

Rural Accommodation and Infrastructure Program

Final Project Report

Project name:	Hume Clinical Placement Network (HCPN) Student Accommodation, Communication through Connectivity & Infrastructure (SACCI) program
Total Department Funding (GST excl)	\$ 778,309.00 (Includes \$740,00 project funding plus \$38,309 funding from the HCPN on line register project funds held in trust by GV Health)
Other Funding (GST excl)	
Project completion date	June 30 2013
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1. BACKGROUND AND CONTEXT

The Hume CPN covers 40,427 square kilometers of provincial, north-east Victoria and provides services to a number of cities, a range of small towns and many farming and agricultural communities, some of which are relatively isolated. The region also includes Victoria's alpine areas. The distances between placement providers and education providers, and the geographical profile of the Hume region, often prohibits in person communication, and as such support for the 500 strong membership of the network. See Annex One- Map of HCPN including public health and community services, and education providers.

There are two regional, two sub regional, thirteen local health services and four standalone community health services located in HCPN, all of which currently undertake placements for entry level health professionals. This is in addition to aged care, the many private organisations, government and not for profit agencies that also facilitate placements. The public health services currently provide the majority of placement opportunities and are all active members of the HCPN (See Annex Two)

The HCPN had 100% participation from all 17 public and 4 community health services in the 2011 multilateral clinical placement nursing and allied health (physiotherapy and occupational therapy) negotiations trial (MLN trial). This has resulted in an average across the region increase of 58% placement days booked for 2012. This includes nursing, medicine and allied health. (See Annex Two)

The most extensive increases were noted for the small rural health services, with the Moira Health Service group averaging a 65% increase.

1.1 MLN Trial – 2011 Booked Placements for 2012

CPN	Discipline	No. MLN generated placements (Sep 2011)
Hume	Midwifery	999
	Nursing	28475
	Occupational Therapy	1093
	Physiotherapy	2370
Total		32937

1.2 Barriers to Placement

Barriers for small rural and community health services to facilitate placements were identified in the findings from the CH & SRHS VHA Expanded Setting₁ project and include:

- Lack of infrastructure to support student placements (including communication modes and IT infrastructure)
- Difficulties communicating with education providers
- Lack of supervisors – link to innovative supervision models
- Lack of support for supervisors from education providers

Barriers to facilitating placements found in the Moira Health Services Interprofessional Clinical Placement Coordination Project HCPN 2011 Strategic Project₂ include:

- Limited or no student accommodation which is vital in rural areas with limited public transport
- Inadequate preparation of staff for student placement
- Inadequate education for staff regarding supervision
- Lack of resources, IT access, education study areas, lockers for students
- Limited effective communication between education providers in regard to placement process and opportunities

(The draft final report for the Moira project is available on request)

The Central Hume, Interprofessional Clinical Placement Pilot₃, 2011 HCPN strategic project also found common barriers such as:

- Lack of accommodation and associated travel expenses for students
- The ability to offer innovative supervision models, such as shared placements and increased access to regional based allied health supervisors, limited due to the lack of IT/communication technology
- Lack of access to student, supervisor dedicated meeting/learning rooms.

(The draft final report for the Central Hume project is available on request from the Hume CPN Coordinator)

A review of the HCPN profile available on viCProfile₄ and validated where possible by the HCPN ISO contacting listed organisation in April 2012, indicated the above barriers were replicated across the HCPN. (See Annex Three & Four, Student Resource and Accommodation reports)

The HCPN currently facilitates placements for thirty one education providers, fifteen of which are located interstate. (See Annex Five- Education providers placing students in HCPN)

Information obtained from viCProfile₄ indicates the priorities that education providers want for their students on placement are:

A placement supervisor or educator	100%
Internet access	84%
A tutorial room	66%
Video conferencing	47%
Audio-visual equipment (projectors etc.)	41%
Computers	25%
Photocopiers/printers	22%
Access to their Education provider portal	22%
Email	16%
A quiet study room	13%

1.3 The Best Practice Clinical Learning Environment (BPCLE) framework:

The Best Practice Clinical Learning Environment₅ (BPCLE) project identifies six key characteristics of high-performing, quality driven, clinical learning environments:

- An organisational culture that values learning
- Best practice clinical practice
- A positive learning environment
- An effective health service-training provider relationship
- Effective communication processes
- Appropriate resources and facilities.

It is anticipated that implementation and reporting against the BPCLE framework will be an ongoing requirement of public health services funded for clinical training via the Training & Development Grant. For 2010/2011, public health services were required to report against three indicators from the framework. Based on the expectation that additional reporting may be required, and to encourage implementation of the framework, all clinical training funding opportunities require consideration of the BPCLE framework principles, and how potential funding can facilitate compliance with the frameworks performance indicators.

See Annex Six for an extract from the Best Practice Clinical Learning Environment Framework Implementation Phase 1, which lists the relevant principles which have been considered in development of this proposal. Of note are the requirements to support communication between education providers, placement providers and students, and provide infrastructure and resources for students and relevant health service staff.

1.4 IT, Communication, Connectivity, Access to Resources for Students, Supervisors & other HCPN members

The increase in placements negotiated through the 2011 MLN's has highlighted issues around communication and connectivity of placement and education providers. For example, La Trobe University (LTU) is one of the main education provider partners for the HCPN. In 2010, the LTU Shepparton, Wodonga and Bendigo campuses placed some eight disciplines for nearly 10,000 placement days (16% of total placement days for HCPN) at 15 of the 17 (20 actual sites) public health services spread across HCPN. (See Annex Seven) Many of these placements occurred at a range of sites concurrently. It is logistically impossible for LTU to support students and supervisors by sending a university representative to each site during the placement. However, this is one of the main concerns raised by placement providers; the need for support from education providers for students and supervisors, before and during placement periods.

As identified in the attached reports generated from viCProfile:

- there is limited, equitable, access across HCPN to computers, videoconference equipment (VCE),
- where VCE exists, difficulties with connectivity for VCE from the four main HCPN education providers; LTU, Charles Sturt University (CSU), Wodonga Institute of TAFE (WIOT) and Goulburn Ovens TAFE (GoTAFE) and also, importantly, the Department of Health (head office and regional office) prohibits usability
- where VCE or computer access exists, this is shared and clinical training activity does not have dedicated, or priority access

- there is discipline specific, or limited, low priority access to basic infrastructure such as student study rooms, desks, chairs, lockers, libraries, audio visual equipment etc.

The lack of communication technology such as VCE also impacts on the general work of the HCPN. For example, the HCPN committee currently meets monthly and on average three sites utilise VCE to link into the meeting. The five education provider sector representatives are unable to link from their facility, and are required to travel to a public health service to access VCE. Whilst the use of VCE for committee meetings is now working effectively, it would be more efficient and less of a burden for committee members if all could access VCE from their own facility and be assured of connectivity.

Other HCPN work that would benefit from improved connectivity through VCE and other IT infrastructure include:

- HCPN wide projects; there are currently four projects underway that cover the whole of the HCPN region. All of these projects have a governance structure that has an across the region steering or advisory group. The distance required for travel to meetings limits attendance and therefore limits the consultation necessary to ensure relevant stakeholder input into the projects management and objectives.
- Work to build on the recommendations of the HCPN 2011 strategic projects; for example the LTU Education for Supervisors project recommended the establishment of a support group for HCPN supervisors. This recommendation was endorsed by the evaluations from participants following the four HCPN Clinical Supervision workshops, February 2012. The recommendations from participants of the workshops was to have minimal face to face meetings, and to use VCE where possible so that supervisors could participate in meetings without the requirement to allow travel times of up to six hours per round trip, and therefore lose a whole day of work for a one to two hour meeting. Other suggestions were to establish an on line forum, which with the current lack of IT infrastructure would not be feasible, or allow for consistency across the region.
- Access for supervisors to viCPlace via dedicated computers; currently supervisors have insufficient dedicated access to computers. Before and after implementation of viCPlace, direct, or "coalface" supervisors will require accessible computers for information to support placement coordination, planning and management.

The development of IT facilities and software to support meetings of the various CPN committees and working groups, to facilitate participation by stakeholders from across the region, was also identified at the HCPN 2010 workshops. With the future implementation of viCPlace and BPCLE framework, the access to IT infrastructure for health service staff has become even more of a priority.

1.5 Hume Rural Health Alliance (HRHA)

HRHA provides information technology services, member group IT purchases and associated installation and training, strategic planning, representation and advocacy for IT issues for the 21 member public health agencies, including Acute, Community Health and Aged Care in the Hume Region.
<http://www.hrha.com.au/members.html>

As the contracted purchaser and provider of IT infrastructure and associated requirements for the member organisations, HRHA have been extensively consulted in the development and feasibility of this proposal. Consultation has also occurred between HRHA and the education provider partners listed in the proposal to ensure the required technological aspects have been considered.

1.6 CEO's: Hume Region Public Health & Community Health Services

As this proposal includes the potential purchase of assets, the 21 CEO's have been consulted and advised by the Hume Region, Department of Health, Director of Health and Aged Care. This has included the recommendation from the HCPN Committee regarding a full consultation and needs analysis before resources are decided or purchased for their facilities. Further consultation in regard to sustainability and ongoing costs will need to be undertaken with relevant facility representatives.

1.7 Accommodation

As identified in the attached reports generated from viCProfile:

- there is limited access across HCPN to dedicated student accommodation
- the majority of accommodation available is fully utilised for one discipline group (medicine)

HCPN committee has discussed the issues around student accommodation and has endorsed a strategic approach for future work in addressing this perceived high priority need. With the aims of sustainability, working in partnerships and building relations with other stakeholders, the committee has proposed the following plan:

- that a HCPN Student Accommodation Working Group (SAWG) be established as a sub committee to the HCPN
- that this working group seek to work in partnership with other relevant stakeholders such as the 13 Hume LGA local councils, the regional Department of Health, education providers and the Hume Workforce Development Committee (HWDC).
- that the focus for the group would be to ascertain in detail, and with supporting evidence, the need for student accommodation across HCPN
- that the working group consider a range of options to address the identified need, including but not limited to, preparation of a business case to seek relevant funding to support solutions
- that the working group work in partnership with identified members such as the Hume region DH and local councils, to investigate innovative options to address student, and possibly other health worker accommodation needs
- that a set amount be requested within this proposal to support the findings and recommendations of the SAWG, following endorsement from the HCPN Committee, this may include allocation of funds to relevant health services to address high priority accommodation needs.

It is acknowledged that there are insufficient funds available to enable a solution across the HCPN for student accommodation. Allocation of funding will be dependent on current placement capacity and planned future capacity. Other options that need to be considered are innovative models of collaboration of many partners so that the resource and responsibility is shared.

1.8 Link to the Department of Health: Victoria's strategic plan for clinical placements 2012-2015, Well Placed. Well Prepared.

A key priority in the above strategic plan⁸ is to support innovation, including a focus on Information and communications technology (ICT). As noted in the plan, ICT can support both students and educators in the clinical placement system. There is potential for ICT to be applied to:

- preparing students for placements in different settings
- developing and delivering educational and training materials, to complement the clinical learning experience
- facilitating orientation
- assisting students to access clinical information and manage their learning obligations
- planning, coordinating and administering clinical placements
- strengthening networks of students and educators
- sharing educational material within and between clinical placement sites
- delivering education and training
- facilitating communication between supervisors and students
- supporting off-site supervision models
- continuing education for supervisors.

The plan also recommends that the innovative use of ICT in clinical placements should continue at both the CPN level, addressing local needs and testing innovations on a smaller scale, and the statewide level. As outlined in the plan, strategies to support innovation will need to interface with and complement the department's strategic directions in tele-health.

1.9 HCPN proposal

To support the current placement capacity, and to allow for further growth, the barriers identified above need to be addressed in a strategic, coordinated, and as far as possible, equitable manner. The opportunity to submit a proposal for the Rural Accommodation and Infrastructure RFP was discussed at the HCPN 13 April Committee meeting (minutes available on request). All committee members had been advised of the opportunity from the HCPN Committee chair, they were also provided with a range of reports accessed, and attached, from viCProfile by the HCPN ISO.

The limited timeframe for submission was noted and with the aim of achieving the greatest good for the HCPN high priority areas, to support the noted increases from the 2011 negotiations, with an equitable, strategic approach, the following proposal is submitted. The underlying principles which have guided development of this proposal include an established HCPN philosophy of building on, and expanding partnerships, relationships and the sharing of resources. By targeting the seventeen public health, and four community health services, the expectation is that all HCPN members, including education and placement providers, can link with these services to access the resources sought within this proposal. This may not be reasonable for such IT hardware as computers, however, for example, access to VCE to facilitate HCPN work, this would be an expectation of funded agencies.

The agencies listed to gain resources or funds to enable infrastructure are based on a review of viCProfile, and with consideration of the recent funding successes for Hume facilities in the November 2011 RFP's, funded by HWA and the Department of Health. Review and attempts to validate and clarify the information in viCProfile has demonstrated that clarification around the responses to various questions is required before purchasing of resources or funding to agencies is commenced. For example, the response to the question regarding the existence of VCE equipment is generally positive for all public facilities, however, on clarification, the VCE is not dedicated to clinical training activity and is used predominantly for the organisations general business, with no priority of access given to clinical training work. To ensure that any funding granted is used appropriately and in the most efficacious and cost effective manner, the proposal incorporates a cost to allow for a project manager (PM) to further the clarification and priority of needs for all organisations listed in the proposal. The PM would also be responsible for:

- working with HRHA to manage the significant coordination required to install the IT/VCE infrastructure,
- organise training for relevant key personnel in regard to the use of VCE and other equipment
- establishing, with the assistance of the HCPN Coordinator, and the Committee representative, the HCPN Student Accommodation Working Group

By improving infrastructure, connectivity and communication, HCPN will be able to further build relationships and partnerships, and continue to increase capacity and quality in clinical training across the region.

2. PROJECT OBJECTIVES AND EXPECTED IMPACTS

2.1 Project Impacts

- To support and further develop the capacity and quality of clinical placements at the seventeen public and four community health services across HCPN
- To seek clarification with the agencies listed regarding their responses in viCProfile and to undertake a needs analysis regarding IT, VCE, other infrastructure, and accommodation needs
- To improve connectivity of the major HCPN stakeholders in regard to IT and technology based communication processes
- To implement an interim solution for student accommodation using a voucher system for students to access accommodation where none exists
- To develop a long term, needs based, sustainable and strategic approach to student accommodation needs in HCPN.

To achieve these aims, and under the governance of the HCPN Committee, the project will:

- based on validated, identified need, provide infrastructure, including IT and communication technology, across the 17 public health services and 4 standalone community health services in HCPN.

- based on validated need, and consultation, provide a Student Placement Starter Kit of Resources across the 17 public health services and 4 standalone community health services in HCPN.
- establish a sub group of the HCPN committee to review accommodation needs, and to work in partnership with other Hume stakeholders to develop a strategic, long term plan to address these needs.

2.2 Project impacts

- Facilitation of the 58% increase in clinical placement days as a result of the HCPN MLN's Trial.
- Dedicated VCE access and connectivity established across the 17 public health services and 4 community health services in HCPN
- Dedicated resources provided to support clinical training activity, and other work of the HCPN, across HCPN
- Development and implementation of a long term strategic plan to address student accommodation needs in HCPN

3. PROJECT MANAGEMENT

3.1 Governance

The HCPN has overall governance of the project and is responsible for ensuring that the following project targets are met.

- Facilitation of the 58% increase in clinical placement days as a result of the HCPN Multi Lateral Negotiation (MLN's) Trial.
- Dedicated VCE access and connectivity established across the 17 public health services and 4 community health services in HCPN
- Dedicated resources provided to support clinical training activity, and other work of the HCPN, across HCPN
- Development and implementation of a long term strategic plan to address student accommodation needs in HCPN

The operational governance is being performed by Goulburn Valley Health. The Project Manager (PM), (Kellie Thompson) reports to the HCPN committee member Wendy Lewis (Chief Nursing and Midwifery Officer) via Carole Maddison (Director Centre for Nursing & Midwifery Practice, Education and Research). The PM also provides a monthly report to the HCPN committee in addition to providing reports for the HCPN Newsletter.

The PM will communicate, consult and work with the HCPN Coordinator (Debbie Gleeson) and Information Support Officer (Sharon Schneider-Fuller) - see Project Activities

As part of the reporting process, the PM will complete financial acquittals at least bimonthly, and establish an asset register. The asset register will include the ongoing management and sustainability plan for agencies receiving funding for accommodation or resources. Agencies unable to commit to a sustainability and ongoing management plan will not be eligible to receive funds or resources.

A Student Accommodation Working Group was established early in 2013 with Wendy Lewis (GV Health) large regional Hospital, HCPN Committee member as the chair due to the unavailability of the previously identified chairperson. The Community Health sector HCPN committee member has withdrawn from this commitment. Meeting schedules, membership required and TOR has been determined following consultation with the HCPN committee. The membership includes a broad range of stakeholders.

The resignation of Wendy Lewis on March 15th 2013 has resulted in Carole Maddison (GV Health) assuming the role of Chairperson.

3.2 Stakeholder engagement and consultations including timeline

See Annexure 8 Consultation Process & timelines for allocation of funding – Hume CPN SACCI Project
See Annexure 11 – Student Accommodation Workshop Report

3.3 Budget

See Annexure 9a/ 9b/9c – Budget round 1 funding

See Annexure 10a/10b/– Budget round 2 funding

3.3.1 Actual Expenditure

Cost Item	Budgeted expenditure	Actual expenditure
1. Project Costs	\$ 61,189.00	\$ 61,189.00
Salary	\$ 51,669.00	\$ 51,669.00
Travel & Fuel	\$ 3660.00	\$ 3660.00
CPD allowance	\$ 450	\$ 450
Mobile Phone	\$660.00	\$660.00
Stationary / Consumables	\$ 650.00	\$ 650.00
PC Access Charge	\$1100.00	\$1100.00
2. Student Resources	\$449,249 (\$410,940.00+ \$ 38,309 HCPN Strategic Project on- line register funds)	\$510,682.68
3. Student Accommodation	\$202,870.00	\$190,092.00
4. VCE Bridge LTU to all facilities (withdrawn)	\$65,001.00	\$0.00
5. Student Accommodation Workshop	\$0.00	\$ 4,163.02
	TOTAL (budgeted):	TOTAL (actual spend to date)
	\$778,309.00	\$766,126.70

This project has returned a surplus of \$12,182.30
See Attachment A Funding Acquittal

(Of the 21 funded orgnaistions, 10 organisations did not use all of the available funding. This ranged from \$1.05 to \$7,686.87. Funding not fully used included funding for accommodation building works, student lockers and some office items.)

3.4 Project performance against stated deliverables

Project Activity	Project Deliverable / Target	Due Date	Status (i.e. complete, in progress, yet to commence)
1. Recruit Project Manager	Appoint Project Manager	July 2012	1. Complete 8 August 2012
<p>1. Identify and validate the identified need for student resources and infrastructure across the 17 public health services and 4 standalone community health services in HCPN, and partner education providers.</p> <p>2. <i>Develop survey monkey tool that replicates viCProfile to assess needs</i></p> <p>3. Confirm with HCPN Committee and develop selection criteria for allocation of resources (i.e. no. of current and projected placement activity, willingness to share relevant resources such as VCE with other HCPN members, agreement from organisation to support ongoing costs, suitable site for resources, reporting requirements back to lead agency etc as identified, previous funding, link to HCPN strategic directions)</p> <p>4. Develop recommendations for resource allocation and seek endorsement from HCPN Committee</p> <p>5. Seek approval from Sector Workforce Planning Unit, Department of Health for investment allocations</p> <p>6. Letter of Offer of resources to relevant organizations</p>	<p>Student resources are allocated based on need and achievement of HCPN selection criteria to the 17 public health services and 4 standalone community health services in HCPN, and partner education providers</p>	<p>December 2012</p>	<p>1. Complete 18.09.2012</p> <p>2. Complete 18.09.2012 Survey monkey not used: Site visits and liaison with CEO's or delegates of all 21 services</p> <p>3. Complete presented at HCPN Committee meeting 12.10.2012 and endorsed</p> <p>4. Complete Recommendations endorsed at HCPN Committee meeting 12.10.2012</p> <p>5. Complete – Phone conference with DoH 17.10.2012. Approval sought 07.11.2012. Renegotiation of offers and approval by HCPN Chairperson 13.11.2012</p> <p>6. Complete – letters of offer sent 21.11.2012, acceptance for all offers received by 28.11.2012</p> <p>7. Complete - Equipment ordered 28.11.2012, installation and training</p>

Project Activity	Project Deliverable / Target	Due Date	Status (i.e. complete, in progress, yet to commence)
<p>7. Equipment ordered: IT/VCE in consultation with HRHA, installation and training organized</p> <p>8. a. Allocation of funds to relevant organisations for infrastructure Asset list developed, b. viCProfile update report prepared</p>			<p>complete January 2013)</p> <p>8. a. Complete - acceptance of all 1st round offers of funding received 28.11.2012, 2nd round by May 8th 2013</p> <p>b. Complete (see Annex 14 - Student Infrastructure / resources and accommodation report for viCProfile</p>
<p>9. Establish a Student Accommodation working group (SAWG) as a sub group of the HCPN committee- to be chaired by HCPN Committee member</p> <p>10. Terms of Reference written and ratified by HCPN Committee</p> <p>11. Report findings from survey (see above) to SAWG/HCPN Committee</p> <p>12. Complete work as directed by SAWG</p> <p>13. Investigate opportunities for partnerships across</p>	<p>A strategic plan for Student Accommodation HCPN is developed and endorsed by the HCPN Committee</p>	<p>April 2013</p>	<p>9. Complete – Identified Chairperson of SAWG, Jill Huchison, CEO Primary Care Connect 21.08.2012. Chairperson withdrew alternate Chairperson identified Wendy Lewis Goulburn Valley Health. 15.03.2013 Wendy Lewis resigned, Carole Maddison (GV Health) has assumed this role</p> <p>10. Complete - Terms of Reference, and working group representation approved at HCPN Committee meeting on 12.10.12. Presented and confirmed at 1st SAWG meeting 08.02.2013</p> <p>11. Complete- Workshop 01.03.2013 facilitated by Dr Donna Cohen. Consultation with liaise with Hume Region Nursing / Midwifery education Group, Allied Health Education Group, Small Rural Hospitals forum, Hume Region Allied Health Leaders Council, local councils</p> <p>12. Complete – Strategic Plan and Business case endorsed by HCPN Committee June 14 2013</p> <p>13. Complete- Workshop 01.03.2013 facilitated by Dr Donna Cohen.</p>

Project Activity	Project Deliverable / Target	Due Date	Status (i.e. complete, in progress, yet to commence)
<p>CPN's, with other stakeholders i.e. local councils, workforce industry groups etc</p> <p>14. Prepare final HCPN Student Accommodation report and strategic plan, seek endorsement from HCPN Committee</p>			<p>Consultation with liaise with Hume Region Nursing / Midwifery education Group, Allied Health Education Group, Small Rural Hospitals forum, Hume Region Allied Health Leaders Council, local councils</p> <p>14. Complete – Strategic Plan and Business case endorsed by HCPN Committee out of sessions June 18 2013</p>

3.5 Timelines

The following is a summary of the progress / final reports (asset registers) received from organizations that received funding and in accordance with the funding conditions.

	Report 1 Received	Report 2 received	Final invoices received	Final asset register received	Final Acquittal received
Due Date	30-Jan 2013	30-Mar 2013	30 May 2013	30-May 2013	30-May 2013
Kilmore and District Hospital *	No	No	N/A	No	N/A
Numurkah District Health Service*	Yes	No	N/A	No	N/A
Ovens and King Community Health Service*	No	N/A	N/A	Yes	N/A
Yea & District Memorial Hospital*	Yes	No	N/A	No	N/A
Albury Wodonga Health	Yes	No	Yes	Yes	Yes
Charles Sturt University	N/A	N/A	Yes	Yes	Yes
Mansfield District Hospital#	Yes	No	Yes	Yes	Yes
Upper Murray Health and community services	Yes	No	Yes	Yes	Yes
Yarrawonga District Health Service	Yes	No	Yes	No	Yes
Seymour Health#	Yes	No	Yes	No	No
La Trobe University	N/A	N/A	Yes	Yes	No
Alpine Health	Yes	N/A	Yes	Yes	Yes
Benalla Health	Yes	No	Yes	Yes	Yes
Alexandra District Hospital#	Yes	N/A	Yes	Yes	Yes
Cobram District Hospital#	Yes	N/A	Yes	Yes	Yes
Gateway Community Health	Yes	N/A	Yes	Yes	Yes
GoTafe	N/A	N/A	Yes	No	No
Goulburn Valley Health#	Yes	Yes	Yes	Yes	Yes
Northeast Health Wangaratta#	Yes	No	Yes	Yes	Yes
Tallangatta Health Service#	Yes	Yes	Yes	Yes	Yes
Wodonga Institute of Tafe	Yes	No	Yes	Yes	Yes
*These organisation received items in January 2013 through HRHA only					
# These organisations received Accommodation funds					

4. PROJECT OUTCOMES

<i>Objective/ Impact</i>	<i>Measure / Outcome</i>	<i>Collection Method / Reference</i>
<ul style="list-style-type: none"> Facilitation of the 58% increase in clinical placement days as a result of the HCPN MLN's Trial. 	<ul style="list-style-type: none"> <i>HCPN clinical placement days demonstrate maintenance of the increases achieved in the 2011 MLN's trial, and further growth from the clinical planning undertaken in 2012-05-06</i> 	Data to measure this outcome is not currently available from HWA or the Department
<ul style="list-style-type: none"> Dedicated VCE access and connectivity established across the 17 public health services and 4 community health services in HCPN 	<ul style="list-style-type: none"> <i>There is dedicated VCE and access for HCPN work, students on placement and their supervisors in the 17 public and community health services across HCPN.</i> <i>Education providers are able to connect to all 21 faculties.</i> 	See Annex 14 - Student Infrastructure and resources report for viCProfile and Attachment C Asset Register/s funded organisations
<ul style="list-style-type: none"> Dedicated resources provided to support clinical training activity, and other work of the HCPN, across HCPN 	<ul style="list-style-type: none"> <i>There are dedicated resources for HCPN work, students on placement and their supervisors in the 17 public and community health services across HCPN.</i> 	See Annex 14 - Student Infrastructure and resources report for viCProfile and Attachment C Asset Register/s funded organisations
<ul style="list-style-type: none"> Development and implementation of a long term strategic plan to address student accommodation needs in HCPN 	<ul style="list-style-type: none"> <i>7 health services received funding to refurbish existing accommodation, 5 health services refurbished existing student accommodation, 2 health services refurbished accommodation that had not been previously used for students.</i> <i>HCPN Student Accommodation strategic plan</i> <i>HCPN Student Accommodation strategic plan Business case</i> 	<i>See Annex 12 Student Accommodation Strategic plan & Annex 13 Student Accommodation Strategic Plan Project Proposal</i>

5. EVALUATION

Positive Aspects

The Hume CPN has been very responsive, fair and collaborative during the course of the project. CEO's, DON's and education staff have been very receptive to site visits and the collection of data and information to support the project. This included organisations that did not request funding.

A large proportion of the funded organisations were very efficient in meeting reporting requirements and were ahead of schedule with their reporting.

The model used to complete the gap analysis, gather the data, identify the needs and negotiate these needs with the stakeholders was very successful. This model ensured that the organisations with the greatest need received the funding to support student placements.

The Hume Clinical Placement Network Committee had responsibility for approving selection criteria and endorsing allocation of resources.

Selection criteria in order of priority used to endorse funding were: See Annexure 9d

1. Number of current and projected placement activity
2. Willingness to share relevant resources such as VCE with other HCPN members
3. Agreement from organisation to support ongoing costs
4. Suitable site for resources
5. Reporting requirements back to Project Manager and Hume CPN as identified
6. Previous funding
 - a. Access to *Rural Support Fund*
 - b. Access to *HWA training funds*
 - Goulburn Valley Health
 - c. Access to *Small Capital and Equipment Funding*
 - Albury Wodonga Health Infrastructure
 - Alexandra District Hospital Accommodation
 - Alpine Health – Myrtleford, Infrastructure & Accommodation
 - Beechworth Health Service Infrastructure
 - Gateway Community Health Infrastructure
 - Northeast Health Wangaratta Infrastructure
 - Primary Care Connect Infrastructure
 - Seymour Health Infrastructure
 - Tallangatta Health Service Accommodation
7. Link to HCPN strategic directions

Organisations who received "2nd round' funding had extremely tight timeframes to meet with regard to the reporting and financial requirements. These organisations are to be commended on their commitment to meeting these timeframes. (La Trobe University, GoTafe, Charles Sturt University)

Areas of difficulty

Despite the conditions of funding and reporting requirements being clearly identified and signed off by CEO's / delegates there has been issues with some organisations meeting their reporting requirements. Some organisations have still not provided asset registers and or final report documents.

La Trobe University was identified in the original project plan to receive part funding to support the installation of a video conferencing bridge to improve connectivity. The project Manager facilitated testing and communication between LTU and HRHA which resulted in the identification that video conferencing point to point calls are readily achievable however when virtual meeting rooms are required there is difficulty. LTU made a decision to withdraw this area of the project as there was no ability to determine the capability of the VC unit within the allocated timeframe.

It was identified that not all education providers are able to connect to all placement providers. There is readily available connection between placement providers who are part of the HRHA. Education providers are not part of HRHA and it is identified that there is variable reliability and ability to connect to placement providers across the CPN.

Budget and changes to the project

The project plan was reviewed and approval sought and granted from the DoH following the identification by La Trobe University that the allocated \$65,001 for the Video Conferencing Bridge was not required.

The HCPN identified that there was not enough time available to complete a full needs analysis of every stakeholder again. The HCPN reviewed any items that were submitted in the original (round 1) of funding. All items were prioritised on a scale of 1-4. All items approved by the DoH had been funded in round 1 funding.

A small working party was identified through the CPN to identify and make recommendations on the remaining funding. The group consulted with sectors that had not received / or received less funding than other sectors in the stakeholder group. This included the community health sector and education providers. The community health sector did not provide any requests. The education providers who has not received any funding in the 1st funding round provided requests for funding. There were 2 requests for funding for Video Conferencing equipment to support technology based communication and an additional request for a specialist vehicle for La Trobe University to support SLE outreach model. La Trobe University is the proposed lead agency for the collaborative SLE proposal, along with the University of Melbourne, rural school, and Charles Sturt University.

The allocation of funds for infrastructure (IT and resources) was based on requests from all 17 public health services; four stand alone Community Health services and four main education providers in Hume CPN. These were then allocated against a priority rating (1-4) using the BPCLE framework, and measured against the need to support increased capacity (at placement provider sites) and the overall aim to improve connectivity between education providers and placement providers.

Organisations that received funding through the project

1. Wodonga Institute of Tafe	Infrastructure*
2. Ovens and King Community Health Service	Infrastructure*
3. Gateway Community Health	Infrastructure*
4. Albury Wodonga Health	Infrastructure*
5. Alexandra District Hospital	Infrastructure & Accommodation
6. Benalla Health	Infrastructure*
7. Goulburn Valley Health	Infrastructure* & Accommodation
8. Northeast Heath Wangaratta	Infrastructure* & Accommodation
9. Alpine Health	Infrastructure*
10. Cobram District Hospital	Infrastructure & Accommodation
11. Kilmore and District Hospital	Infrastructure*
12. Mansfield District Hospital	Infrastructure* & Accommodation
13. Numurkah District Health Service	Infrastructure*
14. Seymour Health	Infrastructure* & Accommodation
15. Tallangatta Health Service	Infrastructure* & Accommodation
16. Upper Murray Health and community services	Infrastructure*
17. Yarrawonga District Health Service	Infrastructure*
18. Yea & District Memorial Hospital	Infrastructure*
19. La Trobe removed	Infrastructure*
20. Charles Sturt University	Infrastructure*
21. Go Tafe	Infrastructure*

*Indicates connectivity items included

Total Accommodation available

(Data used in the Student Accommodation Workshop, compiled from Small Capital and Equipment Funding data and data from the SACCI project together with needs analysis site visits September 2012 and viCProfile)

Albury Wodonga Health	0 bedrooms (excludes UNSW, LTU CSU accomm)
Alexandra District Hospital	6 Bedrooms (includes UOM accom – 2 bedrooms)
Alpine Health	5 bedrooms (excludes UOM accom – 4 bedrooms)
Cobram District Hospital	3 bedrooms – 4 beds
Goulburn Valley Health	5 Bedrooms (excludes UOM accom)
Kilmore and District Hospital	1 bedroom (+ 6 more bedrooms in redevelopment 2014)
Nathalia District Hospital	3 bedrooms (hospital owned units)
Northeast Heath Wangaratta	8 Bedrooms (excludes UOM accom)
Numurkah District Hospital	7 bedrooms (UOM but will allow other students)
Mansfield District Hospital	2 bedrooms
Seymour Health	5 bedrooms (8 beds)
Tallangatta Health Service	1 bedroom
Upper Murray Health and community svcs	3 bedrooms
Yarrawonga District Health Service	3 bedrooms (plans for 2013)
Yea and District Memorial Hospital	2 bedrooms (+ 3 Bedrooms UOM medical accom)

UOM – University of Melbourne, UNSW – University of New South Wales, CSU – Charles Sturt University

Key learning from this program to take forward

1. The project methodology used to identify, negotiate, allocate and manage the funding was successful.
2. The methodology required extensive resources to support and the 0.5 fte allocation for the Project Manager was inadequate. Goulburn Valley Health committed additional resources to ensure the success of the project
3. Support provided by the HCPN Coordinator Debbie Gleeson and Information Support Officer Sharon Schneider-Fuller was integral to meeting the project objectives and timelines.

6. CONCLUSION

The Hume Clinical Placement Network (HCPN) Student Accommodation, Communication through Connectivity & Infrastructure (SACCI) program achieved the identification of key infrastructure items through needs analysis and consultation with the HCPN members that will support and further develop the capacity and quality of clinical placements at the seventeen public and four community health services across HCPN.

The program focused on improving connectivity of the major HCPN stakeholders with regard to IT and technology based communication processes. Over 50% of the funding was devoted to video conferencing facilities and / or IT equipment to support technology based communication. This equipment was used throughout the project to support the work of the project in the capacity of HCPN meetings, Student Accommodation Working Group (SAWG) meetings and workshop.

The establishment of a Student Accommodation Working Group (SAWG); a sub group of the HCPN committee reviewed accommodation needs, and worked in partnership with other Hume stakeholders to develop a strategic, long term plan to develop a long term, needs based, sustainable and strategic approach to student accommodation needs in HCPN. This work is evidenced by the Strategic Plan and supporting business case documents.

7. ATTACHMENTS

- Attachment A Funding Acquittal
- Attachment B Asset Register HRHA Connectivity Infrastructure
- Attachment C Asset Register/s funded organisations

- Annex 1 Education Providers, Public Health Services and Community Health Services within Hume CPN
- Annex 2 Placement Days 2012 Growth Projection for Hume CPN
- Annex 3 Hume CPN - Student Resources at Public & Community Health Services
- Annex 4 Hume CPN - Student Accommodation - Public & Community Health Services
- Annex 5 Education Providers with Students Placed in Hume CPN
- Annex 6 BPCLE
- Annex 7 Percentage Share of Placement Days - Education Providers

- Annex 8 Consultation Flowchart
- Annex 9a 9b 9c 9d Budget round 1 funding
- Annex 10a 10b Budget round 2 funding
- Annex 11 Student Accommodation Workshop Report
- Annex 12 Student Accommodation Strategic Plan
- Annex 13 Student Accommodation Strategic Plan Project Proposal
- Annex 14 - Student Infrastructure /resources and accommodation report for viCProfile

References

1. Community Health and Small Rural Clinical Placement Development Program:
<http://www.health.vic.gov.au/vcpc/resources/index.htm>
2. Moira Health Services Interprofessional Clinical Placement Coordination Project, 2011
3. Central Hume, Interprofessional Clinical Placement Pilot, 2011
4. viCProfile: <http://www.vicprofile.net.au/>
5. Best Practice Clinical Learning Environment (BPCLE) framework:
[http://docs.health.vic.gov.au/docs/doc/EC92EAE6B9180A08CA2578720018726C/\\$FILE/best_practice_report.pdf](http://docs.health.vic.gov.au/docs/doc/EC92EAE6B9180A08CA2578720018726C/$FILE/best_practice_report.pdf)
6. HCPN 2010 Workshops, 2010
7. Victoria's strategic plan for clinical placements 2012-2015, Well Placed. Well Prepared, :
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