



Health

Hunter New England
Local Health District

Client Conditioning and Socialisation:

Greater Newcastle Cluster TACP

Project Lead

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Greater Newcastle Cluster





- Greater Newcastle Cluster sits within the Hunter New England Local Health District.
- The CAPAC service runs three programs: Hospital in the Home (HITH), Transitional Aged Care Program (TACP) and Healthy at Home (HAH).
- TACP is a 12 week slow-stream, in-home rehabilitation program which is based on achieving identified client goals.



- TACP provides in-home, slow stream rehabilitation to clients at risk of a premature admission to an aged care facility.
- TACP works with clients to achieve both client and discipline specific goals, through multidisciplinary inputs.
- TACP clients generally only receive one-on-one (at home) rehabilitation.



- Regular physical activity has been shown to improve strength, function and endurance in all age groups, including older people (Rubenstein et al 2000).
- Weekly group exercise sessions combined with home exercises have been shown to reduce fall rates by 40% (Barnett et al 2003).
- Conditioning training can represent a potent protective factor for cognitive decline and dementia in elderly persons (Laurin et al 2001).
- Group classes are advocated in those who have mental illnesses, such as depression (Mather et al 2002).



Consultation with the TACP team highlighted several client issues:

- Clients could benefit from group therapy, where their rehabilitation would be more intensive than in the home setting.
- Clients may be isolated, demonstrating low mood following their hospitalisation and in need of socialisation.
- Some clients were unwilling to participate in out-of-home rehabilitation, following their discharge from TACP. It was postulated, that this may be due to clients having become accustomed to receiving only in-home rehabilitation.

Aim



- To improve Transitional Aged Care Program client's *physical condition* by more than 15% (from week 6 to 12 of the program), with group exercise and socialisation.



Clients attended Newcastle Community Health Centre:

- Conditioning program in a group environment
- Socialisation through games and activities
- One on one sessions with members of multidisciplinary team (as required)

Staffing

- Physiotherapy
- Occupational Therapy
- Therapy Assistant
- Other disciplines as needed – Nursing / Case Coordinators / Dietician / SW



Eligibility Criteria

- Walking independently on a variety of surfaces
- Willingness to participate in group program at 6/52
- Endurance to attend clinic (car/bus trip, exercise class)
- Living in Newcastle LGA
- Completion of handover form

Exclusion Criteria

- Unable to follow commands
- Unable to exercise independently with set up



Assessment

- Physical Outcomes
 - TUG / Berg Balance / 6 min walk test
- SF 12 Quality of Life Questionnaire (QOL)
 - Physical Component Summary (PCS) & Mental Component Summary (MCS)
- Cost effectiveness
 - Staffing / travel costs / equipment
- Client and staff satisfaction

Transport

- Newcastle Community Transport



- **Selection of clients**
 - Clinicians identified
 - Weekly case conference meetings
 - Transport eligibility

Group Format



- Refreshment and chat on arrival
- Warm up
- Exercises
- Games and morning tea
- Education
- Exercises
- Cool down

Exercises



Gait Retraining



Balance Practice

Cycling



Socialisation



Morning tea and games.

The group LOVED Jenga!



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A short education session was conducted each week on a variety of topics:

- Medications
- Community Mobility
- Getting Up After A Fall
- Healthy Bones
- Safe Footwear
- Home Safety
- Vision and Ageing
- Walking Aides

Outcomes



- **Physical outcome measures and QOL** were assessed at both 6 weeks and 12 weeks for group and non-group TACP clients.

	Average at 6 weeks	
	Non Group	Group
QOL (PCS)	27.90	28.83
QOL (MCS)	49.54	50.38
TUG	19.98 seconds	19.34 seconds
Berg	41.08	44.90
6 min walk	157.60 metres	187.61 metres

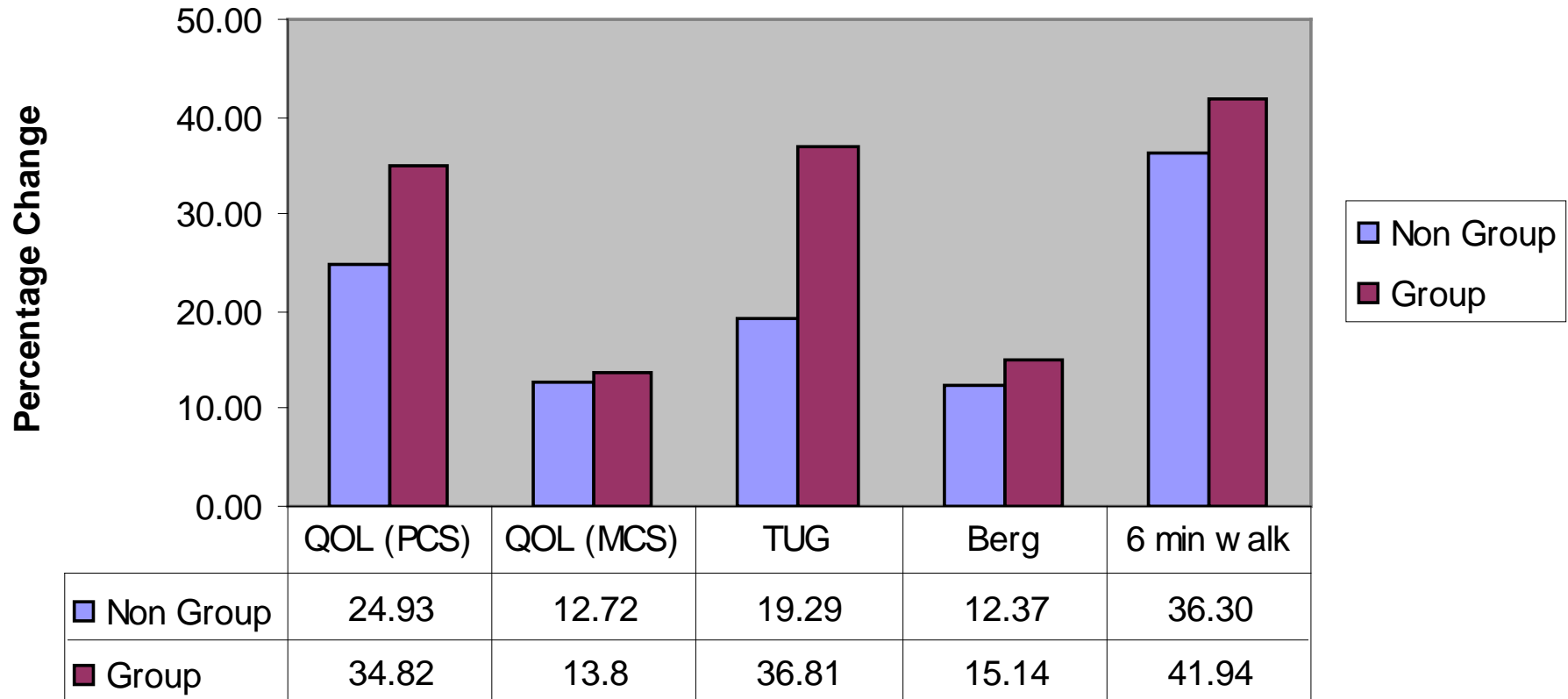
Outcomes: Changes in Group vs Literature

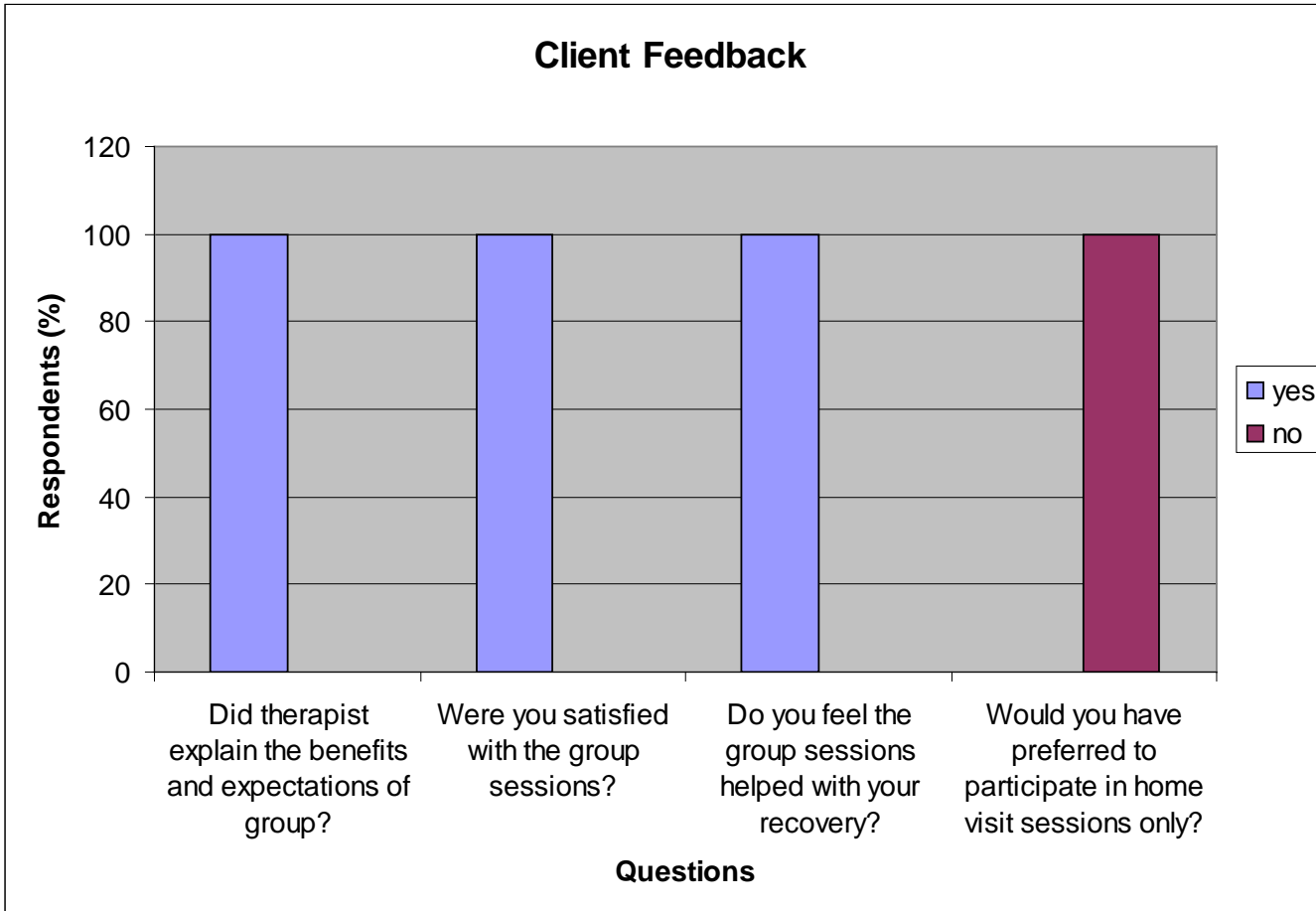


	Group Results (12 weeks)	What's clinically significant?
QOL (PCS)	10.04	Not established
QOL (MCS)	6.95	Not established
TUG	7.12 seconds	Not established; 2.9 seconds was the minimal detectable change found in stroke patients (Flansbjerg et al, 2005)
Berg	6.80	Not established; 3 was the minimal detectable change found in the elderly (Donoghue et al, 2009)
6 min walk	78.69 metres	50 metres (Perera et al, 2006)



Outcome Measure Improvements (Weeks 6-12)





Client comments:

- Enjoyed the group lots
- Very beneficial
- I'm not the only one feeling unwell
- Loved socialising
- Group was supportive
- Different exercises help my recovery



Staff comments:

- Increased client's compliance with rehabilitation
- Reduced my workload
- Client's feedback very positive about group
- Can this be held at other community health centres?



- A cost analysis of group versus non-group was undertaken. A significant, favorable cost saving was seen when using group therapy.
- Costs associated with home visits for 6 clients were compared with the costs associated with seeing the same 6 clients in a group setting:
 - Staffing, travel and resource costs were included.
 - Preparation / clinical note time was not included as it was deemed similar in both groups.

Strategies for Sustaining Improvements



- The group sessions have been formalised and will continue at NCHC in 2012, as part of the TACP service.
- The next step will be to extend the group sessions to other TACP clients, across the Greater Newcastle Cluster. This will involve negotiating clinic space to run the program at other health sites.
- Last week we started a group at Nelson Bay community health centre.

Thank you Team Members



- Sue Ayre – Executive sponsor
- Sandy Ryan – CAPAC Service Manager
- Annette Buller – TACP Program Manager
- Nicole Murdoch – Group Facilitator
- Annabel Gazzoli – Group Facilitator
- Sheree Hibberd - Therapy Assistant
- Charlotte Gray – Therapy Assistant
- CAPAC Physiotherapy Team
- TACP Case coordinators

References



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