Southern Cross Care (Vic)
Partnerships in Community

RICE VILLAGE
GEELONG

RVCP CM in Retirement Villages: Filling the gap between independent living and residential care …the evidence shows…?

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Overview;

- Background information on Rice Village and Southern Cross Care (Vic)

- RVCP overview

- **24th & 25th Feb CMSA CONFERENCE Melb 2005**

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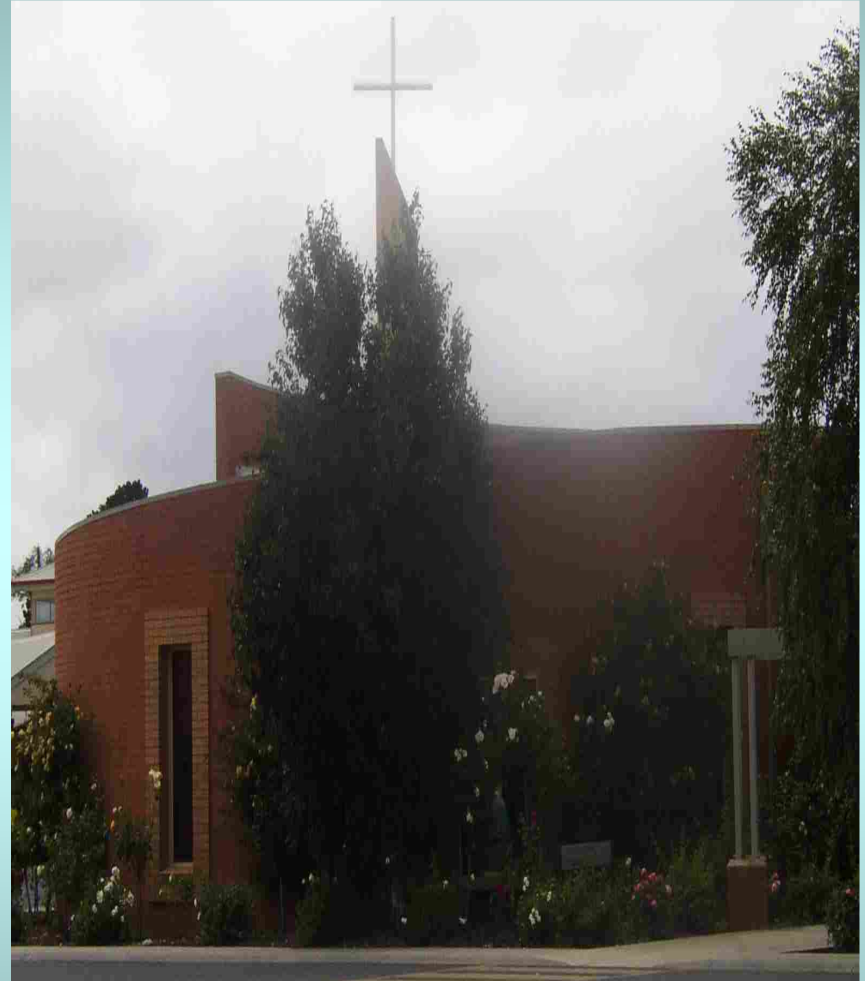

Retirement Villages

Rice Village

J.J Waldron Court

Rice Village:

- Residential facility for aged, managed by Mercy Health & Aged Care for theSrs.of Mercy, as trustees of the Rice Village trust.
- High level care (40 beds)
- Low level care (40 beds)
- 73 ILU’s + 11 serviced apartments
- Age range in ILU’S 63-97 years

Rice Village Residents

- **Historical: assumed automatic transfer would occur within the village**
- **Shift towards community care**
- **Limited high needs HACC support available**

Challenges for Rice Village/Liaison role.

- **Residents expectations**
- **Limited resources and permanent care beds**
- **Duty of care**
- **Residents desire to remain in their ILU**

- **Contact person**
- **Monitoring of residents**
- **Provision of service options**
- **Referrals**
- **Waiting list coordinator**

Southern Cross Care (Vic)

SCC (Vic)

- **2000+ clients daily**
- **9 residential sites**
- **8 Community Services offices – over 700 CACPs and EACH and TAC CM across Vic**
- **25 Retirement Village Care Pilot packages**

SCC (Vic Barwon

- **70 CACPs packages**
  14 RVCP packages
  11 low level
  3 high level

TAC case management

WHAT DO SCC (Vic) CM’s do?

Aim to:

- **develop trusting relationship with clients**
- **Advocate for client**
- **Empower clients**
- **Promote clients independence**
- **Improve clients health and well being**
- **Support for client and family/ flexible care plans**

RVCP

Specific program designed to support residents in retirement villages

Eligibility approval:

- **flexible care : + or – respite**
- **high level care/low level care : residential only, community only or both + or - respite**
- **Ineligible = respite only approval.**
- **Client profiles: frail aged, STML, dementia, neurological and chronic multiple co morbidities medication mismanagement etc**

What have the packages done?

- **Supported clients desire to remain at home**
- **Provided reassurance and services**
- **Diffused pre-existing belief residential care as the only option**
- **While originally reticent, clients now view this support as a desirable alternative**
- **Case management fundamental to programs success: How do we know this?**

Why has it worked so well?

- **Resident/NOK commitment to independent living & home based care**
- **Interagency teamwork - Role definition**
- **Communication/Collaboration RV and SCC (Vic)**
- **Acknowledgment of boundaries.**

Importance of evidence

- **Why?**

Examination of

- **What factors?**
- **Whose perspective?**
- **What measures?**
- **How do we measure it?**

Evidence from: client, stakeholders, family, CM, RV, funders, carers and others.

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Case Study – Fran

- **Female 80+yrs old.**
- **Diagnosis: Parkinson's Disease, HD, depression, constipation, cogn imp. Urge incont and asthma**
- **Lives alone**

– 2BR single level unit

- **Very supportive family**
- **Relies on:**
  - **5 visits/day from carers**

SCC (Vic) assessment

- **Good understanding of illnesses**
- **Potential for much greater independence**
- **Multiple medications**
- **Medication assistance**
- **Self care issues**
- **Transport issues**
- **At risk of permanent care due to effects of PD if medication not taken 5 x day strict times.**
- **Hx falls.**

Major Problem:

Multiple medication doses per day – imperative it is taken at correct times and doses.

Problem addressed: client functions highly

Unaddressed: PD illness, increased falls
S+S become problematic
Client will need permanent residential care

Factors affected:

- **Confidence/fear of placement**
- **Decision making**
- **Stress/ depression**
- **Desire to remain at home, independent**

SOLUTIONS FROM SCC (VIC)

high level package

Complex medication regime to be managed safely and accurately

Case management

Education of carers
ADL'S
Meals
Homecare

EVIDENCE OF OUTCOMES

Decreased hospitalisations,

Medication compliance

Reduced stress

Increased socialisation

FEEDBACK :**Acknowledgment perm care only option without program**

CLIENT

- **Relationship with carers**
- **Dec falls, hospitalisations & depressive episodes**
- **Social interaction**
- **Secure/content/independent**

FAMILY

- **Supervision re meds**
- **ADL'S**
- **Clients/CM relationship**
- **Interagency perfectly**
- **works well**
- **Social interaction**

To achieve this client allowed high level of intrusion, and decreased privacy to gain independence.

What has the pilot project identified thus far?

- **A need to look outside the square**
- **Beyond the medical model towards how independence is encouraged**
- **Positive correlation between social support and client independence**
- **Costs and savings in fiscal terms, the value is to all stakeholders.**
- **Impact on family relationships, carer stress**

Issues raised from this project

Variability of issues

Variability of needs relating to HL packages

If need is addressed, level of indep can be raised in community setting

Support provided by the program has emerged as akin to slow stream of rehabilitation in the community

Therefore :Gives another avenue to avoid prem admission to perm care or discharge home with inadequate support

Evidence is needed to?

- **Support continuation from pilot to mainstream**
- **Demonstrate service level does not indicate level of need of case management intervention**
- **Level of case manager contact and case management hours can be primary requirement**
- **Flow on effects – compliance and improved health status, potential decreased costs to healthcare**

Research: creating an evidence to support our beliefs

Qualitative and quantitative research/evidence

- **Current evaluation of program: unable to use unpublished data at this stage**
- **? cost to implement, provide and ? equate satisfactorily with cost of resi care**
- **Consider lifestyle, fiscal, psychological, family, personal wishes. social aspects**

Evidence is needed to?

- Little published evidence as yet of effectiveness of CM,
- Anecdotal evidence is wide
- Guide choice, & practice decisions
- Provide information
- Understand influences
- Identify demographic shifts & potential need
- Determine pressure on resources/ guide policies etc
- Risks/benefits?

Individuality of situations?

- EBP?
- Override one of the core components of CM, 'tailoring care to individuals needs' problematic for many practitioners (**Closs & Cheater, 1999)**

- EBP must by supported by critical appraisal skills and utilisation of the evidence in appropriate circumstances at appropriate times (**Closs & Cheater, 1999**)

EVIDENCE

- Underpin CM roles, & support transition to CM as a discipline in its own right.
- Understanding context, obstacles, use of the evidence, and transferring the evidence into practice setting is problematic...ongoing education of practitioners.
- Legal implications

CASE MANAGEMENT

- Community case management is aimed at supporting & increasing independence, not creating dependence

- Case management offers the reassurance and sense of safety required when needs change and challenge those living independently in RV & community settings

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References:

Closs,S; Cheater,F. (1999) Evidence for nursing practice: a clarification of the issues*, Journal of Advanced Nursing* 30 (1) pp10,17

McNelis, S, (2004) Independent living units: An accommodation option at the Watershed *Geriatrician (Winter)* 22(2) pp25,26.

Mercy Health and Aged Care Document SM09, Version 2.1 6th Sept 2004

Commonwealth Govt, Retirement Villages Act (1986)

Commonwealth Govt, Retirement Villages Regulation (1999)

Review of Retirement Villages Act (2004) p7

Retirement Villages Care Pilot Guidelines (2002-3

Southern Cross Care (Vic) & Rice Village

Commonwealth Govt Aged Care Act (1986)

OTHER FEEDBACK: ANSWERS TO QUESTIONAIRES

Benefit of program	Confidence of resident	Relationship b/w RV & SCC (Vic)	Feasibility re indep. living	Overall result Effective or Ineffective
Medication supervision ADL's, socialisation	+ve relationship with carers and CM	Works v. well	Without prog. Would require perm care.	Effective
Quality care, interaction concern of carers,	Inc. Confidence More relaxed Decreased concern adl's nutrition, Improved health	Excellent Good Communication Immed. Follow up to probs. documentation	Dec. overall concern has led to inc Client confidence in own independence	Effective

Feedback cont.

Benefit of program	Confidence of resident	Relationship b/w RV & SCC (Vic)	Feasibility re indep. living	Overall result Effective or Ineffective
Great benefit Enables cont. residency in ILU Inc independence Allowed client to move back into community living.	Client has feeling of indep. and privacy making own arrangements with CM.	Much appreciated	Excellent. Low Level care would be a must without the program yet receives minimal assistance	Effective
CM central point of contact, flexibility, opportunity for further support	Real benefit Engenders confidence	Understanding both RC and SCC (Vic) enhanced. Ready and willing co operation.	Values cont. assessment and feedback – safe in that monitoring process	Effective