



HUNTER NEW ENGLAND
NSW HEALTH

Tablelands Transitional Aged Care Program (TACP)

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TACP Statistics:

- In the 2008-09 Budget, the Australian Government committed \$293.2 million over four years to the Transition Care Program, providing an extra 2,000 places on top of the existing 2,000 places for older people after a hospital stay.

The transition care places are being rolled out through four allocations.

TACP Statistics:

- **National transition care place roll-out**
- **2008-2009: 228 places**
- **2009-2010: 400 places**
- **2010-2011: 600 places**
- **2011-2012: 800 places**

- <http://www.agedcareaustralia.gov.au/internet/AgedCare/Publishing.nsf/Content/TCP>

TACP Statistics:

- State and Territories are the approved providers for the transition care program under the Aged Care Act, which allows them to determine the model of transition care based on local need. This includes determining whether community-based or bed-based transition care is required to address local needs.

Autumn morning:



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Winter Statistics:

- Lowest maximum temp:
6.8 deg on Aug 12th
wind chill temp at around -5C
- Lowest minimum temp:
-11.2 deg on June 30th
- Fine days: 39 (Av.48)
- Days with frosts: 49 (Av.56)



Service:

TACP is a hospital based service for eligible clients who have been approved by the Aged Care Assessment Team (ACAT).

i.e. >65 years of age

Community Health Program:

- Operating since October 2009
- 10 client places for a 12 week period in their own home
- Servicing Armidale, Uralla, Invergowrie

Aim:

- Increase function of older people
- Assist aged clients to regain their independence and remain at home.
- Decrease their hospital admissions

To enable and empower the client

Driving out to the home:



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How:

- Provide time limited therapy focusing on enabling clients to regain mobility and improve daily living.
- Provide services to assist personal care, domestic activities and transport

What Will the Transitional Aged Care Program Provide?

- **Community care in the client's home for a period of up to 12 weeks.**
- **The mix of services will typically include several or all of the following:**
 - **Case management**
 - **Personal care**
 - **Nursing support**
 - **Wound management**
 - **Basic meal preparation**
 - **Basic domestic assistance**
 - **Physiotherapy**
 - **Occupational Therapy**

TACP Pathway:

■ Client

- Age > 65-70 or age > 50 for Aboriginal population
- Medically stable
- Maintain level of independence
- Safe at home overnight

■ Goals for:

- personal care, mobility, medications, wound healing, socialisation, self-management of chronic conditions, nutrition, environmental safety

TACP Start up Information:

- TACP received approval to provide care to 10 clients on the 19/10/09.
- Staff positions were filled by 13/01/10.
 - Coordinator FTE
 - RN .8
 - EEN FTE x 1
 - EEN .8
 - AIN FTE x 1
 - Physio .8
 - O.T. .3

TACP Team:

First Client Mrs. Clare Bourke & son.



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Indoor Falls Prevention Activities:

- Bad leg down to hell...



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Getting off the floor:



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Outdoor Falls Prevention Activities:

- “Are you kidding me?”



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Outdoor activities continued:

- Wait you forgot your walker!



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After the indoor activities:

- **Bribery and Corruption:**



Medical Involvement:

- When on the program TACP liaises with the client's G.P.
- For:
 - provision of primary medical care.
 - review appointments
 - medication management
 - problem solving and discussing care issues



Pharmacy Involvement:

- Commercial Pharmacy Staff often have a long and close relationship with the clients, they are an important part of the TEAM approach to care of the client in the community!



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Client Case Reviews:

- Weekly with as many of the team as possible
- Always Allied Health involvement
- Review goals identified on admission
- Once these are achieved set new goals
- These are fluid and not concrete

Discharge Planning:

- Use admission goals & perceived goals
- First one at 6 weeks
- If needed another 2 weeks before discharge
- May be in the clients home
- May be in Community Health
- Client and family
- O.T. , Physio and RN +- Coordinator

Maintaining Function:



Mobility Plus

... A class designed with your needs in mind ...

Developed by local physiotherapist Anne Pine, in conjunction with Cert IV Master Trainer John Harlow, **Mobility Plus** aims to improve your confidence and mobility whilst maximising total body wellness and developing healthy lifestyle practices.

For more information, please contact John Harlow on 67726053.

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Yoga: Osteoporosis prevention



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Continuing Social Activities:

THE SPLINTER GROUP
TUESDAY SOCIAL SENIORS
THURSDAY SOCIAL SENIORS
SENIOR CENTRE

SOCIAL SENIORS

*Area's top story in Newcastle Herald
Barron's Bay and Murumbidgee - 2009*

Older Blokes Newsletter August 2010



2010 OUTINGS AUGUST - JANUARY

*Please let John, Darrell or the Office know of
any new places you would like to visit.)*

(02) 6778-4089

This is a regular monthly outing held on the third Tuesday of the month for retired blokes who like to travel out and about to destinations of their choice. All runs depart from Hungry Jacks, Armidale, at 8.00 am and return at 4.00 pm (unless stated). There is no free tea/coffee.

(South Outings: Uralla people meet at TCT Office, Hill Street, at 8.20am.

North Outings: Uralla people meet at TCT Office, Hill Street, at 7.30am)

BUS FARE: \$15.00

LUNCH: Pay for your own lunch and entry into places when stated

Your driver is DARRELL CARSON
Mobile Phone No. 0412 399 395
The bus assistant is JOHN MARTIN.

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Discharge Destinations to 31/10/10:

- Home with no services: 15
- Home with services: 8
- Residential care low level: 1
- Residential care high level: 0
- Admission to hospital: 5
- Referred to another service: 2
- Death: 0
- Deaths After TACP: 3

Post Discharge Questionnaire Data:

- 10 people surveyed
- 2 others referred to Palliative care and passed away due to cancer
- 4 clients did not complete survey
- 1 client placed in a residential facility and not surveyed
- Awaiting surveys from 7 clients.

Post Discharge Questionnaire Data:

- 6 remain independent with personal care
- 5 require help with domestic tasks; 1 is independent
- 4 maintained exercise program; 1 increased exercises; 1 decreased exercises
- 2 are independent with shopping; 2 need assistance; 2 dependent

Post Discharge Questionnaire Data:

- 5 continued vital call; 1 N/A
- 4 are still using equipment arranged by TACP; 2 N/A
- Services arranged by TACP continuing (mow, home care, day club) 2; 3 not; 1 N/A
- Admitted to hospital post TACP: 0
- Still driving: 2; 4 dependent
- Falls post TACP: 0

Famous faces:



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The long walk back to the car:



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Ladies walking group:



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Weather proof walking:



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