Slow and steady wins the race
Faced paced physio turns to slow stream rehab

Charmaine Richards, Physiotherapist, Port Pirie Regional Health Service

MY BACKGROUND

I have worked rurally for the entirety of my career. I worked at the Murray Mallee Community Health Service for 9 months as a new graduate and I have since worked at the Port Pirie Regional Health Service for the past 4 years. During that time I also worked for the Riverland Health Service for 3 months.

During this time, as I am sure it is for most rural practitioners, I have been expected to work in all areas of physiotherapy. I worked in outpatients, paediatrics, stroke rehab, cardiac rehab, acute medical and surgical inpatients, domiciliary care and the list goes on. It felt as though I was constantly under pressure from everywhere and frequently being short staffed only added to this pressure. My day would often comprise of seeing 10 inpatients in 3 hours on the wards, followed by a domiciliary care home visit and outpatients and community classes would be squeezed somewhere in between. We provided an adequate service to our patients/clients, but quite often due to this faced paced working environment, clients could miss out on receiving the depth of therapy that they may have required. We could not provide the time with the client to enable them to reach their full potential with their therapy, but could only focus on the urgent and critical aspects of their therapy and treatment, such as their ability to mobilise and transfer independently. Outpatients were quickly seen in 20 minutes slots and then followed up a few weeks later for a quick review and encouraged to continue with the programs. A lot of responsibility fell back on the client to motivate themselves to perform therapy and if they weren’t doing it correctly, it could be weeks before this was picked up. After an initial community/domiciliary care assessment, clients were often put on community packages and left to their own devices, leading to a continuing decline in their functional ability and an increasing dependence on community services.

All of this changed for me last year when I took on the position as the Mid North Senior Allied Health Clinician, working with clients on Transition Care Packages (TCPs).

WHAT IS A TCP?
TCPs provide short term support for people over the age of 65 (45 if aboriginal or Torres Strait Islander) at the end of their hospital stay and are aimed at those people who require more time and support in a non-hospital environment to complete their recovery process, optimise their functional capacity and finalise their long term care arrangements.

TCPs can run for a maximum of 12 weeks, except in circumstances where an extension may be appropriate. They are a goal centred program, so the emphasis is placed on what the client wants to achieved whilst on the program, and not necessarily what the case manager thinks the client should achieve. Therapy is focused on an individualised care plan that is developed jointly by the therapist, case manager, client and their family/carers.

A large range of services in addition to therapy can be provided to clients on TCPs depending on their individual needs and goals. These can include but is not limited to care coordination, nursing care, personal care assistance, meal assistance, social activities, social work, house cleaning, continence aids, equipment and transport.

To be eligible for a TCP the client needs to be aged over 65 (45 if Aboriginal or Torres Strait Islander), nearing the end of their acute hospital stay, able to benefit from a program that will help them to
improve their recovery and restore as much independence as possible, have been assessed by the Aged Care Assessment Team (ACAT) as being eligible and wish to be part of the Transition Care Program.

Once they have been accepted onto a TCP, the case manager will coordinate the appropriate services required for that client according to their individual goals. I, as the Senior Allied Health Clinician, will work with the client to create functionally based goals that the client wants to achieve and will work with the client to implement a therapeutic restorative program aimed at achieving these goals. I provide frequent therapeutic intervention and review the client’s goals and progress. The case manager and I will work with the client and their family to update their ‘goals for care plan’ at least fortnightly.

As this is a new role, I have spent a lot of time promoting my position across the cluster sites, so that sites feel supported and understand how I can help them to ensure that the client has the opportunity to reach their highest level of restoration. I am available to support workers across the Mid North cluster in taking a restorative approach to care planning and provision. There are now 10 Senior Allied Health Clinician positions across rural SA and we all work as a team to support consistent state wide provision of quality transition care.

**WHAT IS SO SPECIAL ABOUT TCP**

I am frequently asked, and also used to ask this question myself before I commenced my position, ‘What is so special about TCPs that we should be using them over our normal Home and Community Care (HACC) services? I have found that community workers can be wary to take on a TCP, as they feel that they can offer the same services, such as showering and cleaning, using HACC, and that a TCP is just complicating the process.

HACC services generally have an emphasis on maintenance of older people, which can lead to deterioration and increasing dependency. Workers are often given care plans with a ‘do for’ approach and are usually in a hurry to do the job and move on to the next client. It is of the opinion that it is quicker and easier to do the task for them than to encourage them to do it themselves. The service is oriented around what the organisation assesses the client as needing and there is limited emphasis placed on what the client would like to get out of the service. There are no goals of care established and often no review of the services required, as the service delivery is perceived as being for life. There is a lack of emphasis on allied health workers and the role that they can play in coordinating service delivery and therapy. As a physiotherapist, I would often be required to perform assessments for client’s requiring HACC services, but there was little or no follow-up intervention or assessment afterwards, to reassess the client’s needs or progress any goals of care. In saying this, HACC services can be extremely beneficial and supportive for the appropriate clients.

The restorative approach used by TCPs focuses on improving the individual’s physical, social and psychological wellbeing and emphasises the maximisation of functional abilities. The approach is ‘do with’ rather than ‘do for’, as workers have been educated that spending the time with the client in the short term, can save time in the long term. The emphasis is on improving their function and, as a result, being able to gradually decrease the level of service required. The client is actively involved in the decisions surrounding their care and how their plan can work towards maximising their independence and quality of life. The service is goal orientated with targeted interventions over a set period of time. Allied health staff are utilised to work with the client to develop appropriate therapeutic interventions and constantly review their progress, needs and goals. As a physiotherapist I am able to regularly work with the client to apply appropriate therapeutic intervention and set programs for care workers to complete with the client. The client’s are given the greatest
opportunity to achieve their goals and increase their independence over the 12 week period, before longer term arrangements are put in place.

THE RESULT

In my new role, as Senior Allied Health Clinician, I have currently not seen more than 7 clients in a week (where as I used to see 10-20 clients a day). The change in my role as a therapist and the benefits for the client have been phenomenal. Having the time to work so closely with clients allows for therapeutic goals to be about so much more than whether the client is walking with a frame or not. We are able to work towards specific, functional goals that allow the client to regain their independence. Clients who may have otherwise ended up in residential care or heavily dependent upon community and family services, are instead returning to independence in their own home environment.

For example we worked with a client in her 90s in Port Pirie who had fractured her pelvis 8 weeks ago and was wishing to return home from hospital. Previously she had lived alone with meals on wheels and with fortnightly cleaning services through HACC. She could previously shower independently in standing with a rail, mobilise safely with a 4 wheel walker distances up to 100metres, prepare her own snacks and breakfast and perform all light household duties. On discharge from hospital the client required light assistance to shower on a shower chair with a hose, was assessed as being a high risk of falls on the berg balance scale, could walk with a 4 wheel walker a maximum of 15 metres indoors only, needed full assistance to prepare breakfast due to fatigue and could perform no light household duties due to fatigue. This client was supported on her TCP with a therapy program and appropriate services, and at the end of her 12 weeks was able to achieve all of the goals she set for herself. She was bale to be discharged from the TCP with the same cleaning services and meals on wheels that she had prior to the TCP. This story is a great example of a client who may have otherwise ended up in a nursing home or heavily dependent on community services, but who has now been able to extend her independent life at home.

The input that Senior Allied Health Professionals have been able to put into Transition Care Packages, since joining the program in 2010, has provided the clients with the opportunity to reach their full potential, and is a crucial part of the service. Supported by the health reform agenda this is an example of an approach that will lead the way for future services in aged care and I am glad to have the opportunity to share the benefits of this approach with the rest of rural Australia.
