside the times when resident is in Postural care as evident by the After Postural Care photograph. Night staff are not required to attend to resident between 10pm-5am unless an incident occurs. Previously resident required turning every 3 hours and had a pad change during the night

Resident ID: E				
Measure		Baseline	Final	Comments
Chest rotation	Right	34.3cm	36cm	
	Left	32.6cm	35cm	
Direction of displacement		Left	Left	No change
Pelvic tilt		Anterior tilt	Neutral	Improved
Pelvic rotation measure	Right	13.75cm	17cm	
	Left	14cm	16cm	
Direction of rotation		None	Left	Altered
Pelvic Obliquity	Right	34cm	37cm	
	Left	36.5cm	38cm	
Direction of obliquity		Right	Right	No change
Leg length	Right upper	53cm	52cm	
	Right lower	41.5cm	44cm	
	Right total	94.5cm	96cm	
	Left upper	53.5cm	52cm	
	Left lower	42cm	44cm	
	Left total	95.5cm	96cm	
Leg length discrepancy		Left 1cm longer	No	
Hip flexion	Right	75°	77°	No significant change
	Left	79°	73°	No significant change

Resident ID: E				
Measure		Baseline	Final	Comments
Hip abduction	Right	30°	32.5°	No significant change
	Left	19°	31°	
Hip adduction	Right	0°	5°	Improved
	Left	0°	5°	Improved
Knee flexion	Right	Full range	111.5°	Reduced
	Left	Full range	120°	Reduced
Knee extension	Right	-67.5°	-56.5°	Improved
	Left	-80°	-62.5°	Improved






Aim: Maintain symmetry

Outcome: Symmetry maintained.

Comments: Resident developed a sacral pressure area after midway evaluation. A number of causal factors contributed to development of pressure area ie, continence management, wheelchair cushion over expected lifespan, extended seated periods. The Alpha x-cell overlay which was removed at the start of Postural care was re-fitted to assist with pressure area healing. Staff report resident is "standing better" in the standing hoist since starting Postural Care and that the resident looks comfortable in Postural care. Night staff are not required to attend to resident between 10pm-5am unless an incident occurs. Previously resident required turning every 4 hours and had a pad change during the night

Resident ID: F				
Measure		Baseline	Final	Comments
Chest rotation	Right	29cm	31.5cm	No significant change
	Left	30cm	29cm	
Direction of displacement		Right	Left	Altered
Pelvic tilt		Anterior tilt	Neutral	Improved
Pelvic rotation measure	Right	15cm	15.5cm	
	Left	13.75cm	14cm	
Direction of rotation		Left	Left	No change
Pelvic Obliquity	Right	22cm	23cm	
	Left	23.5cm	23cm	
Direction of obliquity		Right	None	Improved
Leg length	Right upper	39cm	48.5cm	

Resident ID: F				
Measure		Baseline	Final	Comments
	Right lower	40cm	38cm	
	Right total	79cm	86.5cm	
	Left upper	39cm	48cm	
	Left lower	40cm	37.5cm	
	Left total	79cm	85.5cm	
Leg length discrepancy		No	Right 1 cm longer	
Hip flexion	Right	90°	79.5°	Reduced
	Left	90°	78.5°	Reduced
Hip abduction	Right	2°	2°	No change
	Left	5°	5°	No change
Hip adduction	Right	0°	0°	No change
	Left	0°	0°	No change
Knee flexion	Right	115°	132°	Improved
	Left	115.5°	129°	Improved
Knee extension	Right	-45°	-29°	Improved
	Left	-41°	-14.5°	Improved

Resident ID: G		
Before Postural Care	Using Postural Care	After Postural Care
		

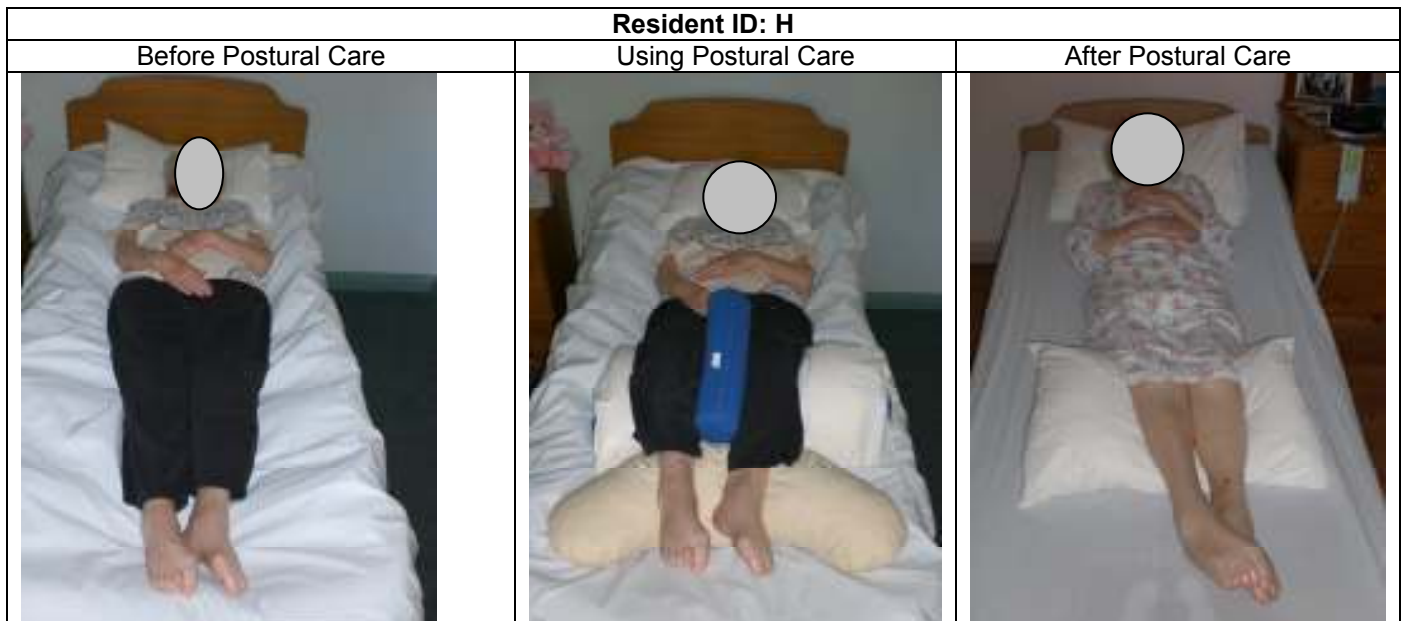
Aim: Improve postural symmetry.

Outcome: Chest and pelvic symmetry improved. Duocare overlay removed.

Comments: Resident did not use Postural Care continuously for duration of project. Resident was admitted to hospital for 1 week for a change in medical status. Resident also developed blisters during the summer months which required Postural Care to be suspended. Blisters were located over residents contact area with hip blocks. Additional temperature regulation strategies were implemented once blisters healed to enable Postural Care to resume ie regulated temperature of air conditioner and replacement of plastic all-in-one continence pad to a pad insert and netting type underwear. Resident was initially provided a Venti mat as part of her Postural care to assist with temperature regulation. Staff report residents legs are "more straight" following Postural Care making it easier for staff to move her during routine care tasks. Staff also report resident looks comfortable in Postural care. Night staff are not required to attend to resident between 10pm-5am unless an incident occurs. Previously resident required turning every 2-3 hours and had a pad change during the night.

Resident ID: G				
Measure		Baseline	Final	Comments
Chest rotation	Right	31cm	29.25cm	More symmetrical
	Left	23cm	29cm	




Resident ID: G				
Measure		Baseline	Final	Comments
Direction of displacement		Left	None	Improved
Pelvic tilt		Posterior tilt	Neutral	Improved
Pelvic rotation measure	Right	18cm	15.5cm	More symmetrical
	Left	15.5cm	14.75cm	
Direction of rotation		Left	Left	No change
Pelvic Obliquity	Right	Peg made measurement impossible	Peg made measurement impossible	
	Left	Peg made measurement impossible	Peg made measurement impossible	
Direction of obliquity		Right on observation	Right on observation	No change
Leg length	Right upper	33cm	35cm	
	Right lower	32cm	32cm	
	Right total	65cm	67cm	
	Left upper	33cm	36cm	
	Left lower	32cm	31.5cm	
	Left total	65cm	67.5cm	
Leg length discrepancy		No	No	
Hip flexion	Right	70°	69°	No significant change
	Left	70°	75°	No significant change
Hip abduction	Right	Resting at 20°, unable to abduct further	Resting at 42°	
	Left	Resting at -20° unable to abduct further	Unable to achieve neutral (-22°)	
Hip adduction	Right	Resting at -20°, unable to adduct further	Unable to achieve neutral (-24°)	
	Left	Resting at 20°, unable to adduct further	Resting in 47°	
Knee flexion	Right	145°	150°	No significant change
	Left	130°	141°	No significant change
Knee extension	Right	-120°	-116°	No significant change
	Left	-110°	-101.5°	Improved



Aim: Maintain symmetry and encourage flexion in hips and knees.
Outcome: Symmetry maintained. Knee range of movement improved. Alpha x-cell overlay removed.
Comments: Residents health declined throughout duration of project. Note in After Postural Care photograph site staff are practicing Postural Care strategies when residents are not in "Postural Care" (pillow under knees). Night staff are not required to attend to resident between 10pm-5am unless an incident occurs. Previously resident required turning every 2-4 hours and had a pad change during the night. Staff report resident looks comfortable in Postural care.

Resident ID: H				
Measure		Baseline	Final	Comments
Chest rotation	Right	27cm	27cm	
	Left	26cm	26.5cm	
Direction of displacement		Left	None	Improved
Pelvic tilt		Slight anterior tilt	Neutral	Improved
Pelvic rotation measure	Right	16cm	16cm	
	Left	16cm	15cm	
Direction of rotation		None	Left	Altered
Pelvic Obliquity	Right	25.5cm	22cm	
	Left	25.5cm	24cm	
Direction of obliquity		None	Right	Altered
Leg length	Right upper	38.5cm	42.5cm	
	Right lower	35.5cm	38cm	
	Right total	74cm	80.5cm	
	Left upper	38cm	43cm	
	Left lower	35cm	37cm	
	Left total	73cm	79.5cm	
Leg length discrepancy		Right 1 cm longer	Right 1cm longer	
Hip flexion	Right	33.5°	40°	View following results with caution. Measurement difficulty due to hypertonicity. No significant change
	Left	39°	40°	
Hip abduction	Right	0°	0°	No change
	Left	0°	0°	No change
Hip adduction	Right	0°	0°	No change

Resident ID: H				
Measure		Baseline	Final	Comments
Knee flexion	Left	0°	0°	No change
	Right	40°	48°	Improved
	Left	35°	48°	Improved
Knee extension	Right	90	End range	Improved
	Left	90	End range	Improved

Resident ID: I		
Before Postural Care	Using Postural Care	After Postural Care
		

Aim: Maintain symmetry and encourage flexion in hips and knees.

Outcome: Symmetry maintained. Pelvic obliquity improved.

Comments: Resident was recruited to project following passing of resident D. Resident received Postural Care from January to May. Staff report resident is easier to move following Postural Care. Staff report resident looks comfortable in Postural Care. Night staff are not required to attend to resident between 10pm-5am unless an incident occurs. Previously resident required turning every 2-4 hours and had a pad change during the night.

Resident ID: I				
Measure		Baseline	Final	Comments
Chest rotation	Right	30cm	29.5cm	
	Left	29cm	32cm	
Direction of displacement		Left	Right	Altered
Pelvic tilt		Anterior	Anterior	No change
Pelvic rotation measure	Right	15cm	16.5cm	
	Left	16.75cm	16cm	
Direction of rotation		Right	None	Improved
Pelvic Obliquity	Right	29cm	30cm	
	Left	31cm	31cm	
Direction of obliquity		Right	Right	No change
Leg length	Right upper	49cm	49.5cm	
	Right lower	41.25cm	41.5cm	
	Right total	90.25cm	91cm	
	Left upper	49cm	50cm	
	Left lower	40.5cm	41cm	
	Left total	89.5cm	91cm	
Leg length discrepancy		No	No	
Hip flexion	Right	48.5°	32.5°	View following measurements with caution as resident was actively moving throughout

Resident ID: I				
Measure		Baseline	Final	Comments
				assessment. Reduced
	Left	49.5°	44°	No significant change
Hip abduction	Right	0°	2°	No significant change
	Left	5°	2°	Reduced
Hip adduction	Right	0°	4°	Improved
	Left	0°	4°	Improved
Knee flexion	Right	96°	95°	No change
	Left	102.5°	107.5°	No significant change
Knee extension	Right	-49.5°	-77.5°	Reduced
	Left	-65°	-85.5°	Reduced

A standard for interrater reliability was established as all assessors had completed postural assessment training prior to the project. All assessors were provided the same assessment instructions and assessment tools. All residents were assessed by the same pair of assessors for both baseline and final assessments. There is potential for some variation in the results resultant from reduced interrater reliability as it is not known which of the assessors within the pair of assessors allocated to a resident completed the measurement at baseline or final assessment.

Again a standard for intrarater reliability was established as all assessors had completed postural assessment training prior to the project. The timeframe between baseline and final assessment may have had an impact on intrarater reliability in terms of assessors approach to the assessment.

Finally the results of the postural assessments are directly influenced by the presentation of the resident on the day of assessment. Some residents were unable to be assessed for specific measures due to increased active movement or muscle activity. This may be resultant from the resident experiencing general anxiety or anxiety about the assessment, requiring medication, hypertonicity or a change in medical status not known at the time of assessment.

31. Project Evaluation Measure 31: Changes in care outcomes

Changes in care outcomes using Pain assessment: AusTOMS-Physiotherapy edition, Domain-Pain

Resident ID	Beginning of project				Completion of project			
	Impairment	Activity limitation	Participation restriction	Distress/wellbeing	Impairment	Activity limitation	Participation restriction	Distress/wellbeing
A	2	0	0	2	2	0	0	2
B	4	0	0	1	4	0	0	1
C	2	0	0	2	2	0	0	2
D	3	0	0	2	Deceased			
E	3	1	1	2	3	1	1	2
F	2	0	0	0	2	0	0	0
G	1	0	0	1	1	0	0	1
H	2	0	0	2	2	0	0	2
I	3	0	0	2	3	0	0	2

No change noted as anticipated. For lack of a suitable pain measurement tool suitable for the residents participating in this project, the Pain domain of the AusTOMS- Physiotherapy edition was utilised. The tool is not considered sensitive enough to detect small changes in resident pain levels.

32. Project Evaluation Measure 32: Changes in care outcomes

Changes in care outcomes using Waterlow pressure score

Resident ID	Beginning of project		Completion of project	
	Score	Category	Score	Category
A	21 (28/10/10; rater A)	Very high risk of pressure ulcer	25 (11/05/11; rater G)	Very high risk of pressure ulcer
B	21 (07/05/10; rater A)	High risk of pressure ulcer	21 (11/05/11; rater G)	High risk of pressure ulcer
C	20 (02/11/10; rater A)	Very high risk of pressure ulcer	23 (11/05/11; rater G)	Very high risk of pressure ulcer
D	20 (06/11/10; rater B)	Very high risk of pressure ulcer	Deceased	
E	20 (12/09/10; rater C)	High risk of pressure ulcer	23 (11/05/11; rater G)	Very high risk of pressure ulcer
F	24 (31/10/10; rater B)	Very high risk of pressure ulcer	29 (11/05/11; rater G)	Very high risk of pressure ulcer
G	29 (26/09/10; rater D)	Very high risk of pressure ulcer	29 (02/05/11; rater C)	Very high risk of pressure ulcer
H	15 (01/09/10; rater E)	High risk of pressure ulcer	29 (11/05/11; rater G)	Very high risk of pressure ulcer
I	19 (01/12/10; rater F)	High risk of pressure ulcer	24 (04/05/11; rater G)	Very high risk of pressure ulcer

Interrater reliability for this measure is considered low based on the number of staff completing the Waterlow pressure assessments and staff competency to complete Waterlow pressure assessments is unknown. A factor impacting the results of the 'Beginning of project' Waterlow scores is the timing of the assessments. This data was collected from existing Waterlow assessments available on Icare. At the end of the project the Waterlow scores were completed specifically as a data gathering activity for the project.

Resident H had a change in medical status during the project which directly related to an increased in their Waterlow score. A number of other residents had pressure areas develop that were not related to Postural Care. Four out of five residents who were using mattress overlays as part of their pressure management plan were able to have overlays removed while using Postural Care without the incidence of pressure areas increasing.

33. Project Evaluation Measure 33: Changes in care outcomes

Changes in care outcomes using Reports on number and severity of pressure areas in progress notes

Resident ID	Beginning of project		Midway of project		Completion of project	
	# of pressure areas	Severity/stage	# of pressure areas	Severity/stage	# of pressure areas	Severity/stage
A	0	N/A	0	N/A	0	N/A
B	0	N/A	0	N/A	0	N/A
C	0	N/A	0	N/A	0	N/A
D	0	N/A	Deceased			
E	0	N/A	0	N/A	0	N/A
F	0	N/A	0	N/A	1 (Sacrum: resultant from poor incontinence management and pressure. Not specifically related to Postural Care.)	Stage 2
G	0	N/A	2 (Blisters l left buttock and right heel: resultant from combination of profuse sweating, use of all in one incontinence pads	Stage 1-2	1 (Blister on right heel not completely healed)	Stage 1

Resident ID	Beginning of project		Midway of project		Completion of project	
			and air conditioner set above 18 degrees)			
H	0	N/A	0	N/A	0	N/A
I	0	N/A	0	N/A	0	N/A

The pressure areas that developed during the project duration cannot be conclusively linked to Postural Care. Regarding resident F, this resident has significant incontinence management issues and spends most hours of the day sitting in a wheelchair. Pressure management strategies were implemented including use of an alpha x-cell overlay on the bed, a jay cushion for the wheelchair and a reduction in hours spent sitting in the wheelchair during the day. Following implementation of these strategies the pressure area began to heal. A referral to the incontinence nurse was also requested. Regarding resident G, this resident is unable to regulate body temperature and as a result is always hot to touch and sweats excessively. This resident was also hospitalised for a short period during the trial for investigation of a holding breath behaviour. Strategies implemented to address blisters were to re-clarify the air conditioner for the room to be set at 18 degrees, recommendation breathable clothing material and a referral to the incontinence nurse to follow up recommendation to eliminate plastic all in one pads and use of a pad insert with netting underwear.

34. Project Evaluation Measure 34: Changes in care outcomes

Changes in care outcomes using number of interventions provided by care workers at night time

Resident ID	Prior to project (27/09/2010-10/10/2010)	At commencement of night use of Postural Care	Completion of project
	# of interventions by night staff 8.45pm-7.15am specific to Postural Care		
A	No repositioning as has recumbent bed with automatic 2hourly turning Pad check and change as required at 10pm, 2am and 5am Check resident hourly	Set up P.C equipment 10-11pm Remove P.C equipment 5-6am Pad change 10pm, 5am Check resident hourly	Resident already set up in Postural Care Pad change at 10pm, 5am Check resident hourly Remove P.C equipment 5-6am
B	Repositioning in bed: 10pm, 12am, 2am, 4am, 6am Pad check and change as required during night Morning pad change Check resident hourly	Set up P.C equipment 10-11pm Remove P.C equipment 5-6am Pad change 10pm, 5am Check resident hourly	Resident already set up in Postural Care Pad change at 10pm, 5am Check resident hourly Remove P.C equipment 5-6am

Resident ID	Prior to project (27/09/2010-10/10/2010)	At commencement of night use of Postural Care	Completion of project
C	Repositioning in bed: 10pm, 12am, 2am, 4am, 6am Pad check and change as required during night Morning pad change Check resident hourly	Set up P.C equipment 10-11pm Remove P.C equipment 5-6am Pad change 10pm, 5am Check resident hourly	Resident already set up in Postural Care Pad change at 10pm, 5am Check resident hourly Remove P.C equipment 5-6am
D	Repositioning in bed: 10pm, 1am, 4am Pad check and change as required during night Morning pad change Check resident hourly	Deceased	
E	Repositioning in bed: 10pm, 1am, 4am Pad check and change as required during night Morning pad change Check resident hourly	Set up P.C equipment 10-11pm Remove P.C equipment 5-6am Pad change 10pm, 2am, 6am Check resident hourly	Set up P.C equipment when resident returns to bed Pad change at 10pm, 5am Check resident hourly Remove P.C equipment 5-6am
F	Repositioning in bed: 10pm, 12am, 2am, 4am, 6am Pad check and change as required during night Morning pad change Check resident hourly	Set up P.C equipment 10-11pm Remove P.C equipment 5-6am Pad change 10pm, 5am Check resident hourly	Resident already set up in Postural Care Pad change at 10pm, 5am Check resident hourly Remove P.C equipment 5-6am
G	Repositioning in bed: 10pm, 1am, 4am Pad check and change as required during night Morning pad change Check resident hourly	Set up P.C equipment 10-11pm Remove P.C equipment 5-6am Pad change 10pm, 5am Check resident hourly	Resident already set up in Postural Care Pad change at 10pm, 5am Check resident hourly Remove P.C equipment 5-6am
H	Repositioning in bed: 10pm, 12am, 2am, 4am, 6am Pad check and change as required during night Morning pad change Check resident hourly	Set up P.C equipment 10-11pm Remove P.C equipment 5-6am Pad change 10pm, 5am Check resident hourly	Resident already set up in Postural Care Pad change at 10pm, 5am Check resident hourly Remove P.C equipment 5-6am

Resident ID	Prior to project (27/09/2010-10/10/2010)	At commencement of night use of Postural Care	Completion of project
I	Repositioning in bed: Pad check and change as required during night Morning pad change Check resident hourly	Resident already set up in Postural Care Pad change at 10pm, 5am Check resident hourly Remove P.C equipment 5-6am	Resident already set up in Postural Care Pad change at 10pm, 5am Check resident hourly Remove P.C equipment 5-6am

Although night staff were advised initially of the 10pm and 5am pad changes, it has taken the duration of the implementation phase for all staff to accept and have confidence to change their work behaviour specific to timing of pad changes. At the completion of the project night staff have adopted the practice of 10pm and 5am pad changes and limit disturbing residents at night. When night time observations were requested at the final stages of the project night staff reported they did not like going into the resident's room and disturbing their sleep. Night staff are conscious of the quality of sleep of the residents receiving Postural care.

35. Project Evaluation Measure 35: Changes in care outcomes

Changes in care outcomes using basic observations: HR, O2 stats and temperature

Resident ID		A	B	C	D	E	F	G	H	I
Prior to commencement of project										
HR (BPM)	8pm	55	Not recorded	76	77	Not recorded	Not recorded	65	79	72
	12am	62	65	77	67	76	62	123	88	67
	4am	60	68	72	66	66	67	97	91	68
O2 Stat (%)	8pm	96	Not recorded	93	91	Not recorded	Not recorded	95	97	94
	12am	96	93	92	88	77	95	89	97	94
	4am	96	95	83	91	97	98	95	90	95
Temp (°)	8pm	35.6	Not recorded	36.2	36.1	Not recorded	Not recorded	36.8	36.3	36.6
	12am	35.4	36.5	35.9	36.9	35.9	36.7	36.4	36.2	36.2
	4am	35.5	36.6	35.8	36.3	35.6	36.6	36.4	36.1	36.2
Midway of project										
HR (BPM)	8pm	52	94	70	Deceased	55	Not recorded	70	88	Not recorded
	12am	70	72	67		56	72	70	88	73
	4am	76	70	56		57	75	72	90	81

Resident ID		A	B	C	D	E	F	G	H	I
Prior to commencement of project										
O2 Stat (%)	8pm	96	93	93		95	Not recorded	93	94	Not recorded
	12am	94	94	92		97	92	93	95	94
	4am	90	90	83		93	92	95	95	96
Temp (°)	8pm	35.9	36.7	35.9		35.8	Not recorded	35.5	35.8	Not recorded
	12am	35.7	35.7	35.7		35.7	36.4	36.2	36.2	36.5
	4am	35.7	35.5	35.6		35.9	36.4	36.2	35.9	36.5
Completion of project										
HR (BPM)	8pm	42	73	79	Deceased	54	Not recorded	65	84	Not recorded
	12am	46	65	74		55	118	64	80	80
	4am	50	68	73		60	94	62	76	86
O2 Stat (%)	8pm	98	95	96		94	Not recorded	95	98	Not recorded
	12am	98	94	96		95	94	96	99	95
	4am	97	96	98		96	82	97	99	95
Temp (°)	8pm	36.1	36.7	36.2		36.1	Not recorded	36.2	36.1	Not recorded
	12am	36.3	36.4	36.6		36.6	36.4	36.3	36.5	34.9
	4am	36.4	36.6	36.6		36.5	36	36.3	36.6	36.4

Heart rate and oxygen saturation results may contain measurement error as the pulse oximetre used to take these recordings showed variations in observations very rapidly making it difficult to record the reading.

Resident A: Heart rate has come down, oxygen saturation is consistent and temperature has increased.

Resident B: Since midway evaluation heart rate has come down, oxygen saturation is consistent and temperature has remained relatively constant.

Resident C: Heart rate and oxygen saturation remained relatively constant and temperature has increased.

Resident D: No comparison available

Resident E: Heart rate has come down, oxygen saturation is consistent and temperature has increased.

Resident F: Heart rate has increased, oxygen saturation and temperature are consistent.

Resident G: Heart rate is variable, oxygen saturation and temperature are consistent.

Resident H: Heart rate, oxygen saturation and temperature are consistent.

Resident I: Heart rate has increased, oxygen saturation and temperature are consistent.

An increase in body temperature was expected as residents have postural supports surrounding their body.

36. Project Evaluation Measure 36: Changes in care outcomes

Changes in care outcomes using sleep patterns

Refer to measure 34 for care interventions provided at night which disturb a resident's sleep and limit the opportunity for quality sleep. Resident sleep patterns were not reviewed in more detail as surveillance would have been required to gather such information. None of the residents participating in the project were identified to have sleep disorders or difficulty sleeping. It would be worthwhile using surveillance in future Postural care research to determine if recipients are experiencing any changes in sleep patterns.

37. Project Evaluation Measure 37: Staff satisfaction with change in workforce structure

Staff satisfaction with **change** in workforce structure using care worker staff satisfaction survey

The following information is based on two surveys issued at training sessions at the start of the project (Sample A) and onsite at the end of the project (Sample C). Sample A had a 92% return survey rate and sample C had a 21% return survey rate. With such a significant change in return survey rate the survey results should be viewed with caution due to possible bias and reduced generalisability of final survey results. To support the survey results, observations of staff activities and interactions and interviews with staff were also used to further support the following information.

Care Worker and Therapy Assistant confidence in Postural Care skills/knowledge

At the start of the project following training, 97 % of a sample (sample A) of Care workers and Therapy assistants reported they felt confident with their new skills/knowledge in Postural care. Care workers from this sample reported, "I feel competent in Postural care", "I feel confident I can implement Postural care". At the end of the project 72% of sample C reported they felt confident and 18% reported they did not feel confident. This reduction in confidence may be representative of new staff members who have yet to complete training in Postural Care.

Support from other team members

Care workers and Therapy assistants from sample C reported they felt supported by other team members (63% Nursing, 54% Allied health, 63% Postural care champions, 54% Management and 54% Brightwater organisation). These results are consistent with the ratio of time Care workers interact with other team members during the course of their work.

Enjoyment

Care workers and Therapy assistants from sample A reported they were looking forward to providing Postural care to residents (62% strongly agreed, 34% agreed). Following implementation 9% of Care workers and Therapy assistants from sample C reported they strongly enjoyed providing Postural care to residents and 45% enjoyed providing Postural care. This variance in expected and experienced enjoyment could reflect the expected rise and fall of motivation following training events and/or reflect the difficulties Care Workers reported in cleaning Postural Care equipment which has been an ongoing challenge throughout the project.

Resident focused Postural Care

In terms of Interdisciplinary Practice Care Workers and Therapy Assistants from sample C reported only 36% involved residents in discussions about their Postural Care at the end of the project as opposed to 77% of sample A, prior implementation of Postural Care. 45% of Care Workers and Therapy Assistants from sample C were impartial. These results could be reflective of Care Worker and Therapy Assistants developing understand of Interdisciplinary Practice and reflection on how Project RACF makes decisions about a resident's Postural Care. It also needs to be taken into consideration that only 2 of the residents participating in the project were able to express their opinion.

Models of practice

In relation to Care Worker and Therapy Assistant awareness of what Model of Practice Project RACF utilises, 30% of sample A at the beginning of the project thought they practised using an Interdisciplinary Practice model whereas no-one in sample C at the end of the project thought they practised using an Interdisciplinary Practice model. 46% of sample A thought Project RACF used a Multidisciplinary model of practice whereas 28% of sample C at the end of the project thought Project RACF used a Multidisciplinary model of practice. What can be inferred from these results is that Care Workers and Therapy Assistants have started to develop an awareness of models of practice and how Project RACF fits within the definitions of models of practice. It also demonstrates that Project RACF needs to change further in order to create a sense/culture of Interdisciplinary Practice amongst this staff population. This claim is further supported by quotes from Care Workers stating "I don't think people are working together at all. Everyone is more concerned about themselves than the residents. Some staff are great though", "The team members at Project RACF are working well together to give feedback to each other".

38. Project Evaluation Measure 38: Staff satisfaction with change in workforce structure

Staff satisfaction with change in workforce structure using Allied Health and nursing staff satisfaction survey

The following information is based on two surveys issued on site at the start of the project (Sample B) and onsite at the end of the project (Sample D). Sample B had a 27% return survey rate and sample C had an 11% return survey rate. To support the survey results, observations of staff activities and interactions and interviews with staff were also used to further support the following information.

Allied Health and Nursing staff confidence in Care Workers skill/knowledge in Postural Care

Allied health and Nursing staff confidence in Care worker skill/knowledge in Postural Care has improved over the duration of the project. 75% of sample B (Allied Health and Nursing staff at the beginning of the project) and sample D (Allied Health and Nursing staff at the end of the project) were confident in Care Workers skill/knowledge in Postural Care. 12.5% of sample B were not confident in Care Workers skill/knowledge whereas 25% of sample D were neutral regarding their confidence in Care Workers skill/knowledge in Postural Care. 77% of sample B always seek feedback from Care Workers and 100% of sample D trusted feedback

from Care Workers. This demonstrates that Allied Health and Nursing staff do have confidence in Care Workers skill/knowledge in Postural Care and seek out their observations/opinions of residents regarding Postural Care.

Resident focused Postural Care

Allied health and Nursing staff report they involve residents in decisions regarding their Postural Care (57% of sample B, 75% sample D). These survey results show an increase in resident involvement over the course of the project. Survey results indicate an increased of 50% of the time where Allied Health and Nursing staff “always”/“most of the time” approach residents for feedback about their Postural Care.

Sharing roles and responsibility

At the start of the project an Allied Health staff member reported they were “hesitant to relinquish their control” over Postural Care but also acknowledged they were unable to implement Postural Care successfully due to reliance on other staff members to implement Postural Care. This same staff member reported at the end of the project having seen the benefits for residents receiving Postural Care and the fact that Postural Care was being implemented successfully made them feel more confident to share the control/responsibility of Postural Care with other staff members.

Based on observations of the Project RACF team Allied Health team members have accepted shared roles and responsibilities regarding Postural Care more so than Nursing staff. Nursing staff were initially and to a lesser extent, currently, are reluctant to move away from traditional practices and enable trained Care Workers to take the lead when implementing Postural Care. Based on these observations it was been identified that Nursing and Allied Health staff would have benefited from additional education on Interdisciplinary practice and their role in supporting Care Workers to take ownership and responsibility to implement Postural Care.

39. Project Evaluation Measure 39: Net Change in program/intervention application

Net Change in program/intervention application using Therapy program

	Prior to Project	At commencement of project	At midway of project	At completion of project
Change in therapy program as a result of project	No PC programming	No PC programming	No PC programming. One Therapy Assistant (TA) was chosen as a PC champion and supports the Oxford Garden team implement PC within that role.	The PC champion TA has 2 time slots within the Therapy program to assist with setting up PC equipment each week. As part of the PC champion role this TA continues to support the team implement PC as requested or indicated. An additional

	Prior to Project	At commencement of project	At midway of project	At completion of project
				<p>TA was recruited prior to the end of the project. This recently employed TA has indicated a keen interest in PC and can reports she can see the benefits for residents and identified residents at another Brightwater site that would benefit from such a service.</p>

40. Project Evaluation Measure 40: Net Change in program/intervention application

Net Change in program/intervention application using Staff mapping

Change in program application by varying staff	Postural Care Activity		
	Prior to Project	At commencement of project	At completion of project
CW/EN		<ul style="list-style-type: none"> • Trial • Implementation • Review 	<ul style="list-style-type: none"> • Identification • Trial • Implementation • Review
RN		<ul style="list-style-type: none"> • Trial • Implementation • Review 	<ul style="list-style-type: none"> • Identification • Assessment • Trial • Implementation • Review
AH	<ul style="list-style-type: none"> • Identification • Assessment • Trial • Implementation • Review 	<ul style="list-style-type: none"> • Identification • Assessment • Trial • Implementation • Review 	<ul style="list-style-type: none"> • Identification • Assessment • Trial • Implementation • Review
TA		<ul style="list-style-type: none"> • Trial 	<ul style="list-style-type: none"> • Identification • Trial • Implementation • Review

Over the course of the project tasks within the stages of Postural Care activities were shared amongst clinical staff. At the end of the project all disciplines were involved in the identification of suitable recipients of Postural Care, trial and implementation of Postural Care and review of Postural Care Plans.

41. Project Evaluation Measure 41: Development of Interdisciplinary model of practice

	At commencement of project	At midway of project	At completion of project
Brightwater specific Interdisciplinary model of practice	No	No	Emerging

At the start of the project a literature review was conducted to identify an Interdisciplinary model of practice that would best fit with the Brightwater organisation values. The most suitable model identified was the Conceptual model for patient-centered collaborative interdisciplinary practice developed by C.A.Orchard. Over the course of the project this model was reviewed in terms of how Project RACF implemented interdisciplinary practice and how it intended to further develop interdisciplinary practice. It was identified at the end of the project that the Orchard's model did not entirely represent interdisciplinary practice at Project RACF. The model required adaptation to fit with how Project RACF was structured and functioned. An adaption of Orchard's model of interdisciplinary practice was developed.

42. Project Evaluation Measure 42: Shift towards Interdisciplinary practice

Team development survey

Team Development Measure				
	Commencement of project		Completion of project	
Project team member	Score	Measure	Score	Measure
1	94	60	91	57
2	72	44	96	61
3	95	60	118	80
4	75	46	78	48
5	96	61	84	52
6	69	42	93	59
7	111	74	87	54
Mean		55		59

The Team Development Measure was completed by members of the Project team anonymously in order to eliminate respondents bias to please the researcher by providing responses they think the researcher wants. Members of the Project Team represented each discipline at Project RACF. According to the results at baseline the team was in stage 2 of 8 in team development meaning that team cohesiveness and communication were present. At the end of the project the team



had progressed into stage 4 starting to solidify role clarification. A shift towards Interdisciplinary practice is evident through improvement in team characteristics representative of a team that works in a collaborative interdisciplinary manner. Improvements in the following areas were identified and reflect a move towards Interdisciplinary practice.

- All team members involved in decision making
- Sharing of ideas and feelings
- Sharing of information
- Improved conflict resolution
- Improved quality of communication
- A sense of team rather than individuals
- Less confusion about how to complete Postural care tasks
- Greater understanding of each disciplines roles and responsibilities
- Greater understanding of the teams goal
- The team goal is more important than personal goals
- Happiness with team progress
- Meaningful experience being apart of the team
- Feel personal contribution is valued by team
- Confidence to suggest how the team can improve
- Open problem solving

The above results have also been supported by the results of both the Care Worker and Therapy Assistant and Allied Health and Nursing surveys as well as through direct observations and staff interviews. The improvement in the above areas demonstrates that the Project RACF team is changing and progressing towards Interdisciplinary practice. The team needs to further develop and change to achieve Interdisciplinary practice and the above improvements demonstrate that the Project RACF team is moving/changing in the right direction.

Appendix 9.7: Allied Health and Nursing surveys

Baseline version

Postural Care and Teamwork Survey

Job Title:.....Date:.....

Our Postural Care and Teamwork Survey is to understand how you view Postural care and how you see yourself working as part of the team at XXX. We appreciate you taking the time to complete this survey honestly and thoughtfully. Please be secure in the knowledge that all information will be treated with the utmost sensitivity, confidentiality and will only be used for planning and improvement of the organisation.

Please rate your response to the statements by circling the appropriate number which reflects your opinion.

Postural Care

	Statement	5 Strongly Agree	4 Agree	3 Neither agree or disagree	2 Disagree	1 Strongly disagree	N/A
1	I feel confident in my skills and knowledge of Postural care.	5	4	3	2	1	N/A
2	I feel confident in the Postural care skills and knowledge of Allied Health staff at XXX	5	4	3	2	1	N/A
3	I feel confident in the Postural care skills and knowledge of Nursing staff at XXX.	5	4	3	2	1	N/A
4	I feel confident in the Postural care skills and knowledge of Care Workers at XXX	5	4	3	2	1	N/A
5	I have completed training in Postural care in the last 2 years.	5	4	3	2	1	N/A
6	Traditionally Postural care is not a service provided by my profession.	5	4	3	2	1	N/A
7	My profession does not possess the skills and knowledge in Postural care.	5	4	3	2	1	N/A
8	I have tried to implement Postural care for a resident at XXX as part of my individual professional service.	5	4	3	2	1	N/A
9	I have been successful implementing Postural care for a resident at XXX as part of my individual professional service.	5	4	3	2	1	N/A
10	I have previously been involved in a team approach to provide Postural care to a resident of XXX.	5	4	3	2	1	N/A
11	I have been successful implementing Postural care for a resident at XXX as part of a team approach.	5	4	3	2	1	N/A
12	I trust decisions made by Allied Health professionals about Postural care.	5	4	3	2	1	N/A
13	I trust decisions made by Nursing	5	4	3	2	1	N/A

	Statement	5 Strongly Agree	4 Agree	3 Neither agree or disagree	2 Disagree	1 Strongly disagree	N/A
	professionals about Postural care.						

Teamwork

	Statement	5 Strongly Agree	4 Agree	3 Neither agree or disagree	2 Disagree	1 Strongly disagree	N/A
14	Leadership in Postural care is not shared at XXX.	5	4	3	2	1	N/A
15	Postural care is discussed at team meetings.	5	4	3	2	1	N/A
16	My colleagues treat me with respect.	5	4	3	2	1	N/A
17	I work collaboratively and share resident information with other team members.	5	4	3	2	1	N/A
18	I am not willing to engage in shared decision-making.	5	4	3	2	1	N/A
19	I involve residents in decisions about their Postural care.	5	4	3	2	1	N/A
20	I am comfortable receiving feedback from other team members.	5	4	3	2	1	N/A
21	When writing Care Plans I consult with other team members.	5	4	3	2	1	N/A

For the following questions please circle the **single** most relevant response.

22. Which staff member do you feel is most knowledgeable/skilled to assess/review resident's Postural care?

- a) RN
- b) OT
- c) CW
- d) EN
- e) PT

23. Do Care Workers approach you with feedback about a resident's Postural care?

- a) Always
- b) Most of the time
- c) Sometimes
- d) Rarely
- e) Never

24. Do residents and/or the resident's family/significant other approach you with feedback about Postural care?

- a) Always
- b) Most of the time

- c) Sometimes
- d) Rarely
- e) Never

25. Do you seek feedback about residents from Care Workers?

- a) Always
- b) Most of the time
- c) Sometimes
- d) Rarely
- e) Never

26. Do you seek feedback from residents where the resident is able to provide feedback about their Postural care?

- a) Always
- b) Most of the time
- c) Sometimes
- d) Rarely
- e) Never

27. Do you seek feedback from residents family/significant other regarding a resident's Postural care?

- a) Always
- b) Most of the time
- c) Sometimes
- d) Rarely
- e) Never

28. How do you seek feedback from Care Workers?

- a) Direct informal conversation
- b) Formal feedback forms
- c) Through communication book
- d) Other, please specify:

29. How do you seek feedback from residents?

- a) Direct informal conversation
- b) Formal feedback forms
- c) Direct observation
- d) Ask floor staff of their observations
- e) Other, please specify:

30. How do you seek feedback from residents family/significant other?

- a) Direct informal conversation
- b) Formal feedback forms
- c) Telephone conversation
- d) Other, please specify:



31. Please comment on the following.
If XXX were to provide Postural care for **all residents**, what do you see would be some of the benefits and challenges the team may encounter?

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Do you have any solutions to resolve the challenges?

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Thank you for taking the time to complete this survey. Your thoughts and opinion are important to us.

Final version

Postural Care and Teamwork Final Survey

Allied Health and Nursing staff

Name:..... Job Title:.....

Our Postural Care and Teamwork Survey is to understand how you view Postural care and how you see yourself working as part of the team at XXX and if your view has **changed** following the roll out of Postural Care.

We appreciate you taking the time to complete this survey honestly and thoughtfully. Please be secure in the knowledge that all information will be treated with the utmost sensitivity, confidentiality and will only be used for planning and improvement of the organisation.

Please rate your response to the statements by circling the appropriate number which reflects your opinion.

Postural Care

	Statement	5 Strongly Agree	4 Agree	3 Neither agree or disagree	2 Disagree	1 Strongly disagree	N/A
1	I feel confident in my skills and knowledge of Postural care.	5	4	3	2	1	N/A
2	I feel confident in the Postural care skills and knowledge of Allied Health staff at XXX.	5	4	3	2	1	N/A
3	I feel confident in the Postural care skills and knowledge of Nursing staff at XXX	5	4	3	2	1	N/A
4	I feel confident in the Postural care skills and knowledge of Care Workers at XXX.	5	4	3	2	1	N/A
5	I trust decisions made by Allied Health professionals about Postural care.	5	4	3	2	1	N/A
6	I trust decisions made by Nursing professionals about Postural care.	5	4	3	2	1	N/A
7	I trust feedback from Care Workers about Postural care.	5	4	3	2	1	N/A

Teamwork

	Statement	5 Strongly Agree	4 Agree	3 Neither agree or disagree	2 Disagree	1 Strongly disagree	N/A
8	Leadership in Postural care is not shared at XXX.	5	4	3	2	1	N/A
9	Postural care is discussed at team meetings.	5	4	3	2	1	N/A
10	My colleagues treat me with respect.	5	4	3	2	1	N/A
11	I work collaboratively and share resident information with other team members.	5	4	3	2	1	N/A
12	I am not willing to engage in shared decision-making.	5	4	3	2	1	N/A
13	I involve residents in decisions about their	5	4	3	2	1	N/A

	Statement	5 Strongly Agree	4 Agree	3 Neither agree or disagree	2 Disagree	1 Strongly disagree	N/A
	Postural care.						
14	I am comfortable receiving feedback from other team members.	5	4	3	2	1	N/A
15	When writing Care Plans I consult with other team members.	5	4	3	2	1	N/A

For the following questions please circle the **single** most relevant response.

16. Do Care Workers approach you with feedback about a resident's Postural care?
 - a) Always
 - b) Most of the time
 - c) Sometimes
 - d) Rarely
 - e) Never

17. Do residents and/or the resident's family/significant other approach you with feedback about Postural care?
 - a) Always
 - b) Most of the time
 - c) Sometimes
 - d) Rarely
 - e) Never

18. Do you seek feedback about postural care of residents from Care Workers?
 - a) Always
 - b) Most of the time
 - c) Sometimes
 - d) Rarely
 - e) Never

19. Do you seek feedback from resident's where the resident is able to provide feedback about their Postural care?
 - a) Always
 - b) Most of the time
 - c) Sometimes
 - d) Rarely
 - e) Never

20. Do you seek feedback from residents family/significant other regarding a resident's Postural care?
 - a) Always
 - b) Most of the time
 - c) Sometimes
 - d) Rarely
 - e) Never



- 21. How do you seek feedback from Care Workers?
 - a) Direct informal conversation
 - b) Formal feedback forms
 - c) Through communication book
 - d) Other, please specify:

- 22. How do you seek feedback from residents?
 - a) Direct informal conversation
 - b) Formal feedback forms
 - c) Direct observation
 - d) Ask floor staff of their observations
 - e) Other, please specify:

- 23. How do you seek feedback from residents family/significant other?
 - a) Direct informal conversation
 - b) Formal feedback forms
 - c) Telephone conversation
 - d) Other, please specify:

24. Please comment on the following.

The XXX team is working well together to provide Postural Care for residents.

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Thank you for taking the time to complete this survey. Your thoughts and opinion are important to us.

Appendix 9.8: Care Worker and Therapy Assistant Surveys

Baseline version

Postural Care and Teamwork Survey

Job Title: Date:

Our Postural Care and Team Work Survey is to identify your understanding of Postural Care and your confidence level to provide Postural Care to your residents. Our survey will also ask about how you see yourself working as part of the team at XXX. We appreciate you taking the time to complete this survey honestly and thoughtfully. Please be secure in the knowledge that all information will be treated with the utmost sensitivity and confidentiality and will only be used for planning and improvement of the organisation.

Please rate your response to the statements by circling the appropriate number which reflects your opinion.

Postural Care

	Statement	5 Strongly Agree	4 Agree	3 Neither agree or disagree	2 Disagree	1 Strongly disagree	N/A
1	Before attending Postural Care training I felt I did not have a good understanding of what it means	5	4	3	2	1	N/A
2	Before attending Postural Care training I did not know how a resident's body shape could influence their health	5	4	3	2	1	N/A
3	Before attending Postural Care training I did not know how the resident's body shape would make it easier or harder for me to care for residents	5	4	3	2	1	N/A
4	Before attending Postural Care training I felt I did have a role in providing Postural Care to residents	5	4	3	2	1	N/A
5	After attending Postural Care training I feel I now have a good understanding of Postural Care	5	4	3	2	1	N/A
6	After attending Postural Care training I know how a residents body shape influences residents health	5	4	3	2	1	N/A
7	After attending Postural Care training I know how a residents body shape can make it easier or harder for me to care for residents	5	4	3	2	1	N/A
8	After attending Postural Care training I feel I do not have a role in providing residents Postural Care	5	4	3	2	1	N/A
9	In my role I cannot influence the level of care a resident requires	5	4	3	2	1	N/A
10	I feel I can confidently set up residents in night-time positioning equipment as prescribed	5	4	3	2	1	N/A

	Statement	5 Strongly Agree	4 Agree	3 Neither agree or disagree	2 Disagree	1 Strongly disagree	N/A
11	I do not contribute to residents Care Plans	5	4	3	2	1	N/A
12	I am looking forward to being involved in providing Postural Care to residents	5	4	3	2	1	N/A

Teamwork

	Statement	5 Strongly Agree	4 Agree	3 Neither agree or disagree	2 Disagree	1 Strongly disagree	N/A
13	I have a good understanding of the role of the site Physiotherapist	5	4	3	2	1	N/A
14	I have a good understanding of the role of the site Occupational Therapists	5	4	3	2	1	N/A
15	I have a good understanding of the role of the site Registered Nurses	5	4	3	2	1	N/A
16	I have a good understanding of the role of the site Enrolled Nurses	5	4	3	2	1	N/A
17	I have a good understanding of the role of the site Care Manager	5	4	3	2	1	N/A
18	I have a good understanding of the role of the site Deputy Care Manager	5	4	3	2	1	N/A
19	I work closely with the Occupational Therapists	5	4	3	2	1	N/A
20	I work closely with the Physiotherapist	5	4	3	2	1	N/A
21	I work closely with the Registered Nurses	5	4	3	2	1	N/A
22	I work closely with the Enrolled Nurses	5	4	3	2	1	N/A
23	I work closely with the Care Manager	5	4	3	2	1	N/A
24	I work closely with the Deputy Care Manager	5	4	3	2	1	N/A
25	I involve the resident in discussions about their Postural Care	5	4	3	2	1	N/A
26	I enjoy working with the XXX team	5	4	3	2	1	N/A
27	I think in general the morale at XXX is high	5	4	3	2	1	N/A
28	I would recommend XXX as a good provider of services to older people	5	4	3	2	1	N/A

For the following questions please circle the single most relevant response.

29. XXX uses the following Model of Practice:
- a) Interdisciplinary
(The team shares information and people perform tasks based on the resident's need rather than based on their professional role)
 - b) Collaborative
(Two or more people work together with a merging of common goals by sharing knowledge, learning and building consensus/agreement)

- c) Parallel
(People work along side each other but do not attempt to influence or merge their work areas)
 - d) Multidisciplinary
(Each professional works as a 'wedge' contributing to a whole pie but have their own clearly defined professional roles)
 - e) Don't know
30. If a resident tells me their preference for Postural Care I would tell the:
- a) Nursing staff
 - b) Allied health
 - c) Other Care workers
 - d) Care Manager or the Deputy Care Manager
 - e) All of the above
 - f) No one
31. Who do you feel is responsible for identifying resident needs:
- a) Nursing staff
 - b) Allied health
 - c) Care workers
 - d) Care Manager and Deputy Manager
 - e) All of the above
32. I mainly communicate with Nursing staff through:
- a) Direct conversation
 - b) Communication book
 - c) iCare - referrals and forms
 - d) iCare - progress notes
 - e) Email
33. I mainly communicate with Allied Health through:
- a) Direct conversation
 - b) Communication book
 - c) iCare - referrals and forms
 - d) iCare - progress notes
 - e) Email
34. I attend site meetings:
- a) Most of the time
 - b) Some of the time
 - c) Almost never
 - d) Never



35. If you answered b, c, d to the above question, select the most appropriate answer which limits your attendance at site meetings:

- a) I do not work day shift
- b) I am scheduled to work on the floor
- c) I do not have time to attend
- d) I do not feel my opinion is valued
- e) I am intimidated by site meetings

36. Regarding a residents Postural Care I would approach the:

- a) Care Manager
- b) Registered Nurse
- c) Physiotherapist
- d) Enrolled Nurse
- e) Occupational Therapist

37. If I could not speak to the professional chosen in the above question I would approach the:

- a) Care Manager
- b) Registered Nurse
- c) Physiotherapist
- d) Enrolled Nurse
- e) Occupational Therapist
- f) No one

Please comment on the following:

If XXX were to provide Postural Care for **all the residents**, what do you see would be some of the benefits and challenges the team may encounter?

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Do you have any solutions to resolve the challenges?

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Thank you for completing the survey. Your thoughts and opinions are important to us.

Final version

Postural Care and Teamwork Final Survey

Care Worker and Therapy Assistants

Name: Job title:

Our Postural Care and Team Work Survey is to identify any **changes** in your understanding of Postural Care and to identify any areas where the provision of Postural Care to your residents can be improved.

Our survey will also ask about how you see yourself **working as part of the team** at XXX and if the team has changed during the roll out of Postural Care.

We appreciate you taking the time to complete this survey honestly and thoughtfully. Please be secure in the knowledge that all information will be treated with the utmost sensitivity and confidentiality and will only be used for planning and improvement of the organisation.

Please rate your response to the statements by circling the appropriate number which reflects your opinion.

Postural Care

	Statement	5 Strongly Agree	4 Agree	3 Neither agree or disagree	2 Disagree	1 Strongly disagree	N/A
1	I feel Postural Care improves the wellbeing of residents	5	4	3	2	1	N/A
2	In my role I cannot influence the level of care a resident requires	5	4	3	2	1	N/A
3	I feel I can confidently set up residents in night-time positioning equipment as prescribed	5	4	3	2	1	N/A
4	I have access to adequate resources to implement Postural Care effectively	5	4	3	2	1	N/A
5	I do not contribute to residents Postural Care Care Plans	5	4	3	2	1	N/A
6	I enjoy being involved in providing Postural Care to residents	5	4	3	2	1	N/A
7	I feel there are other residents at XXX ns not receiving Postural Care who would benefit from Postural Care	5	4	3	2	1	N/A

Teamwork

	Statement	5 Strongly Agree	4 Agree	3 Neither agree or disagree	2 Disagree	1 Strongly disagree	N/A
8	I feel supported by Nursing staff to provide Postural Care to residents	5	4	3	2	1	N/A
9	I feel supported by Allied Health staff to provide Postural Care to residents	5	4	3	2	1	N/A
10	I feel supported by the Postural Care champions to provide Postural Care to residents	5	4	3	2	1	N/A

	Statement	5 Strongly Agree	4 Agree	3 Neither agree or disagree	2 Disagree	1 Strongly disagree	N/A
11	I feel supported by the Care Manager and Deputy Care Manager to provide Postural Care to residents	5	4	3	2	1	N/A
12	I feel supported by the Brightwater organisation to provide Postural Care to residents	5	4	3	2	1	N/A
13	I involve the resident in discussions about their Postural Care	5	4	3	2	1	N/A
14	I feel comfortable giving feedback about Postural Care to Allied Health staff	5	4	3	2	1	N/A
15	I feel comfortable giving feedback about Postural Care to Nursing staff	5	4	3	2	1	N/A
16	I feel comfortable giving feedback about Postural Care to the Postural Care Champions	5	4	3	2	1	N/A
17	I feel comfortable giving feedback about Postural Care to other Care Workers	5	4	3	2	1	N/A
18	I enjoy working with the XXX team	5	4	3	2	1	N/A
19	I think in general the morale at XXX is high	5	4	3	2	1	N/A
20	I would recommend XXX as a good provider of services to older people	5	4	3	2	1	N/A

For the following questions please circle the **single** most relevant response.

21. XXX uses the following Model of Practice:
- Interdisciplinary (The team shares information and people perform tasks based on the resident's need rather than based on their role)
 - Collaborative (Two or more people work together with a merging of common goals by sharing knowledge, learning and building consensus/agreement)
 - Parallel (People work along side each other but do not attempt to influence or merge their work areas)
 - Multidisciplinary (Each professional works as a 'wedge' contributing to a whole pie but have their own clearly defined roles)
 - Don't know
22. If a resident tells me what they would like from Postural Care I would tell the:
- Nursing staff
 - Allied health
 - Other Care workers
 - Care Manager or the Deputy Care Manager
 - All of the above
 - No one



23. Who do you feel is responsible for identifying resident needs:
- a) Nursing staff
 - b) Allied health
 - c) Care workers
 - d) Care Manager and Deputy Manager
 - e) All of the above
24. I mainly communicate with Nursing staff through:
- a) Direct conversation
 - b) Communication book
 - c) iCare - referrals and forms
 - d) iCare - progress notes
 - e) Email
25. I mainly communicate with Allied Health through:
- a) Direct conversation
 - b) Communication book
 - c) iCare - referrals and forms
 - d) iCare - progress notes
 - e) Email
26. If I have feedback positive or negative regarding a resident's Postural Care Care Plan I would tell:
- a) No one
 - b) Nursing staff
 - c) Allied Health staff
 - d) Care Manager or Deputy Care Manager
 - e) Postural Care Champions
 - f) Write it in the communication book

27. Please comment on the following:

The XXX team is working well together to provide Postural Care for residents.

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Thank you for completing the survey. Your thoughts and opinions are important to us.

Appendix 9.9: HWA CfOP Program Common Data Measures

HWA Common Measures - Pre and Post Data Collection Sheet					
<i>Not all projects will have data against each item. Clients should be those who are the focus of the project/intervention.</i>					
Key Performance Indicator	Baseline Data	Comments	Final data	% +/- change	Data item #
Number of clients receiving community support	N/A		N/A		1
Time to assessment from admittance	N/A		N/A		2
Number of care plans and of Adv care directives (2#s)	1	data reported here is # care plans created ACD - N/A	9	significant increase	3
Time from assessment to treatment and/or referral and/or intervention	N/A		N/A		4
Number of staff	0	change in number of staff with postural care competency	41/47 Care workers, 4/4 Therapy assistants	significant increase; 88% of staff	5
Overtime, locum, agency hours	\$1,968.46	agency costs - required to backfill staff during training	\$9,357.46	\$7,389 increase	6
Staff sick leave - measured unplanned leave as % of total productive hours NOT hours per month	5.03%	all unplanned leave for full FY for all staff on site as % of total productive hours	5.39%	0.36%; change not significant	7
Number of clients	1	number of clients in this project/intervention	8	significant increase	8
New capabilities to deliver evidenced based care (as per skills audit)	0	New staff competencies displayed and observed related to this project (refer to data item 11); significant positive change	1	100%	9

Number tasks or duties transferred	0%	tasks now shared across roles (refer Table 12 of Project Report)	80%	80% increase	10
Number new competencies acquired	0/47 Care workers, 0/4 Therapy assistants	new competencies staff in project trained to deliver (refer to item 9)	41/47 Care workers, 4/4 Therapy assistants	88%	11
Number interdisciplinary activities ie meetings, MOU's, joint tools	0	new inter'd. activities related to the project only	1 (10min at 10.30am meetings)	100%	12
Number new services provided' in situ'	0	services now provided on site due to project activities	1 (Postural Care)	100%	13
Key Performance Indicator	Baseline Data	Comments	Final data	% +/- change	Data item #
Number of clients/patients treated	1		8	significant increase	14
Client functionality score (ACFI)	Refer to Evaluation data table: Measure 27	Functionality scores for each client/patient in project group (FIM/SF 12/Mod Barthel/ACFI); no significant change	Refer to Evaluation data table: Measure 27		15
Adverse events or critical incidents	2	Adverse events for both clients/patients and staff in the project; no significant change attributable to this project	1	50% decrease; no significant change attributable to this project	16
Number <i>unnecessary</i> transfers to acute	N/A		N/A		17
<i>Qualitative Data plus Likert scale</i>					Data item #
Increase in client satisfaction / self efficacy (acceptability of intervention)	Refer to Evaluation data table: Measure 3	measure of acceptability of this project to clients of project	Refer to Evaluation data table: Measure 3	Refer to Evaluation data table: Measure 3	18
Staff satisfaction	Refer to Evaluation data table: Measure 37, 38	acceptability of this project to staff working in the project	Refer ro Evaluation data table: Measure 37, 38	Refer to Evaluation data table: Measure 37, 38	19

Increase in staff competency /feeling of same	Refer to Evaluation data table: Measure 37, 38	Expressed increase in staff feelings of competency in their role	Refer to Evaluation data table: Measure 37, 38	Refer to Evaluation data table: Measure 37, 38	20
Acceptance of new workforce model by staff	Refer to Evaluation data table: Measure 37, 38	acceptability of this workforce model by other staff impacted by project	Refer to Evaluation data table: Measure 37, 38	Refer to Evaluation data table: Measure 37, 38	21
<i>Process Indicators:</i>					
Client Journey, Workforce functions and competencies submitted - Map knock on impacts to all key workforce		appended client journey; identified functions/knowledge/skills/attitudes required for new workforce model; knock-on impacts to other staff	Yes		22
Case study submitted		companion case study provided	Yes		23
PDSA cycles conducted		PDSA cycles described and appended to report	Yes		24
Change & risk management plans constructed		change & risk management plans updated and appended to report	Yes		25
Communication plan enacted		stakeholder engagement & communication plan appended to final report	Yes		26

Appendix 9.10: Night-time Positioning Safety Checklist

Question		Answer			
1	What position does the resident sleep in?	Supine	Prone	Left side	Right side
2	Is the resident happy to sleep in supine?	Yes			No
3	Does the resident have epilepsy/seizures/involuntary movements?	Yes			No
4	Does the resident have breathing problems?	Yes			No
5	Does the resident have difficulty regulating their own body temperature?	Yes			No
6	Does the resident have a history of pressure areas?	Yes (Where):			No
7	Does the resident have a pressure area now?	Yes (Where):			No
8	Current mattress				
9	Does the resident have difficulty with circulation?	Yes			No
10	Does the resident have any concerning behaviours (ie, tries to get out of bed, removes bedding/clothing)	Yes (Describe behaviour):			No



Appendix 9.11: Project Schedule

Refer to separate attachment



Appendix 9.12: Project Risk Register

Refer to separate attachment

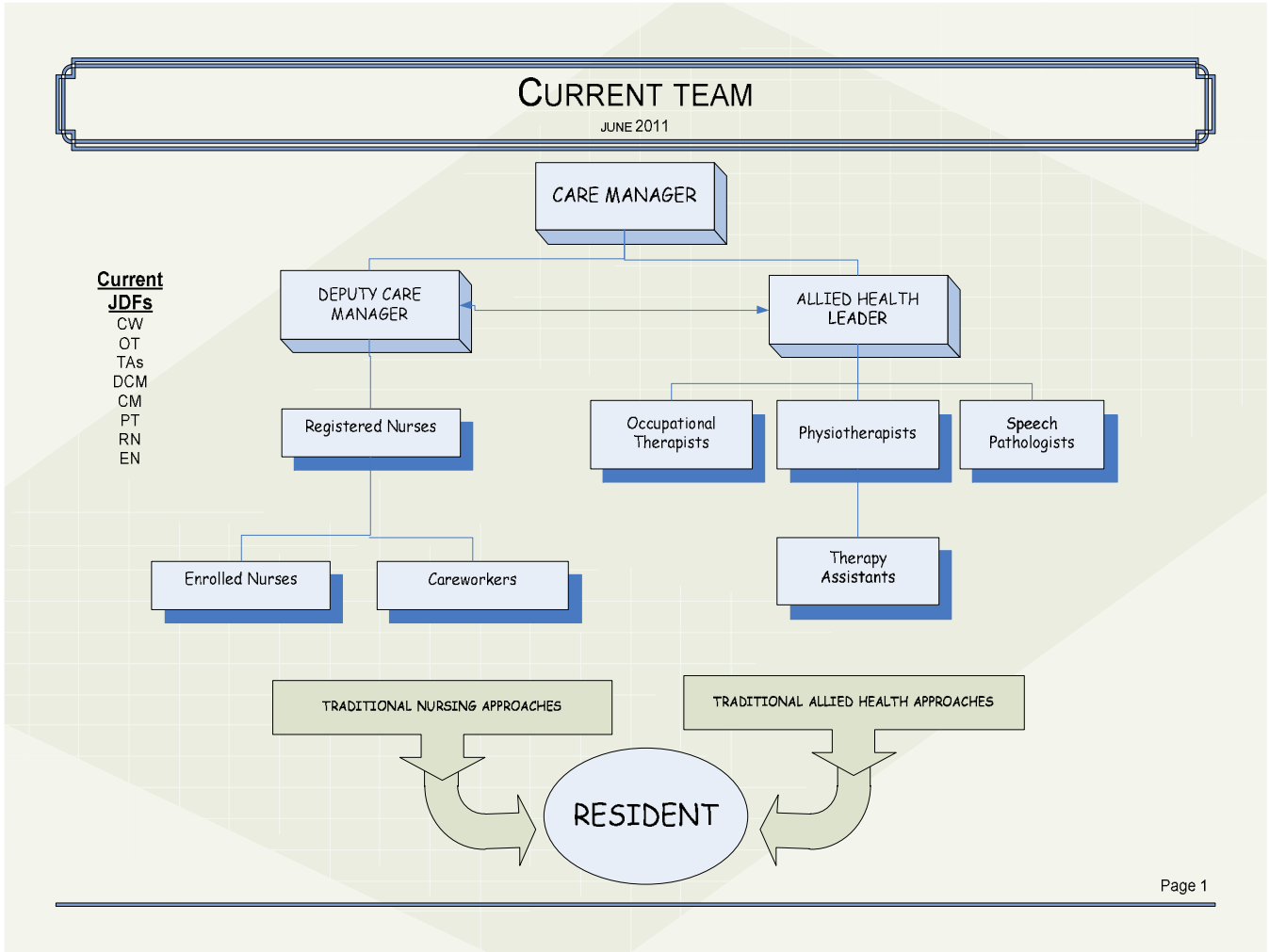


Appendix 9.13 Project Budget Report (as at 31 May 2011)

Brightwater Care Group
HEALTH WORKFORCE AUSTRALIA (aka NHWT)
For the Eleven Months Ending 31 May,2011

Variance	Annual Budget	Description	Doc #	Full Year	Full Year	Full Year	Full Year	Full Year	Full Year	Full Year	Project Life		Proj Life Totdate
				Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actuals	Actual	Budget	Variance
				2009/10	2008/09	2007/08	2006/07	2005/06	2004/05	2003/04			
		Income											
(104,215)		0 Other Income									104,215		104,215
(104,215)		0 Total Income		0	0	0	0	0	0	0	104,215	0	104,215
		Expenditure											
(42,824)		0 Salaries & Wages									42,824		(42,824)
(2,587)		0 Superannuation									2,587		(2,587)
(1,222)		0 Workers Compensation									1,222		(1,222)
(6,437)		0 Agency/External Staff									6,437		(6,437)
(53,070)		0 Total Labour Cost		0	0	0	0	0	0	0	53,070	0	(53,070)
(328)		0 External Food Supplies									328		(328)
(10)		0 Drugs And Medical Supplies									10		(10)
(99)		0 Domestic Charges									99		(99)
(29,208)		0 Administration Expenses									29,208		(29,208)
(20,799)		0 Employee Related Expenditure									20,799		(20,799)
(329)		0 Travel And Motor Vehicle									329		(329)
(103,844)		0 Direct Expenditure		0	0	0	0	0	0	0	103,844	0	(103,844)
(103,844)		0 Total Operating Expenditure									103,844		(103,844)
(371)		0 Operating Result									371		371
(103,844)		0 Total Expenditure									103,844		(103,844)

Appendix 9.14: RACF Team Hierarchy



Appendix 9.15: Mapping for Baseline Process for Client Interventions

Process Map of the Resident Journey	Who?	What?	When?
Stage 1 Initial assessments are completed by the various disciplines – usually independent of each other RN is supposed to complete initial assessment and refer to AH as indicated however this is not in practice as AH feel referrals are not being consistently made therefore they just start their individual assessments independently (initial assessments completed individually and independently)	RN/EN	ACFI assessments: Urinary continence form, Behaviour record-wandering, verbal, physical, Cornell scale for depression, Bowel continence form. <u>Resident/Client Admission Assessments</u> : 1-11; further assessments as indicated.	Week 1 1-6 wks
	OT	Initial assessment (Mini Mental, HDS, OT Performance observation screen 1,2,3, further assessments as indicated) ACFI-PAS	1-6 wks 1 wks
	PT	Refer on as indicated Physiotherapy gerontology Assessment 1,2	1-6 wks
	SP	Refer on as indicated Initial assessment	1-6 wks
			Refer on as indicated
Stage 2 Discussions within the discipline regarding assessment findings and possible referrals ie Dietetics, Podiatry. Nursing and Allied Health do not meet to discuss assessment results. Referrals are written in the Referral book located in each house. Nursing and AH would have to check this book before they make a referral to check if the same referral has not already been done.	Allied Health	Discuss residents that have been seen within the last 2 months. New residents are included in therapy programme and allocated to a Therapy Assistant.	Bimonthly
Stage 3 Care plans developed based on assessment findings CW can contribute to CP by writing progress notes.	RN/EN	Interim, Personal hygiene, toileting and continence, pain management, medication management care plans Social/emotional wellbeing; additional CP developed as indicated	1 week 1-6 wks
	OT	Mobility	1-6 wks
	PT	Communication	1-6 wks
	SP	Eating and drinking	1-6 wks
Stage 4 Client review	PT OT SP RN	Care plans are reviewed 6 monthly or in response to significant change in status Assessments are completed yearly or in response to significant change in status	

Appendix 9.16: Mapping for Proposed Process for Client Interventions

Process Map of the Resident Journey	Who?	What?	When?
<p>Stage 1 Initial assessments are completed by the various disciplines</p> <p>Postural Care</p>	<p>RN/EN</p> <p>OT</p> <p>PT</p> <p>SP</p> <p>OT/PT Spec. OT</p>	<p><u>ACFI assessments:</u> Urinary continence form, Behaviour record-wandering, verbal, physical, Cornell scale for depression, Bowel continence form.</p> <p><u>Resident/Client Admission Assessments:</u> 1-11; further assessments as indicated.</p> <p>Initial assessment (Mini Mental, HDS, OT Performance observation screen 1,2,3, further assessments as indicated).</p> <p>ACFI-PAS.</p> <p>Refer on as indicated.</p> <p>Physiotherapy gerontology Assessment 1,2.</p> <p>Refer on as indicated.</p> <p>Initial assessment.</p> <p>Refer on as indicated.</p> <p>All staff complete their individual assessments and determine the need for a Postural Care referral. A Postural Care assessment is then completed by a Specialist OT.</p>	<p>Week 1</p> <p>1-6 weeks</p> <p>1-6 weeks</p> <p>1 weeks</p> <p>1-6 weeks</p> <p>1-6 weeks</p> <p>1-6 weeks</p>
<p>Stage 2 Client goals/objectives</p> <p>Postural Care</p>	<p>RN/EN</p> <p>OT</p> <p>SP</p> <p>Client</p> <p>Family</p> <p>As above</p>	<p>Team discussion to translate the assessment information into agreed client goals and objectives (with client and family involved where possible)</p> <p>Team discussion to include where Postural Care objectives aligns with existing goals/objectives (add Postural Care to checklist for discussion)</p>	<p>After all assessments are completed</p> <p>As above</p>
<p>Stage 3 Staff awareness of client goals and task allocation to ensure goals can be met</p> <p>Postural Care</p>	<p>RN/EN</p> <p>OT</p> <p>PT</p> <p>CW</p> <p>As above</p>	<p>A representative from each discipline contribute to care planning, program planning and individual therapy planning.</p> <p>Team discussion to look at which staff will implement Postural Care and then develop program</p>	<p>1-6 weeks</p> <p>1-6 weeks</p> <p>As above</p>
<p>Stage 4 Client review</p> <p>Postural Care</p>	<p>RN/EN</p> <p>OT</p> <p>PT</p> <p>CW</p> <p>Client</p> <p>Family</p> <p>As above</p>	<p>Care plans are reviewed 6 monthly or in response to significant change in status.</p> <p>Assessments are completed yearly or in response to significant change in status.</p> <p>As above or when triggered via feedback from team</p>	



Appendix 9.17: Case Study

Refer to separate attachment