Multi-Purpose Services: The Braidwood Experience

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Preamble

1. Multi-Purpose Service (MPS) Programme.

The Multi-Purpose Service Programme is a joint Commonwealth and State initiative that seeks to improve the provision of community, aged and health care services in rural and remote areas. The programme is designed to provide a flexible, co-ordinated and cost-effective framework for the delivery of community, aged and health care services by sharing resources.

2. What is an MPS?

MPSs are the result of applying a concept for the provision of services flexibly and efficiently in smaller rural communities.

The major components of an MPS are aged care services, such as nursing home and hostel services, and acute health care services. In addition to these a range of community based services, such as those funded under the Home and Community Care Programme (HACC), community health, ambulance or community services can be incorporated into one service. The range of services incorporated into the MPS is a matter for negotiation with the community, service providers and relevant departments.

3. What is the purpose of an MPS?

The aim of the MPS Programme is to help overcome some of the obstacles faced by rural and remote communities in providing effective and viable community, aged care and health care services. These difficulties include:

- Small communities unable to sustain the full range of independent, stand-alone services such as nursing homes, hostels or hospitals;

- High cost of infrastructure and support services;

- Difficulties in attracting appropriately qualified and skilled staff; and

- Isolation from mainstream services.
4. Who is involved in an MPS?

The Multi-Purpose Service concept represents an agreement by the Commonwealth and State Government to pool the resources that should be available to a community, setting aside the normal programme guidelines and constraints, so that small communities can mesh the services, achieve important gains in productivity, reduce administrative overheads and share resources.

The Commonwealth and State have an arrangement to let pooling of funding occur and to allow a community-based entity oversee the service delivery.

5. Which communities will be considered for an MPS?

Communities that are isolated and where community, aged care and health care services are not viable under current funding legislation.

The communities that can expect the most benefit are those:

. where the planning ratio of the Residential Aged Care Programme would not allow the allocation of enough nursing home beds and/or hostel places to establish a viable facility;

. where there is an existing small hospital;

. that do not meet the existing criteria for establishing a full range of services;

. that can sustain viable, multi purpose services;

. that have broad community support for a change in service delivery;

. that have the agreement of agencies currently administering programmes to be a part of a MPS; and

. that have the agreement of the Commonwealth and State Governments.

The Braidwood Experience.

Braidwood is a small rural town located within the Tallaganda Shire and approximately one hour travelling time by road south of Goulburn, east of Canberra and west of Batemans Bay. The Tallaganda Shire services a population of 2458 over an area of 3319.18 sq. km..

Over the years, Braidwood has been famous for gold, cattle, tourism, major motor vehicle accidents on the infamous Kings Highway, the making of some successful Australian movies such as "Ned Kelly", "The Year my Voice Broke", "On Our Selection", and more recently as New South Wales's first joint State and Commonwealth funded Multi-Purpose Service (MPS).

Braidwood is one of four Multi-Purpose Service pilot sites in New South Wales.
Reasons For Becoming A MPS.

The local health service strategy

In the late 1970s, surgical facilities at Braidwood Hospital were closed. The dramatic change in bed occupancy brought about by these closures threatened the viability of the hospital’s acute services. A change in service delivery was required to maintain viability. Aged care was an issue in town as there were no aged care beds available. Residents had to access nursing home services at larger centres. The hospital’s empty beds were now made available for aged care.

In the early 1980s the obstetric unit was closed under the "Role Delineation" programme. Half the hospital’s acute beds were now being used for aged care.

In the late 1980s, the hospital viability came under review again when its role as an acute hospital providing aged care services was questioned. Hospital closure was again a real possibility. A solution was sought and we believe found in the form of a joint State and Commonwealth initiative for rural communities called a Multi Purpose Service (MPS).

Advantages of an integrated solution to customer needs

Braidwood Hospital became a prospective applicant for Multi Purpose Services late 1989. This "customer focused, one stop shop" programme for the provision of health and community care seemed to be the answer for ensuring the viability of services to the Braidwood community.

The programme flexibility was seen to be the greatest asset in that our new service could be developed for the community, by the community. Service providers would be able to work together under one administration, cutting through the bureaucratic red tape that made existing services inflexible.

The re-engineering of health provision

With the assistance of the State and Commonwealth, a meeting was held late 1992 with the Braidwood community and service providers to obtain support for the MPS Programme. The community was prepared to "give it a go"....

A MPS committee was formed consisting of existing hospital Board Directors, service providers and community representatives. After a few months there was general agreement to merge this MPS committee with the hospital Board of Directors to form one management body - The MPS Board of Directors.
The MPS Board sought consensus from all service providers in Braidwood regarding integration. A common mission was founded in trust. Interim operational procedures were developed until "cashing out" of individual services funds to the pooled MPS fund could take place. The Braidwood community was kept informed of all developments.

Our MPS was declared on 1st July, 1994.

**Cost benefits - pooling the funds, reinvesting the savings.**

MPS does not mean more funding, however it does mean the flexible use of funds with savings being reinvested in services.

The MPS funding pool can be utilized for all services provided, with money being divided up per a service plan developed by MPS Board, MPS service providers and Braidwood community. The plan is flexible and may be changed as required - as services are expanded, modified, replaced or renewed.

**Challenges**

**Obtaining support from funding bodies and community**

The residents of Braidwood are extremely community minded. Many serve on community committees and many of these committee members had to give up their position on these committees and the power these positions generate, so that the MPS could be introduced. They did this for the good of the community.

Too often different community organisations/groups compete with each other for funding and the right to provide a service. They do this because that's the way the existing inflexible system works.

In Braidwood it is accepted that we all must work together to gain maximum benefits for our community from the MPS programme.

When we obtained the support of the community and the service providers, funding bodies had no choice but to "cash out" the funds.

**Overcoming resistance to change;**

Humans do not like change. We set up in our minds mental borders and work within set boundaries. Our minds filter out the information it does not recognise only allowing acceptable material to be processed. To many of us, the future is just an extension of the past. New ideas mean change and change is rejected. We overcome this resistance by changing in ways that does not threaten. That is, we inform, educate and encourage participation in the change, acting only on viable data.
Avoiding the "traditional" easy way out;

It is easy to fall into the "old ways of thinking" - Braidwood MPS has a plan to manage the major changes MPS presents us with. We are teaching our service providers to manage this change using "Total Quality Management" (TQM) processes.

- TQM is the process by which customer satisfaction is ensured through involvement of all employees in reliably producing and delivering quality products and services.

- TQM has four principles:
  1) Customer Satisfaction.
  2) Decision making by FACT.
  3) Continuous Improvement.
  4) Respect for People.

- MPS management recognises the following in this process:
  - service providers have the greatest expertise in their jobs.
  - MPS Board and management must listen to service providers and be willing to embrace the solutions proposed by them.
  - MPS Board and management must trust the service providers to identify and solve problems.
  - MPS Board and management must foster a work climate characterised by:
    - trust
    - participation
    - communication
    - respect

- Old thinking must change, all of us are responsible for the outcome and only by working together can valid customer needs be met.

Redesigning job function

Service providers are providing innovative solutions in the provision of services to the Braidwood Community. Costs to services generated by poor work practices, in some instances, are very high. Co-ordination of services is of benefit, but true saving in time and resources are only available when the most costly resource - ie staff, are removed from the rigid structure that presently supports them and placed just as MPS funding is, in a pool.

I am talking "multi-skilling". We are looking at realistic ways to multi-skill staff at Braidwood. The staff themselves see multi-skilling as an advantage, however the union movement understandably does not.

The word multi-skilling seems to strike fear in the heart of some persons. This is where respect for staff is essential. As a manager, I do not expect my staff to perform duties
that they are not trained for, or have the stomach for. I believe there are levels of multi-skilling, and not all staff will be suitable for all tasks, however most staff have the potential with appropriate training to multi-skill in some way. I myself am multi-skilled, as a manager I manage and co-ordinate the MPS; as a registered nurse I perform a clinical role when required; I hold an X-ray Licence for diagnostic radiology as the hospital is too small to employ a radiographer. I support my staff in the provision of direct services when required.

There needs to be negotiation with unions to achieve a MPS enterprise agreement that would allow for more flexible staffing. At present our multi-skilled staff are paid under the award covering the area they work in, they are not recognised by the unions for the extent of services they provide, they appear to be just a thorn in the union’s side that may flow on to other sites. They are discouraged by the union they pay to help them.

The MPS recognise the enthusiasm of its staff and believe they should be rewarded, not penalised, by the industrial system.

The respect we have for our staff is demonstrated by the following:

- Staff are kept informed and involved (shown where they fit into the bigger picture).
- Staff training is continually provided (so they are the best they can be).
- Open communication is encouraged (so they may perform their jobs with peak effectiveness).
- Responsibility and authority are delegated (don't make them do as they are told, even if it may be wrong).
- A sense of purpose must be created (motivated to do their best).

Our staff/service providers are our most important resource.

**Establishing and maintaining a community partnership.**

Communication is essential.

We kept the community informed by the following means:-

1. Newspaper articles.
2. Access of service information, new or changed service information provided by letter box brochure drops.
3. MPS Board Chairman and Manager visit community groups meetings and inform/answer questions. These groups will also carry the MPS message to others, and can be very supportive.

4. MPS Board Directors and Manager provide some services and listen to comments made by our customers (eg provide transport services at various times of the month).

5. Perform usual audit and data collection (ie questionnaires).

6. Service contact staff provide information/answer questions. Remind the community that this is their health service.

Implementation Method

To "boldly go where no one has gone before..."

This flexible service has the potential to cause many problems. First of all nobody likes change and MPS generates major change affecting service providers and customers.

Secondly, there are no rules, anything is possible. Most humans like to work and live within certain fixed boundaries and MPS remove these boundaries.

We could have spent months planning every minute detail of the change, however, it was felt that this may have led to rigid, formalised processes not in the spirit of the MPS programme. It was decided to act subjectively and "take the ball and run"..... gathering data and modifying the process as we went.

No one to copy; little experience to call on

The MPS Board's view was that each individual service provider was an expert in their own field and that they knew their customers’ needs and indeed were trusted by their customer. It was therefore decided to have these individual service providers integrate their service into the MPS with streamlining of the services to take place slowly with plenty of consultation based on valid data.

This process has been very successful.

With the service providers willing to accept and provide the mechanism for change, the community has accepted and embraced the change to the point that we are now asked "why is it taking so long to make it happen?"
The Rewards:

We plan for:

1) A co-ordinated, cost efficient, equitable service fulfilling the needs of the Braidwood Community.

2) A health service not just based on sickness.

3) Collection of viable data to guide our path to success.

In Conclusion

We are only just beginning to explore this concept called MULTI-PURPOSE SERVICE.