



# The Innovative Tri-focal Model of Care

Promoting Healthy Ageing in Residential Aged Care

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# Why a new model of residential aged care?

- The demand for aged care facility places is increasing
- The ratio of taxpayers to the number of people over 65 is decreasing
- Health requirements of residents is becoming more complex, especially as dementia incidence is rapidly increasing
- Recruitment and retention of aged care staff is the greatest challenge of providing aged care

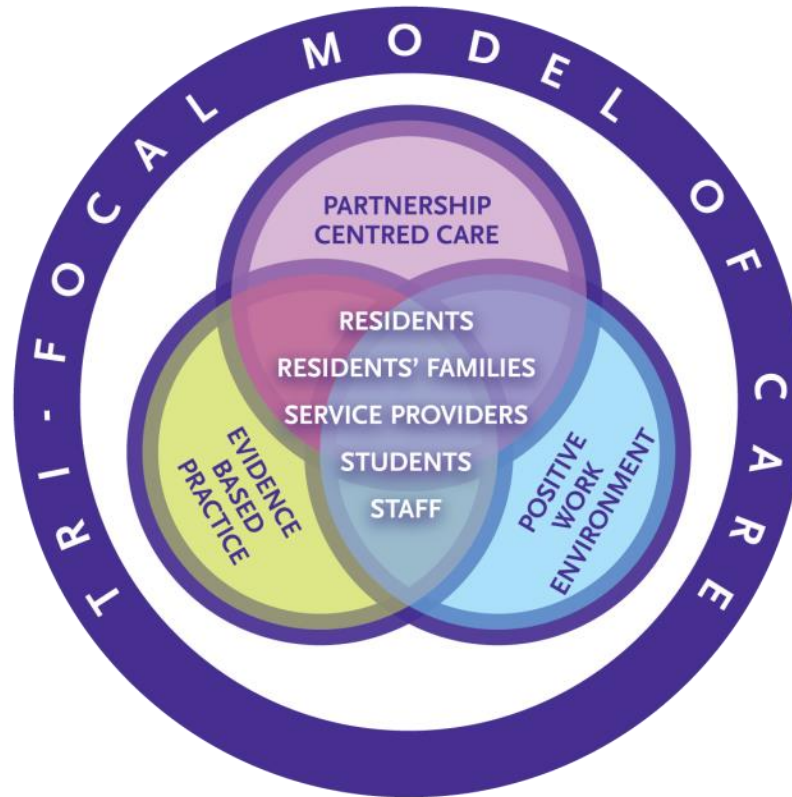


# Why a new model of residential aged care?

- Need to optimise care with a focus on well being and healthy ageing
- Need to optimise the working environment to foster positive, cohesive and collegial teams
- Need to involve all stakeholders to optimise both of the above, especially engaging students to attract best of graduates to aged care



# The Tri-focal Model of Care





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# Partnership centred care

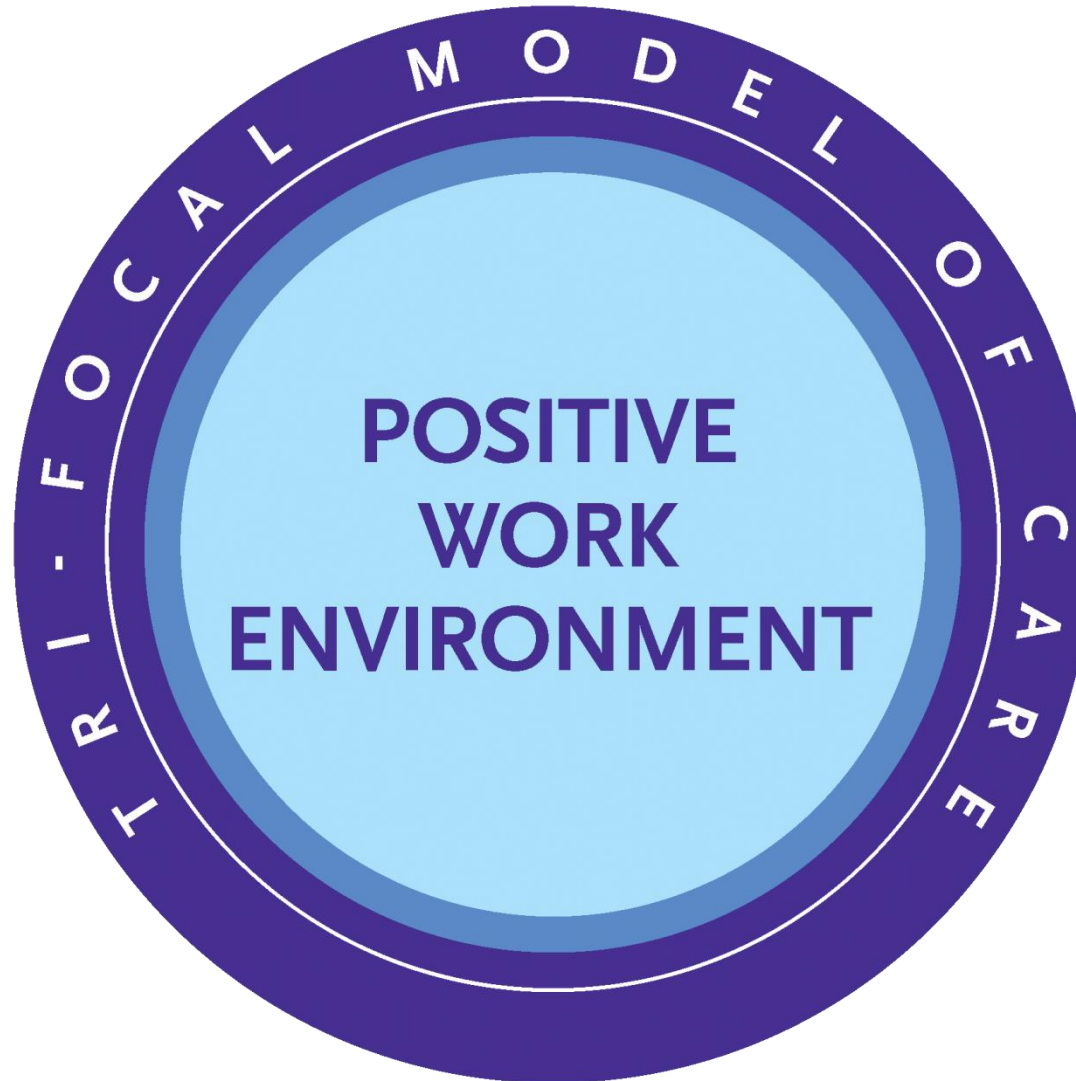
What is partnership centred care?

- It is care where all people involved in the care are acknowledged
- Relationships between the parties are important component of care, including between the health workers





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## Positive work environment

- Teamwork , respectful working relationships, good communication
- Developing and sustaining leadership, work satisfaction
- Staff having change management skills
- Work satisfaction







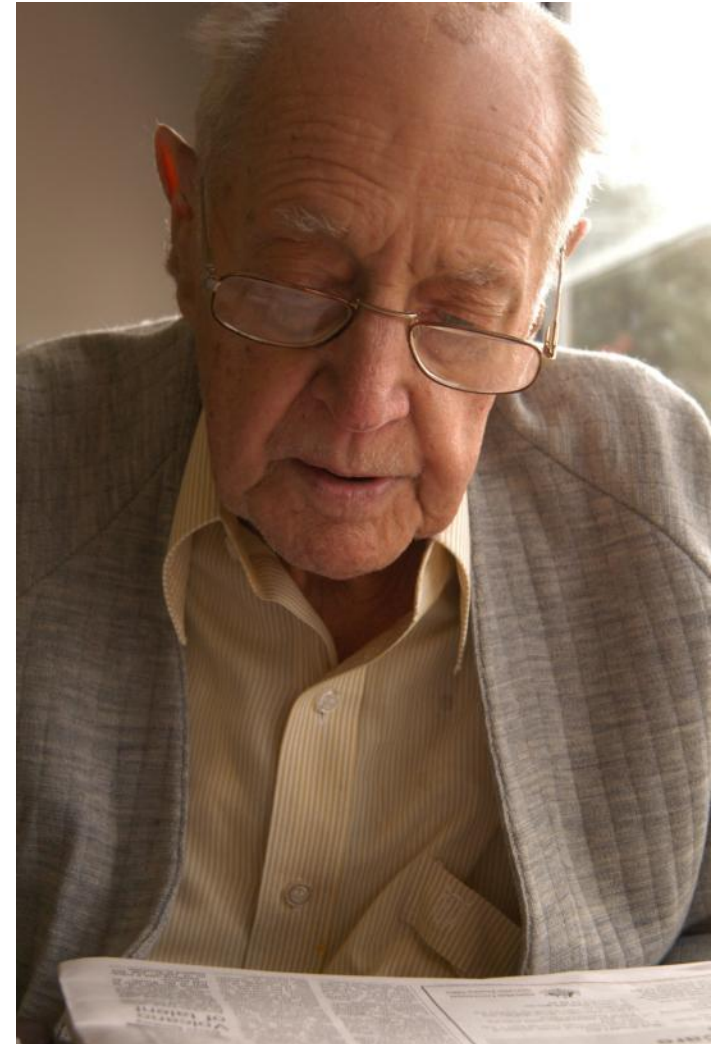
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# Interactive Education modules

- Professional modules
  - Introduction to the concept of the Tri-focal Model
  - Collegiality and teamwork
  - Introducing evidence based practice through leadership and change management





# Interactive education Modules

- Clinical Modules on the Tri-focal Approach to the Management of
  - Continence
  - Nutrition and Hydration
  - Depression
  - Behaviours of Concern
  - Medication
  - Mobility



# Model Implemented on Two Pilot Sites

- One Private site
- One public site
- Both different skill mix





# Implementation Strategy

## Site One

- Management endorsement
- Introduction morning tea
- Two education days and night staff – the ‘clinical champions’ identified
- Weekly sessions at facility
- Sessions with families

## Site Two

- Management endorsement
- Introduction formal session
- Weekly sessions at facility, all professional modules
- Clinical champions identified
- and clinical modules



# Lessons Learnt From the Pilot Project

WE UNDERESTIMATED THE DEGREE OF DIFFICULTY





# Difficulties Encountered

- Work place issues
  - Turnover of staff at both managerial and clinical level
  - new staff had to be continuously consulted and trained (time consuming)
  - Staff release to attend education
  - Implementation was prolonged and lacked continuity
  - Focus and attention on accreditation processes (consumes staff )



# Lessons learnt

- Need to develop an implementation strategy that is sensitive to such a complex environment
- Need to allow reasonable implementation timelines
- Focus on developing the clinical champions prior to whole sale implementation
- Clinical champions need to include staff from all levels of skill mix including personal care assistants (PCAs)





# Sustainability Problems

- Need to link the content of the evidence based interventions into policies
- Need to link the content of the evidence based interventions into on going documentation requirements
- Need to explicitly link the content of the modules to accreditation standards and ACFI

# Future Directions

- Revised educational modules flexible timeframes
- Focus on sound development of clinical champions
- Developing Tri-focal care plans that link to ACFI and accreditation standards
- Suite of Measures
- Implementation check-list as a communication tool
- Avoid accreditation dates

