

The Unique Community Health  
Aid and their Key Role in  
Assisting Older Clients with  
their Transition Home

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Occupational Therapist

Northside Transition Care Program

# Transition Care Program

- Established under the Aged Care Act 1997
- National program
- Jointly funded by Commonwealth and State Governments
- Provides short-term support, rehabilitation & case management to clients
- Goal-oriented and time-limited

# Northside Transition Care Program

- Covers Metro North HSD
- Functioning since February 2007
- 66 community places and 20 residential places
- Unique structure

# Team Structure



# The Community Health Aid

- Known as 'CHA'
- Vital member of Northside Transition Care team
- Combined role of PCW and AHA
- Carries out care to clients under direction of clinician

# Training

- Certificate III
- Opportunities for additional qualifications
- Additional on-the-job training provided by clinicians
- Competencies reviewed regularly

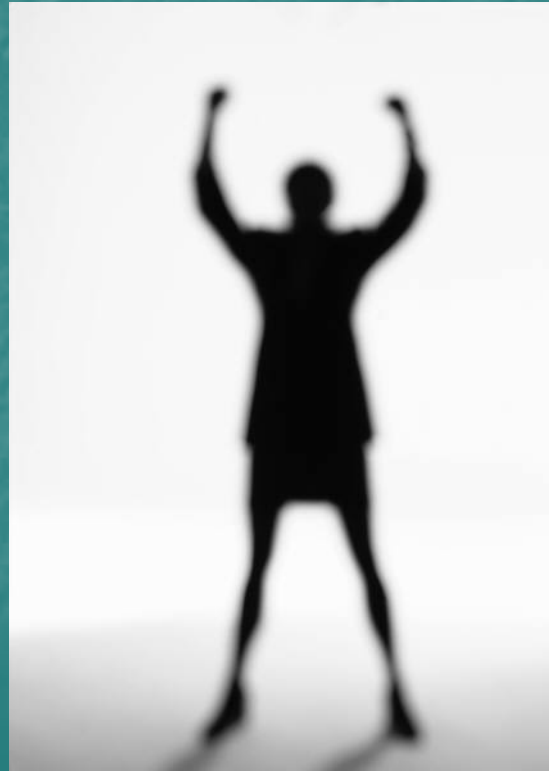
# Duties

- Rehearsal of therapy programs
- Personal care support
- Client transport
- Domestic support
- Social support
- Medication supervision
- Nutritional support

# Why is the CHA Role Important?

- Allows rehabilitation focus to be incorporated into all aspects of client care
- Reinforces work of clinicians
- Allows innovative and flexible interventions
- Serves as main point of contact for clients
- Provides clients with social interaction and morale boost
- Enables therapeutic relationships

# POSITIVE OUTCOMES!



# Mrs F

- Referred to Northside Transition Care Program from hospital
- Falls, fluctuating mobility and reduced nutritional intake
- Multiple chronic medical conditions
- Frequent hospital admissions

# At Time of Admission to TCP

- Living with husband
- Family discussing placement
- Using 4WW indoors
- Not going outdoors
- Requiring moderate assistance with transfers and showers

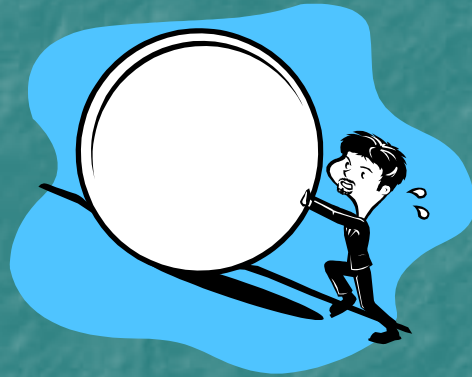
# Goals

- To return to using SPS indoors
- To go outdoors and attend social activities
- To regain independence with all transfers
- To increase independence with showering
- To increase energy levels

# Services Involved

- Case Manager
- Physiotherapy
- Occupational Therapist
- Nursing
- Social Work
- Dietetics
- Community Health Aids
- Personal alarm
- Equipment loan

# SLOW PROGRESS



# Why?

- Fluctuating health and motivation
- Hospital re-admissions
- Anxious regarding future
- Feeling loss of control
- Feeling fed-up with exercise focus

**Plan B!**

# Team Strategy

- Therapy sessions were shortened
- Incidental therapy emphasised
- Motivating activities identified
- Positive reinforcement and praise
- Relaxation and reminiscing program developed
- Staggering of therapy sessions and showers
- Private space encouraged

This approach was put into  
practice  
over several weeks with CHAs  
being integral in its  
implementation

# CHA Input

- Regularly rehearsed clinicians' updated therapy programs with Mrs F
- Rostered to see Mrs F daily initially
- Closely monitored Mrs F's progress
- Encouraged incidental therapy and enjoyable activities
- Continued to provide positive reinforcement and support
- Rehabilitation focus used at all times

# Progress

- Mrs F started to participate in all therapy with nil complaints
- Mrs F commenced going for coffee
- Episodes of illness lessened in frequency
- Level of support was able to be graded down
- Remained home and on program for 12 weeks

# By End of Program...

- Using SPS indoors
- Regularly going out for coffee
- Attending social activities
- Independent with all transfers
- Showering/dressing with minimal assistance

# By End of Program...

- Community Aged Care Package set-up to continue support
- Plans for placement abandoned
- Family support continued for some tasks

# Secret of Success?



# Community Health Aid Role

- Social support, positive reinforcement and frequent visits
- Rehabilitation focus across all aspects of care
- Broad mix of duties
- Reinforcement of clinician recommendations and strategies

# Transition Care Program

- Client focus and flexibility built into program
- Input from Multidisciplinary team
- Case Management
- Transfer of care burden

# The Unique Community Health Aid



# Transition Care Program





Thank-you