



Advisory Committee Minutes

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Meeting of the HM Information Clearinghouse Advisory Committee

3 March 2011

At 2.00 p.m.

Level 1 Meeting Room

Room 1010, West Wing,

The Faculty of the Built Environment

University of NSW

Present

Robyn Chapman, ILC NSW
Sue Dinley, DVA
Annette Hanley, Scope Access
Margaret Kay, LGSA
Rebecca Rogers, DVA
Ben Williams, PCDN

Apologies

Mark Flynn, ADHC
David Gonzalez, Lifetime Care
Sandi Lightfoot-Collins, HMMS
Nick Loder, DOH
Ian Maxwell, DOH
Steve Malvern, HMMS State Council
Leslie Radbron, Lifetime Care
Stacey Sheppard-Smith, HMMS State Council
Ameila Starr, ADHC
Ros Barlow, Scope Access

Chair

A/P Catherine Bridge

Note taker

Rachel Walls

Notes

Actions

1. Welcome, introduction & apologies

Name opened the meeting at 2.00 p.m. Apologies were noted.

Minutes from the last meeting

Minutes were accepted as is by Margaret Kay, Seconded by Sue Dinley

2. Clearinghouse update

Webstats:

CB: Tables Webstats - Webstats are on the rise but still a drop. We think this is due to two things – 1: website is not serving us well 2: not much new publications online.

2 explanations – 1: very important to review webstats frequently, as website not performing as well as expected. Also, we are seeing more consumers so this is becoming more of an issue. 2: Reasonable return visitors – NSW is in the lead regarding Aussie visitors. WA traffic is increasing and downloads from WA are the highest at the moment.

RC – is there a link to the website on ILCA?

CB – we need to review

RC – do you want me to have a look at that?

CB – yes that would be great

CB – there is more use of Chrome (browser), Opera (mobile browser), increase of mobile technology use.

RC – would be interesting to compare our stats, they are similar but not quite the same

CB – looks like consumers are high in downloads, does this mean OTs are not using the site?

RC – I think it's more likely that OTs are downloading and distributing the consumer factsheets to their clients.

CB – it says it is national, not just NSW

RC – QLD, SA, ACT, etc have larger downloads than NSW

CB – But NSW is still the heaviest user.

RC – this is really interesting

CB – Tables HMinfo Front End Specification Draft Document version 1.1 - what Rachel has done is to commission a new front end.

MK – Have you done any usability testing?

CB – Yes but years ago. So the faculty is going to assist us to commission someone, possibly from Vision Australia.

MK – It would be good to get some UI (user interface) testing done.

CB – we are more than happy to send feedback, we will send a

RC & CB to review links re ILCA site

pdf of the document to you for your review, if you have comments just let us know.

CB – we did have a contract for an upgrade finalized, and now we are looking to go for a new system upgrade. Drupal 7 is meant to be much more user friendly, so we want to upgrade – and we will get a new contract to undertake the new development.

RC – I was going to ask about that.

CB – now that UNSW has invested heavily in Drupal we have more expertise on tap, Drupal is open source but the real cost comes into clipping together the modules, which requires a developer.

RW to send pdf version to committee members

3. Systematic Review Updates (14:30)

A number of systematic reviews are currently in progress. These include;

1. Bridging and Berming – Phillippa Carnemolla
 CB - Although this technique has been used for a long time, it has never been documented. So we have been working on case studies – CB tables draft case studies – Question here is what is the 4th most common typology to look at for care study? We have Californian Bungalow, Strata, Post War Cottage. Need a 4th, so if you have any advice...
 RR – is costing involved?
 CB – yes
 MK – what about duplexes?
 RC – medium density housing may be a good one.
 CB – people want modifications that look attractive, useful, and increase resale value.
 RC – Margaret’s idea of a Duplex is good. I think Duplex housing is on the rise big time.
 CB – what we are trying to make calculations around there is the go/no-go zone.
2. Waged Care – Has been through peer review, cleared for publication. We have received good peer review comments, and we went back and made changes, did more work, getting rid of redundancies, Ed Steinfeld has given feedback as well and it has been accepted for FICCDAT. We have also made changes to remove the appendices (of case study data).
3. User appraisal of environmental factors on the independence and wellbeing of older people with a disability and/or ageing – we only received feedback from one reviewer at ARC, and a rejoinder has been sent. The strike rate of successful applications for UNSW is 73%. The rules have changed regarding feedback.

- RC – which town centres are you looking at?
 CB – Dubbo, Tweed Heads, Toowoomba. We have identified more, want to do 3 inland and 3 coastal towns. Vijay is a world expert on mapping, so all results will be very easy to see. Looks like there will be more infrastructure money coming. We will be benchmarking new access to premises against what older people want.
4. Aboriginal Housing – Has turned into a very large piece of work. Why it is taking so long – lots written on health and housing but nothing written on disability. It is just taking a long time, and is politically sensitive.
 MK – is this just literature review?
 CB – yes, we wanted some case studies but MJD pulled out, they wanted some services in kind and Lyndal Millikan was not able or available to assist them, and the relationship deteriorated.
 RC – can you rekindle the relationship with MJD?
 BW – I am unfamiliar with the acronym
 RC – Machado Joseph Disease. It is really particular as it manifests across multiple generations, and comes on earlier every generation, so you may get it later in life, but the children can get in their teens (this is ‘anticipation effect’). So people need culturally appropriate accessible housing.
 CB – and avoidance, people need to leave the room when their ‘brothers’ or family members come in. Access is tricky - ramps can also invite crocodiles.
5. Home Mods Follow Up by Occupational Therapists – Jenny Fishpool is enrolled for her Masters and this is part of a tool developed by Hunter New England Health, so we are taking time to sort out IP and legal which appears to be ok, but we are taking time to sort it out carefully. The literature review is complete, with a matrix in the works. This was on the agenda for HMMS but they didn’t get around to it. They handed out a form but it is very different to ours.
6. Caroma Dorf – they are one of the largest suppliers of fixtures on the Aussie market, about 50% They approached us after hearing CB on the radio. What they can see is research for a liveable line – fashionable, liveable, and the current primary focus is the elderly. We have been commissioned to do a lit review – report tabled – the larger project will collate anthropometric data, accessibility information, etc.
 RR – Would be great to get a more fashionable product out there.
 CB – yes but it will take time. One of the side outputs is the design database which all designers will be able to access and profit from.

4. Events & Training

CB presented at the Patient Design Forum

FICCDAT – 6 conferences running concurrently. We have had 4 papers accepted. Ed Steinfeld is a principal organiser. (We will also be working with Ed to develop an international journal that CB supported the funding application to get off the ground)

HMMS OT Reference Group – Group of OT therapists working on standardizing documentation. CB provided feedback, there were several issues:

1. If things are to have validity, customary practice to cite – where do the ideas come from? Acknowledgement would assist them

SD – a lot of our stuff has been used in their work documents over time

CB – I think it is in OT culture, it is not in their interest to do it.

RR – in their defence, it has been going on for so long, nobody knows where these things have come from. I can see how it happened.

CB – it's still not too late to fix it, make an acknowledgement, it's in their interest to do it.

BW – gives a sense of academic validity.

2. Bigger picture issue – undersupply and overwork of OTs – more forms to fill in – in this case, one form should tell you what bits to fill in depending on the situation, but standardised to suit all orgs (DVA, DOH, etc). At the moment, there are something like 20 forms online, so it really can't happen in real time and help people.

RC – could do it as an app – procedural

3. Other concern – most people are from a health background, but there were no ADHC people present. There was one DVA OT.

RC – NSW Health gets the bulk of funding but it's not HACC

CB – It's a mismatch between funding and deliverance

RC – they have no policy control.

SD – so the funding isn't going to a HACC position in hospitals

RC - it is amorously being spread around.

AH – not home mods?

SD – they (hospital OTs) don't have time for home mods. They just get the patient home. The rest is left out.

RC – They don't know that HACC funding is in there.

SD – They don't know that DVA funding is in hospitals either.

RC – NSW Health won release of HACCC tender for home mods, and there are no outcomes around that.

SD – so the funding is there but they all are too busy for home mods.

RC – when the tender came out, we put in, but we were told that NSW Health was the preferred supplier.

RR – major mods – requesting personal representation – no other funding of mods has been asked to do it.

CB – Eltons has been commissioned to undertake this. I can't comment, there was a confidentiality agreement. It has been seen by ADHC, etc. The report is still in draft and incomplete. This is a test report for up the line with COAG.

AH – did you have four things?

4. No link to evidence – no trigger that sends people to understand how to make clinical decisions.

SD – no clinical justification. These forms are only good if you have a lot of experience. For graduates, this is diluting the profession, we get kids ticking boxes without any understanding.

RC – and without the clients input – it's an important issue

CB – specification form – this is meant to be done by a builder.

AH – what?

CB – when an OT does the form, they are just making a shopping list for the builder. OT is only supposed to specify needs, not construction.

RC – therapists are meant to take the clients perspective into account

CB – the Productivity Commission is expecting older people to draw down on their mortgages for home mods. So people are going to want more...

RC – it is a mindset.

AH – I would hope that they get what they need

CB – in terms of your feedback, what is the next step?

RC – I think we need to feed back, write down the technical and person-central needs.

RR – specification and functional guidelines – there are lots of builders that cannot bridge that gap. It is a barrier

RC – but OTs shouldn't be taking on that building role.

RR – need to work with builders for a long time until they get that right.

RC – should be an interdisciplinary approach.

CB to follow up on this feedback to Productivity Commission

CB – we could talk to our construction faculty, see if there is some training or input to give

MK – I am wondering if an architect or designer should be funded to do that?

CB – that is not provided for in funding in NSW – it is in VIC

RC – does it work if the builder and OT sit together?

SD – that is how I do it in my private practice.

RC – so does he knock back structural problems?

SD – yes. Half the problem is the OT never meets the builder. A lot of OTs don't have the time to do this.

CB – that time issue is very important.

RC – builders can't just work with reports, and OTs can work without builders. That process needs to come together, it would save time in the long run!

CB – we could run a workshop, how do we bridge the gap, how do we find a way around?

SD – should we do what Lifetime Care has done? WA follows the model but nobody else. OTs are writing specs.

RC – But the specs are wrong, OTs don't have the expertise to do it.

RR – this gets more time-consuming and much more costly. In aged care, you need to get people out of hospital fast, serviced fast.

SD – I agree, Rebecca.

RC – It would be good to have a two-stage process – one for urgent and two for ongoing.

RR – These are basic things we do, people kind of know that, builders, get it, but if you want something more it gets complex, slower, more expensive. Architects don't get the specifics of a person.

RC – they rely on 1428 which doesn't apply.

CB – any other feedback?

AH – I agree, my impression has been that we are railroading ahead without a broad scope of collaboration.

CB – they think they are doing what they are meant to

RR – are HMMS represented at HMinfo?

CB – they are supposed to be here but are not.

RC – they have a three-way MOU to collaborate

CB – yes there is an MOU, and ADHC is supporting our end of this.

15:31 – Sue Dinley leaves

RC – there is a lot of money in research you should be getting.

CB – I have had some meetings, there is a recommendation in the productivity commission and ADHC see our value.

5. Other Clearinghouse News

The Enabling Environments Template is on sale through the university bookshop. We have sent it to a few different universities but not to OTs yet.

RC – how many are there?

CB – Three in the first one – ambulance trolley, A90 wheelchair, and the bathing trolley.

AH – so it can be imported into CAD?

CB – Yes, new access standards are coming, but there are no tools to help designers in the software. The drafting software comes with US standard toolsets.

BB – have you spoken to the Human Rights Commission?

CB – not formally, maybe we should raise this as an issue.

MK – should involve AA/RAIA/DARCH

CB – I think we did that.

AHURI –

Age Specific Housing is in last edit.

Older Peoples Housing has a publication date in June, we are rewriting based on review feedback.

Downsizing for Older People – Bruce Judd is Chief Investigator.

RC – Downsizing is a major issue

CB – they don't like doing it

MK – there are a lot of economic disincentives too.

Grants –

ARC L1 2010 – feedback received and a rejoinder has been sent.

ARC L1 2011 – application is in progress.

Falls in Macular Degeneration and Glaucoma – NMHRC. In progress, being supported by Guide Dogs.

6. Other business

Amelia Star and CB met with Nick Loder, looks like they are

going for 100% platinum rating (for adaptive housing). It is less onerous than AS 4299. In order to finance new builds, they are selling off old stock. Getting feedback from architects – AS 4299 is harder to match up for strata title.

RC – are those plans available for download? (plans shown but not formally tabled – draft drawings from Department of Housing)

CB – Nick is the person to ask.

RC – I want to have a proper smart home for display

RR – access in suburbs is very scary (terrace houses) not taking much notice is changing household needs

CB – I was invited to the Commonwealth consultation workshop on Liveable Housing regarding the report. Will feed into national funding.

MK – is there talk about making Liveable Design mandatory?

CB – yes, but not yet. It is most likely what will eventually happen. I am happy to share outcomes. Also I was involved in a forum with Peter Phibbs on affordable housing. Mark Arbib spoke as did Chris Johnson and Peter Primrose. More than happy to share the info.

WEAR Conference – we sent Phillippa Carnemolla, and have become members of that group.

CB (15:50) – are there any other items of business?

BW – I have had some questions around universal living standards, would it be on the website?

CB – not yet, it is in our library. Some of the newer stuff we are looking at new technology

BW – City of Sydney has a big push for low-cost housing. How does liveable housing fit in?

CB – it is not on their radar. Walking precinct planned for George St – not accessible. I have given them feedback about this.

BW – we would be very concerned – because if they don't think about it now it's going to cost three times as much to fix it up later

CB – now is the time, I suggest it goes to a high level master planning meeting.

RR – you guys are in a unique position because they have to listen to you.

CB – we are more than happy to support you and UNSW has an MOU with the City of Sydney for research.

Meeting Close at 15.57PM

Next Advisory Committee Meeting

The venue for the next meeting is will be held on Thursday the 2nd of June, 2011 at the Faculty of The Built Environment, University of NSW.