

A Person-Centred Model of Residential Respite Care Transition Support:

Manual for Residential Aged Care Facilities



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Table of contents

What is in this pack?	1
About this program	1
The TS-PCC Model	2
Person-centred communication	3
Person-centred preparation for the respite experience	7
Use of the TS-PCC model for future respite admissions	10
We value your feedback	11
Appendix	13



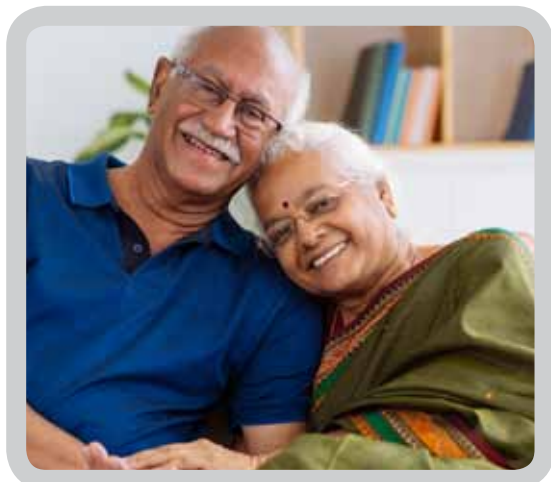
What is in this pack?

This pack has been designed so that aged care facility staff can utilise the Person-Centred Model of Residential Respite Care Transition Support model.

Included in this pack are:

- User guidelines
- Link to templates
- Examples of transition tools

**Working towards a better
respite experience for
people with dementia and
their carers.**



About this Program

While residential respite care has been identified as an essential support for carers of people with dementia, as it provides family carers with an opportunity to take a break from the caring role, there has been carer reluctance to use such services. Carers have reported that factors contributing to their reluctance to use existing respite services, and in particular, residential respite care, include the perceptions that the respite experience will be detrimental to the health and behavioural stability of the person with dementia, and that carers experience feelings of increased anxiety and guilt when care is relinquished.

In response to these reports, the Person-Centred Model of Residential Respite Care Transition (**T**ransition **S**upport: **P**erson-**C**entred **C**are **TS-PCC**) Program was developed with the aim of improving the experience of Residential Respite Care for

people with dementia and their carers. This should ultimately benefit the residential aged care facility (RACF) and its staff by ensuring a well-managed admission.

Why create a transition program?

Based on Kitwood's Theory of Personhood in Dementia, the TS-PCC program aims to respect who the person with dementia was and is today, while facilitating the handover of unique and vital information that will be needed to ensure continuity of care from the home, to residential respite care, and back home again.

Due to the short duration of the respite admission, it is often difficult for care staff to collect and disseminate vital information related to the unique care needs of the person with dementia. However, the success of the respite experience for both the person with dementia and their carer is reliant upon knowledge of critical aspects of personhood being known and respected by all who are involved in the provision of care.

The TS-PCC Model described in this manual aims to address these issues by assisting care staff and family carers to work together to ensure the person with dementia's needs are known and met, and the transition between home to respite and home again is a more positive experience. While it is preferable to implement all elements for optimal results, you may choose to use a selection of the strategies described below.

The TS-PCC Model

The TS-PCC Model is a structured, multi-faceted program that aims to facilitate a positive residential respite experience for both the person with dementia and the carer. The key elements that make up the TS-PCC model involve identifying and eliminating aspects of respite care that cause the carer and person with dementia concern. In addition it aims to facilitate the transition in care by providing details of the physical, social and psychological needs of the person with dementia, and disseminating this vital and unique information to all those involved in the care of the person with dementia during the respite admission. At the core of this program is the **Liaison Nurse**.

The Liaison Nurse is a member of staff from the care facility providing the respite admission, who can act as the conduit between the family carer, the person with dementia and the care staff. Through the Liaison Nurse **structured person-centred communication** and **person-centred preparation** for the respite experience are the features of this program.

Structured person-centred communication.

Four elements are used to provide structured person-centred communication:

1. Pre-admission interview and development of a respite care personal profile
2. Development of tools to disseminate information about unique care needs to the respite care team
3. Establish and maintain clear communication with the family carer before, during and after the respite admission

Person- centred preparation for the respite experience

Prepared after the pre-admission interview, prior to admission, these elements assist with the transition process:

1. A simple, brief memory book
2. ***Getting to Know You*** wall poster
3. Familiar items memory bag



Structured person-centred communication

Step 1

Pre-admission interview and development of a personal respite care profile for the care recipient

Carers of people with dementia have reported that a barrier to using residential respite care is a belief that care staff would not be able to meet the unique care needs of the person with dementia. To address this concern, a pre-admission conference between the Liaison Nurse, the person with dementia and the family carer can be conducted in the period preceding the respite booking. Thus providing the first step in ensuring a smooth transition in care.

The aim of the pre-admission interview is to collect information about the social history, as well as the emotional, medical and behavioural care needs of the person with dementia.

The interview can be conducted at the care facility or if preferred, at the client's home. During this conference, the ***Getting to Know You*** booklet can be used to collect vital information about the unique care needs of the person with dementia. This booklet can then be kept in the resident's room during their respite admission to facilitate easy reference by care staff. Where possible input from the person with dementia during the completion of this document is important; however, in most cases the information will be provided by the family carer.



Link to template:

<http://dementiakt.com.au/resource/residential-respite-care-transitions-racf/>

What the carers have told us about the pre-admission case conference:

Oh very useful.... I think it made it a lot easier.

Allowed both parties to assess each other on home ground - especially for family member going into Res.Care - a non-threatening environment as against a formal interview

Step 2

Development of tools to disseminate information about unique care needs to the respite care team

After collecting information about the care needs of the person with dementia, ensuring all members of the respite care team receive this vital information is an important step towards a smooth transition in care. To make this information easily accessible to all members of the respite care team, flip cards and an A4 poster containing important information about the person with dementia can be developed.

Templates for all elements can be found by following this link

<http://dementiakt.com.au/resource/residential-respite-care-transitions-racf/>

Care Flip Cards

Care flip cards are designed to provide quick access to specific care details about the person with dementia, and can be easily prepared at the care facility. Laminate using ID card sized lamination pouches for durability. Multiple sets can be made and worn on a lanyard or belt by direct care givers, shift co-ordinator and the Liaison Nurse. Details of care instructions related to Hygiene/Elimination; Mobility; Communication; Nutrition; and Rest & Sleep are included. There is also a card summarising Special Medical Alerts and 5 Top Tips for meeting care needs.

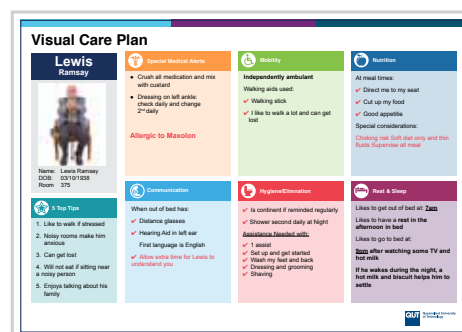


Link to template:

<http://dementiakt.com.au/resource/residential-respite-care-transitions-rac/>

A4 Care Poster

A laminated A4 poster with the same information included in the flip cards can be created to be displayed either in the bedside cupboard or kept in the care file. The poster will provide quick access to information about care needs for members of the respite care team. Laminate the poster for durability.



Link to template:

<http://dementiakt.com.au/resource/residential-respite-care-transitions-rac/>

IMPORTANT TIP

Prior to the commencement of the respite admission, the Liaison Nurse should conduct a case conference with all members of the respite care team, to discuss specific aspects of care needs for the person with dementia, and to address any concerns the team may have regarding the provision of care.

Feedback from a Liaison Nurse about the Flip cards

The staff approved of the key tag prompts - and it was good for me to be able to refer the staff to the "Getting To Know." book when concerns came up.....it was good to have that specific background to be able to reference back to.

Step 3

Establish and maintain clear communication with the family carer

Relinquishing the caring role can be very distressing for family carers. An important feature of the TS-PCC model is that the family carer is included in the care planning phase through their contributions during the pre-admission case conference. Further, the family carer is kept informed of their relative's progress during the respite admission and,

at the completion of the respite admission, a good handover is provided so that the family carer is aware of any changes in care needs. The three elements that promote clear communication are described below.



Surviving Respite package

Before leaving the Pre-admission Case Conference, the Liaison Nurse should spend time with the family carer answering any questions he/she may have regarding the respite admission. A brief handout can be prepared which contains information that will help the carer prepare for the respite admission and what can be expected during and after the admission. A fridge magnet with contact details for the Liaison Nurse and the unit where respite will be occurring, and details of visiting hours, can also be prepared and given to the carer.

Regular communication during respite admission

Family carers should be given the option to receive telephone calls or emails from the Liaison Nurse to provide updates on how their relative with dementia is going. Carers should ideally be given the option to nominate the mode of communication, frequency of communication, and the types of details communicated.

Exit interview

To ensure the family carer is able to resume provision of care after their relative has been discharged from respite care, an interview between the family carer and the Liaison Nurse should be conducted. During this time, information about the current health status of the person with dementia and any changes in condition or care that may have occurred, should be communicated. A written summary of this information, particularly if care routines have altered, would be beneficial. Ensuring a smooth handover and reducing disruptions will make it more likely residential respite care will be used again.

Person-centred preparation for the respite experience

Three elements can be prepared to help the person with dementia feel connected with home during the respite admission, to help care staff to communicate more freely with the person with dementia, and to help care staff to understand the personhood of the person with dementia. The elements developed for this purpose include:

1. A simple memory book
2. A *Getting to Know You* poster
3. Familiar items bag



Step 1

Preparation of a simple memory book

With the aim of providing the person with dementia with a visual connection to his/her family and friends while in an unfamiliar environment, as well as providing care staff with prompts to aid communication beyond the care dialogue, a simple memory book can be created prior to the admission.

Copies of photographs can be collected from the family carer at the pre-admission interview. The carer should be instructed to supply photographs which have meaning for the person with dementia. Examples of the types of photographs that could be considered are: wedding photos, current and past photos of parents, siblings, children and grandchildren, photos from favourite holidays, and

significant events throughout the person's life. It is recommended that the photos should elicit positive memories and they should be significant to the person with dementia.

After digitally scanning the photos so that the original can be returned to the family carer, a brief description of the scene (use simple language and short sentences) should be supplied by the family carer or person with dementia if possible.



The family carer can also be asked to write a brief letter to the person with dementia that can be placed at the front of the memory book as a reminder that the admission is just temporary and he/she will be returning home soon.

To keep the cost of producing the memory book down, a good quality display folder can be used. One picture should be displayed per page, with the description written underneath (Style: Times New Roman; font size: 20).

It is recommended that care staff use the memory book to stimulate communication with the person with dementia during the respite admission. Set aside a period of 10 minutes per day to look at the memory book with the person with dementia.

Link to template:

<http://dementiakt.com.au/resource/residential-respite-care-transitions-racf/>

Step 2

Prepare *“Getting to know you”* wall poster

The photos used in the memory book can be displayed as an A3 poster to be hung on the wall of the bedroom allocated to the person with dementia. A brief description of the photo as in the Memory Book can be placed under each picture to act as prompts to stimulate conversation during routine care provision.

Link to template:

<http://dementiakt.com.au/resource/residential-respite-care-transitions-racf/>

Step 3

Familiar items memory bag

Carers can be asked to collect items that are meaningful for the person with dementia, and/or could be used to entertain him/her during the admission (it is recommended that expensive and sentimental items are not included). These items can then be placed in a pillow case or bag that the person with dementia is familiar with, and brought to the care facility on the day of admission. Suggested items would include a favourite framed photo, a DVD or CD, pack of cards, a board game or familiar trinkets. These items can be displayed in the bedroom allocated to the person with dementia and care staff could use these items as a distraction if the person with dementia becomes unsettled. The pillowcase can be placed on the respite residents pillow to help them identify their bed



What the carers told us about the memory book and poster

Just wanted to say thanks for visiting Mum and producing that fabulous memory book and wall posters..... Mum said a lot of the staff and residents looked through her book and I'm hoping the idea might catch on there.

Use of the TS-PCC model for future respite admissions

The elements in this pack should be thought of as living documents that can be added to and amended to reflect the current care needs and interests of the person with dementia. Family carers should be given the elements of the TS-PCC program that were developed for the person with dementia to return to future admission. They can then add to them as changes occur to maintain their currency.

For example, new photographs can be added to the Simple Memory Book if significant and meaningful events have occurred between admissions. This might include events such as the birth of a new grandchild or the celebration of a special event such as a wedding anniversary.



To ensure the care information is current for subsequent admissions, time should be spent with the family carer prior to re-admission to go through the existing flip cards. Changes in care can be made accordingly and new flip cards printed to reflect these.

Templates for all materials used in the TS-PCC program can be found on-line at <http://dementiakt.com.au/resource/residential-respite-care-transitions-racf/>

For more information about the TS-PCC program please contact:

Sandra Jeavons,

Email: s.jeavons@qut.edu.au

.....on a previous admission her mother had stated she was unwell and needed to go to hospital this time.....[the carer] stated that rather than becoming 'sick', [the care recipient] had begun to pack her bag for the stay, checking it each day to be sure that she had everything she needed for the stay - which was a great relief for her..... the Memory Book was packed for this admission."

We value your feedback

**After you have used this manual, we would appreciate your opinion.
Please indicate how much you agree or disagree with the statements below.**

1. The pre-admission interview with the family carer was an effective way to gain social, functional and behavioural information about the person with dementia.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

2. The *Getting to Know You* document provided a good framework to gain care information about the person with dementia.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

3. Having the visual prompts of the Care Flip Cards and poster enhanced the dissemination of information regarding the care needs of the person with dementia.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

4. The person with dementia enjoyed talking with staff about photographs in his/her *Simple Memory Book*.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

5. The process of preparing the TS-PCC tools was a simple process.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

6. We will continue using the TS-PCC model for future respite admissions.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly Agree

7. Do you have any further feedback regarding the TS-PCC program?

Please return this form to:

Sandra Jeavons, QUT School of Nursing, Victoria Park Road, Kelvin Grove Q 4059.
Fax (07) 3138 5941. Email: s.jeavons@qut.edu.au

APPENDIX 1

Detailed instructions for how to make the Care Flip Cards

Each of these flip cards are prepared using the information from Sections 2 and 3 of the “*Getting to know you*” booklet, entitled “Care Needs” and “Special Instructions”.

The aim of these cards is to provide, as much as possible, a continuation of the care provided by you at home.



When preparing the flip cards, it is important to be concise with your wording so that essential information fits on the card. (For example rather than saying “When he is anxious, he likes to take a long walk in the garden to calm down”, this may be reworded to say “Likes to walk in the garden when anxious”).

When the flip cards have been produced and printed, they can be laminated. When having the cards laminated, be sure to ask for laminator pouches for cards requiring lanyards, as these are specially designed. If you do not have access to these, then it may be possible to use a single hole-punch to create a hole to attach the lanyard.

Lanyard lamination pouches and metal rings to join the cards together are available from office supply stores.

Step 1

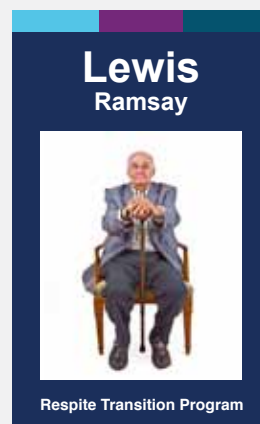
Create each card.

CARD 1: Identification

This card provides the Name, Age, and Current Photograph of your family member.

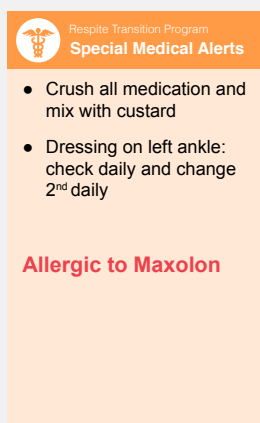
Take a current photograph of your family member with any of his/her usual “aids” used for sight, hearing or mobility (use the same photograph from the “*Getting to know you*” booklet).

For example, if he/she wears glasses, ensure these are worn at the time of taking the photograph. If your family member requires a mobility aid, such as a walking stick, make sure this is included in the photograph. If no mobility aid is used, a simple “head and shoulders” photograph will suffice. The important thing to note here, the photograph must have been taken within the past month so that care staff can easily recognise your family member and identify any aids he/she needs.



CARD 2: Special Medical Alerts

List all special care procedures (e.g. bandaging an ulcer) and allergies on this card.



CARD 3: Nutrition

Go to **questions 43 to 50** of the Getting to know you booklet.

Firstly list any **food allergies** in red.

Next – note whether your family member has a **special diet** (for example “pureed foods only”)

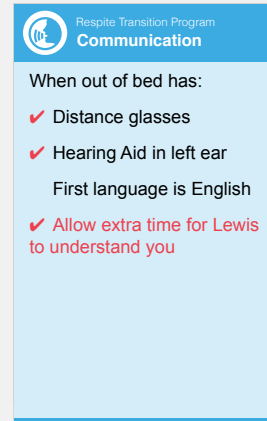
Then, the **type of assistance needed** for eating (for example, “cut up all meat and chicken”, “Can use a spoon, but no knife and fork”).

Include whether your family member has any foods he/she particularly likes or conversely, refuses to eat.



CARD 4: Communication

From Section 2 in the “*Getting to know you*” booklet (**questions 51-55**), abbreviate any relevant communication needs. For example: Wears glasses for reading; please make eye contact when talking to me; assist with hearing aids.



Respite Transition Program
Communication

When out of bed has:

- ✓ Distance glasses
- ✓ Hearing Aid in left ear

First language is English

✓ Allow extra time for Lewis to understand you

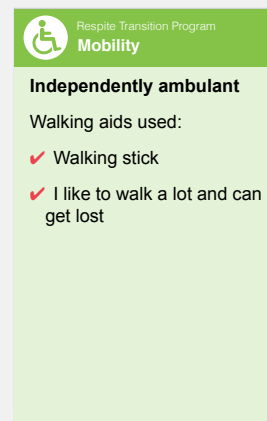
CARD 5: Mobility

Go to Questions 56 and 57 in the “*Getting to know you*” booklet.

If your family member does not require assistance to mobilise, you may write “Walks independently”.

If he/she does require a mobility aid, indicate what type of aid is used. For example, “walking stick used always”; or “needs assistance with wheelie walker”.

Include on this card, any other mobility information, such as “please assist to walk upstairs”.



Respite Transition Program
Mobility

Independently ambulant

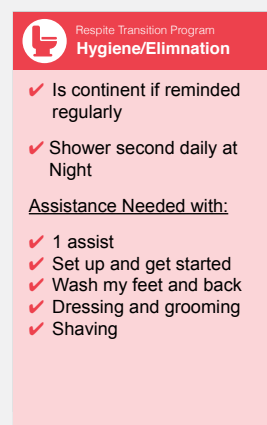
Walking aids used:

- ✓ Walking stick
- ✓ I like to walk a lot and can get lost

CARD 6: Hygiene/Elimination

This flip card relates to questions 58 to 62 of the “*Getting to know you*” booklet; it is concerned with your family member’s hygiene and toileting needs and preferences. When completing this card, important things to consider include the level of independence your family member has with regard to:

- Showering/ bathing
- shaving (if applicable) and;
- toileting and how much assistance is required.
- Please include the type of continence aid worn (if applicable).



Respite Transition Program
Hygiene/Elimination

- ✓ Is continent if reminded regularly
- ✓ Shower second daily at Night

Assistance Needed with:

- ✓ 1 assist
- ✓ Set up and get started
- ✓ Wash my feet and back
- ✓ Dressing and grooming
- ✓ Shaving

CARD 7: Rest and Sleep


This card relates to questions 63 to 67 of the “*Getting to know you*” guide. Important things to include on this card are:

- Usual time for rising in the morning, and going to bed at night.
- Where and when your family member prefers to have a rest during the day (i.e. bed or chair, morning or afternoon, in front of the television).

You might also consider adding whether your family member wanders at night, uses the bathroom during the night, has a drink of water during the night, or any other regular night time routines/behaviours you are aware of.

Include any special bedtime routines which are usually performed at home. For example, “Prays before going to bed; has a hot milo to drink; has a snack of hot buttered toast”.

Please note, whilst some of these may not be possible (for example the hot buttered toast), it is easier for the care facility to maintain a continuation of the care, as similar as possible to that provided by you at home, when provided with this information.

 Respite Transition Program
Rest & Sleep

Likes to get out of bed at:
7am

Likes to have a **rest in the afternoon in bed**

Likes to go to bed at:
9pm after watching some TV and hot milk

If he wakes during the night, a hot milk and biscuit helps him to settle

CARD 8: Five Top Tips


This card aims to provide care staff with the five most important things you wish to communicate about your family member's needs/preferences.

Go through the Sections on “*Care Needs*”, and “*Special Instructions*”, to identify the five most important things you wish to communicate about your family member that will help make the transition to his/her new temporary environment easier.

Some ideas include, for example:

Behaviour/s which may be displayed by your family member when he/she is worried or anxious, and how to best calm or reassure him/her;

Presence of any food or other allergies/intolerances.

 Respite Transition Program
5 Top Tips

1. I like to walk when I am stressed
2. Noisy rooms make me anxious
3. I have trouble locating my room
4. I won't eat if I am sitting next to a noisy person
5. I like to talk about my family

Step 2

Print out three sets of flip cards, and cut them to size; double-sided if possible.

Laminate each flip card; if double-sided printing is not available, place two cards back to back before laminating so the final flip card has information on each side.

Attach a metal ring. This enables the carers to attach the flip cards to a lanyard to be worn by those immediately caring for your family member.

Step 3

Place them in your communication resource bag. Each set of cards can be used by a different person involved in the care of your family member (i.e. the registered nurse, personal carer, and lifestyle coordinator). Cards can be passed on to other staff at end of shift.

Notes

[illegible]

Notes

