POLIO AUSTRALIA INCORPORATED

Representing polio survivors throughout Australia

The Prevention, Early Intervention and Management of the Late Effects of Polio

Application for Funding (Grant Funding Round 1)

Chronic Disease Prevention and Service Improvement Flexible Fund

Department of Health and Ageing

Polio Australia Incorporated

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Office Use Only
Ref. No: 112/1112

Australian Government
Department of Health and Ageing

CHRONIC DISEASE PREVENTION AND SERVICE IMPROVEMENT FLEXIBLE FUND

INVITATION TO APPLY FOR FUNDING

GRANT FUNDING ROUND 1

Instructions for Submitting Applications for Chronic Disease Prevention and Service Improvement 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) of your Application AND an electronic copy (on a CD ROM that is Microsoft Word 2003 compatible) delivered to:

  Chronic Disease Prevention and Service Improvement Fund Funding Round 1
  Department of Health and Ageing
  Tender Box
  DoHA/112/1112
  Sirius Building,
  Foyer, Ground Floor,
  23 Furzer Street
  WODEN ACT 2606

NOTE: The Tender Box is accessible for deliveries between the hours of 8:30am and 5:00pm Monday to Friday (public holidays excepted). Do not hand deliver to the security guard, Applications MUST be lodged in the tender box by the Applicant or authorised representative.

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 ChronicDPSI.Fund@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.

SECTION 2 – THRESHOLD CRITERIA

Threshold Criteria – (Note: Applicants must satisfy all the following Threshold Criteria in order to be considered for funding under this priority(ies).)	**Applicant's Response**
The Applicant's proposed activities must be national in scope.	The activities are national in scope.
The Applicant must satisfy the eligibility requirements in clause 6 Part A of the Invitation to Apply.	Polio Australia satisfies the eligibility requirements sent out in Clause 6 Part A of the ITA.
The Applicant's proposal must not include items identified in Clause 5 (What will not be funded) of Part A, the Invitation to Apply.	Polio Australia's proposal does not include any items identified in Clause 5.
The Applicant must detail why their project outcomes cannot be met through existing capacity.	Polio Australia was incorporated in 2008 following a resolution in May 2007 made by the six state Polio Networks at their national self-funded *Design a Future* conference to establish a national organisation. Polio Australia is a not-for-profit organisation that has to date been able to cover its existing expenses by philanthropic grants and one-off donations. However, in order to effectively and adequately provide optimum evidence-based information and support for Australia's polio survivors, who are a largely overlooked sector of the community, and thus relieve pressure on other areas of the health care system, Polio Australia urgently requires Government funding for the project detailed in this application. 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 would be envisaged that this philanthropic donation from the Balnaves Foundation would be reviewed. The Prevention, Early Intervention and Management of the Late Effects of Polio

	Project for which we are applying for funding, builds upon the valuable work Polio Australia has been carrying out to date, however it is in the main new work that we would be unable to fund without Government assistance. Due to a widely held perception that polio is a disease of the past many health professionals have little knowledge of the Late Effects of Polio. This project will ensure that polio survivors, their carers and families are equipped with adequate knowledge, attitudes and skills to enable them to be more proactive and participate effectively in chronic disease self management. Early intervention to prevent and/or manage the Late Effects of Polio aims to ensure polio survivors maintain as much independence and mobility as possible and prevent or defer entry to the acute care and nursing home systems, which provide a much inferior quality of life at considerably greater cost to the community. The Early Intervention and Management of the Late Effects of Polio Project 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.

SECTION 3 - FUNDING REQUEST

Please tick the box against the priority or priorities that is the subject of your application.	
✓	**PRIORITY AREA A** - Prevention across the continuum enables a holistic approach towards prevention, with intervention at multiple points. These intervention levels can be broadly grouped into three categories: • primary prevention - to prevent movement of the 'well' to the 'at risk' population • secondary prevention - to prevent progression from 'at risk' to 'established' disease state. • tertiary prevention – to prevent and/or delay progression to complications from the disease.
✓	**PRIORITY AREA B -** Early detection and appropriate treatment to support a targeted approach to early detection and appropriate treatment, supporting activities that promote best-practice care and risk factor prevention and management.
✓	**PRIORITY AREA C -** Integration and continuity of prevention and care by ensuring that people are receiving all the services they need in a timely manner, maximising their health outcomes and enhancing their 'patient journey'.
✓	**PRIORITY AREA D -** Self management, enabling people with chronic disease to engage in activities that protect and promote health, monitoring and managing symptoms and signs of illness, managing the impacts of illness on functioning, emotions and interpersonal relationships, and negotiating and adhering to treatment regimens. This priority emphasises a person-centred approach to care and decision-making in addressing chronic disease prevention and service improvement.

Please Note Applicants are only required to complete the relevant criteria for the priority/ies area(s) they are applying for.

ASSESSMENT CRITERION 1 - NEED

Describe the project you wish to fund with this Grant		
DETAIL REQUIRED	**APPLICANT'S RESPONSE**	
Project Name	The Prevention, Early Intervention and Management of the Late Effects of Polio	
Physical address of the location of the project	The project will be administered from Polio Australia's office in Melbourne and delivered in all States and Territories.	
Amount of funding requested (GST exclusive)		**$1,970,860**
Is the proposed project an extension of an existing project? As detailed above the project builds on the work Polio Australia has been carrying out since 2008 but is largely much needed new work that Polio Australia does not currently have the finances or staff resources to carry out.		**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?

The Late Effects of Polio represent a range of symptoms that affect many thousands of Australian polio survivors. 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 late effects of polio for diagnosis and treatment. Polio Australia has enlisted the expertise of a multi-disciplinary panel of health professionals working together as a Clinical Advisory Group to develop criteria for the Late Effects of Polio Best Practices Clinical Recommendations.

The Prevention, Early Intervention and Management of the Late Effects of Polio is largely a three stream education project:

1) Late Effects of Polio Fact Sheets and Videos for Consumers

Polio Australia has enlisted the expertise of a multi-disciplinary panel of health professionals working together as a Clinical Advisory Group to develop criteria for Late Effects of Polio Best Practices Clinical Recommendations. The Prevention, Early Intervention and Management of the Late Effects of Polio project will produce a series of fifteen quality, well researched Late Effects of Polio Fact Sheets for polio survivors and health care providers and six accompanying short videos that can be downloaded from Polio Australia's website. These Fact Sheets and Videos will assist polio survivors with self-management strategies.

2) Community Education

The Program will also appoint a Community Development Worker for each State and Territory to liaise with and educate community, education, religious and service club groups and also to liaise with Community Health Centres and GPs. It is envisaged these six positions will be part time in nature – 0.5 positions x 3 years. The Community Education workers will raise awareness of the Late Effects of Polio, advocate on behalf of people living with the Late Effects of Polio, organise relevant education, community and speaking engagements and liaise with relevant health professionals and key stakeholders.

Additionally the Community Development Workers will promote the Australian Polio Register, which was established to gather information on the numbers of polio survivors living in Australia today, whether or not they contracted polio in this country. This information both raises community awareness and capacity and builds evidence to improve the knowledge base.

3) Chronic Disease Self Management Residential Program

A three-day Chronic Condition Self Management Residential Program will be run annually in one State or Territory for up to 70 participants. Over the three years of funding this will directly assist 210 people with potential flow-on benefits to hundreds more as a result of attendees disseminating the Chronic Disease Self Management principles learned. The course content and participant feedback will be uploaded to the website therefore reaching potentially reaching thousands more polio survivors, their carers and families. The aim of the Chronic Condition Self Management Residential Program is to expand the range and reach of quality Chronic Disease Self Management interventions and supports available to polio survivors now living with the Late Effects of Polio, and their carers and families and to continue to build the evidence-base on the efficacy of Chronic Disease Self Management interventions. This program will ensure polio survivors, their carers and families are equipped with sufficient knowledge, attitudes and skills to enable them to be more proactive and to participate effectively in Chronic Disease Self Management and lifestyle risk factor modification.

Detailed Project Plans are attached at Appendix A.

What unmet need(s) will this project address?

Polio Australia was incorporated in 2008 following a resolution in May 2007 made by the six state Polio Networks at their national self-funded *Design a Future* conference to establish a national organisation. Polio Australia's mission is to articulate the needs of polio survivors in Australia through centralised information provision and the development and delivery of comprehensive education programs for the polio community and health professionals. Since 2008 it 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 have been possible only through countless unpaid volunteer hours. Polio Australia is under resourced and under financed and urgently requires Government assistance to achieve the objectives of its Prevention, Early Intervention and Management of the Late Effects of Polio project.

How have you assessed the need(s) and determined that the project will meet them?

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 it does not include people who contracted polio overseas and who have since come to Australia. (Source: Leboeuf C, The Late Effects of Polio – Information for Health Care Providers, Commonwealth Department of Community Services and Health, 1990.)

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.

How will the project complement other similar services, activities and resources in the area proposed for the service?

Polio survivors form the largest single group of people with physical disabilities in Australia, yet this is not recognised by policy makers, the community at large, and indeed the polio survivors themselves. Polio survivors are to a large extent 'invisible' in the community. Knowledge about the Late Effects of Polio and their impact upon the lives of polio survivors and their families, is very patchy amongst the medical profession.

Once the Salk polio vaccine was introduced into Australia in the mid 1950s, polio was considered to be a 'solved problem' and all the support services which had sprung up over the preceding 40 or so years gradually closed, or diversified to cater for other disabilities. At that time no-one had heard of the Late Effects of Polio. These have a dramatic impact on the ability of those polio survivors affected to maintain their mobility and independence and successfully undertake the activities of daily living.

The only organisations that specifically cater for the unique information and support needs of polio survivors, while working in partnership with caregivers, are largely volunteer organisations established and managed by fellow polio survivors. There are now Post-Polio Networks in every Australian state, in the main run entirely by volunteer polio survivors. Polio Australia was established in 2008 as the national voice for polio survivors.

The Late Effects of Polio will become an increasing issue for communities around Australia as the population ages, and as the community diversifies through immigration.

Data from the *Late Effects of Disability Clinic* based at the Royal Perth Hospital in Western Australia indicates that the majority of polio clients are in the age range of 50 – 59 (44%), followed by 60 – 69 (24%). *Polio Services Victoria* is a state Department of Human Services funded service located at St Vincent's Hospital Melbourne. Client numbers have been steadily increasing since they commenced in 1997. In 2001 the mean age was 69 years. In 2006 was 48 years. In 2001 it was 69 years.

This change in mean age is related to the increase in referrals of clients from a culturally and linguistically diverse background, with particular emphasis on clients from the Indian sub-continent and South East Asia. In 2006, 33% of new referrals for the service were migrants or refugees.

The two specialist clinics mentioned above are the only ones in the whole of Australia and both have extensive waiting lists. Representatives of both clinics also contribute to Polio Australia's Clinical Advisory Group, which is composed of open-minded health care professionals who are experts in their field. Members are knowledgeable about the Late Effects of Polio and demonstrate the ability to think analytically and strategically in advising Polio Australia on clinical matters. The composition represents health care professionals in diverse areas of specialisation such as rehabilitation, physiotherapy, orthotics, psychology, and occupational therapy. Members are also from a range of geographic, cultural and gender backgrounds.

The Prevention, Early Intervention and Management of the Late Effects of Polio Project will ensure the quality of life of polio survivors is maintained, and that they can continue in their role as valued, contributing members of society.

ASSESSMENT CRITERION 2 – CAPACITY TO DELIVER THE PROJECT

What are the project's objectives, key activities and timelines?
The Prevention, Early Intervention and Management of the Late Effects of Polio Project 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. Key activities include production and distribution of the Late Effects of Polio Best Practice Clinical Recommendation Information Fact Sheets and Videos, a community Education and Awareness Program and the roll out of residential chronic disease self management programs nationwide. The project would be delivered during the three years of funding and would then be ongoing subject to obtaining appropriate finance.

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.
Video Series produced for Consumers	Six quality, well researched informational videos on the Late Effects of Polio to be used to assist polio survivors with self-management strategies.	Videos uploaded onto Polio Australia's website and distributed to state Polio Networks. Videos being viewed by polio survivors across Australia - individually, in Support Groups, and as part of educational forums in self-management strategies.	Polio survivors practising the self-management strategies featured in the videos.
Fact Sheets produced for Consumers	Fifteen quality, well researched Fact Sheets on the Late Effects of Polio to assist polio survivors with information and self-management strategies.	Fact Sheets available online and distributed to state Polio Networks. Fact Sheets being accessed and read by polio survivors across Australia - individually, in Support Groups, and as part of educational forums in self-management strategies.	Polio survivors practising the self-management strategies featured in the Fact Sheets.
Community Education Program	Recruit and appoint six Community Development Workers (0.5 positions) to raise awareness of the Late Effects of Polio and advocate on behalf of people who are living with the Late Effects of Polio.	Ongoing Community Education Program Australia-wide, including promotion of the Australian Polio Register and liaison with relevant health professionals and key stakeholders.	Ongoing Community Education Program Australia-wide, including promotion of the Australian Polio Register and liaison with relevant health professionals and key stakeholders.
Annual Chronic Disease Self Management Residential Program	Three-day Chronic Disease Self Management Residential Programs run in one State or Territory.	Three-day Chronic Disease Self Management Residential Program run in one State or Territory.	Three-day Chronic Disease Self Management Residential Program run in one State or Territory.

What is the duration of the activities under the project?
The Prevention, Early Intervention and Management of the Late Effects of Polio Project 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 project?
The project will be ongoing in accordance with the needs of polio survivors.

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

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

- numbers of polio survivors, family members and carers making contact, particularly for the first time;
- numbers accessing Polio Australia's information materials and taking part in educational activities;
- 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 their own 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 Prevention, Early Intervention and management of the Late Effects of Polio 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.

Provide information on how the personnel undertaking the project have the qualifications, expertise, understanding of the project and access to the necessary resources and will be able to devote sufficient time to successfully undertake the project.

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 the 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.

New staff to be recruited will be matched based on their qualifications, expertise and skills fit for the project. The new staffing levels will ensure Mary-ann will be able to devote sufficient time to successfully undertake the project.

Project Management

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

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 project be managed?

The National Program Manager will manage the design and delivery of the Prevention, Early Intervention and Management of the Late Effects of Polio project including providing information for and interaction with polio survivors, their carers and families, 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. In addition to their skills and experience the Management Committee 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 needs of the consumers and carers with whom the project will be working.

Polio Australia's Clinical Advisory Group will provide peer support. The Clinical Advisory meets by teleconference three times a year. The members of the Clinical Advisory Group are:

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, Psychologist and Conjoint Professor, University of New South Wales, New South Wales.

Describe the relevant project management experience of the person managing the project.
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 (NSW), 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 (Qld) 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 project?
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 human resource management, bookkeeping and payroll functions. (With a currently very small operating budget, these functions are undertaken by trained 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 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 the progress of the project 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
- Review and adjust the relevance and accessibility of the information provided both Fact Sheets and Videos as required
- Annual assessment the effectiveness of the participation and knowledge of the health service providers in the Chronic Disease Management Program
- Annual review regarding the satisfaction of participants attending each Chronic Disease Management Program
- Utilise participant evaluation forms to determine whether the Chronic Disease Management Programs met expectations
- Review expenditure to confirm that the program remained within the allocated budget.

ASSESSMENT CRITERION 3 – SUSTAINABILITY

Is this project dependent on other funding submissions you have made? If yes, please provide details.
The project is not dependent on other funding submissions.

Governance, Accreditation and Quality Assurance

ASSESSMENT CRITERION 4 – Organisational Capacity

Describe the governance structure of your organisation. (NB: Flow charts will be accepted)
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. 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.
Provide evidence that staff employed by your organisation are appropriately qualified to deliver the proposed services in line with any required National or State/Territory standards.
The experience and qualification of the National Program Manager, Mary-ann Liethof, is reiterated here. 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. 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.

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

Position	Hours	Grade
National Program Manager	38	SCHCDS L7
Office Coordinator (HRM / Bookkeeping / Payroll)	38	SCHCDS L4
Medical Researcher/Project Officer	38	SCHCDS L5
Project Officer	20	SCHCDS L4
Administration Assistant	38	SCHCDS L2
Media & Public Relations/Financial Capacity Officer	38	SCHCDS L5
State-based Community Development Workers x 6	20	SCHCDS L4

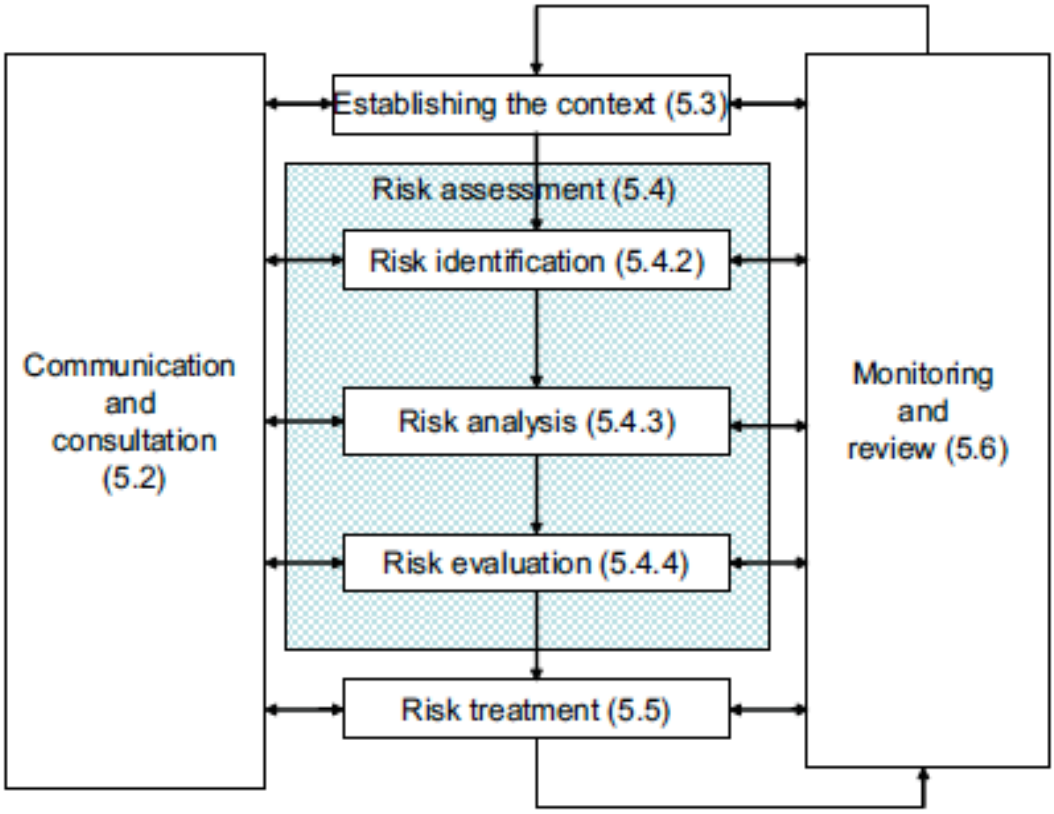
Staff will be recruited by national advertising. In the event a staff member leaves or is unable to work for any reason staffing levels will be maintained through agency assistance and a staffing succession plan will be developed.

How will your organisation manage any risks during the project?

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.

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 self 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 Chronic Disease Self Management are derived from informed consumers being able to make decisions and co-ordinate their own care. The ready availability of information through Best Practice Clinical Recommendation Fact Sheets and Videos enables consumers 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 a health care professional as the professional is able to draw on this information.

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 less than $2 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 self-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 (8.68 FTE)			
National Program Manager	59,707	60,952	62,197
SCHCDS Award, Level 7			
38 hours per week - salary, leave loading, super			
Office Co-ordinator (HRM, bookkeeping, payroll)	47,511	48,756	50,001
SCHCDS Award, Level 4			
38 hours per week - salary, leave loading, super			
Medical Researcher / Project Officer	52,369	53,493	54,738
SCHCDS Award, Level 5			
38 hours per week - salary, leave loading, super			
Project Officer	25,006	25,661	26,316
SCHCDS Award, Level 4			
20 hours per week - salary, leave loading, super			
Administration Assistant	39,551	40,796	42,035
SCHCDS Award, Level 2			
38 hours per week - salary, leave loading, super			
Media and Public Relations / Financial Capacity Officer	47,511	48,756	50,001
SCHCDS Award, Level 4			

38 hours per week - salary, leave loading, super			
State-Based Community Development Workers x 6	150,034	153,965	157,897
SCHCDS Award, Level 4 *(Each 20 hours per week - salary, leave loading, super)*			
TOTAL STAFFING	**421,689**	**432,379**	**443,185**
Project Administration			
Additional premises costs	31,200	32,136	33,100
Telephones - fixed and mobile	1,200	1,320	1,452
2 x Internet broadband connections	1,536	1,690	1,859
6 x Wireless Mobile Internet Services	3,048	3,353	3,688
Staff recruitment advertising	6,000	2,000	2,000
Staff Training	5,500	3,300	3,300
Printing and stationery	1,200	1,320	1,452
Postage and PO Box	950	1,045	1,150
Repairs and maintenance of office equipment	1,000	1,500	2,000
Costs of reporting	3,000	3,300	3,630
TOTAL PROJECT ADMINISTRATION	**54,634**	**50,963**	**53,630**
Project Costs			
Clinical Advisory Group - teleconferences and annual face-to-face	9,750	10,725	11,798
Consulting fees	5,000	5,000	5,000
Production of consumer fact sheets *(15 over 3 years)*	5,000	5,500	6,050
Printing and distribution of consumer fact sheets	12,500	13,750	15,125
Video production *(6 over 3 years)* *Self-Management Strategies for Polio Survivors*	13,000	14,300	15,730

Focus Group meeting for consumers re fact sheets and videos *(1 per year, different states – includes venue costs, catering, travel, special needs, resources etc)*	3,500	3,850	4,235
Website update and maintenance	12,000	13,200	14,520
Resources for Community Workers	3,000	1,800	1,800
Venue hire etc for community education events *(4 per state per year)*	36,000	39,600	43,560
3 x Chronic Condition Self-Management Residentials (1 per year - *Participant subsidies and special needs, health professional costs etc*)	15,000	15,450	15,914
TOTAL PROJECT COSTS	**114,750**	**123,175**	**133,731**

Insurance

Workers Compensation Insurance	6,325	6,486	6,648
Professional Indemnity Insurance ($10m)	3,500	3,850	4,235
TOTAL INSURANCE	**9,825**	**10,336**	**10,883**

Project Travel

Interstate travel and accommodation *(4 trips per year, 3 people)*	8,400	9,240	10,164
Intrastate travel/accomm for 6 x Community Workers *(4 trips per year)*	12,000	13,200	14,520
Travel reimbursement for 6 x Community Workers *(30 weeks per year)*	3,000	3,300	3,630
TOTAL PROJECT TRAVEL	**23,400**	**25,740**	**28,314**

Accounting / Audit Fees

Accounting and Audit	3,000	3,300	3,630
TOTAL ACCOUNTING / AUDIT	**3,000**	**3,300**	**3,630**

Small Office Assets

8 x Laptop Computers	7,200		

5 x Desktop Computers	4,750		
Computer software	975		
2 x Printers	1,500		
2 x Data Projector	1,800		
3 x Telephone line installation	300		
6 x Telephone Handsets	600		
11 x Mobile Phones	2,750		
6 x Mobile Wireless Modems	600		
2 x ADSL Modems	320		
Office Furniture *(desk, 2 x chairs, filing cabinet, bookcase x 5)*	3,500		
TOTAL SMALL OFFICE ASSETS	**24,295**	**0**	**0**

TOTAL Chronic Disease Prevention and Service Improvement Fund	**651,593**	**645,893**	**673,373**
10% GST	**22,990**	**21,351**	**23,019**
TOTAL PROJECT COST	**674,583**	**667,245**	**696,392**

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.

Project funding from all sources

If you will receive any other funding to support this project (State/local government, donations etc) please complete the table below.

	2012 – 2013 **$**	**2013 – 2014** **$**	**2014 – 2015** **$**
Chronic Disease Prevention and Service Improvement Fund contribution	651,593	645,893	673,373
Your organisation's co-contribution	8,900	9,230	9,576
State & Territory Government funding	Nil	Nil	Nil
Income from other sources: Participant Fees for Chronic Condition Self-Management Residentials (1 per year)	14,000	15,400	16,940
TOTAL:	**674,493**	**670,523**	**699,889**

Appendix A

Project objectives	Key strategies	Key activities	Achievement of Objectives	Timeframe
1. Establish staffing, administration resources and management systems	**1.a** Appoint staff required to design, deliver and manage all aspects of the project in consultation with all stakeholders. These are: Office Coordinator, Medical Researcher/Project Officer, Project Officer, Administration Assistant, Media and Public Relations/ Financial Capacity Officer and six state-based Community Development Workers	**1.a.i** Create position descriptions, advertise and interview suitable staff, secure suitable office space	Position descriptions completed, positions advertised, applications received and interviews arranged Staff appointed and new work premises established	July to September 2012
		1.a.ii Purchase project equipment and supplies	Project equipment and supplies purchased, recorded and operational	July to August 2012

2. Video series for polio survivors and other consumers	**2.a** Produce six videos on Managing the Late Effects of Polio	**2.a.i** Source and request quotes from video producers **2.a.ii** Engage video producer **2.a.iii** Write and edit each script **2.a.iv** Identify and contact health professionals and polio survivors to be interviewed for videos	• Producer engaged • Scripts prepared • Interviewees selected • Videos uploaded to website	July 2012 to June 2015
3. Fact Sheets for Polio Survivors and other consumers	**3.a** Produce set of 15 Fact Sheets on Managing the Late Effects of Polio	**3.a.i** Source relevant Late Effects of Polio information for inclusion in Fact sheets **3.a.ii** Request relevant information from participating service providers **3.a.iii** Source and request quotes from printing/collating organisations **3.a.iv** Engage organisation to produce material	• Late Effects of Polio Information identified • Participating health service providers contacted and information received • Printers contacted and quotes received for selection	July 2012 to June 2015

4. Community Education Program	**4.a** Facilitate Community Education Programs Australia wide	**4.a.i** Design comprehensive Community Education Program **4.a.ii** Ensure Late Effects of Polio Best Practice Clinical Recommendations incorporated into Program **4.a.iii** Liaise widely with Community Health Centres, GP Super Clinics and other health service providers to advise their polio survivor patients that the Late Effects of Polio Community Education Program exists **4.a.iv** Liaise widely with community clubs and groups to promote the Late Effects of Polio Community Education Program	Education Program sessions being run regularly and widely throughout the community resulting in greater awareness of the Late Effects of Polio.	September 2012 to June 2015 (and beyond)
	4.b Establish an Awareness Campaign to promote the Australian Polio Register Australia wide	**4.b.i** Encourage polio survivors to register with the Australian Polio Register as part of all Community Education Programs **4.b.ii** Explore all opportunities to promote the Australian Polio Register in the community and throughout the health system	More polio survivors registering in the Australian Polio Register	September 2012 to June 2015 (and beyond)

5. Design three x 3-day Chronic Disease Self Management Residential (CDSM) Programs	**5.a** Determine appropriate content	**5.a.i** Consult with State Polio Networks	State Polio Networks contacted and recommendations received	August 2012, 2013 and 2014
		5.a.ii Review Evaluations from previous Residential	Evaluations reviewed, recommendations analysed and incorporated if appropriate	October 2012, 2013 and 2014
	5.b Identify special needs criteria to ensure full participation	**5.b.i** Review Evaluations from previous Residential	Evaluations reviewed and recommendations taken into consideration	October 2012, 2013 and 2014
		5.b.ii Prepare Programs and Registration Forms	Programs and Registration Forms prepared and made available through state Polio Networks and on-line	December 2012, 2013 and 2014
6. Identify suitable Residential venues in each State	**6.a** Determine available venue options and locations of each	**6.a.i** Consult with State Polio Networks for recommendations and suggestions	State Polio Networks contacted and recommendations received for consideration	August 2012, 2013 and 2014
		6.a.ii Research venues on internet and contact by email/phone for further details and availability	Suitable venues identified, contacted and availability recorded	August 2012, 2013 and 2014
	6.b Research venues for relevant facilities and accessibility	**6.b.i** Consult with State Polio Networks and local community health/disability service providers for suggestions	State Polio Networks and community health/disability service providers contacted and recommendations received for consideration	September 2012, 2013 and 2014
		6.b.ii Visit selected venues to discuss specific requirements	Schedule of visits arranged and completed	September 2012, 2013 and 2014

7. Confirm participation in and clarify role of health service providers	**7.a** Locate, contact and secure participating state-based health service providers	**7.a.i** Consult with State Polio Networks and local community health/disability service providers for recommendations and suggestions	State Polio Networks and community health/disability service providers contacted and recommendations received for potential inclusion in Program	October 2012, 2013 and 2014
		7.a.ii Visit selected service providers to discuss specific requirements	Schedule of visits arranged and completed, with confirmation of participation provided by service providers.	November 2012, 2013 and 2014
	7.b Provide relevant supporting information to health service providers	**7.b.i** Identify and/or supply recommended DVDs, presentations, reading material and websites specific to LEOP and PPS, if required	Service providers contacted and in receipt of supporting material.	November 2012, 2013 and 2014
		7.b.ii Provide service providers with full details of Residential Program	Service providers contacted and in receipt of relevant details.	November 2012, 2013 and 2014
8. Maximise registration for Residential Programs	**8.a** Promote Residential Programs	**8.a.i** Create promotional material	Promotional material completed	December 2012, 2013 and 2014
		8.a.ii Provide promotional material to all State Polio Networks for inclusion in newsletters and websites and for local advertising	Polio Networks in receipt of promotional material and broadcast via relevant communication channels	January 2013, 2014 and 2015
	8.b Identify participant numbers	**8.b.i** Receive registrations, record details and confirm attendance up to 40 participants per Residential	Participant registrations received and recorded	March 2013, 2014 and 2015

		8.b.ii Identify special needs of participants and arrange necessary equipment and personal care/support workers as required	Special needs noted, arrangements made with relevant organisations and communicated to venues	March 2013, 2014 and 2015
9. Facilitate Chronic Disease Self Management Residential Program	**9.a** National Program Manager to attend each Residential to coordinate activities	**9.a.i** Liaise between participants, venue representatives and health service providers to assist with any issues requiring clarification or that need to be attended to	All those connected to the Residential are clear about involvement and expectations	April 2013, 2014 and 2015
		9.a.ii Adjust timing, location and participation levels of scheduled activities, if required	Activities run smoothly and any issues attended to promptly	
	9.b Ensure all systems are in place to maximise CDSM Residential experience for all participants	**9.b.i** Have all relevant administration documentation, CDSM packages, registration and special needs, contact numbers, audio/visual equipment requirements, and aids and equipment available for instant access	Administration and support systems organised and readily accessible, and strategies in place for any unexpected circumstances.	
		9.b.ii Provide opportunities for participants to give constructive feedback – written and verbal – at each Residential to take into account for all other Residential Programs	Feedback forms distributed and returned for evaluation and consideration – any verbal comments noted and incorporated in overall evaluation	

10. Project Reporting	**10.a** Provide Annual Program Reports, as at 30 June each year of the Project	**10.a.i** Prepare comprehensive report on actual performance against aims of the Project (FY 2012/13 and 2013/14) **10.a.ii** Prepare final comprehensive report at conclusion of the project on performance against aims of Project, including consumer outcomes and recommendations for future activities (FY 2014/15)	• Final Report sent and received by Dept of Health and Ageing • Certificate sent and received by Dept of Health and Ageing • Annual Report sent and received by Dept of Health and Ageing	1. September 2013 2. September 2014 3. September 2015
	10.b Provide Annual End of Financial Year Reports	**10. b.i** Prepare financial accounts **10.b.ii** Arrange audit of financial accounts **10.b.iii** Prepare a certificate confirming that funds were spent appropriately, legal obligations were met, capacity to pay all debts	Certificate, Audited Accounts and Auditor's Report sent and received by Dept of Health and Ageing	1. September 2013 2. September 2014 3. September 2015