

The Community Transition Program

“Excellence in the provision of individualised community rehabilitation by promoting independence and empowerment for older adults”



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TOPICS



- What is CTP all about?
- What is meant by rehabilitation?
- Eligibility for CTP
- The CTP Process
- Evaluation tools
- Key Principles
- Typical outcomes
- Statistics at a glance
- Summary

WHAT IS CTP ALL ABOUT?

- The Community Transition Program (CTP) is an innovative approach to the delivery of community based care for older people living in the northern metro region of Adelaide
- CTP provides an opportunity for older people to maximise their independence and achieve sustainable health outcomes (physical/emotional & social)
- CTP **believes** in the benefits of a “Rehabilitative approach” to care
- Based on an “holistic” definition of rehabilitation

CTP



- CTP is aimed at older people who may have had
 - An acute episode (managed by GP or involving hospitalisation)
 - A gradual decline in health or quality of life
 - A substantial change in circumstances (eg death of partner)
 - A reduction in their capacity, functioning or quality of life for any other reason

CTP

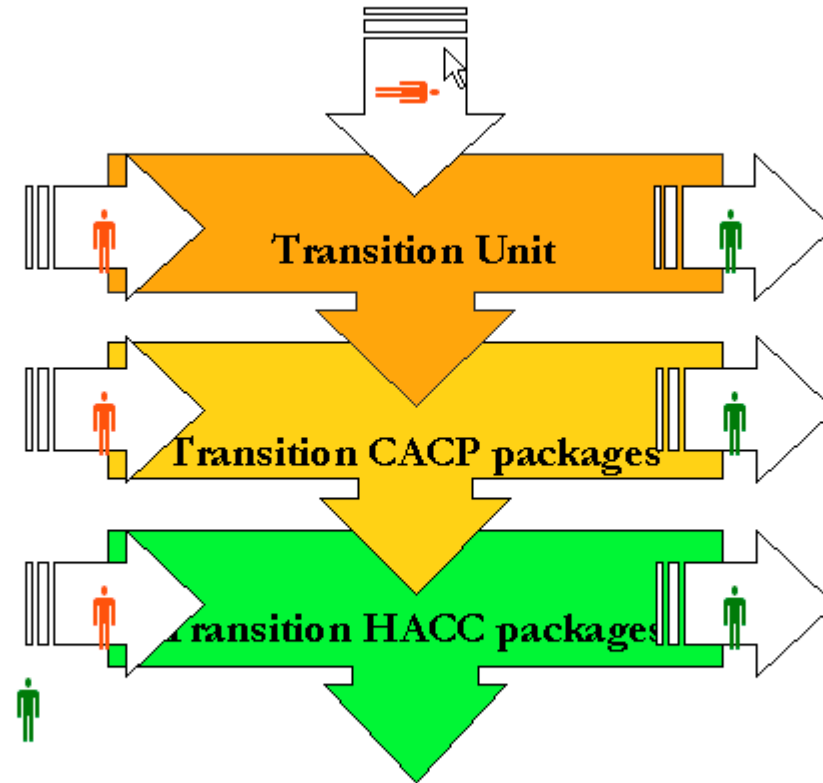
- The objectives are, **through early intervention:**
 - To prevent inappropriate admission to residential care
 - Maximise the capacity of the older person to self manage
 - Improve health outcomes and quality of life for older people
- **IT IS ABOUT ENABLING OLDER PEOPLE TO “GET OVER THE HUMP AND BACK ON TRACK”, through the provision of community based rehabilitation.**



WHAT DOES CTP MEAN BY REHABILITATION?

- The goal of rehabilitation is to assist individuals in their efforts to achieve the highest possible levels of emotional, social, vocational, cognitive and physical functioning

Community Transition Program



ELIGIBILITY FOR CTP

- 60 years +
- Satisfy usual eligibility criteria for a CACP or HACCC program – assessment by Support Link (ACAT)
- Identified as having the potential to benefit from goal oriented intervention

ELIGIBILITY FOR CTP

- Have self determination to maximise independence
- Live in one of the following Council areas
 - Tea Tree Gully
 - Playford
 - Salisbury
 - Gawler

THE CTP PROCESS – A JOURNEY

- Referral received from Support Link
- CTP Coordinator assesses client for eligibility and negotiation of rehab care plan.
- CTP Coordinator arranges for intervention as defined within rehab care plan. Eg
 - **Care workers (showering assistance, personal care, domestic assistance, etc)**
 - **Therapists – (OT, Physio, Podiatry, Speech etc)**
 - **Counseling**

- The Coordinator is at the FOCAL POINT of ongoing communication, inclusive of reviews.
- Client transitions out of the program with possible outcomes being:
 - Fully Independent at home
 - Manages with help from carer
 - Other community support
 - Long term CACP
 - Low level care
 - High level care

EVALUATION TOOLS

- Goal Attainment Scale (GAS)
- Geriatric Depression Scale (GDS)
- Timed Get Up and Go (TGUAG)
- Client Exit Questionnaire
- External evaluation (HACC)

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KEY PRINCIPLES

KEY PRINCIPLES

- It is **structured** in developing a plan of **long term** and **short term goals** which are aimed specifically at **restoring or improving function**.
- It is **time limited**; people progress through the plan and eventually graduate to appropriate service requirements.

KEY PRINCIPLES

- It involves **purposeful** interventions to result in an **increased functional status** and is orientated towards achieving a high level of well being.
- It requires significant levels of **motivation** by the older person and those around them in order to **achieve the goals.**

KEY PRINCIPLES contd

- It is also intentionally different to traditional models of rehabilitation, which have tended to be applied in clinical settings. It embraces the fact that:
- Older people tend to require significantly **more time** to improve and

KEY PRINCIPLES contd

- Goal setting takes on a far broader scope, focusing extensively on **social and emotional issues in addition to physical needs. i.e.**
 - It is **holistic** in its approach to rehabilitation, addressing both physical and socio-emotional needs.

KEY PRINCIPLES contd

From the core idea of rehabilitation for older people, CTP has adopted and integrated the following key principles:

- It would be **flexible and client focused**, enabling and encouraging clients to pick their own goals to work towards.
- It would make sure that clients would exit at their **best level of wellbeing and independence.**

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TYPICAL OUTCOMES

Case Study: Client A & B

CLIENT A

- Mrs A is a 78 year old lady who lives with her husband in their own home. Mr and Mrs A have two children who live interstate.
- Mrs A had a CVA in March 03 and was admitted to hospital. After a number of weeks in hospital it was decided that Mrs A should be discharged to residential care as she was unable to independently transfer or mobilise.
- Mr and Mrs A discharged Mrs A from the residential facility 2 weeks after admission

CLIENT A contd

- Mr A cared for Mrs A at home and was ax by Support Link for community care. Mrs A was readmitted to residential care for a short period of rehab (ATA) before being discharged to the CTP.
- CTP have worked with Mrs A since May 03 providing goal oriented rehab. Mrs A wanted to walk independently, shower with light assistance, dress independently and return to assisting with kitchen tasks.

CLIENT A contd

- With ongoing physiotherapy, occupational therapy, personal care and coordination Mrs A has progressed in all her goals. Mr A is now able to care for his wife independently. Mrs A is able to attend to her ADLs with minimal assistance and participates in other home duties and community activities.
- Mrs A has not yet been discharged from CTP so the story hasn't ended yet!!

CLIENT B

- Mr D is an 80 year old man, living at home with his wife. Mr D had a laminectomy of L5 – S1 in Jan 2003. Mr D was referred to CTP following his operation, as he wished to return to full independence.
- CTP assisted Mr D with domestic assistance, equipment, physiotherapy, podiatry and occupational therapy input.

CLIENT B contd

- Home modifications were made through Home Assist.
- Mr D's main goals were to mobilise independently, shop and clean independently and return all the equipment that had been provided!

CLIENT B contd

- After 3 months of assistance Mr D was discharged. He no longer required any equipment, had learnt new ways of cleaning his house, was able to walk independently and could complete the weekly shopping. Mr D required no ongoing services.

DISCHARGE OUTCOMES

	CACP	HACC
Fully Independent at Home	16%	40%
Other Community Supports	22%	23%
Manages with help from Carer	7%	20%
Long Term Care (CACP)	25%	6%
CTP HACC	7%	2%

DISCHARGE OUTCOMES

	CACP	HACC
Low Level Care	10%	1%
High Level Care	3%	0%
Hospital	3%	7%
Deceased	4%	0%
Declined	3%	1%

SUMMARY



- CTP:
 - Offers time limited rehabilitation packages, with clients graduating to appropriate services
 - Is structured in setting rehab goals with clients from an holistic view of rehabilitation
 - Oriented towards clients achieving a high level of wellbeing

SUMMARY

- Flexible
- Client focused
- Older adults require high levels of motivation to achieve their goals
- Acknowledges that older adults need time
- Clients exit at their best level of wellbeing

