

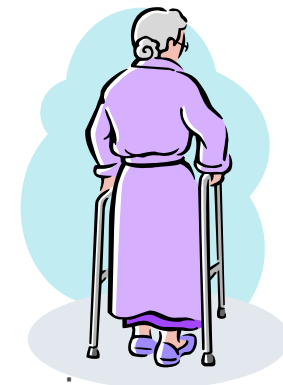
Restorative Care Program

An innovative approach to caring for patients who have cognitive impairment



a smooth journey

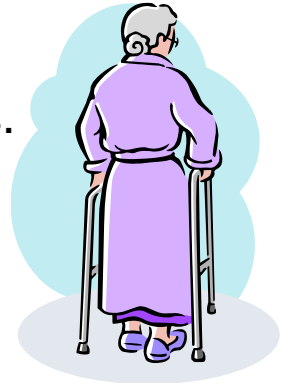
Barwon Health key stats



- Barwon Health is one of the most comprehensive health service providers in Victoria. Services include emergency, acute, mental health, primary care, community services, aged care and sub-acute/rehabilitation.
- Facilities include 390 bed acute hospital
- 100 bed sub-acute rehabilitation centre
- Three residential aged care facilities 90 LLC and 230 HLC beds
- Sixteen community based sites providing mental health, community rehabilitation and general care.
- 30 TCP beds, 21 residential and 9 home beds.

Background

- 2007/2008 DOH (Victoria) funded 10 TCP plus pilots for 6 months.
- Initiative aimed at patients no longer requiring acute care, were ineligible for TCP but would benefit from further restorative care.
- Pilot was successful in supporting patient flow, achieving optimal patient outcomes and generating significant savings for the health services.
- Restorative Care Program (RCP) commenced Jan 2009, operates as a bed based service and is modelled on TCP.
- ACAS is not required for eligibility and direct admission to the program from the community is possible.
- RC clients are supported by MDT, low intensity therapies are offered and case management is an integral component of RC to help access longer term care arrangements.



Barwon Health Restorative Care Program



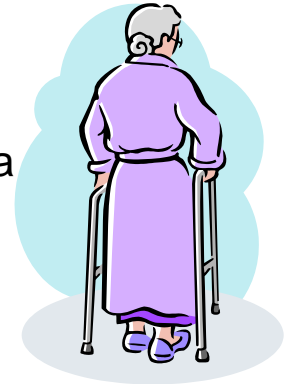
- BH Allocated funding to operate 5 RCP beds in Jan 2009
- Determined the need to provide an appropriate service for cognitively impaired patients no longer requiring acute care. Our existing bed based TCP could not accommodate this patient type.
- BH existing LLC facility at McKellar site (Percy Baxter Lodges) was determined as most suitable site to locate RCP beds.
- PBL was built in the 1950's- quite outdated. No ensuites.
- Half of hostel 2 was completely refurbished to accommodate cognitively impaired clients.





Restorative Care Environment

- Working party set up to oversee new capital works for the RC Unit.
- Recommendations from Alzheimer's Aus. In the use of colour for dementia specific design were considered.
- Chair seats contrasting with carpets
- Contrasting toilet seats that glow in the dark
- Handrails that contrast with wall tiles
- Bedroom door colours contrasting to walls
- Flooring contrasting to the colour of the walls
- Contrasting signage within the RCP unit
- Two of the five single rooms have overhead hoisting and 2 lift care beds in place for clients assessed as a high falls risk.
- Staff work spaces and exit doors blend into the background.
- Secure entry door to RCP unit with keypad access.
- Secure external garden and walking path with yellow paint around the edge of the pathway (as recommended by Vision Aus.)





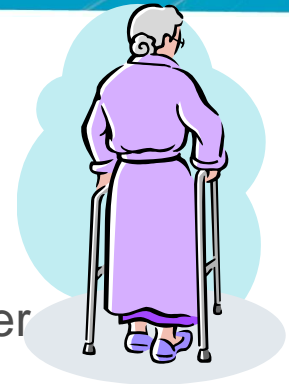




EXIT

Key RCP Program Components

- Psychologist employed as case manager 0.5 FTE. (Linked to wider care coordination team) Clients with a diagnosis of cognitive impairment and their family/carers can often experience extended grief responses and require time to come to terms with the diagnosis and resultant level of care needs.
- GP specialising in Aged Care employed to oversee medical needs.
- Allied Health Brokerage as determined by care plan
- Lifestyle activities (Links to LLC lifestyle program when appropriate)
- Volunteer program (Developed and implemented by case manager)
- Case manager developed concurrent behaviour chart and implemented training program for Constant Patient Observers's working in acute with cognitively impaired clients.



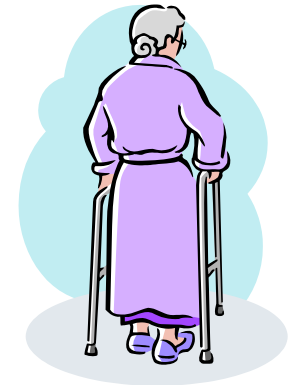
Outcomes to date

1/7/2009-28/2/2010 (8 months)

Discharges 35

ALOS 33.5 days

Home	4
LLC	6
HLC	6
LLC secure dementia	5
HLC secure dementia	6
Psycho geriatric unit	2
Readmit Acute	4
Deceased	2



Restorative Care Program

CASE STUDY 1

- Pt admitted to The Geelong Hospital – found wandering in neighbourhood, paranoid thoughts.
- Pre-morbidly living alone at home with no support services, limited support from one son.
- TGH diagnosed acute Delirium, Psych team confirmed diagnosis, meds commenced.
- Pt began recovery but was still deemed unsuitable to be discharged home.
- Pt highly mobile, deemed not suitable for rehab, requiring secure environment, had tried to abscond from hosp.
- Pt transferred to RCP

Restorative Care Program

- Weeks 1, 2 & 3 – Monitoring, assessment and information gathering.
- Case Management services included – family liaison, cognitive assessment, discussion with pt re POA, consideration of VCAT application, contact with estranged son (estranged for 30 yrs). Extensive background obtained regarding life events, social isolation, personality traits.
- Week 3 Family Meeting – d/c plan discussed, concerns raised re: pt's capacity, run-down state of the house, refusal of services.

Restorative Care Program

- Weeks 4 & 5
 1. Cognitive Assessment – MMSE and Cognistat – showed only mild cognitive impairment.
 2. Aged Psychiatry Assessment – diagnosed late onset schizophrenia, on basis of long standing personality issues and paranoia. Meds altered accordingly.
 3. OT Home Assessment – identifies some substantial risk areas, mods completed, dangerous electrical wiring repaired, pt's ability to perform adl's in home environment assessed.
 4. Neuropsychological Assessment – re capacity to make safe decisions in home environment. Outcome – pt considered to have capacity.

Restorative Care Program

- Week 7 Home Discharge – Aged Psych Team visiting weekly, Council Home Care referral in place. GP brought into regular Care Plan. Pt continued to refuse all other services, including establishing Power of Attorney.
- Family – more aware of services available (despite pt's refusal), family input renegotiated, estranged son now in Care Plan, albeit from a distance.

- Total Bed Days

TGH = 11 days

RCP = 55 days

Restorative Care Program

Benefits of RCP Episode

- ✓ Enabled extended period of assessment in secure, residential care setting.
- ✓ Allowed for extended period of recovery in non-acute setting.
- ✓ Positive impact on patient flow in acute setting.
- ✓ Case Management and multi-disciplinary team approach allowed for sound info gathering and assessment accordingly.
- ✓ RCP episode provided on-going counselling, support to family and pt re care needs and future planning.

Restorative Care Program

Case Study 2

- o Pt admitted to TGH, hypoglycemic BSL 1.8, not managing at home. Co-morbidities – includes Dementia, T2 D. Pt confused ++, wandering risk.
- o Pre-morbidly – living alone at home, District Nurses, Council HC, MOW.
- o Community ACAS Assessment – HLC
- o Acute episode completed but considered not safe for d/c home. Family considering HLC placement but ‘struggling’ in coming to terms with this decision.
- o Pt transferred to RCP

Restorative Care Program

Weeks 1-4 RCP

- o Monitoring, review and further assessment of 24 hr care needs.
- o Pt settled into Residential Care type setting.
- o Cognition reviewed and significant improvement in Cognitive function compared to TGH stay.
- o Pt responded well to regular BSL monitoring, food/ fluid intake and supported care environment.

Restorative Care Program

- o Case Management & MDT approach – precise nursing care needs determined, physio review, cognitive review, family discussions re care plan needs, d/c destination, grief counselling and acceptance of RACF placement for pt and family.
- o Aged Care Assessment Review – based on pt's overall improvement in RCP. Outcome HLC reviewed and pt now considered suitable for LLC.
- o Pt responded well to RACF type environment and was very accepting of RACF vs home discharge.
- o Family were able to see pt's transition and improvement in RCP setting, including improved self-esteem and social interaction.

Restorative Care Program

- o RCP Admission Barthel score of level of functioning = 76
- o RCP Discharge Barthel score of level of functioning = 96
- o Pt moved down the hallway and into permanent LLC placement.
- o Total Bed Days
TGH = 7 days RCP = 36 days

Restorative Care Program

Benefits of RCP Episode

- ✓ Enabled extended period of recovery in secure, residential care setting.
- ✓ Positive impact on patient flow in acute setting.
- ✓ Case Management and multi-disciplinary team approach allowed for sound info gathering and assessment accordingly.
- ✓ ACAS review confirmed pt appropriate for LLC.
- ✓ RCP episode enabled on-going counselling, support to family and pt re care needs and aided acceptance of transition.

Restorative Care Program

Challenges to Consider

- Mix of Transitional care beds in long-term LLC facility.
- Use of Secure / non-secure areas.
- Staffing mix
- Wait List
- Pts at RCP tend to settle in well and can be reluctant to leave !