short term support with long term benefits

Facts

The Transition Care Program provides a range of care services, including therapy, nursing support and/or personal care, that help eligible older people to regain as much functional capacity as possible and assist them with their longer term care arrangements.

Care can be provided either at home or in a residential setting with a home like environment.

The Transition Care Program

- **facilitates and supports an older person's functional recovery and independence while assisting them and their family and/or carer(s) to make long term care arrangements**
- **minimises inappropriate extended length of stay in hospital, and**
- **provides dedicated resources for short term therapy and support to assist older people achieve their best health outcomes.**

What type of people would benefit from the Transition Care Program?

Eligibility for the Transition Care Program is determined by the Aged Care Assessment Team (ACAT). To be eligible for the Transition Care Program the care recipient must

- be an older person
- have completed their acute and subacute episodes of care, be medically stable and ready for discharge from hospital
- otherwise be eligible for residential care, at least at the low level of care
- have the capacity to benefit from a short term period of care in a non hospital environment in order to
  - complete their restorative process
  - optimise their functional capacity, and
  - assist in making long term arrangements for their care
- be in hospital at the time of the assessment and discharged directly to the transition care service, and
- agree to participate in transition care.

The primary aim of the Transition Care Program is to improve the functional capacity of older people so that they will be able to return to their prior living arrangements with or without support or enter residential aged care at a lower level of care support than would have other wise been possible. In South Australia there has been a significant proportion of transition care clients returning to their prior living arrangements, including returning home with or without care support.

continued overleaf ▶

Government of South Australia
Department of Health

Australian Government
Department of Health and Ageing

short term support with long term benefits

Transition Care Program assessment – think early!

Hospital staff and other service providers can assist clients to make informed choices about the range of discharge options available to them. To ensure the availability of a transition care place and the development of a care plan in a timely manner, hospital staff should

- identify early those patients with the potential to benefit from transition care
- ensure that any necessary rehabilitation has been completed and coordinate hospital assessment information
- involve the care recipient and their family/carer(s) early and provide them with information about their care options, including transition care
- identify other services that may be required such as advocacy and financial support
- liaise closely with the ACATs who determine eligibility for the program, and
- liaise closely with transition care service providers to ensure smooth transfer into the program from hospital.

What services can be considered as a part of the Transition Care Program Care Plan?

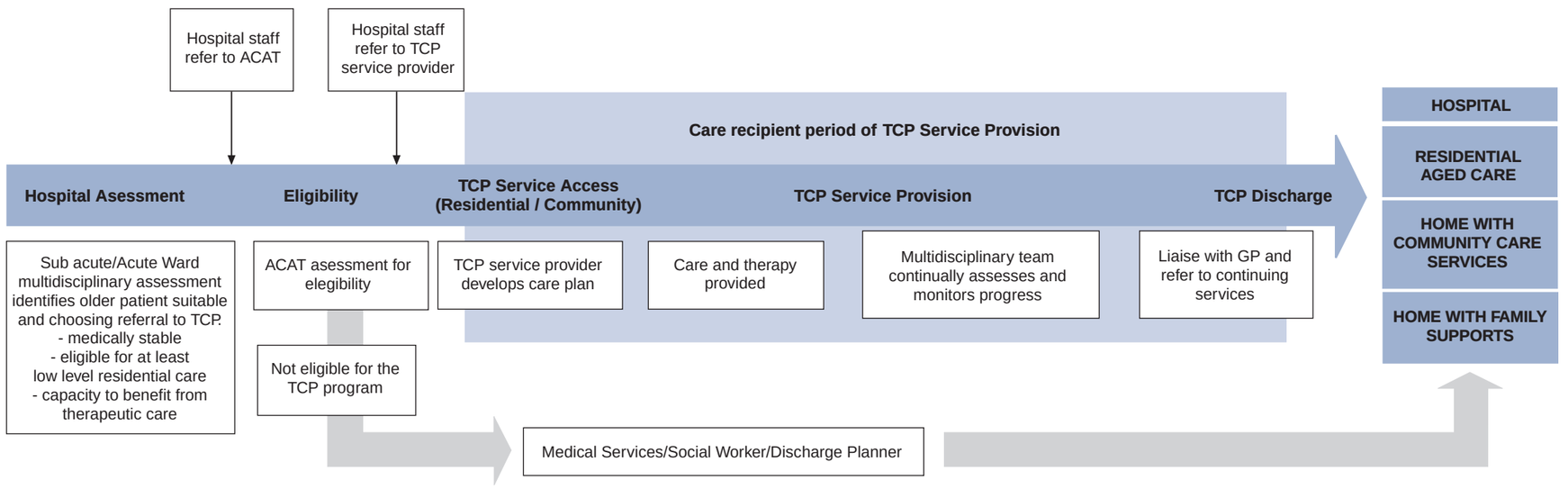
The program can provide therapy as well as assistance with activities of daily living. This can be a combination of a range of care services including physiotherapy, nursing, occupational therapy, social work, dietary advice and nutrition, domestic support and transport.

Useful websites

South Australian Government, Department of Health **http://www.in.health.sa.gov.au**
The Australian Government, Department of Health and Ageing **http://www.health.gov.au/**
Council on the Ageing **http://www.cotasa.org.au/**
South Australian Government, Department for Families and Communities,
Office for the Ageing **http://www.familiesandcommunities.sa.gov.au**
Seniors Information Service **http://www.seniors.asn.au**
Rights of Older People **http://www.sa.agedrights.asn.au**

TCP Service Pathway

The TCP Service Pathway provides a broad overview of the process of assessment, eligibility and care provision. Each stage of the process should be completed in consultation with the care recipient, their family/carer(s) and an appropriate multidisciplinary team.



More information

For further information on the Transition Care Program in South Australia please contact