

**Planning, implementation and
maintenance of 3 complex care
plans in the client`s home
– a Managers perspective**

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Essentials

- Person centred, transparent allocation process
- Supportive of carers
- Home is adapted
- Service is safe and competently delivered
- Consultant approved
- Compliant with legislation, policy, good practice
- Minimum cost with a multi-annual budget
- Quality and Sustainable service
- Full range of equipment is available

3 Case studies

- 1. – single person with quadriplegia, rural, own home, supportive family
- 2. – married person with quadriplegia, young children, rural, own home, independent
- 3. – single person with advanced MD, rural, own home, supportive family

The average duration of the service provision was/is less than 3 years

Characteristics of the service

1. Depart from long stay in acute hospitals or NRH
2. Be independent and resident in accommodation of preference.
3. Greater contact with family and friends
4. Overcame complex medical complications; trachy care with ventilators; suctioning; bowel management; hoists, skin integrity etc
5. Creation of a holistic quality service at home with criteria based competency assessments of the healthcare provided

Service dimensions

- There is a need to challenge the assumption, given the many examples of conventional group residential care, that such care is the only feasible option for persons with significant degrees of disability.
- Generic nursing homes may struggle to provide a comprehensive response to the complex needs of these individuals and are an inappropriate setting for young adults
- The aim was to set up an accommodation service for people with a physical/sensory disability – supporting people to have a good quality of life through promoting choice, new experiences and responding to individual need.
- Nevertheless limitations and difficulties remain in their lives.
- Access to capital for adaptations is severely curtailed.
- Revenue funds are under severe strain

Model of Service

- Care plan to cover 24/7 - 365 service – 168 hours per week
- Client Led service
- Partnership between Client, Family/Carers, Service provider and HSE
- Holistic in approach
- Not risk neutral – full informed consent associated with choices is essential
- Resource – high cost in human & financial terms
- Planning - critical
- Organisation – flexible and responsive
- Maintenance - dynamic and challenging

Holistic home based service can be a success

Person centred

- Health - service is at least as good as hospital
- Social, Eg. Man U match
- Personal – client has control of who is working
- Spiritual
- Occupational - choices
- Mental health Eg. a significant area of concern
- Sexual

My personal observations of these 3 complex cases

Enormous client satisfaction to be living at home

Question?

Is it a partnership of equals?

Observations

- The client has the imposition of numerous professionals in their home which is stressful and difficult Eg. record keeping etc
- The family has intrusion of strangers into their private lives

Understandably interpersonal conflict and mistrust arises in the home setting, yet not one of the persons served has found it necessary or desirable to seek out or be forced to return to residential care

Resource dependent

Needs the following

- Human – the right staff and the right ethos
- High degree of expertise and leadership at all levels of functioning
- Time commitment significant
- Equipment – lead in time needs watching
- Infrastructure – can be a limiter
- Medical - especially after hours
- Nursing – respiratory nurse specialist
- Personal care – clarification of roles and responsibilities needed between family/carers and professionals
- Financial – fully costed plan needed

Cost Benefit Analysis

- Each Care Plan was a partnership of the person, their family and Carer`s and healthcare staff. The exact quantum of service from each group determined the final actual cost. Each individual's supported living arrangement varies, as does the associated cost of the service.
- The proven costs for supporting each person have been considered reasonable in comparison to more conventional accommodation supports Eg. Acute or group residential accommodation.
- The quality of life for the person is better overall and the person`s general satisfaction is higher.
- The quality of this support has been quite satisfying, most of the time, for the individuals.
- The range of cost are from €75,000 to €195,000 per annum. These costs are reducing as the harsh economic climate brings better value for money.
- Each client has stated that this model of service is far superior than had been possible with other support options, nursing homes or group residential homes.

Planning

A minimum of 12 to 20 weeks preparation work needed with a consensus team based approach

- The Who ?
- The What ?
- The Where ?
- The When ?
- The Why ?
- The How ?
- The If ?

Organisation

- Regular two-way communications with all stakeholders
- Resolve Medico-legal position
- Risk Management; Infection control; Consent; Respiratory care; CPR; DNR; etc
- Agree a detailed Care Plan
- Develop Protocols for all aspects of care
- Recruit healthcare workers with client approval – garda clearance etc
- Purchase the range of equipment in time

Organisation – cont.

- Train and assess healthcare workers
- Establish trouble shooting guidelines
- Key worker identified
- Arrangements for the delivery of consumables and collection of clinical waste
- Emergency procedures

Maintenance

Regular review of

- Equipment
- Supplies
- Emergency procedures
- SOPs
- Protocols
- Competency based assessment of care providers in a community setting
- Communication and mediation

For example: Emergency procedures

Inclement weather during winter 2010/2011

Planned measures

- Trained and competent family
- Landline and dedicated mobile facilities
- ESB, and independent diesel generator with a solid fuel heating system
- After hours trained GP service
- Ambulance control priority status with locator
- Ventilator, a second back up standby one in the home; plus known battery life and charger back up

But risks emerged

Big freeze went into 3 weeks across the 2010 Christmas holiday period

- Shortage of salt supplies at the home
- Not even tractors could travel safely
- Air ambulance in doubt due to low cloud etc
- Healthcare workers could not travel to client

Questions?

END

Michael Butler 21-10-2011