

The ACT Transitional Therapy and Care Program

Quality Improvement of the Group Program

**Transitional Care for Older People
Making A Difference**

March 2009

Debbi White

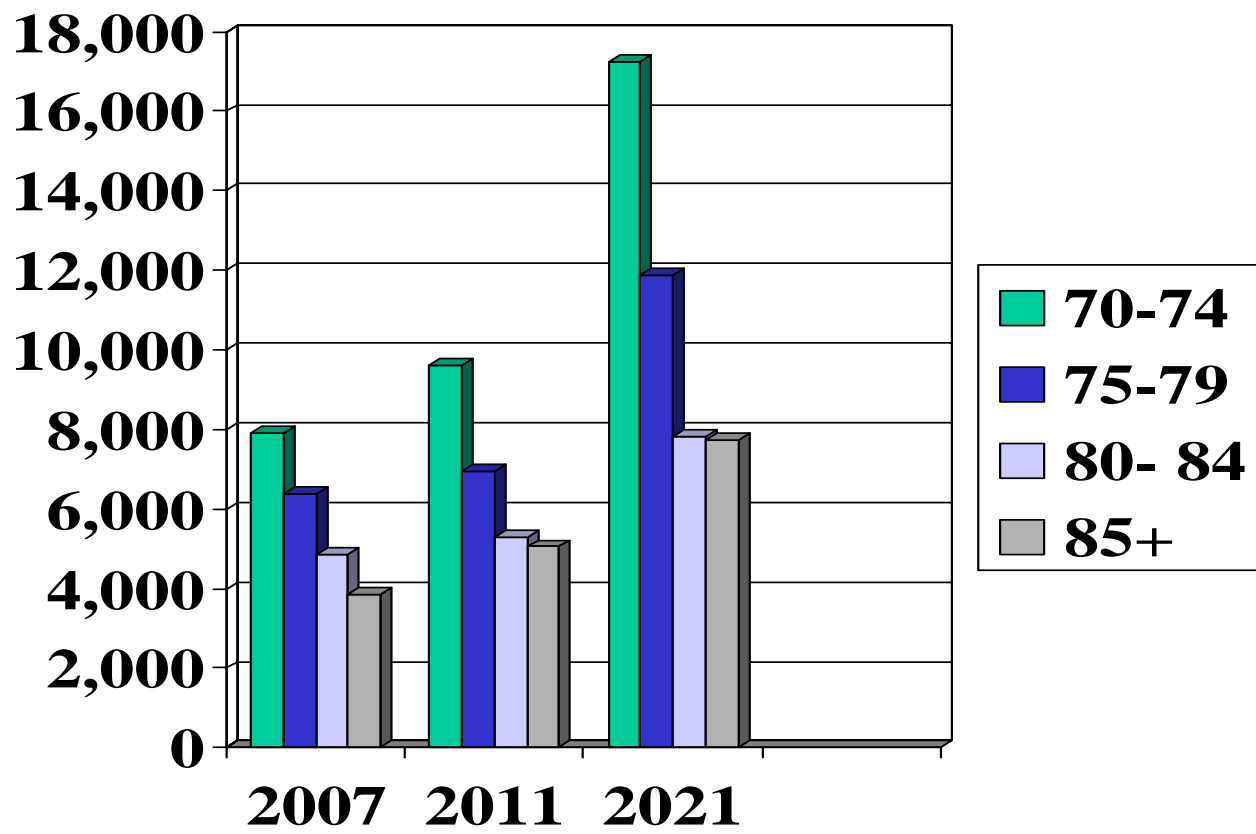
Outline

- **ACT Ageing Demographics**
- **TTCP in the ACT**
- **Client Profile**
- **Group Program Background**
- **Quality Improvement Project 2008**
- **Future Directions and Considerations**

Australian Capital Territory Demographics

- **Population 336,400 (ABS 2006 Census)**
- **Population of demographic region that the ACT covers is 518,000 (ABS 2003 Census)**
- **ACT is forecasted to have the highest aged growth rate nationally at 12% over the next 15 years.**
- **Nationally, people aged over 65 years are projected to rise from 13% of the population to 27-30% by 2051**

ACT Population Projections by Age Group 2007 -2021 (2001 census)



Age Structure of ACT Population

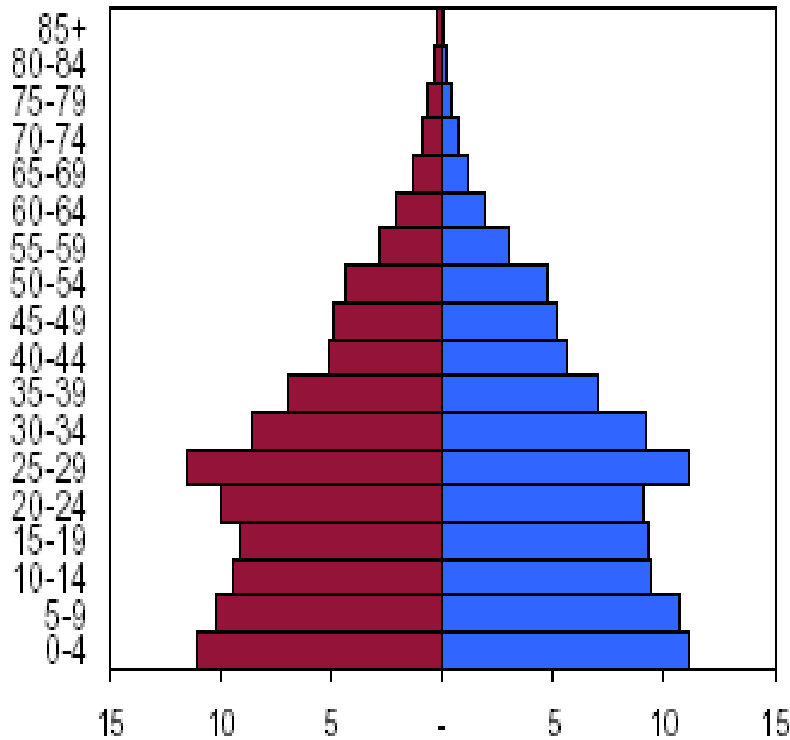
Access Economics

“ACT and Region Demographics and Trends” October 2007

June 1976

June 2006

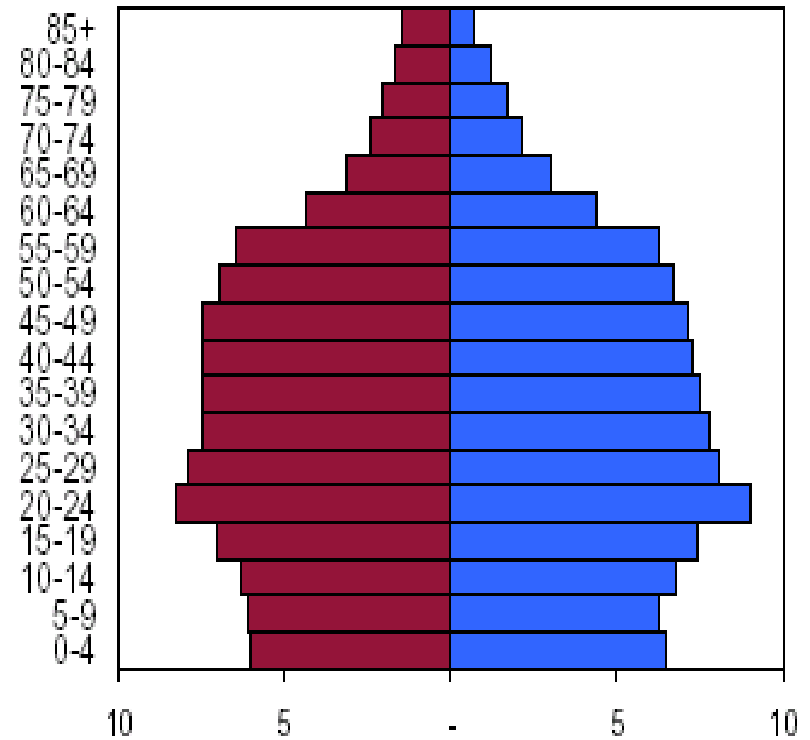
% of total Source: ABS Cat. 3201.0



Female

Male

% of total Source: ABS Cat. 3201.0



Female

Male

TTCP in the ACT

Target group:

- **Older adults at the conclusion of a hospital admission, who would benefit from further time and support in a non-hospital environment to complete their restorative process, optimise their functional capacity and arrange access to their long term care arrangements**
- **Aims to provide therapeutic care to maintain and improve physical, cognitive, and psychosocial functioning.**

TTCP in the ACT

- **Joint \$1:1 funding from Commonwealth and ACT Government**
- **37 packages:**
 - 15 in Mullangarie Unit, Red Hill, managed by Baptist Community Services (BCS)**
 - 22 in the Community (client's own home)**
 - (4 more in the Community in 2009-10)**



TTCP in the ACT

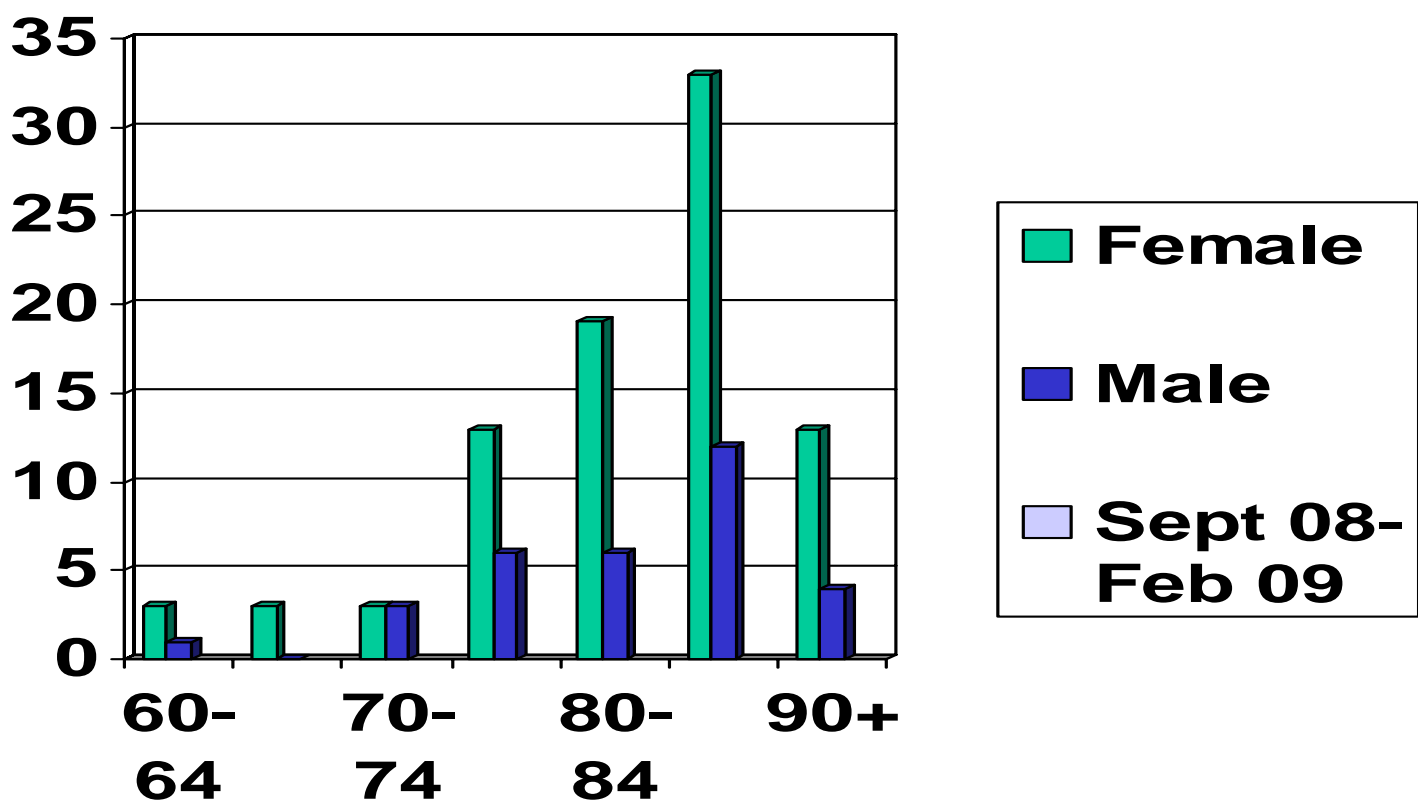
- **A partnership between ACT Health and Baptist Community Services (BCS)**
- **Case management, care services, and nursing input from BCS**
- **Allied health input from ACT Health Aged Care and Rehabilitation Service (ACRS)**
- **Medical support from GP and ACRS Consultant Geriatrician**
- **Senior management committee (ACRS / BCS)**

ACT Client Profile



15% increase in admission rate in 2008-09
average 81.6% occupancy

Client Age Group and Gender



Primary Diagnosis : %

Falls + Fractures including # NOF	33
Medical	31
Surgical	17
CVA's	12
Neuro- degenerative	7

MBI Score of Unit Clients

2007-08

2008-09

Admission Discharge

Admission Discharge

Range 76.6 - 81.3 85.1 – 98.0

46.4 – 86.8 84.0 – 94.8

Average 79.6 91

71.4 86.8

Increase of 11.4 points

15.4 points

Benefits of Group Programs

Group programs have been identified as being beneficial in “the efficient use of time, services and expertise, and in providing an effective forum for holistic assessment and rehabilitation”

(Phillips and Morris 2006)

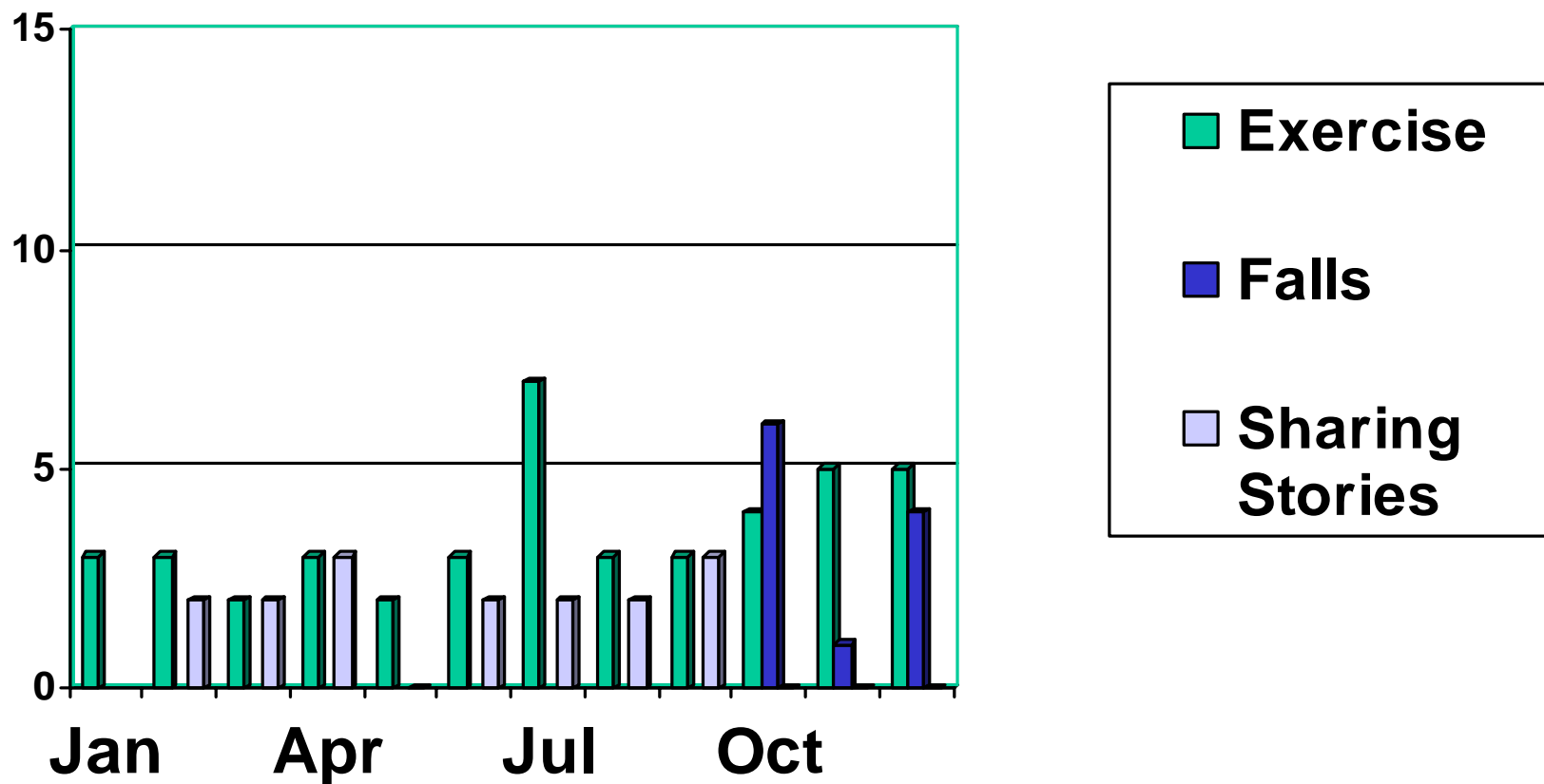
ACT TTCP Aims to :

- intervene early**
- improve client satisfaction and goal outcomes**
- increase socialisation**
- promote a health-oriented environment**
- increase client’s confidence to return home**

Group Program Background

- **Commenced January 2007**
- **1-4 of the possible 15 Unit clients attended each group**
- **2-4 groups per month**
- **Evaluation/feedback from clients**
- **Reviewed March & July 2007 – issues identified:**
 - **Lack of promotion and attendance**
 - **Inconsistent time of groups**
 - **Lack of and/or turn over of staff**

Number of Participants Per Group 2007



Quality Improvement Review - March 2008

- **Issues identified:**
- **Raise clients' awareness of group program on admission to Unit**
- **Expand the number and type of groups**
- **More variety in groups offered by specific therapies e.g. falls prevention, cooking, outings**
- **Hold groups at a regular time Monday-Friday**
- **Recognised as part of the clients' routine therapy**

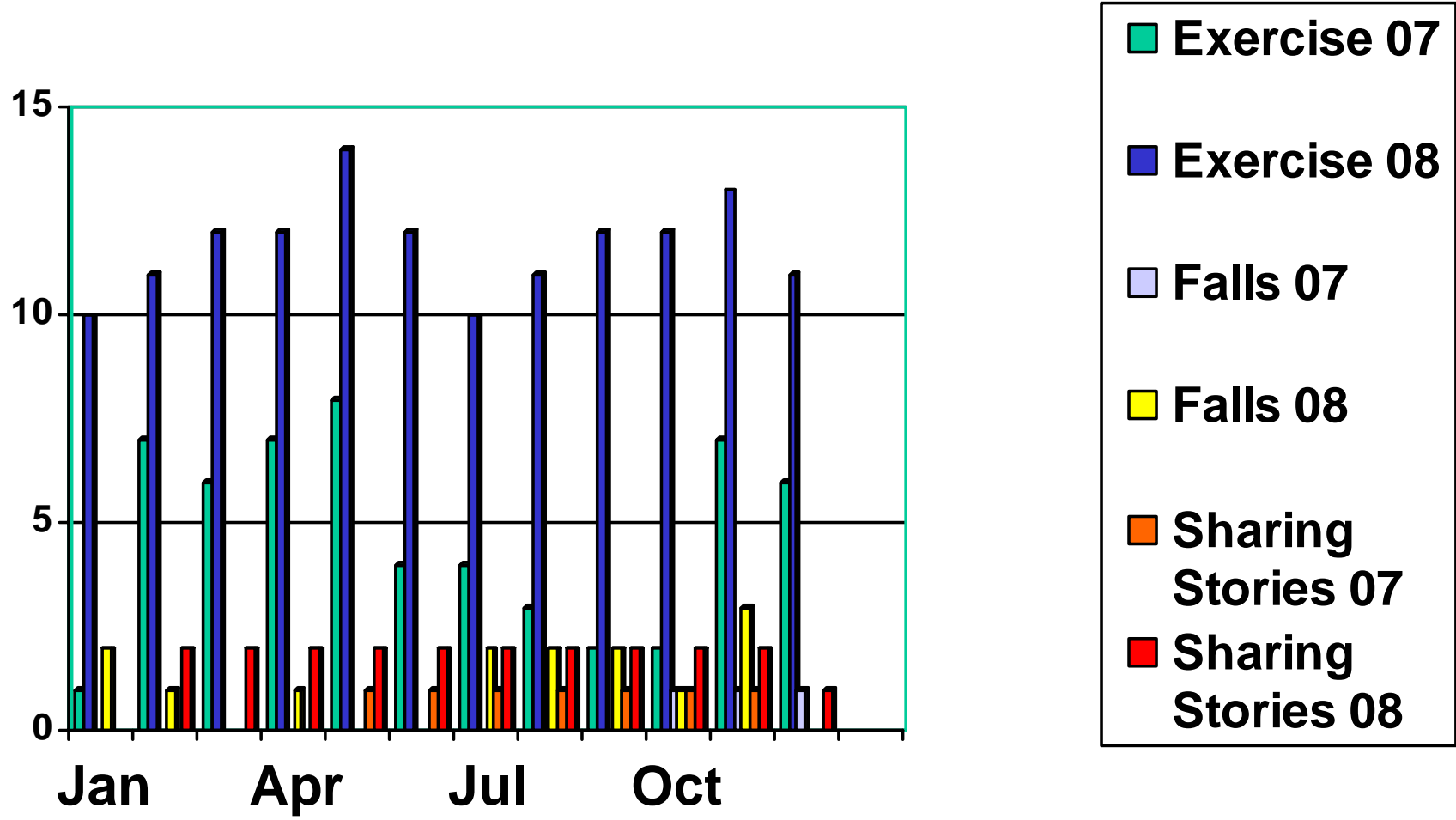
Group Programs Jun-Dec 2008

- **Groups held daily 1.30-2.30pm:**

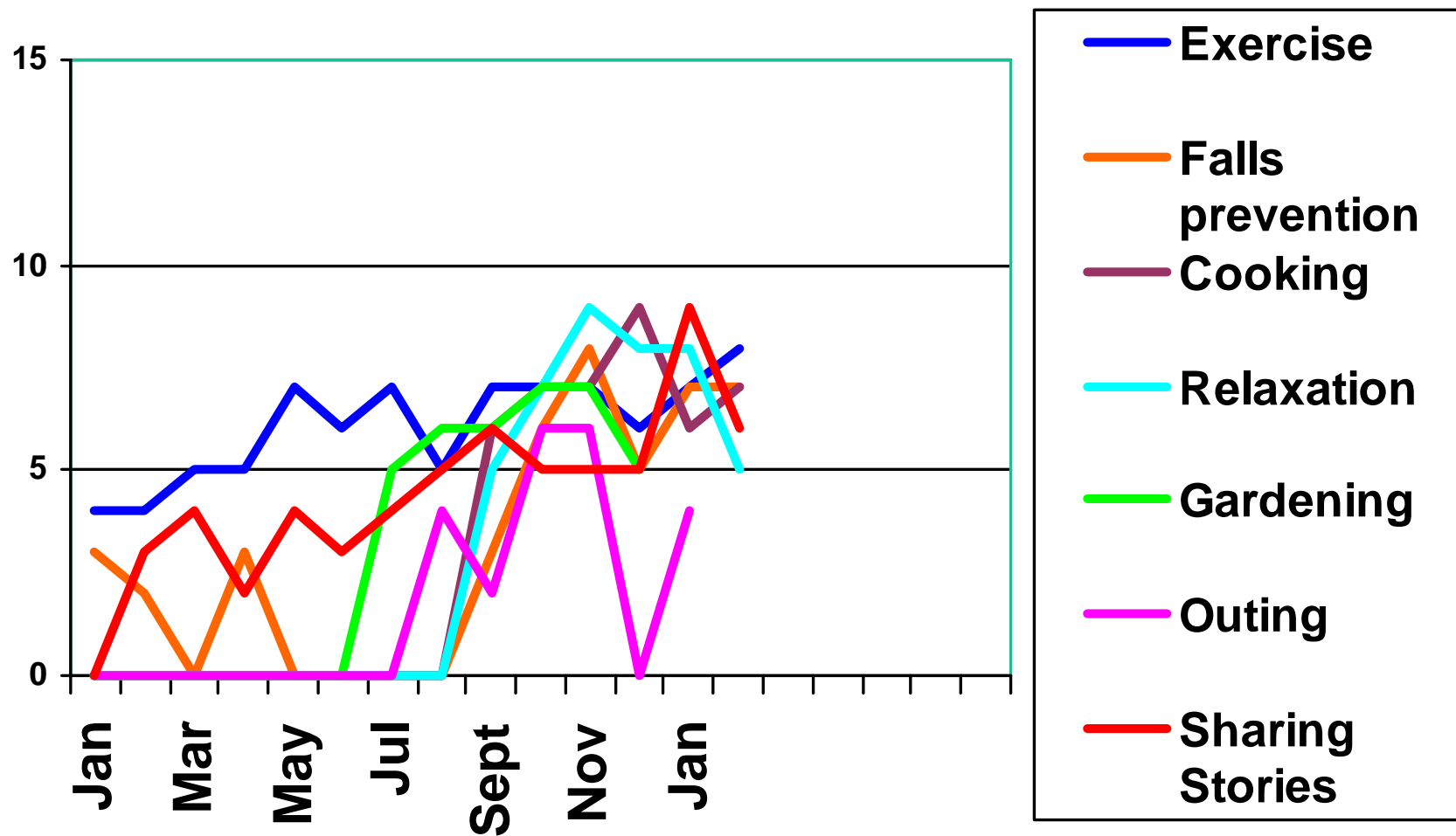
<u>Group</u>	<u>Frequency</u>	<u>All Health Prof'n</u>	<u>Average # Participants</u>
• Exercise	three per week	PT	8
• Falls Prevention	fortnightly	OT	7
• Cooking	fortnightly	OT/Diet	7
• Relaxation	fortnightly	SW/OT	8
• Sharing Stories	fortnightly	SW	4
• Outings	monthly	OT	6 (max)
• Gardening	monthly	OT	7

Assisted by Allied Health Assistants

Groups Per Month 2007-08:2008-09



Number of Participants per Group 2008



Quality Improvement Outcomes

- **More therapy sessions for a greater number of clients**
- **More active and routine participation in the groups in conjunction with the individual therapy sessions**
- **Clients reduced their social isolation and found commonalities and bonding**
- **Promotion of an environment of healthy ageing**
- **Positive feedback from clients and their family carers about the value of the group programs**

Feedback from Clients

- **Exercise group:**
- **Enjoyed attending the group** **95%**
- **Improved strength** **35%**
- **walking** **65%**
- **balance** **50%**
- **confidence** **35%**
- **endurance** **50%**
- **“I realised I had the same problem as others”** **35%**
- **The group helped in every way** **75%**
- **Good to do exercises with others** **40%**
- **Did the group help you achieve your goals** **85%**
- **I’ll get home earlier** **35%**
- **How could the group be improved – be held in a separate room
- include breathing exercises**

Feedback from Clients

- **Falls Prevention Group: (separate QI project Nov '08)**
- **Enjoyed and benefitted from attending group** 95%
- **Falls can be prevented** 85%
- **cannot be prevented/unsure** 5/10%
- **What was most helpful about the session:**
 - **What can cause a fall**
 - **To be careful all the time**
 - **Good video and information,**
 - **Sharing experiences and discussion**
 - **How to prevent a fall including:**
 - **Identifying and removing hazards** 80%
 - **Managing my health/eating well** 65%
 - **Checking my eyesight** 60%
 - **Staying active** 85%
 - **Improving the way I walk/balance** 65%

Feedback from Clients

- **Other Groups:**
- **Sharing Stories** – 90% found the session very helpful, supportive and enjoyed the group participation/discussion
- **Cooking** – Good to get into the kitchen again, enjoyed sharing the cooking experience, good to have input from the Dietician
- **Outings** – Well organised, good to get out and mix with others, most enjoyable and appreciative of the effort, couldn't improve, wonderful young professionals,
- **Gardening** – Enjoyed it – good to get out in the garden
- **Relaxation** – Excellent, really helped, felt good afterwards
- Staff were “very nice”, “helpful”, and “do a fantastic job”

Reviewed September 2008

- **Continue with current group program, providing staff with a three month program in advance**
- **Incorporate feedback from clients – eg. breathing exercises**
- **Difficulties – appropriate space to hold groups**
 - **lack of gym and privacy**
 - **ongoing encouragement to attend**
- **Other groups proposed:**
 - **Introduction of an ‘Orientation/Information session for family carers and clients, to provide information about TTCP and aged care services generally**
 - **Commence a relaxation group to assist the increasing number of clients admitted with a history/diagnosis of anxiety/depression**

Review and Feedback from Clients March 2009

Orientation Session: (QI Project March '09)

Questionnaire designed and clients and family carers interviewed by phone re non-uptake of program

Feedback – already had some information about TTCP	33%
- time and location suited	66%
- reason for non-attendance – for Unit clients only	33%
- on Program already	33%
- not convenient	33%

How to rectify – provide written information when still in hospital

- have family/partner present when assessed for admission

Relaxation group:

- Very helpful, with discussion afterwards
- Decision made to combine the some relaxation groups with 'Sharing Stories'

Cooking Group : to be run by OT and Dietician with a dietary educational component

CONCLUSION

The results show that the ACT TTCP Group Programs are an important and excellent opportunity, in addition to the one-to-one therapy, to promote better health and ageing through collective therapies in a structured environment

Future Directions for TTCP Group Programs

- **Ongoing promotion of TTCP to hospitals and community organisations, including GP's**
- **Expanding the group therapy programs to include**
 - some TTCP Community clients
 - inviting community speakers to SW groups
- **Improving Program orientation for family carers and clients by providing written information when client is still in hospital**
- **Plan resources and strategies for proposed 21 new packages over the next four years**

Future Considerations

- **Increasing complexity of clients' needs, including CALD communities and dementia**
- **Maintenance of staff skill mix**
- **Linking in with other health services as part of the slow-stream rehabilitation process**
- **How to improve the client's journey through the continuum of care**

Further information

Baptist Community Services

- **Ph. (02) 6221 8168**
- **www.bcs.org.au**

ACT Health – Aged Care and Rehabilitation Service - TTCP Allied Health

- **Ph. (02) 6205 3965**
- **www.health.act.gov.au/c/health**