Building an Integrated Model of Health + Aged Care in a Rural Community

Jennifer Grieve
General Manager – Health + Care Services

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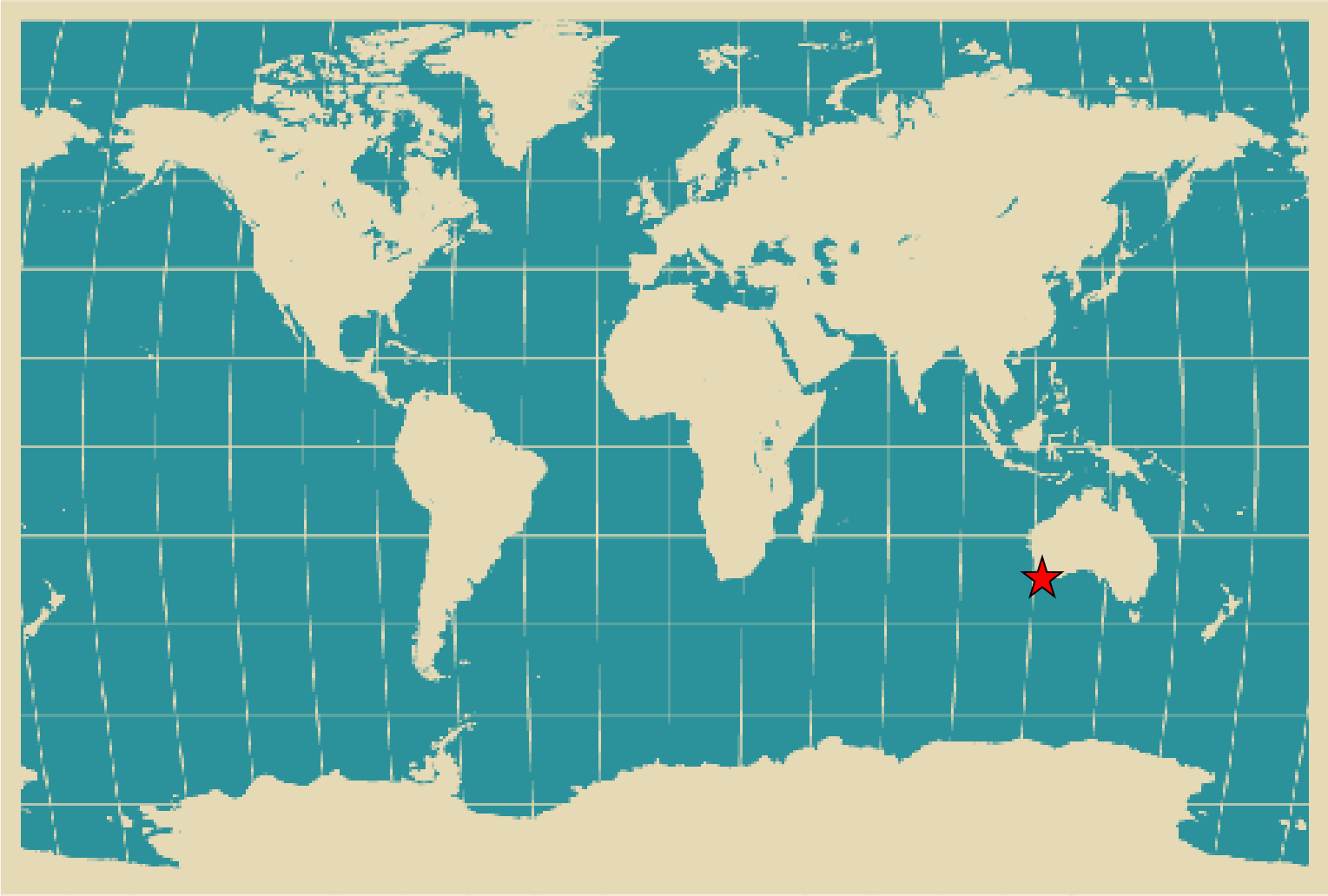
Where is Albany, Western Australia?



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Background of the Region

- Great Southern Region:
  - Area ~ 40,500 square km
  - Population ~ 55,000
  - 57% population based in Albany

- Albany, Western Australia:
  - Location ~ 400km south of Perth
  - Population ~ 32,000
  - Ageing population- estimated to grow from 22% (2002) to 33% by 2020.

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Spencer Park → Clarence Estate

- Spencer Park:
  - Former State Government owned + run home
  - Hall + Prior tendered for the land + bed licences
  - Site redeveloped and Clarence Estate was constructed

- Clarence Estate:
  - Opened in 2002 – with 86 residential beds
  - Opening attended by:
    - Premier of WA (Hon Dr Geoff Gallop)
    - Federal Minister for Ageing (Hon Kevin Andrews)

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Clarence Estate's Aim

- To develop a community – not open a nursing home

- Health + Aged Care Model adopted:
  - "*The ability to live and function effectively in society and to exercise self reliance and/or autonomy to the maximum extent feasible but not necessarily as total freedom from disease*."

"*A place people want to call home*"

"*A place where people want to learn + work*"

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Clarence Estate

- Modelled as a Continuing Care Community – and as a prototype for future Hall + Prior developments

- 86 bed facility (16 low care + 70 high care)
- Initially 32 extra service place
- 18 bed secure dementia wing
- Laundry & kitchen on site

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Clarence Estate - Now

- 86 bed residential facility:
  - 16 low care + 70 high care
  - Respite care
  - Extra services
  - Secure dementia care
  - Approval in Principle for additional 25 places
- 50 community packages:
  - 10 EACH-D
  - 10 EACH
  - 10 CACP
  - 20 Transition Care
- Design scheme for retirement apartments on adjacent land

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Clarence Estate – Staffing

- 160 employees
- Management Team:
  - Executive Manager
  - Director of Care
  - Director of Operations
  - Director of Community Care
- Administration team
- Interdisciplinary team
  - Registered nurses
  - Enrolled nurses
  - Personal carers
  - Allied health
  - Hospitality

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Continuing Care Communities

- A Continuing Care Community (‘CCC’) is a technology enabled consumer focused multi-service source of **aged care solutions**
- A CCC presents consumers with a range of accommodation, care and service offerings on a single site
- Elements of a CCC may include:
  - a complex nursing centre (aged care home)
  - aged persons’ units (independent units)
  - distributed care and day care / therapy
  - outreach services
  - primary healthcare capability / interface
  - restorative / rehabilitation services

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Clarence Estate Model

Aged and dependent persons' housing – independent and assisted living

OUTREACH CARE PROGRAMS

Transition Care	***EACH***
Community Care	***EACH-D***
Day therapy and respite	***CACP***

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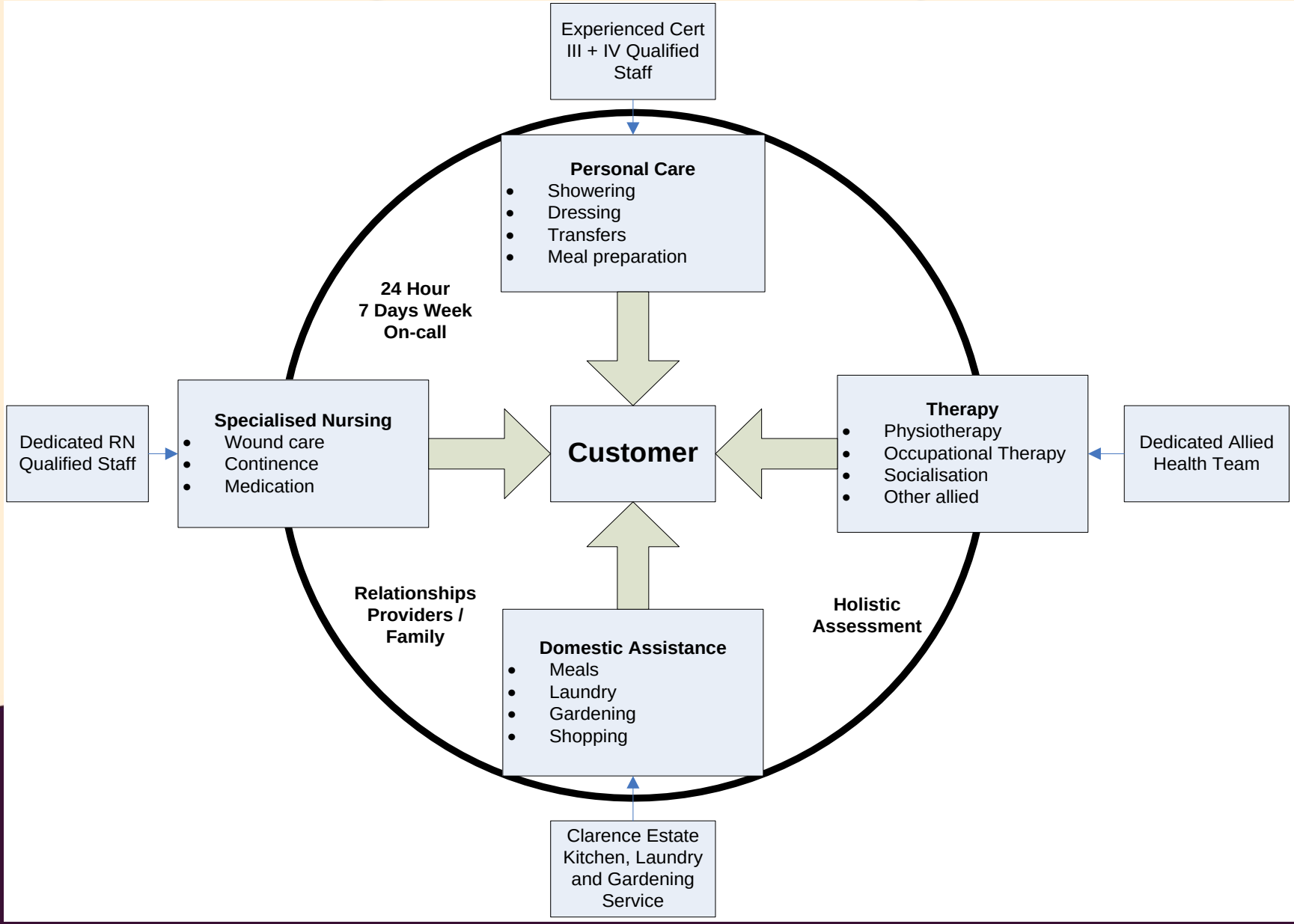
Model of Integrated Service Delivery



Partnership between RACF + Community

- Staff:
  - Staff
  - Rostering
  - Training / Development
  - Technical + non-technical skills
- Infrastructure:
  - Office space
  - Kitchen facilities
  - Laundry facilities
- Shared Reputation
- Shared Resources
- Continuity of care

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Interface between Acute, Community + Residential

- Model provides effective interface between hospital, community services and residential care
- Optimise care delivery for older clients with access to multidisciplinary care
- Offers full spectrum of services, choice
- Integrated, no silos
- Ensures seamless continuity of care
- Reduces home vs residential care issue, promotes authentic ageing in place
- Care for carers; respite
- Workforce advantages

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Problems + Solutions in Developing the Model

- Problems:
  - Establishing rapport / acceptance between all services
  - Communication networks
  - Teamwork
  - Workforce competencies

- Solutions:
  - Education, innovation
  - Communication, Collaboration
    - Reference group
    - Interagency meetings
  - Teamwork, no silos
  - Leadership, connectedness
  - Resident/client in the centre
  - Social inclusion

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Benefits of CCC

- 1) Care:
  - Relationship centred care
  - Full spectrum of care provided (continuum of care)
  - Security of tenure and continuity of care
  - Enhanced ability to monitor + track clinical + health outcomes
  - Less intrusive care delivery → use of technology

(Con't)

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Benefits of CCC

- 1) Care (con't):
  - Designed to keep people out of long term care
  - Admission + readmission to hospital virtually zero
  - Universal care service
  - Indigenous care provision
  - Quality of life extended
  - Spiritual + end of life care enriched
  - Family care – all members of family

Benefits of CCC

- 2) Community:
  - Socially inclusive
  - Higher involvement of family
  - Fully integrated into community
  - Reduce load on hospitals + primary health centres
  - Partnership model with:
    - GP’s
    - Hospitals
    - Other care providers
    - Community + church groups

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Benefits of CCC

- 3) People - Human Factors:
  - Employer of choice
  - Career path development
  - Security of employment
  - Very high transportable skill base
  - Teaching care facility
  - Staff and volunteers supported (respite high care + dementia care requirements)
  - Staff are relatively + comparatively well paid
  - Additional opportunities exist for innovation and research, workforce development, and clinical pathway development

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Summary – Clarence Estate

"*A place people ENJOY to call home*"

"*A place where people ENJOY to learn + work*"

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- Graeme Prior
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  - Albany

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