SOUTHERN TRANSITIONAL CARE PROGRAMME

Promoting the smooth transition of clients from Transitional Care Programmes to community or residential aged care

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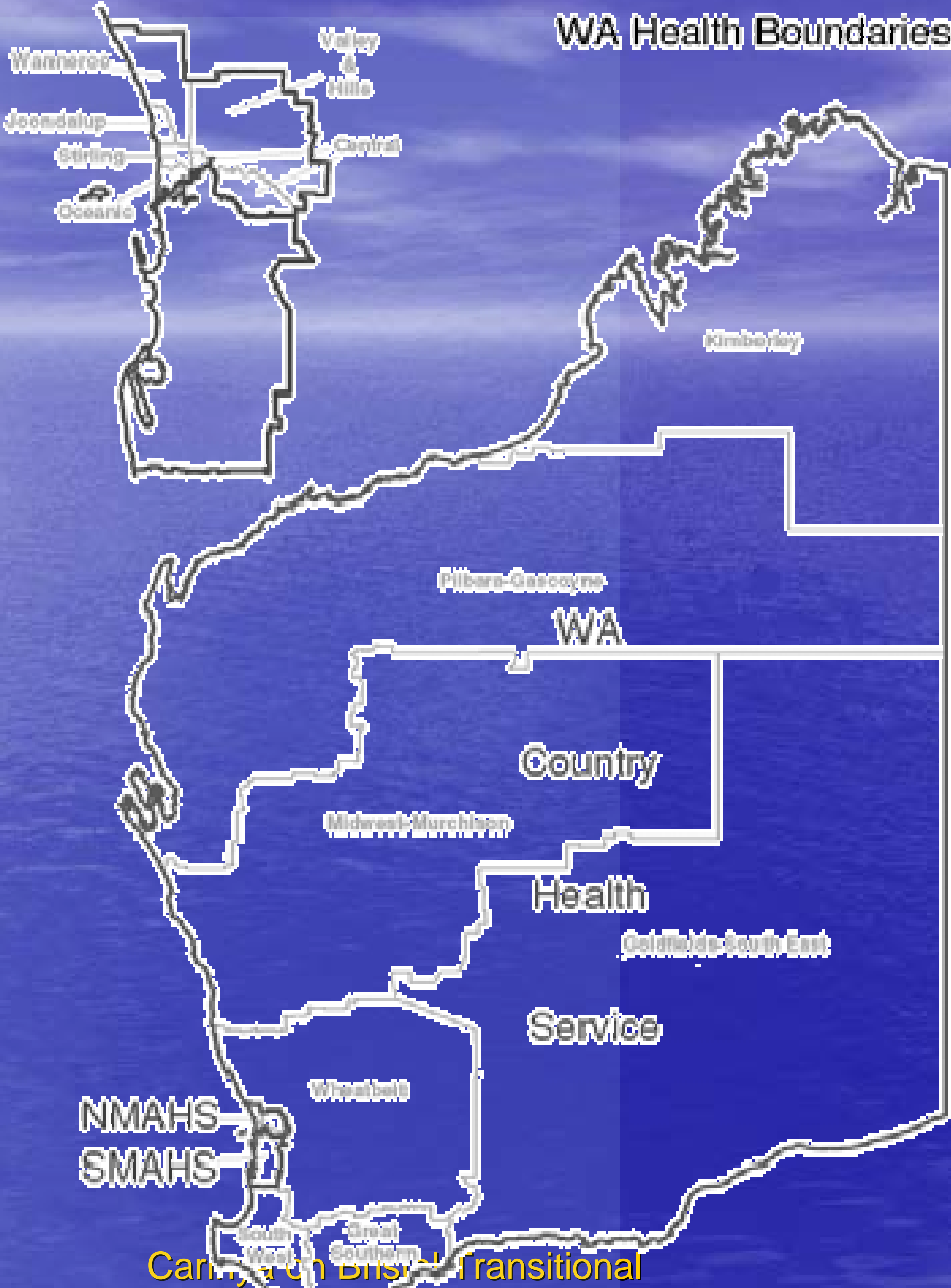
Context

- South Metropolitan Area Health Service WA - Incorporating RPH, FHHS, AHS, BHS Rockingham – Peel. Also major and smaller Private Hospitals in area
- Commenced in 2004 as Intermittent Care Pilot. In July 2006 contract as Transitional Care Programme (TCP)
- 50 flexible TCP places – 30 residential and 20 community packages
- Admissions July 06 to December 08 =648
  - Residential=327
  - Community=79
  - Combined= 242


WA Health Boundaries
Wanneroo
Valley & Hills
Joondalup
Stirling
Central
Oceanic
Kimberley
Pilbara-Gascoyne
WA
Country
Midwest-Murchison
Health
Goldfields-South East
Service
Wheatbelt
NMAHS
SMAHS
South West
Great Southern

Discharge Destination

- Return to community (267) = 44.1%
  - HACC = 19%
  - CACP = 9.6%
  - EACH = 0.8%
  - Nil = 14.7%
- Permanent LLC (97) = 16%
- Permanent HLC (100) = 16.5%
- Hospital return (112) = 18.5%
- Death (9) = 1.5%
- Other (21) = 3.5%

Other Data

- Average stay in TCP is 59 days
  - Residential = 45 days
  - Community only = 57 days
  - Combined Care = 59 days

- Modified Barthel Index
  - Residential only entry = 58. Exit = 72
  - Community only entry = 71. Exit = 85
  - Combined Care = 68. Exit = 88

Factors promoting achievement of goals

- Selection of client
- Goal to return to the community or access residential care at a greater level of function within the TCP time frame
- Capacity to benefit
  - Cognitively, physically and psychosocially
  - Medically stable
  - Realistic goals (initial) set for improvement and exit destination OR reviewed goals achievable
- Able to access ongoing residential aged care facilities and/or have adequate community/ family support

Factors promoting achievement of goals

- Referring authority understands the goals of TCP
- Multidisciplinary team responsible for care & therapy
- Stable GP's
- Role of the geriatrician
- Regular weekly meetings with Therapy, Nursing, (Residential and community) Social Work staff, GP's and geriatrician to identify progress, amend medical treatment, care plans and discuss discharge strategies
- Meetings with client and family
- Co-location of community programme

Niggles in Paradise

- Local
  - Problems maintaining community numbers
  - Staffing community adequately
  - Wants V needs
  - Who makes decisions – EPA/ Guardianship
- Fees associated with TCP residential
- ACAT and RE ACAT
- Definitions of TCP and sub acute and CAP

QED

- Any questions/ thoughts