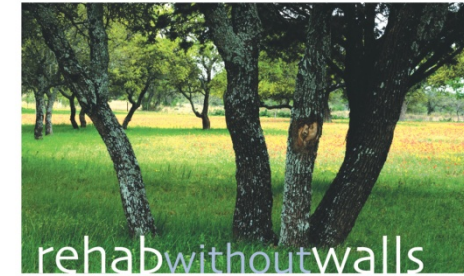


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Assessing and Costing Care

By Catherine Johnson
Director, Rehab Without Walls

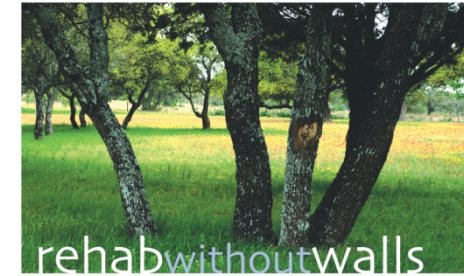
What is care?



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Services, or accommodation and services, provided to a person whose physical, mental or social functioning is affected to such a degree that the person cannot maintain himself or herself independently

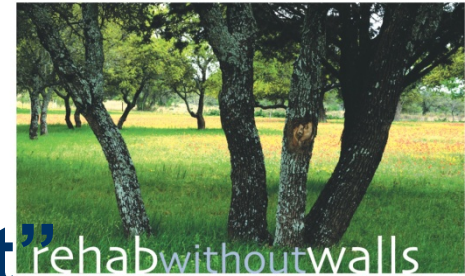
Assessing care needs



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1. Interview and observation
2. Clinical reports and records
3. Family reports and statements
4. Risk Assessments
5. Review ALL evidence with a critical eye
6. **Just because you're an "...ist" doesn't mean you have specialist knowledge about care**

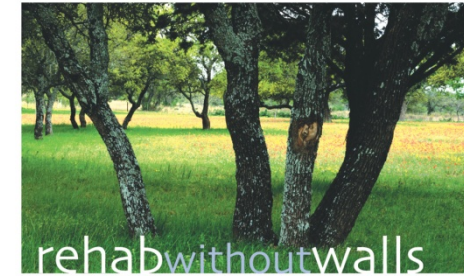
Just because you're an "...ist"



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- Psychologists do not necessarily know anything about care and community matters
- Neurologists do not ...
- Neurosurgeons do not ...

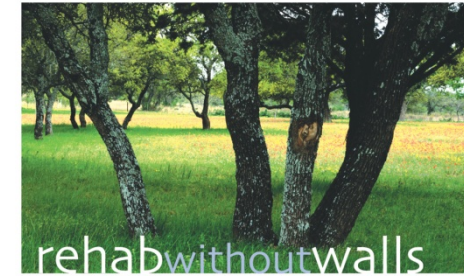
An assessment involves



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- Physical/Nursing care
- Emotional care
- Psychological care
- Practical care
- Rehabilitation care

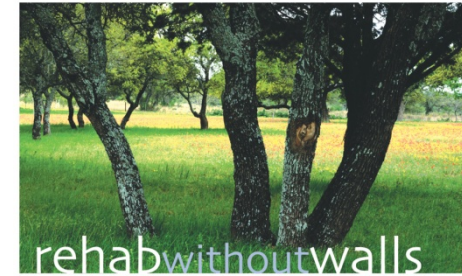
Physical care



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- Help with wound dressing
- Help with toileting
- Help with managing incontinence
- Help to eat meals/obtain nourishment
- Help with personal hygiene
- Help getting dressed
- Help with mobility
- Help taking medication

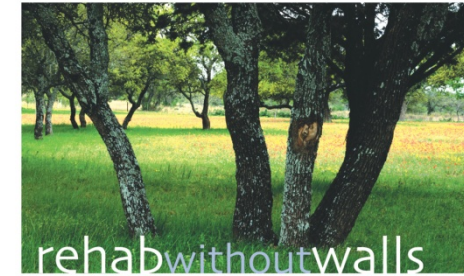
Emotional care



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- JUST BEING THERE
- Providing a listening ear
- Providing social support and companionship
- Providing advice and guidance (not recommended!)

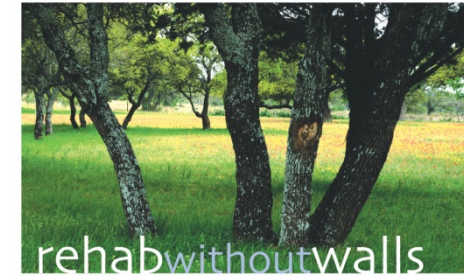
Psychological Care



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- Professional psychotherapy
- Professional Counselling
- Cognitive behavioural therapy
- Behavioural management

Practical Care



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•Help with Administrative tasks

- Filling in forms
- Paying bills
- Filing personal documents
- Arranging appointments

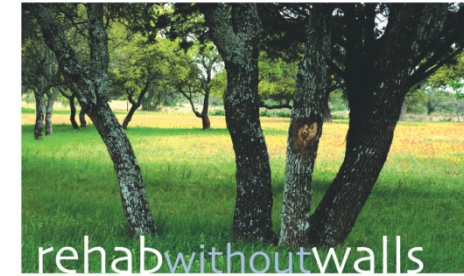
•Help with domestic tasks

- House cleaning laundry
- Gardening
- Window cleaning
- DIY tasks around the home

•Help in the workplace

- Taking messages
- Managing a diary

Rehabilitative Care

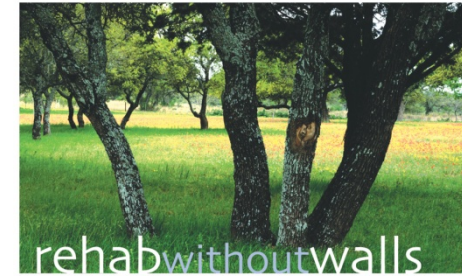


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1. Teaching not doing
2. Prompting
3. Managing
4. Modelling appropriate behaviour
 1. Social interaction
 2. Problem solving
 3. Social problem solving
5. Mentoring

How much care?

Two fundamental principles

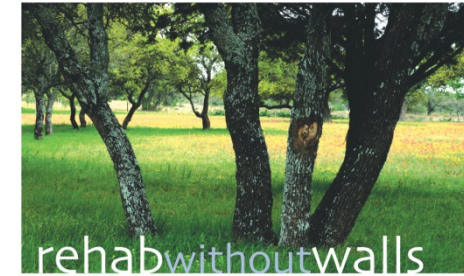


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1. Put the person back in the life situation they were in before injury
2. Consider what may happen if there is no care, not enough care, or the wrong care (risk management)

How much care??

A case study

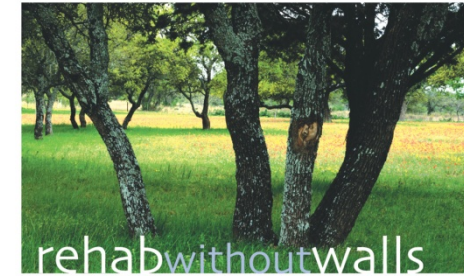


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1. Male age 56 yrs
2. Severe ABI
3. Traumatic amputation of left arm (left handed)
4. Fractured pelvis
5. Multiple speech and language problems
6. Suicidal, aggressive, difficult behaviour
7. Statutory services assessed needs as 10 hrs per week

How much care??

Assessment

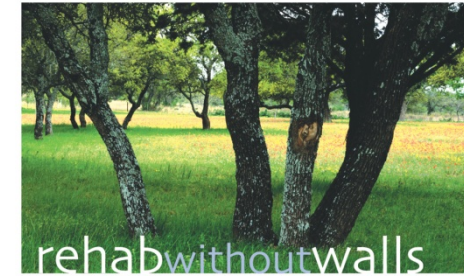


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He needs

1. practical help with all aspects of ADL, including personal hygiene
2. Supervision to prevent self harm
3. Emotional support to cope with life changes
4. Help with communication
5. Help to access outside activities
6. Medical rehabilitation

How much care??



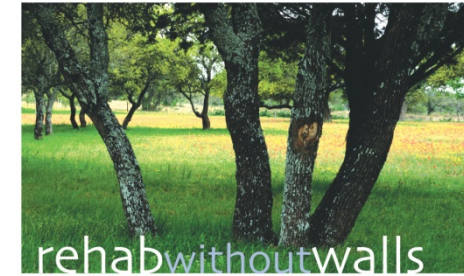
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I recommended:

24 hour care and support, organised through a case manager and with privately purchased carers

How much care??

A case study

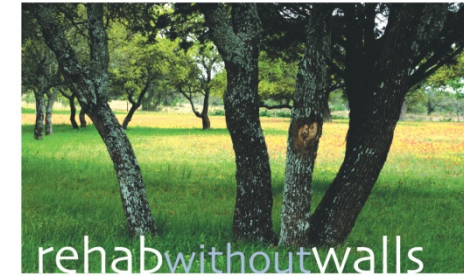


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1. Male age 28 yrs
2. Severe ABI
3. Shoulder injuries
4. Returned to work (self employed)
5. New partner post injury
6. Subtle cognitive problems
7. Fatigue

How much care??

Assessment

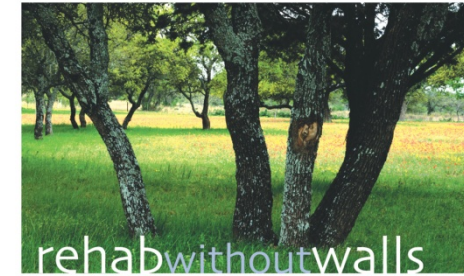


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He needs

1. Practical help with running his business
2. Prompting to complete advanced ADL
3. Prompting with business administration
4. Social and domestic support from partner

How much care??

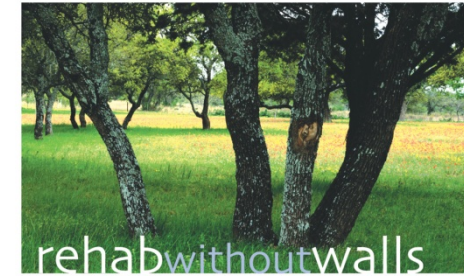


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I recommended:

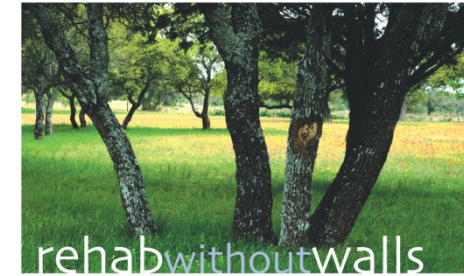
- 10 hours per week of administrative help provided by a Personal Assistant, who also gives emotional support, and modelling of effective problem solving
- A financial “reserve” to activate higher levels of support at times of challenging life events
- Case manager to make it all happen

Risk Management



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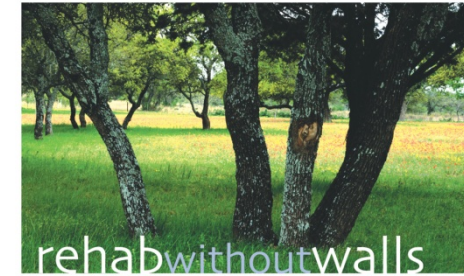
1. Risk Assessment is fundamental to assessing care needs
2. It must be rigorous, structured, quantitative, detailed, and regularly reviewed



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Activity	Risk (effect)	Property/ persons at risk	Before Controls Are In Place			Controls in Place	After Controls Are Put In Place		
			Likelihood	Severity	Risk Factor		Likelihood	Severity	Risk factor
Aspiration of food or fluids	Illness/injury to Xx.	Xx	4	5	20	Multi-disciplinary rehabilitation, improving Xx's aspiration problems. Supervision by physiotherapist, occupational therapist, and speech and language therapist. Training for support workers and family in positioning and feeding. Improved equipment leading to better posture and positioning. Over-stimulation guidelines. Improved activities.	2	3	6
Additional Information Xx is now responding well to therapies and is benefiting from improved positioning, posture manoeuvre and diet.						Probability x Severity = Risk			
						Probability		Severity	
						0	Negligible	0	No injury or damage
						1	Very unlikely	1	First aid only/trivial damage
2	Unlikely	2	Minor injury/minor damage						
3	Probable	3	3 day injury/moderate damage						
4	Very likely	4	Major injury/severe damage						
5	Almost certain	5	Critical injury or damage						
Completed By: A Case Manager Review Date: October 2008						Risk			
						0 – 1	No action required.		
						2 – 6	Record the risk and keep it as low as possible.		
						7 – 16	Record the risk and add further control to reduce it.		
						17 – 24	Consider stopping the activity until essential controls are in place & seek advice.		
25	Stop the activity immediately and seek advice.								

Quality Assurance



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1. Quality assurance is fundamental to care delivery
2. It is an ongoing and never ending process
3. Quality is achieved by using a case manager to:
 - Manage the care team
 - Train care staff
 - Review care staff performance