Residential Aged Care Facility Placement TEHS Procedure

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>Medical Officers; Registered Nurses; Allied Health Professionals</th>
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<tr>
<td>Jurisdiction</td>
<td>Top End Health Service</td>
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<tr>
<td>Jurisdiction Exclusions</td>
<td>Paediatric Patients</td>
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<tr>
<td>Document Owner</td>
<td>Director Allied Health RDH</td>
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<tr>
<td>Approval Authority</td>
<td>Chair TEHS Strategic Executive Committee</td>
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<td>Author</td>
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The purpose of this procedure is to ensure the safe and efficient discharge of older patients who require Residential Aged Care Facility placement.

This procedure ensures a timely progression through the acute care setting to minimise risks to patients. A hospital is not an appropriate setting for older patients, who do not have acute care medical needs. These patients are vulnerable to hospital acquired infections and or rapid functional decline, which can result in medical complications and or additional episodes of care.

The management of patients who require placement with a Residential Aged Care Facility within the hospital is a multidisciplinary team (MDT) responsibility. Following are the roles and expectations of the MDT team members.

Within TEHS, Social Work and the Care Coordinators, have a lead role in the coordination of information and processes related to residential placement from hospital, case management services to patients requiring Residential Aged Care Facility Placement and to ensure continuous patient flow and positive outcomes for patients.

The MDT team members will utilise the 'Residential Aged Care Placement: Tracking Sheet' or the Guardianship Process: Tracking Sheet to be kept in the patients file. MDT members should keep this sheet up to date, which will assist to monitor the patient's timely discharge from hospital. The Manager of Social Work or equivalent will randomly audit six monthly, tracking sheets for quality assurance and continuous improvement purposes.

Rural and remote TEHS areas such as Katherine and Gove may allocate roles and responsibilities in terms of lead roles to suit their staffing levels and service structure.
Medical and Nursing/ Ward Based Care Coordinator

- Where a patient is unlikely to return home following admission to hospital and is eligible for Residential Aged Care Facility Placement (Non-Aboriginal 65 years and over and Aboriginal 50 years and over), staff will generate a referral to Social Work as soon as possible. Whilst a patient may not require immediate discharge, the process to facilitate aged care placement can take time. Early identification will assist staff and the patient.
- Where there are concerns about the patient's ability to make informed decisions and there is no appointed Guardian, a Guardianship application needs to be considered. A Guardianship application should be submitted within two weeks of receipt of referral if required (refer to Adult Guardianship Application TEHS Social Work Guideline). When Guardianship is required, this must be included in the referral to Social Work.

Medical Staff / Accounts Liaison

- Fees apply to patients who are considered a NHTP (Nursing home type patients). If after 35 days of continuous hospitalisation, a patient no longer requires acute care and requires accommodation and maintenance care only, upon which, the Acute Care Certificate must be signed by the medical team and forwarded to accounts for processing.
- Once the patient, patient family and or Guardian and healthcare staff have confirmed the patient is a NHTP the patient is referred to accounts. A liaison officer will follow up and explain the costs associated with being a NHTP in a hospital.

Social Work

- Provide joint case management of complex patients with Care Coordinator.
- Provide Social Work specific services related to Residential Aged Facility placement processes and the social emotional needs of patients and their family / carers.
- Coordinate and monitor Guardianship processes for patients. Contribute to the maintenance of patient flow information as required.
- On receipt of referral Social Work will undertake an initial assessment within 2 business days of referral.
- Information regarding nursing home placement processes will be provided to the patient/ Next of kin/Guardian. This includes;
  - RDH/PCH Confirmation Letter (Residential Aged Care Facility);
  - Confirmation of Application Form (Residential Aged Care Facility); Booklet (My Aged Care - Five steps to entry into an aged care home);
  - Pamphlet Residential Aged Care Facility Placement, relevant facility and Centrelink information;
  - Residential Aged Care Facility relevant paperwork.
- If a patient has been assessed by ACAT as eligible for Residential Aged Care Facility placement, the Social Worker will assist the patient, their family or Guardian to complete and submit the following.
  1. 'Combined Assets and Income Assessment' to Centrelink / Department of Veterans Affairs. This process can take between four (4) to six (6) weeks to have the assessment returned. Beyond this period, it should be escalated to the Director of Allied Health.
  2. Social Work will monitor the validity of patient Centrelink income and related assessments whilst in hospital.
Care Coordinator

- As soon as it is identified that the patient will not be able to return home and that Residential Aged Care Facility placement is required, the ward based Care Coordinator will seek consent from the patient and their family and or Guardian and complete a My Aged Care referral requesting or an ACAT assessment via the My Aged Care Portal.
- Maintain relationships with the Aged Care providers.
- Provide joint case management of complex patients awaiting Residential Aged Care Facility placement with Social Work.
- Based on the assessment information provided by the ACAT team, the Care Coordinator will liaise with Social Work, ward based Care Coordinator and other stakeholders regarding the availability of Residential Aged Care Facilities.
- Provide expert nursing advice regarding patient care needs and appropriate placement requirements.
- Assist in the coordination of nursing and medical information between hospital and Residential Aged Care Facilities.
- Contribute to the maintenance of patient flow information required by RDH/PRH

Considerations

- Where a vacancy arises that meets the assessed needs of the patient, the patient is required to accept the offer of that bed.
- The availability of Residential Aged Care Facilities varies throughout the year. While the patient and or Guardian may not always receive their first placement of choice, they can remain on their preferred facility waitlist and can transfer between Residential Aged Care Facilities.
- Discharging to a suitable residential aged care facility is consistent with the patients' rights under the Human Rights Act 2004 and the Charter of Rights (Aged Care Act 1997). Where a patient or Guardian does not accept the aged care placement offered, the matter should be escalated to the Director of Allied Health for further consideration. Refer to: Policy, (Residential Aged Care Facility Placement Policy).
- All delays and circumstances that impact on the Residential Aged Care Facility placement are to be documented within the patients medical record and escalated to the Allied Health Director, as appropriate.

Document Quality Assurance

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<thead>
<tr>
<th>Implementation</th>
<th>Method</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td>Document will be available for all staff via the PGC</td>
<td>Health Policy Guidelines System Administrator</td>
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<tr>
<td>Review</td>
<td>Document will be reviewed in two years, or earlier if necessary</td>
<td>Director Allied Health TEHS</td>
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<tr>
<td>Evaluation</td>
<td>Document will be evaluated informally at time of review</td>
<td>Director Allied Health TEHS</td>
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<tr>
<td>Incidents will be recorded in the patient's notes and RiskMan, and managed by the social worker, unit manager and Director of Allied Health.</td>
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## Key Associated Documents

Adult Guardianship Application TEHS Social Work Guideline 22/03/2018  
Commonwealth Aged Care Act 1997  
Health Insurance Act 1973  
Health (Fees) Determination 2015 (ACT)  
Health Act 1993 (ACT)  
Charter of Rights (Aged Care Act 1997)  
Adult Guardianship |
|---|---|

## Evidence Table

<table>
<thead>
<tr>
<th>Reference</th>
<th>Method</th>
<th>Evidence level (1-V)</th>
<th>Summary of recommendation from this reference</th>
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