



POLIO AUSTRALIA INCORPORATED
Representing polio survivors throughout Australia

The Late Effects of Polio

Best Practice Clinical Recommendation Modules



Application for Funding (Grant Funding Round 1)

Health System Capacity Development Flexible Fund

Department of Health and Ageing

Polio Australia Incorporated

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Australian Government
Department of Health and Ageing

Office Use Only
Ref. No:

HEALTH SYSTEM CAPACITY DEVELOPMENT FLEXIBLE FUND
INVITATION TO APPLY FOR FUNDING
GRANT FUNDING ROUND 1

Instructions for Submitting Applications for Health System Capacity Development Flexible Fund

Applications close at **2:00PM** (Eastern Daylight Saving Time) on **Friday, 23 December, 2011**.
You must submit your Application as follows:

You must provide 4 unbound (i.e. unstapled) copies (Word format, single sided) **AND** an electronic copy (on a CDROM that is Microsoft Word 2003 compatible) of your Application delivered to:

Health System Capacity Development Fund
Funding Round: 1
ITA DoHA/111/1112
Department of Health and Ageing
Tender Box
Sirius Building,
Foyer, Ground Floor,
23 Furzer Street
WODEN ACT 2606

Late Applications

The Department will accept your Application if it is late as a direct result of mishandling by the Department. In all other circumstances, in the interests of fairness, the Department reserves the right not to accept late Applications. In considering whether it would be fair to accept a late Application, the Department will take into account the degree of lateness, whether the cause of the lateness was beyond the Applicant's control and such other facts as it considers relevant. The Department may also ask the Applicant to provide evidence to support its claims regarding the reasons for late submittal. If an Applicant considers that their Application will be late they should email the hscdfund@health.gov.au prior to the Closing Time advising of the circumstances for the lateness. The chair of the assessment committee will take the reasons into consideration when deciding whether or not to accept the late Application.

Enquiries

All enquiries relating to this Invitation to Apply for funding under the Health System Capacity Development Fund should be directed via email to hscdfund@health.gov.au.

Please briefly describe the Applicant's main functions and activities and relevant experience and expertise that demonstrates their capacity to deliver the project.

Polio Australia is committed to standardising quality information and service provision across Australia thereby ensuring that polio survivors have access to appropriate health care and the support required to maintain independence and make informed lifestyle choices.

Polio Australia is governed by a Management Committee who are all either polio survivors themselves experiencing the Late Effects of Polio or people who work with polio survivors, their families and carers. This puts them in the unique position of fully understanding what the various health professionals with whom the project will be working need to know.

The purpose of Polio Australia is to inform and educate polio survivors, their families and carers and the community about the Late Effects of Polio. It strives to provide quality information, education and training for doctors, specialists and other health professionals to improve the diagnosis and management of the Late Effects of Polio. Polio Australia is well placed to advise government on policy development and programs in relation to the Late Effects of Polio and stimulate research into the Late Effects of Polio. It seeks to provide outreach to culturally and linguistically diverse and Aboriginal and Torres Strait Islander polio survivors to ensure their diverse needs are being met in a culturally appropriate way. It assists state Networks to support polio survivors and facilitates the co-ordination of activities between states. Polio Australia supports and promotes polio immunisation at a national level and provides assistance to states to do so at a local level.

With extremely limited funds, Polio Australia facilitated two highly successful residential chronic condition self-management program for polio survivors and their partners/carers in 2010 (NSW) and 2011 (Vic), with a third scheduled for 2012 (Qld); it has established an information and educational website and the Australian Polio Register; it provides community education; and has the commitment of a multi-disciplinary Clinical Advisory Group to assist with work on education for health professionals.

Every Program facilitated by Polio Australia is reviewed, adjusted accordingly and the results added to the knowledge bank being built up by the organisation. This knowledge is passed on through subsequent Programs, through Monthly Reports to the state Polio Networks to share with their members, and inclusion in Polio Australia's electronic publications and website uploads.

SECTION 2 – THRESHOLD CRITERIA

Priority Area 1

Supporting health, consumer, student and community organisations, including rural and remote organisations, to support policy development and safe, high quality health care systems and services.

Note: Applicants must satisfy all the following Threshold Criteria in order to be considered for funding under this priority

DETAIL REQUIRED	APPLICANT'S RESPONSE:
Applicants applying for funding under Priority Area 1 must demonstrate that their activities are national in scope.	The activities are national in scope. Polio Australia is a national organisation. Its Management Committee members are drawn from in all States and Territories
Applicants must demonstrate they have a national membership base and have processes in place to effectively represent its members' views.	<p>Polio-Polio Networks were established in all Australian states in the late 1980s and early 1990s. These groups continue to provide information and support services on a voluntary basis to large numbers of their peers and health professionals, generally without the benefit of any public funding.</p> <p>At a forum held in 2007 it was agreed that in order to provide ongoing advocacy and support to Australia's polio survivors a National body was needed. In 2008 a Memorandum of Understanding was developed and agreed by each State Network, a Constitution developed and adopted, and Polio Australia Incorporated was formed. Polio Australia is governed by a Management committee that is represented in all States and Territories and comprised solely of polio survivors themselves suffering the Late Effects of Polio or their carers and families and thus the Management Committee is uniquely placed to understand and represent its members' views.</p> <p>Polio Australia's processes to engage with polio survivors include: its website, the Australian Polio Register, regular newsletters, conferences, polio awareness activities, member surveys and consultations, and committee meetings.</p>
Applicants must be either a not-for-profit, or community-based entity with a focus on representing the views of the relevant community group.	Polio Australia is a not-for-profit community-based entity with a focus on representing the views of polio survivors.

SECTION 3 - FUNDING REQUEST

Please tick the box against the priority or priorities that is the subject of your application.

✓	<p>PRIORITY AREA 1 - Supporting health, consumer, student and community organisations</p> <p>Applicants are required to complete Assessment Criteria 1 - 4</p>
	<p>PRIORITY AREA 2 - Supporting primary health care research</p> <p>Applicants are required to complete Assessment Criteria 5 - 8</p>
	<p>PRIORITY AREA 3 - Supporting population health improvements</p> <p>Applicants are required to complete Assessment Criteria 9 - 12</p>

PRIORITY AREA 1 – Supporting health, consumer, student and community organisations, including rural and remote organisations, to support policy development and safe, high quality health care systems and services.

ASSESSMENT CRITERION 1 - NEED

Describe the activity you wish to fund with this Grant	
DETAIL REQUIRED	APPLICANT'S RESPONSE
Activity Name	The Late Effects of Polio Best Practice Clinical Recommendation Modules.
Physical address of the location of the activity	The Project will be administered from Polio Australia's office in Melbourne and delivered in all States and Territories.
Population group the activity will service	Australia's polio survivors their carers and families.
The relevance of the activity to the priority area of the HSCDF, and the Government's Health Reform Agenda.	<p>The Late Effects of Polio represent a range of symptoms that affect many thousands of Australian polio survivors. The Late Effects of Polio include new muscle weakness, severe fatigue, and pain in muscles and joints. Some survivors develop potentially life-threatening respiratory and swallowing problems. Although an increasing number of ageing polio survivors are seeking medical advice for their symptoms, few health professionals have adequate knowledge of the Late Effects of Polio for diagnosis and treatment.</p> <p>The Late Effects of Polio Best Practice Clinical Recommendation Modules project meets:</p> <p>HSCDF Priority Area 1:</p> <ul style="list-style-type: none"> • Knowledge exchange, research translation, information sharing and dissemination of evidence-based research and data • Health professional and community education, training and support.
Amount of funding requested (GST exclusive)	\$789,829
Is the proposed project an extension of an existing activity? The project draws on Polio Australia's work to date but it is a new activity.	NO

What activities are proposed to meet the priority and objective that is the subject of the application and how they will support the relevant priority?

Over a three-year period in this national project, Polio Australia's Clinical Advisory Group will contribute to a comprehensive set of Late Effects of Polio Best Practice Clinical Recommendation Modules for a range of health professionals. Similar work has not been previously undertaken in Australia.

This work is a bilateral approach to both up-skilling the health professional and assisting in the facilitation of self-management for their polio patients. These Clinical Recommendations will be based on well researched and trialled strategies and standardised for use in clinical settings across Australia. These interventions are designed to ensure polio patients have access to appropriate health care, which will support them in maintaining independence in the community, and reduce the incidence of admissions into the acute care system.

These Clinical Recommendations will be worked on over the three years by a multi-disciplinary team of health professionals and made available in a range of formats such as: web based tools, the production of three instructional videos, and articles and advertisements in discipline-specific professional journals. Peer review of the Clinical Recommendations will facilitate their acceptance by the medical community and health professionals.

This work will be progressed and supported by an experienced Project Officer (to be recruited) and Polio Australia's National Program Manager. The methodology to be used in working with the Clinical Advisory Group is based on regular telephone and email exchange between all members, three teleconferences per year, and one face-to-face meeting in a central location. Members of the Clinical Advisory Group have agreed to be contacted by their respective peers in order to provide further advice, as required.

A Project Plan is attached at Appendix A.

How will the activity meet the needs of the nominated population group for example, through an advocacy role or translation of research?

Up to 40,000 people were diagnosed with paralytic polio in Australia between 1930 and 1988. This figure must be increased 100-fold to obtain the estimated number of infected cases during the same period (up to 4 million people), and they do not include people who contracted polio overseas and who have since entered Australia ¹.

Resulting from the polio epidemics, there are tens of thousands of people with a wide range of disabilities, which restrict and impede their daily lives. In addition, whether they contracted paralytic or non-paralytic polio many are now experiencing the late effects and are increasingly seeking information on management strategies. Many polio survivors who walked independently must now use braces, crutches or wheelchairs. The cost to the taxpayer of acute care episodes due to falls, for example, is significant. All survivors are increasingly forced to rely on family support, including their ageing partners, to undertake the activities of daily living. Some who previously neither experienced nor showed any signs of disability are being forced to use ambulatory aids and make changes to their work and home lives – this is often viewed as being a failure and is fought against. Properly supported, lifestyle changes enable polio survivors to effectively self-manage their chronic condition.

For the last twenty years, volunteer post-polio consumer support Networks in Australia have been providing information and education to fellow polio survivors, their families, carers and health professionals regarding the symptoms and management of the late effects. Several state Networks have published research which quantifies the extent and impact of the late effects amongst their members – an example is referenced below ².

Effective diagnosis and management of their chronic condition is of paramount importance to polio survivors. Failing this, many are forced into early retirement with consequent loss of financial security and self esteem, or face premature admission into nursing homes as they lose the ability to care for themselves, putting further pressure on an overburdened health system.

This project will assist thousands of polio survivors as the diagnosis and treatment Clinical Recommendations are taken up by health professionals and appropriate management strategies put in place for their polio patients.

The project will be managed and delivered through Polio Australia in conjunction with members of the Clinical Advisory Group and all state Polio Network members.

Tens of thousands of polio survivors throughout Australia are living with a chronic condition but as the late effects take increasing toll on them they must learn new strategies to help them manage their condition and prevent further deterioration. Funding of this project will enable many to take the first steps towards a better quality of life.

¹ Leboeuf C, *The Late Effects of Polio – Information for Health Care Providers*
Commonwealth Department of Community Services and Health, 1990

² *Polio – the living legacy*, Post-Polio Network (NSW) Inc, Sydney 2007, ISBN 9780646480558

Explain how your organisation will provide an interface between the Government and the population group identified in the activity.

Polio Australia is currently staffed by a National Program Manager, whose salary will be funded by the Balnaves Foundation until 31 December 2013, and by volunteer polio survivors, themselves suffering the Late Effects of Polio, which the project detailed in this application addresses. Clearly this level of staffing is inadequate for an effective national organisation of this kind. In the event of this funding application being successful it is envisaged that the philanthropic donation from the Balnaves Foundation would be reviewed.

The National Program Manager will, with enhanced staffing, manage the design and delivery of the project, including information for and interaction with polio survivors and their carers and families and relevant health professionals and key stakeholders. Polio Australia's Management Committee will provide leadership to the staff and a sounding board for ideas as required. By continual review of progress against every aspect of the Project Plan, any required fine-tuning will be readily apparent and easily implemented.

The National Program Manager will regularly report to the Management Committee on program progress, performance against budget, emerging issues and outcomes. The National Program Manager will also provide progress reports to the Department of Health and Ageing in accordance with stipulated timeframes. The Polio Australia Management Committee, will in turn report to the Department of Health and Ageing, and to their members and the wider community, via their Annual Reports and audited Financial Statements.

Provide information to demonstrate that the project is consistent with the Government's health policies for example, the National Health Priority Areas.

Standardised quality information and service provision across Australia, incorporating appropriate diagnosis and management of the Late Effects of Polio, will ensure that polio survivors have access to appropriate health care and the support required to maintain independence and make informed lifestyle choices. The Clinical Advisory Group's work will provide a framework for informing health professionals who will, in turn, go on to educate their polio patients in the comprehensive set of management strategies suitable for their complex condition. This intervention will assist in keeping people out of acute care facilities as the result of imprudent practices, thereby reducing healthcare costs. Polio Australia has also joined the Health Knowledge Network, the knowledge transfer arm of the Centre for Health Communication and Participation, Australian Institute for Primary Care & Ageing at La Trobe University, Victoria. The Health Knowledge Network summarises the findings found in Cochrane Consumers and Communication Review Group systematic reviews, which will ensure that Polio Australia keeps abreast of current consumer health trends.

List other organisations and stakeholders providing support to your project, and indicate their role and your relationship with the organisation (if applicable).

N/A

How will your organisation support the particular population group(s) it represents?

Polio Australia supports polio survivors by:

- Educating and informing polio survivors, their families and carers, and the community at large about the late effects of polio
- Providing information, education and training to General Practitioners and a range of medical specialists and other health professionals to improve the diagnosis and management of the late effects of polio
- Facilitating the provision of appropriate and consistent health, disability and aged care support services across all states and territories to improve the treatment and management of the late effects of polio
- Providing outreach to culturally and linguistically diverse and Aboriginal and Torres Strait Islander polio survivors to ensure their diverse needs are being met in a culturally appropriate way
- Advising governments on policy development and programs in relation to the late effects of polio
- Stimulating research into the late effects of polio
- Assisting the state Networks to support polio survivors and their families, friends and carers at the local level
- Facilitating and encouraging the co-ordination and further development of activities within and between the state Networks
- Supporting and promoting polio immunisation at a national level, and provide assistance to the state Networks to do so at the local level.

How have you assessed the population group(s) need(s) and determined that your organisation will meet them?

Resulting from the polio epidemics, there are tens of thousands of people with a wide range of disabilities that restrict and impede their daily lives. In addition, whether they contracted paralytic or non-paralytic polio many are now experiencing the late effects and are increasingly seeking information on management strategies. Many polio survivors who walked independently must now use braces, crutches or wheelchairs. The cost to the taxpayer of acute care episodes due to falls, for example, is significant. All survivors are increasingly forced to rely on family support, including their ageing partners, to undertake the activities of daily living. Some who previously neither experienced nor showed any signs of disability are being forced to use ambulatory aids and make changes to their work and home lives – this is often viewed as being a failure and is fought against. Properly supported, lifestyle changes enable polio survivors to effectively self-manage their chronic condition.

Polio Australia is able to assess the needs of polio survivors because it is governed by polio survivors and through its member Polio Networks it has intimate knowledge of thousands of polio survivors, gained over more than 20 years work in and with the polio community. In addition, Polio Australia is able to utilise data from its Australian Polio Register, which was launched in October 2010. Registries are increasingly seen as a key driver of quality improvement and this understanding led to Polio Australia's establishment of the Australian Polio Register, which currently receives no external funding. The Register has high credibility amongst polio survivors because it is managed by the polio community under the governance of Polio Australia. Linkages are being established with Monash University's *Centre of Research Excellence in Patient Safety* to ensure best-practice management and governance of the Register.

The Australian Polio Register aims to identify polio survivors hidden in the community who are unaware of the late effects of polio and who through ignorance are damaging their prospects of healthy ageing in their own homes. Early intervention to prevent and/or manage the late effects of polio aims to keep polio survivors out of the acute care and nursing home systems, which provide a much inferior quality of life at considerably greater cost to the community.

ASSESSMENT CRITERION 2 – CAPACITY TO DELIVER THE PROJECT

What are your organisation's objectives, key activities and timelines?
<p>The Late Effects of Polio Best Practice Clinical Recommendation Modules will ensure the quality of life of polio survivors is maintained and that they can continue in their role as valued and contributing members of society.</p> <p>Key activities include participation of the Clinical Advisory Group, production and distribution of Best Practice Clinical Recommendation Modules, for a range of health professionals and embedding these into clinical practices across Australia.</p> <p>The project would be delivered during the three years of funding and would then be ongoing subject to obtaining appropriate finance.</p>

What are the key activities your organisation will undertake to meet the proposed objectives?			
Key Activities	Stage 1	Stage 2	Stage 3
Clinical Advisory Group participation	The Clinical Advisory Group providing strategic direction for the selection and standardisation of quality, well researched information relating to diagnosing and managing the Late Effects of Polio.	The Clinical Advisory Group providing expert advice and guidance to Polio Australia and peer health professionals in diagnosing and managing the Late Effects of Polio.	Review of Clinical Advisory Group participation and possible expansion of modalities for providing advice and guidance to Polio Australia and peer health professionals.
Best Practice Clinical Recommendation Modules produced for a range of health professionals	The multi-disciplinary Clinical Advisory Group providing discipline-specific information for the production of Best Practice Clinical Recommendation Modules for the Late Effects of Polio for a range of health professionals	Best Practice Clinical Recommendation Modules available online and widely distributed to health professionals, Community Health Centres and other interested clinics.	Best Practice Clinical Recommendation Modules embedded into clinics across Australia. Ongoing review of Modules, making adjustments as necessary.
Instructional video series produced for a range of health professionals	Production of quality, well researched instructional videos on the Late Effects of Polio to be used as educational tools for diagnosing and Managing the Late Effects of Polio for their patients.	Videos uploaded onto Polio Australia's website and being viewed by multi-disciplinary health professionals as part of professional development and/or continuing medical education.	Expansion of the range of health professionals who are accessing information and practising the management strategies featured in the respective videos.
Journal Articles published	Clinical Advisory Group writing and submitting discipline-specific articles on Best Practice Clinical Recommendations for the Late Effects of Polio.	Published articles in discipline-specific Professional Journals widening the range of health professionals accessing information on diagnosing and managing the Late Effects of Polio for their patients.	Health professionals following up on information featured in the articles and practising effective management strategies for their polio patients.

What is your organisation's ability to contribute to the development of responsive and well informed public policy and safe, high quality health care systems and services?

Since its incorporation in 2008, Polio Australia has run two Chronic Disease Self Management Residential Programs (in Victoria and New South Wales) and appointed a National Program Manager (the only paid employee). In September 2010 its website was launched and the Australian Polio Register was established in October 2010. These tremendous achievements that contribute to the development of responsive and well-informed policy for the polio community have been possible through countless unpaid volunteer hours. With adequate funding Polio Australia will be well placed to continue to help polio survivors, ensure health professionals have the knowledge required to treat patients suffering the Late Effects of Polio and to develop meaningful relationships with Australian divisions of General Practice and/or GP Super Clinics to work on strategies for engaging GPs.

What is the duration of the activities?

The Late Effects of Polio Best Practice Clinical Recommendation Modules will be run over the three years of funding as detailed in the table above. However there will be an ongoing requirement for this work beyond the term of the funding and other funding avenues will need to be explored in due course.

When will your organisation complete the activities?

The project will be ongoing in accordance with the needs of polio survivors.

How will you measure if your organisation has achieved the proposed objective?

Polio Australia measures its success through key performance indicators (KPIs). These include:

- numbers of polio survivors, family members and carers making contact through their respective health professionals, particularly for the first time;
- numbers of health professionals accessing Polio Australia's information materials and taking part in educational activities;
- numbers of health professionals accessing their peers amongst Polio Australia's Clinical Advisory Group members for clinical guidance and recommendations;
- increased knowledge base across the health sector leading to more accurate assessment, diagnosis and management for people experiencing the Late Effects of Polio determined via written and verbal feedback from polio survivor patients;
- reduced impact on the acute care, health, disability and aged care sectors as more polio survivors are taught how to manage their chronic condition determined via surveys of polio survivors;
- polio survivors empowered to educate other health practitioners using accurate, well researched information determined via surveys of polio survivors;
- financial health determined by monitoring actual performance against budget;
- monitoring governance performance.

All of these KPIs will be measured to assess the effectiveness of the Late Effects of Polio Best Practice Clinical Recommendation Modules project and how well it has achieved its objectives. The Australian Polio Register will supply data that will enable Polio Australia to quantify the success of the project. Clearly if more polio survivors are able to successfully self-manage the Late Effects of Polio this will be a measure of the project's success.

Project Management

Who will be directly responsible for the management of the agreement?

The National Program Manager, Mary-ann Liethof, will be directly responsible for the management of the project. Her experience, qualifications and understanding of the project are detailed above. Mary-ann will report to the Polio Australia Management Committee:

President: Gillian Thomas, New South Wales

Gillian has worked for the Post-Polio Network (NSW) Inc on a voluntary basis for over 20 years. She was a member of the original Working Party set up in 1988 to establish the Network, was subsequently elected as Secretary, and in 1997 became the Network's President. Since May 1989 she has been the Editor of the Network's highly regarded quarterly newsletter *Network News*. In 2002 she received an inaugural *David Bodian Memorial Award* from the International Post-Polio Task Force in recognition of her work for polio survivors, while in 2004 she was invited to serve on Post-Polio Health International's *Consumer Advisory Committee*. In January 2009 she was awarded an *Australia Day Community Service Award* from Randwick Council for outstanding service to polio survivors and the community. In 2008 Gillian was elected inaugural President of Polio Australia. Gillian has also had many years management experience in both the public and community sectors and since 1996 has been the owner and manager of a successful small business.

Vice President: Arthur Dobson, Tasmania

Arthur contracted polio in November 1952 at the age of six. After leaving hospital, he was transferred to St. Giles Home for Crippled Children residing there for several years before returning home and attending the local school in callipers. In 1972 he had a motor accident which resulted in multiple breaks in both legs requiring him to learn to walk for the third time. He was a self employed farmer, specialising in dairying but had to leave the farm due to the late effects of polio. In 1998, Arthur was involved in the formation of the Post Polio Network -- Tasmania Inc., taking on the role of Public Officer and later accepted the role of Secretary. He continues to hold both positions, and has been a Board Member of St Giles for 20 years.

Treasurer: Neil von Schill JP, New South Wales

Neil was forced to take medical retirement from the NSW Department of Education because of the onset of the late effects of polio. He joined the Post-Polio Network (NSW) Inc in 1992 and became Convenor of the Albury/Wodonga Support Group. In 1999 he was elected to the Management Committee and accepted the role of Support Group Coordinator for the State. For the past four years he was the Secretary of the Network. Neil organised the Polio Australasia Conference in Sydney in May 2007. Neil has served on the Management Committees of many community organisations.

Secretary: Tessa Jupp, Western Australia

Tessa is a registered nurse (RN) married for 20 years to Colin Jupp, a polio survivor with a permanent tracheostomy on a Bird Respirator and a wheelchair user. Colin died in 1989, aged 46 of respiratory failure due to polio. Tessa started and ran the Post Polio Network Western Australia Inc (PPNWA Inc) in 1989 on a voluntary basis until 1992. She has been employed as RN and CEO by PPNWA Inc since 1992. Foundation Member of Polio Australasia since 1990 and Polio Australia 2007.

Committee Members:

Brett Howard, South Australia
 Trevor Jessop, South Australia
 Jenny Jones, Western Australia
 Michael Hudson, Victoria
 John Mayo, Queensland
 Dr Margaret Peel, Queensland
 Jen Sykes, Victoria
 Billie Thow, Tasmania

How will the agreement be managed?

The National Program Manager will manage the design and delivery of The Late Effects of Polio Best Practice Clinical Recommendation Modules and Visual Instruction Video Production project including providing information for and interaction with relevant health professionals and key stakeholders. The Polio Australia Management Committee will provide leadership to the National Program Manager and the newly recruited staff. The Management Committee will act as a sounding board for ideas. By continual review of progress against every aspect of the project any fine-tuning that might be required will be readily apparent and easily implemented. The Management Committee are all highly experienced in their respective fields and additionally all either polio survivors or their carers and families and so have a unique understanding of the needs of polio survivors.

The Clinical Advisory Group will provide peer review of the project. The Clinical Advisory Group is composed of open-minded health care professionals who are experts in their field. Members are knowledgeable about polio and its late effects and demonstrate the ability to think analytically and strategically in advising Polio Australia on clinical matters. The group composition represents health care professionals in diverse areas of specialisation (for example: immunisation, rehabilitation, physiotherapy, orthotics, psychology, research) and a balance of backgrounds (for example: geographic, cultural, gender). Members of the Clinical Advisory Group include:

Professor Robert Booy, Head of Clinical Research, National Centre of Immunisation Research and Surveillance, New South Wales

Dr Diane Bull, Psychologist and Conjoint Senior Lecturer/Director, The University of Newcastle / forethought consultancy group, New South Wales

Dr Wilbur Chan, Rehabilitation Physician /Pain Medicine Specialist, Princess Alexandra Hospital, Queensland

Dr Stephen de Graaff, Rehabilitation Specialist and Director of Pain Services, Epworth Rehabilitation, Victoria

Anne Duncan, Outreach Coordinator, Victorian Respiratory Support Service, Heidelberg Repatriation Hospital, Victoria

(Jega) Gnanaletchumy Jegasothy Senior Physiotherapist, Late Effects of Disability Clinic, Royal Perth Hospital, Western Australia

Natasha Layton, Occupational Therapist, Deakin University, Victoria

Melissa McConaghy, Physiotherapist & Practice Principal, Mobile Rehab Innovations and Advance Rehab Centre, New South Wales

Darren Pereira, Principal Orthotist & Director NeuroMuscular Orthotics and Mobile Rehab Innovations and Advance Rehab Centre, Victoria and New South Wales

Dr Nigel Quadros, Rehabilitation Specialist and Director of Rehabilitation Service, The Queen Elizabeth Hospital, South Australia

Dr Mary Westbrook AM, Psychologist and Conjoint Professor, University of New South Wales, New South Wales.

Describe the relevant project management experience of the person managing the agreement.

Mary-ann Liethof worked as the Coordinator of Polio Network Victoria, from mid 2004 to December 2009. During that time, Mary-ann produced a DVD titled “Post Polio Syndrome: The Australian Experience” and was one of the Victorian representatives on Management Committee for Polio Australia. Following a small philanthropic grant and a private donation, Mary-ann was officially appointed as Polio Australia’s National Program Manager in early January 2010 on a part time basis, increasing her hours to full time in 2011 following a second grant.

Mary-ann’s qualifications include a Diploma in Community Development as well as a Graduate Diploma in Careers Education. She has worked in the community sector for more than 20 years in various positions including vocational counselling, training, coordinating volunteers, community education, and liaising between community members and GPs for a Division of General Practice. These positions involved devising and implementing a range of program strategies including community consultation, health promotion, advocating for marginalised communities, media and public relations, researching, producing and disseminating newsletters and reports, conference management and presentations, and organising residential respite activities.

In April/May 2008, Mary-ann visited 10 post-polio related services across North America on a Churchill Fellowship Study Tour, the purpose of which was *To identify techniques to better manage the late effects of polio*. On her return, Mary-ann produced a Report and series of videoed interviews titled *Post Polio Syndrome: Shades of Grey*. Both were distributed widely to polio networks and support groups both nationally and internationally, and are available on-line on Polio Australia’s website.

In April 2009, Mary-ann travelled to Roosevelt Warm Springs in Georgia, USA for Post-Polio Health International’s 10th International Conference: *Living with Polio in the 21st Century* and four day Wellness Retreat to learn the benefits of this self-management model. With this knowledge, she facilitated Australia’s first Chronic Condition Self-Management Residential Program (also known as the Polio Health & Wellness Retreat) for 60 polio survivors and their family/carers in April 2010 in Baulkham Hills (New South Wales), a second one was attended by 64 people in Mt Eliza (Victoria) in April 2011 and a third is scheduled to be held in Marcoola (Queensland) in April 2012. Reports and program details are available on-line on Polio Australia’s website.

In August/September 2011, Mary-ann attended the European Polio Conference: Post Polio Syndrome – a challenge of today in Copenhagen where she gave an oral presentation on the benefits of Polio Australia’s Chronic Condition Self-Management Residential Program.

Financial Management

How will your organisation manage the finances for the agreement?

As described in more detail against Assessment Criterion 4 of this application, a risk analysis will be conducted at the start of the Project and this will encompass financial management. Risks must be managed in order to minimise the possibility of a risk event occurring and to minimise its consequences if it does occur. The minimisation of identified risks will occur through the creation, implementation and monitoring of mechanisms to manage those risks. The Management Committee will be particularly concerned with minimising the dangers of any events which could have a negative impact on the financial performance of the Project, in particular, events which could result in: the project not being completed on time, on budget, or at all; the project not operating at its full capacity; or the project prematurely coming to an end.

The Polio Australia Management Committee takes its governance and fiduciary responsibilities very seriously and through its risk management procedures it will ensure that the Project finances are carefully monitored and managed. Cashflow management is a vital component of this and Polio Australia already has robust processes in place to manage cashflow.

The Project budget includes provision for the employment of a full-time staff member to undertake bookkeeping and payroll functions. (With a currently very small operating budget, these functions are undertaken by trained and experienced volunteers.) Also in line with the increased operating budget resulting from this Project, Polio Australia's expenditure delegations will be reviewed and updated to ensure that expenditure is authorised at appropriate levels. Polio Australia already has all necessary ATO endorsements and registrations, and rigorously adheres to ATO timeframes for submitting required payments and documentation. In addition, the Project budget makes provision for external accounting advice and assistance on a needs basis, in addition to that already available through its member Polio Networks.

The grant amount itself will be managed through our already fully set-up MYOB software, in accordance with the budget approved by the Management Committee. Budgeted amounts will be allocated to expenditure line items and payments made as they fall due. In this way spending will be tracked on a monthly basis.

The National Program Manager will report monthly to the Committee on performance against the budget. Exception reporting, where data which is not within expected parameters is identified, will also be employed to immediately highlight any substantial differences between budgeted and actual expenditure. In this way expenditure that is exceeding or likely to exceed forecast figures is readily apparent and corrective action to re-forecast expenses and/or reduce costs, for example, can be taken early to realign the Project to stay within budget.

Describe your organisation's financial management experience.

Polio Australia's Management Committee is drawn from the Management Committees of its members, the six state Polio Networks. Each Polio Australia Committee member therefore has extensive experience in not only running a community organisation but in rigorously managing its finances to ensure that service goals are met. In particular, the Executive of the Polio Australia Management Committee all have a great deal of financial management experience, having been involved with the governance of their state Polio Networks for over twenty years, and with the governance of Polio Australia for the last three years.

Despite limited external funding, Polio Australia's members have provided a comprehensive range of services (including support groups, seminars, workshops, conferences, websites) to polio survivors across Australia, all of which required careful money management to ensure success. Despite being conducted with limited resources, the activities operate on a break-even basis or better. Over the years, the state members have received philanthropic donations and grants which were expended for the purposes granted and acquitted accordingly. With regard to the financial management of government funding agreements, Independence Australia, Polio SA and Spinal Injuries Association, representing Victorian, South Australian and Queensland polio survivors respectively on the Polio Australia Management Committee, receive recurrent state government funding.

With a very restricted budget which necessitated tight financial control, Polio Australia has successfully run two Chronic Disease Self Management Residential Programs (NSW in 2010 and Victoria in 2011). In addition, Polio Australia is currently the recipient of a three-year philanthropic donation from The Balnaves Foundation which was granted in recognition of our known ability to appropriately expend and manage it. The resultant employment of our National Program Manager has introduced even more sophistication into our financial management processes.

As well as being polio survivors with a unique understanding of the issues affecting their peers, Polio Australia's Management Committee members are drawn from business, community, public service and academic backgrounds and so have the diverse skills required to effectively manage the project described in this application. In addition, the Committee has a clear and single focus on providing cost-effective services to polio survivors and a commitment to ensuring that all funding received is spent appropriately for that purpose. An adequately resourced Polio Australia will ease the burden on state polio volunteers who have worked ceaselessly over many years to inform and support their peers and the health professionals who treat them. Everyone involved with Polio Australia has an absolute commitment for the project to succeed and the funding requested in this application will turn that into a reality – there is absolutely no doubt that the funding will be well managed and well spent for the benefit of polio survivors and their families across Australia.

Monitoring and Reporting

How will your organisation monitor and report on progress under the agreement and its outcomes?

The National Program Manager will manage the design and delivery of the project, including information for and interaction with polio survivors and their carers and families and relevant health professionals and key stakeholders. Polio Australia's Management Committee will provide leadership to the staff and a sounding board for ideas as required. By continual review of progress against every aspect of the Project Plan, any required fine-tuning will be readily apparent and easily implemented.

The National Program Manager will regularly report to the Management Committee on program progress, performance against budget, emerging issues and outcomes. The National Program Manager will also provide progress reports to the Department of Health and Ageing in accordance with stipulated timeframes. The Polio Australia Management Committee, will in turn report to the Department of Health and Ageing, and to their members and the wider community, via their Annual Reports and audited Financial Statements.

The project will be evaluated by reviewing each step of the Project Plan to determine whether the stated objectives have been achieved in the time frame specified.

The National Program Manager will report against the following criteria:

- Ongoing assessment of the performance of personnel recruited to key positions
- Ongoing assessment as to whether the project is being conducted as planned
- Recorded number of health professionals following up on articles written by Polio Australia's Clinical Advisory Group members
- Recorded number of health professionals accessing/utilising both Modules and Videos
- Annual survey and review of the number of polio survivors reporting on change and/or improvements in the diagnosis and management strategies recommended by their respective health professionals
- Ongoing review of expenditure to confirm that the program remained within the allocated budget.

ASSESSMENT CRITERION 3 – SUSTAINABILITY

Is this application dependent on other funding submissions you have made? If yes, please provide details.
No other funding submissions have been made for this project.
Explain how the proposed outcomes are sustainable and can be continued after the Health System Capacity Development Fund funding is expended?
<p>The material produced in The Late Effects of Polio Best Practice Clinical Recommendation Modules will continue to be available on Polio Australia's website. The information will be further disseminated in newsletters and journal articles and the findings presented at Polio Australia's annual Chronic Disease Management Residential Program.</p> <p>Sustained outcomes from the project will include increased quality of life for polio survivors and their carers/families, decreased stress levels, and renewed positive outlook on their future.</p> <p>Additional sustained outcomes include reduced impact on the health, disability and aged care sectors as more polio survivors learn how to effectively manage their chronic condition.</p>

Governance, Accreditation and Quality Assurance

ASSESSMENT CRITERION 4 – Organisational Capacity

Describe the governance structure of your organisation. (NB: Flow charts will be accepted)
<p>Polio Australia currently has only one paid employee – the National Program Manager. It has two part time volunteers. Polio Australia will be engaging staff whose sole responsibilities will be the design, delivery and monitoring of the tasks required to achieve the project's aims.</p> <p>Polio Australia is governed by a Management Committee who are all either polio survivors themselves experiencing the Late Effects of Polio or people who work with polio survivors, their families and carers. This puts them in the unique position of fully understanding the CDSM needs of the consumers and carers with whom the project will be working.</p>

Provide evidence that staff employed by your organisation are appropriately qualified to deliver the proposed activities in line with any required National or State/Territory standards.
<p>The experience and qualification of the National Program Manager, Mary-ann Liethof, is reiterated here.</p> <p>Mary-ann worked as the Coordinator of Polio Network Victoria, from mid 2004 to December 2009. During that time, Mary-ann produced a DVD titled "Post Polio Syndrome: The Australian Experience" and was one of the Victorian representatives on Management Committee for Polio Australia. Following a small philanthropic grant and a private donation, Mary-ann was officially appointed as Polio Australia's National Program Manager in early January 2010 on a part time basis, increasing her hours to full time in 2011 following a second grant.</p> <p>Mary-ann's qualifications include a Diploma in Community Development as well as a Graduate Diploma in Careers Education. She has worked in the community sector for more than 20 years in</p>

various positions including vocational counselling, training, coordinating volunteers, community education, and liaising between community members and GPs for a Division of General Practice. These positions involved devising and implementing a range of program strategies including community consultation, health promotion, advocating for marginalised communities, media and public relations, researching, producing and disseminating newsletters and reports, conference management and presentations, and organising residential respite activities.

In April/May 2008, Mary-ann visited 10 post-polio related services across North America on a Churchill Fellowship Study Tour, the purpose of which was *To identify techniques to better manage the late effects of polio*. On her return, Mary-ann produced a Report and series of videoed interviews titled *Post Polio Syndrome: Shades of Grey*. Both were distributed widely to polio networks and support groups both nationally and internationally, and are available on-line on Polio Australia's website.

In April 2009, Mary-ann travelled to Roosevelt Warm Springs in Georgia, USA for Post-Polio Health International's 10th International Conference: *Living with Polio in the 21st Century* and four day Wellness Retreat to learn the benefits of this self-management model. With this knowledge, she facilitated Australia's first Chronic Condition Self-Management Residential Program (also known as the Polio Health & Wellness Retreat) for 60 polio survivors and their family/carers in April 2010 in Baulkham Hills (New South Wales), a second one was attended by 64 people in Mt Eliza (Vic) in April 2011 and a third is scheduled to be held in Marcoola (Queensland) in April 2012. Reports and program details are available on-line on Polio Australia's website.

In August/September 2011, Mary-ann attended the European Polio Conference: Post Polio Syndrome – a challenge of today in Copenhagen where she gave an oral presentation on the benefits of Polio Australia's Chronic Condition Self-Management Residential Program.

New staff will be recruited in accordance with the qualifications necessary to deliver the proposed services in line with any required National or State/Territory standards.

**List the staffing requirements needed to meet the objectives of the project.
List the proposed staff recruitment needed to meet these proposed commitments.
What contingency plans does your organisation have to ensure staffing will be maintained during the term of the grant?**

Position	Weekly hours	Grade
National Program Manager	10	SCHCDS L7
Medical Researcher/Project Officer	38	SCHCDS L5
Administration Assistant	38	SCHCDS L2
Bookkeeper/Accounts/Payroll Officer	15	SCHCDS L3

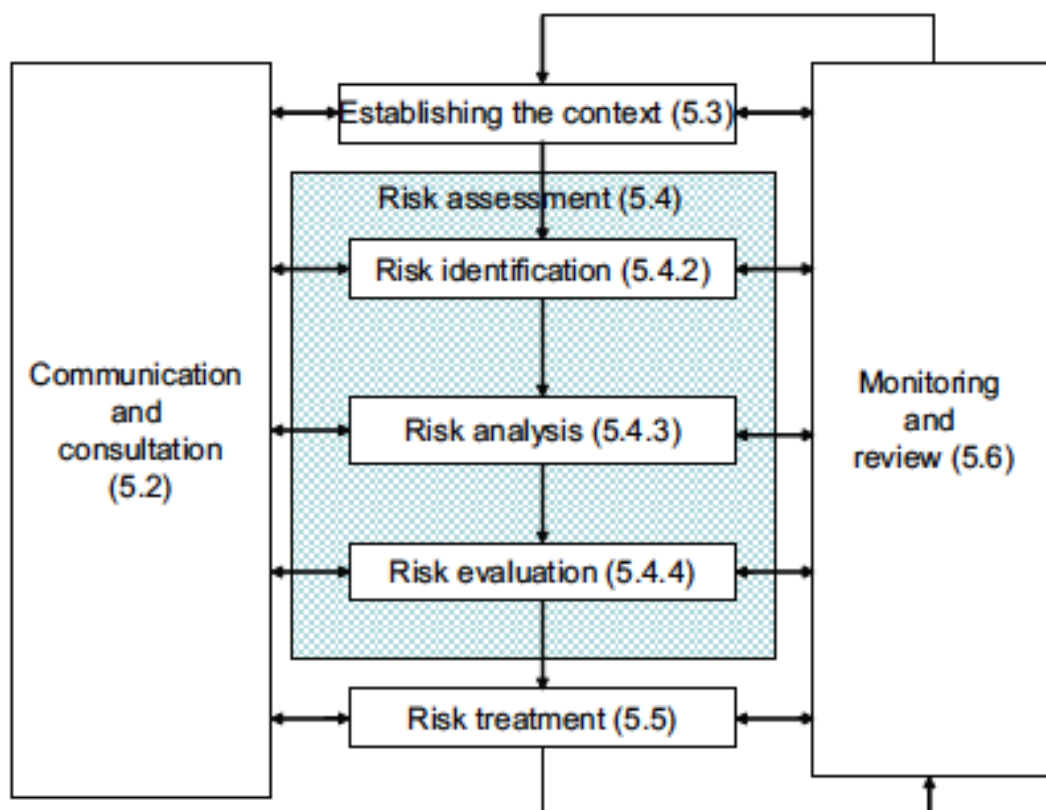
Staff will be recruited by national advertising. In the event a staff member leaves or is unable to work for any reason staffing levels will be maintained through agency assistance and a staffing succession plan will be developed.

How will your organisation manage any risks during the agreement?

Project Risk Management

Risks will be identified and managed based on the generic requirements of AS/NZS ISO 31000:2009 *Risk Management – principles and guidelines*. Risk is defined here in terms of the ‘effect of uncertainty on objectives’, which seems appropriate to this project.

The general process from the Standard is shown below:



Risk Management Process

The detail is as referenced in the Standard. It would be a case of ‘horses for courses’ and there would be a joint team approach at the start of the project to generate a simple risk register to agree and capture the risks as well as the controls for those risks. This document would then guide the ongoing management of those risks, as well as being somewhat dynamic to cater for unforeseen or changed circumstances.

Polio Australia has access to a specialist who could provide some simple guidance at no extra cost if required.

Identified risks are deemed to be mainly to do with the increased scale of activity that the projected work will bring and may include the following:

Occupational health and safety risks

This includes risks associated with the premises and suitability for staff, which already exist but might be exacerbated with any need to increase staff numbers. It may also include such risks as being able to provide disabled access.

Financial and administrative risks

Increasing the size of the organisation could impact on financial management and the ability to control expenditure authorisation. Other risks in this category include having adequate insurance.

Organisational risks

The risks here include losing key personnel to illness and not having enough people to do the work. Again these are standard risks that may just be scaled up and a simple succession plan may be all that is needed.

Budget**Provide information on the relevant economic, social and environment costs, and relevant health, economic, social and environmental benefits of the project.**

The economic and social costs of the Late Effects of Polio can weigh heavily on the individual and their families and carers as well as on the health system and the community in general.

Lack of information on the part of both the polio survivor and medical and allied health professionals exacerbate the situation as people desperately seek advice and support and are frequently given inappropriate advice. This results in unnecessary stress, and at times fear, and in the provision of inappropriate, often harmful, services or treatments.

In 2007 the Post-Polio Network in New South Wales released a research report based on questionnaires completed by 488 members. Some of the principal findings highlight the nature of the Late Effects of Polio and their physical and social costs.

Aids and Appliances: Over 80% rely on at least one appliance and 12% use at least 6 appliances.

Mobility and Exercise: 14% reported that they cannot walk or are very restricted in the ability to do so; only 40% can walk on level surfaces or short distances without difficulty; 28% can make 200 metres; only 15% can manage uneven surfaces and stairs.

Transport: Fewer than 30% indicated that they can use public transport without difficulty or assistance and only 35% can get into or out of a vehicle without difficulty or assistance.

Personal care: At least a quarter of participants who can manage to care for themselves find it difficult to do so. This particularly applies to having a bath or shower.

A number of people find the most essential of daily activities of preparing meals and basic housekeeping impossible and many more have varying levels of difficulty in doing so.

Family assistance: 62% receive assistance from family members and, of these, two thirds do not receive any other assistance. For 21% of all participants their carer has become less able to provide care, with ageing and their own medical problems being the main reasons.

While a Project such as that proposed here may not decrease many of the costs experienced by individuals with a disability, it can certainly reduce the cost of inappropriate services and enable greater self management, to in turn reduce the likelihood of further deterioration and further cost to both the individual's well-being and health and community services. Simple examples are having the knowledge and understanding to avoid exercise, which exacerbates the condition and obtaining appropriate aids, both of which reduce the risk of further deterioration and development of additional problems.

For individuals, especially those with little understanding of the Late Effects of Polio, the realisation that finally their health problems are being taken seriously by health professionals, that others have similar Late Effects of Polio experiences and the knowledge on which to draw in obtaining appropriate services is of immense personal value.

Detail how the project represents value for money, including likely benefits and costs.

The provision of face-to-face professional development programs for medical practitioners and allied health professionals is time consuming and very expensive, especially if a large number of practitioners are to be reached. As it is not usual for topics relating to the Late Effects of Polio to be included in either undergraduate or professional development programs for any practitioners the need to provide information is virtually universal.

Under this Project the multi-disciplinary Clinical Advisory Group will initially provide strategic direction for the selection and standardisation of quality, well researched information relating to the management of the Late Effects of Polio, and later expert advice and guidance to Polio Australia and its member Polio Networks, and their members in turn as well as other polio survivors across Australia via the Polio Australia website.

The benefits of effective management are derived from informed health professionals being able to instruct their patients in making decisions and co-ordinating their own care. The ready availability of information through Best Practice Clinical Recommendations and instruction videos enables health professionals to obtain the required information expeditiously. It also provides them with facts which can be used to facilitate the development of individual care plans in consultation with their patients.

When either a consumer or the professionals whom they consult are not well informed about a chronic condition, especially one with multi-faceted symptoms such as the Late Effects of Polio, there is frequently a seemingly endless round of consultations and assessments, at great expense not only to the individual but also to the health system. Any reduction in the number of required consultations and assessments is clearly both an economic benefit for the health system and a social benefit in the reduction of emotional stress and physical effort on the part of the consumer. In addition, as many polio survivors are restricted in mobility, attending appointments is a greater strain than for others and they may require assistance and financial support to do so.

Lack of information can also result in inappropriate treatments with resultant costs on the health system and stress and effort for the consumer. Inappropriate treatment can not only have a devastating, perhaps irreversible, effect on the individual experiencing the Late Effects of Polio but result in long-term expensive care being required. Reduction in inappropriate treatment is of obvious value.

As a specific example of cost effectiveness of self-management the provision of Attendant Care is cited. Just one individual consumer receives more than \$80,000 per year to cover the employment of care workers, administrative support, superannuation, insurances and training. The information and self-care knowledge provided through this Project will minimise people needing to access Attendant Care and so such costs can be eliminated or greatly reduced, many times over.

The cost of this Project over three years is considerably less than \$1 million, yet it has the potential to positively affect the lives and well-being of many thousands of polio survivors and their families across Australia. Early intervention to manage the Late Effects of Polio will be delivered by this Project and will be the first national government funding provided to achieve this end. Expenditure on this Project is way and above more cost effective than having unnecessary medical consultations and procedures and increasing numbers of polio survivors admitted to acute care facilities and long-term care in nursing homes.

Finance:**PROJECT BUDGET (GST Exclusive)**

	2012-13	2013-14	2014-15
Staffing (2.66 FTE)			
National Program Manager	15,712	16,040	16,368
SCHCDS Award, Level 7			
<i>10 hours per week - salary, leave loading, super</i>			
Medical Researcher / Project Officer	52,369	53,493	54,738
SCHCDS Award, Level 5			
<i>38 hours per week - salary, leave loading, super</i>			
Administration Assistant	39,551	40,796	42,035
SCHCDS Award, Level 2			
<i>38 hours per week - salary, leave loading, super</i>			
Bookkeeper, Accounts, Payroll Officer	17,036	17,528	17,901
SCHCDS Award, Level 3			
<i>15 hours per week - salary, leave loading, super</i>			
TOTAL STAFFING	124,668	127,857	131,042

Project Administration

Additional premises costs	14,400	14,832	15,277
Telephones - fixed and mobile	1,200	1,320	1,452
1 x Internet broadband connection	588	647	711
Staff recruitment advertising	2,000	500	500
Staff Training	1,500	900	900
Printing and stationery	700	770	847
Postage and PO Box	850	935	1,029

Repairs and maintenance of office equipment	1,000	1,500	2,000
Costs of reporting	2,000	2,200	2,420
TOTAL PROJECT ADMINISTRATION	24,238	23,604	25,136

Project Costs

Clinical Advisory Group <i>(teleconferences and annual face-to-face meeting)</i>	9,750	10,725	11,798
Consulting fees	15,000	15,000	15,000
Production of clinical modules for health professionals <i>(9 over 3 years)</i>	3,000	3,300	3,630
Printing and distribution of clinical modules	7,500	8,250	9,075
Video production for health professionals	25,000	27,500	30,250
Publicity/promotion <i>(articles and advertisements in 3 x Professional Journals - 3 editions)</i>	13,500	14,850	16,335
Focus Group meeting for consumers <i>(1 per year, different states - includes venue costs, catering, travel, special needs, resources etc)</i>	3,500	3,850	4,235
Website update and maintenance	12,000	13,200	14,520
TOTAL PROJECT COSTS	89,250	96,675	104,843

Insurance

Workers Compensation Insurance	1,870	1,918	1,966
Public Liability Insurance (increase to \$20m)	1,000	1,100	1,210
Professional Indemnity Insurance (\$10m)	3,500	3,850	4,235
TOTAL INSURANCE	6,370	6,868	7,411

Project Travel

Interstate travel and accommodation <i>(2 trips per year, 2 people)</i>	2,800	3,080	3,388
TOTAL PROJECT TRAVEL	2,800	3,080	3,388

Accounting / Audit Fees

Accounting and Audit	1,500	1,650	1,815
TOTAL ACCOUNTING / AUDIT	1,500	1,650	1,815

Small Office Assets

1 x Laptop Computers	900		
3 x Desktop Computers	2,850		
Computer software	225		
1 x Printer	750		
1 x Telephone line installation	100		
3 x Telephone Handsets	300		
1 x Mobile Phone	250		
1 x ADSL Modem	160		
Office Furniture (desk, 2 x chairs, filing cabinet, bookcase x 3)	2,100		
TOTAL SMALL OFFICE ASSETS	7,635	0	0

TOTAL Health System Capacity Development Fund	256,461	259,734	273,634
10% GST	13,179	13,188	14,259
TOTAL PROJECT COST	269,640	272,921	287,894

A note re the enclosed Polio Australia Audited 2010/2011 Financial Report:

At 30 June 2011 the audited accounts show an operating surplus of \$29,261. This is the residual of the donation received from The Balnaves Foundation to cover the salary of Polio Australia's National Program Manager for the 2011 calendar year. The residual will be fully expended by 31 December 2011.

APPENDIX A

Project Plan - The Late Effects of Polio Best Practice Clinical Recommendation Modules

Year	Deliverables	Key Milestones	Target Dates
2012-2013	3 x Teleconferences for Clinical Advisory Group	Teleconferences held	July 2012 September 2012 May 2013
	1 x Face to Face Meeting for Clinical Advisory Group	Face to Face Meeting held	December 2012
	Video production: <i>"Assessment & Diagnosis for Health Professionals"</i>	Video produced	May 2013
	Updates to Polio Australia website to support instructional video for health professionals	<i>"Assessment & Diagnosis for Health Professionals"</i> video uploaded to Polio Australia website	July 2013
	Best Practice Clinical Recommendation Modules: 1. Rehabilitation: Diagnosis and Management Strategies 2. Physiotherapy 3. Occupational Therapy	Recommendations agreed to by all Clinical Advisory Group members	1. September 2012 2. December 2012 3. May 2013
	Advertisements in Professional Journals for: 1. Rehabilitation Specialists 2. Physiotherapists 3. Occupational Therapists	Advertisements inserted into discipline-specific Journals	1. October 2012 2. February 2013 3. June 2013
	Articles submitted to Professional Journals for: 1. Rehabilitation Specialists 2. Physiotherapists 3. Occupational Therapists	Articles published in discipline-specific Journals	1. October 2012 2. February 2013 3. June 2013
	Printing and distribution of Best Practice Clinical Recommendation Modules to Community Health Centres and other interested clinics across Australia	Best Practice Clinical Recommendation Modules produced and distributed	July 2013

Year	Deliverables	Key Milestones	Target Dates
2013-2014	3 x Teleconferences for Clinical Advisory Group	Teleconferences held	July 2013 September 2013 May 2014
	1 x Face to Face Meeting for Clinical Advisory Group	Face to Face Meeting held	December 2013
	Video production: <i>"Exercise Recommendations for Physiotherapists"</i>	<i>"Exercise Recommendations for Physiotherapists"</i> video produced	May 2014
	Best Practice Clinical Recommendation Modules: 1. Respiratory / Sleep Therapy 2. Speech Therapy 3. Psychology	Recommendations agreed to by all Clinical Advisory Group members	1. September 2013 2. December 2013 3. May 2014
	Advertisements in Professional Journals for: 1. Respiratory Therapists 2. Speech Therapists 3. Psychologists	Advertisements inserted into discipline-specific Journals	1. October 2013 2. February 2014 3. June 2014
	Articles submitted to Professional Journals for: 1. Respiratory Therapists 2. Speech Therapists 3. Psychologists	Articles published in discipline-specific Journals	1. October 2013 2. February 2014 3. June 2014
	Printing and distribution of Best Practice Clinical Recommendation Modules to Community Health Centres and other interested clinics across Australia	Best Practice Clinical Recommendation Modules produced and distributed	July 2014

Year	Deliverables	Key Milestones	Target Dates
2014-2015	3 x Teleconferences for Clinical Advisory Group	Teleconferences held	July 2014 September 2014 May 2015
	1 x Face to Face Meeting for Clinical Advisory Group	Face to Face Meeting held	December 2014
	Video production: <i>"Self Management Strategies for Polio Survivors"</i>	<i>"Self Management Strategies for Polio Survivors"</i> video produced	May 2015
	Best Practice Clinical Recommendation Modules: 1. Orthotics 2. Acute Care 3. Drug Therapy	Recommendations agreed to by all Clinical Advisory Group members	1. September 2014 2. December 2014 3. May 2015
	Advertisements in Professional Journals for: 1. Orthotists 2. Anaesthetists 3. General Practitioners	Advertisements inserted into discipline-specific Journals	1. October 2014 2. February 2015 3. June 2015
	Articles submitted to Professional Journals for: 1. Orthotists 2. Anaesthetists 3. General Practitioners	Articles published in discipline-specific Journals	1. October 2014 2. February 2015 3. June 2015
	Printing and distribution of Best Practice Clinical Recommendation Modules to Community Health Centres and other interested clinics across Australia	Best Practice Clinical Recommendation Modules produced and distributed	June 2015
	Conclude Project	<ul style="list-style-type: none"> Final Report sent and received by Dept of Health and Ageing Certificate sent and received by Dept of Health and Ageing Annual Report, Audited Accounts and Auditor's Report sent and received by Dept of Health and Ageing 	September 2015