

# CLIENT CONNECTIONS:

## HOW OUR GROUP MEMBERS SHAPED THE WAY THEIR GROUP WAS DELIVERED

### Improvement opportunity

Prior to Covid-19 the “Strivers” Progressive Neurological exercise group was running face to face in the centre on a weekly basis. Due to lockdowns in 2020 and the inability to offer face to face sessions, we were directed to move to a telehealth model and needed to look at new ways of delivering client care. The following issues were identified:

- Client conditions were progressive so it was imperative that group members continued to engage with the Community Health Service so they could be monitored for deterioration and the need for escalation of services if required
- Group members had been engaged with this group for an extended period of time, forming friendships and a peer support network
- Early lockdowns meant that clients were unable to leave their houses for weeks, even months at a time

#### Acknowledgements

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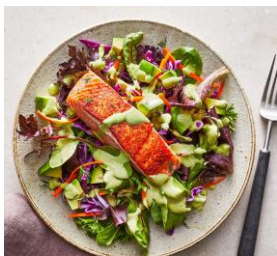
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***“Covid was such a terrible time. It was so great to be able to meet with the other ladies in the group every week. Sometimes they were the only people I would speak to all week” – client A***



***“I loved talking about what we were all cooking for dinners and exchanging recipes. The hour would fly by” – client B***



### How we engaged consumers

Group members were advised of the directive to move to telehealth sessions. They were provided with home exercise programs and the AHA visited clients at home to assist with setting them up on telehealth. During the first group session, clients were consulted about the format they would like the group to take and they decided the group would:

- run as a form of social connectedness and peer support
- consist of a wellbeing check-in followed by an open chat with no set agenda
- an exercise component would not be included
- be facilitated by an AHA with physio presence at the start
- continue to run at the same time as the previous face to face sessions

### What changed

The group ran following the preferred format of our group members for 31 weeks with all group members consistently attending. The following areas were identified for change in our service delivery as a result of this group:

- Increased **adaptability** to the changing needs of our clients and switching to a mixed format model when required – 80% of group members also required face to face assistance with their home exercise programs and were supported through home visits.
- Recognising the important role of **social connectedness** in client wellbeing and incorporating this into healthcare experiences.
- Understanding that our **priorities** as health professionals may be different to the priorities of our clients.
- **Common themes** were identified during telehealth sessions and plans have commenced to introduce multidisciplinary education and Q&A sessions to the face to face program.
- Success of the telehealth model in this group increased uptake of **telehealth/mixed format model** in other areas of the service
- Enabled clients to build the **confidence** in using technology for other telehealth appointments

***“It was nice to be given the opportunity to chat to other people with similar health concerns. I can’t talk openly to my other friends about it, they just don’t understand” – Client C***

