



Personal Enablement Program

Empowering People to Get Up and Go Again

Important Information for Providers

Silver Chain is one of the largest providers of clinical, community, and health services in Western Australia, assisting over 40,000 people each year. With over 100 years of experience and a strong commitment to the future; Silver Chain continues to deliver a diverse range of services across metropolitan, country and remote areas of Western Australia.

Silver Chain's Personal Enablement Program (PEP) assists people who have lost functionality following hospitalisation to regain and even boost their wellbeing and independence – physically, mentally and socially.

People benefit because of the boost to their confidence and physical ability. And the community benefits because increased health, wellbeing and independence for individuals means a reduction in the demand for health and aged care services and admissions to hospitals.

ABOUT THE PROGRAM

PEP is a home based care program which operates across the Perth metropolitan area and in selected country centres. It is delivered by Silver Chain and funded by the Home and Community Care (HACC) program. HACC clients are identified as having an ongoing functional disability which results in an ongoing need for assistance.

Packages of planned and co-ordinated care are tailored to the needs of each individual who participates in the program. They are designed to empower people to get back on their feet after hospitalisation. Existing HACC services may be maintained, in which case Silver Chain will work with the existing service provider.

The PEP program aims to:

- Assist people to achieve their highest level of independence.

- Reduce or eliminate the need for ongoing services or the possibility of readmission to hospital.
- Prevent or delay further functional decline and promote healthy ageing.

ADMISSION CRITERIA

To be admitted to the program a person must meet all the following criteria:

- Being discharged from hospital.
- Be assessed as HACC eligible.
- Be assessed as having the potential to improve functional independence.
- Live in an eligible area.
- Not receiving CACP or on a waiting list.

Priorities for admission to the program may change from time to time and Silver Chain will work closely with hospitals and clients about specific requirements.

HOW TO REFER TO PEP

Hospital referrals can be made 24 hours a day, seven days a week by calling the Silver Chain Customer Centre on 9242 0347.

Once confirmed by our Customer Centre, the hospitals are required to fax a completed PEP interim care plan to 9444 7265.

Identify your referral as a PEP referral and include a contact name and number of a person who is able to provide further information regarding the client's hospital admission.



HOW THE PROGRAM WORKS

PEP is a holistic intervention program which provides continuity of care and encourages long term independence.

Although the program is not an early discharge program, PEP is able to provide short term occupational therapy and physiotherapy care that will assist the client achieve their functional goals. Requests for specific therapy are to be supported by the relevant documentation. To avoid duplication, clients that have also been referred to a home visiting physiotherapy program eg HANDS, RITH, or HOMELINK are not eligible for PEP.

As with all Silver Chain programs and services the person receiving the care will be involved in all decisions regarding their participation in the program, as will their family and primary carer, if appropriate. Entry to the program will be co-ordinated with the hospital to ensure continuity of care.

The program runs for up to eight weeks and is delivered by a multidisciplinary team comprising:

- Registered nurses.
- Occupational therapists.
- Physiotherapists.
- Therapy assistants
- Care aides (personal care).
- Domestic assistants.

Once the person is back at home, a member of the multidisciplinary team will work with them, their family or carer, to determine the support and strategies needed to enable them to manage at home and optimise their independence.

These may include short term strategies such as:

- Task simplification techniques for personal care and domestic tasks.
- Trialing personal and household equipment and aids (costs of non consumable equipment and aids are generally not covered by this program).

And, long term strategies such as:

- Exercises to help them regain their strength and balance.
- Increased levels of physical activity.
- Education to self manage chronic diseases.
- Accessing information, community resources and programs.

WHAT DOES IT COST?

This program is funded by HACC and people participating in the program will be required to pay a contribution under the terms of the WA HACC Fees Policy.

When a person is referred to the program a fees assessment will be conducted to determine what they will be required to contribute towards their care.

This will be capped at the maximum level for all HACC services, including existing services (refer to the Silver Chain Customer Centre for more information).

WHAT HAPPENS AT THE END OF THE PROGRAM?

At the end of the program, functionality will be assessed to ensure that an appropriate discharge strategy is put in place to meet the person's long term needs.

For more information about accessing this program call the Silver Chain Customer Centre on 9242 0347 or visit the web at www.silverchain.org.au or www.health.wa.gov.au/hacc.



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