

# Implementing technology-based care and management systems for effective aged care outcomes

## ***Presenters:***

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**Ms Caroline Lee**

## ***Co-authors:***

**Dr Jennifer Hardy**  
**Ms Caroline Kwok**

## ► Drivers for change:

- Evidence-based practice
- Evidence-based management
- E-Commerce (2004)
- Government “one off” IT funding
- Increasingly complex data on care, treatment, support and protection
- Need for efficiency in information management (storage and retrieval)

## ► Our challenge:

- Implement contemporary systems of information technology (IT) to the aged care context at RSL LifeCare ANZAC Village, Narrabeen
- Identify factors that influence staff uptake of IT and the development of IT proficiency
- Use approaches to overcome IT resistance by staff and enhance their IT proficiency





## ► System design

### ◦ Workflow issues

- Systems of client care, treatment and management
- Continuity of records in transferring from paper to IT system
- Regulatory requirements



## ► Australian government regulatory compliance

- New funding model, the Aged Care Funding Instrument (ACFI) introduced March 2008
- Resident Classification Scale (RCS) replaced after 10 years
- Accreditation under the Aged Care Act 1997 and Quality Principles requiring evidence of care and management outcomes – triangulated within records systems.

## ► Systematic approach

- **Staff 'computer knowledge' survey**
  - Information on the change and reasons for it
  - Introduction to the new computer system
  - Identifies the type, content and frequency of training needed

## ► Survey results

- Stages 1 & 2 involved 125 staff (40%) in low care hostels
  - 17.6% no computer knowledge
  - 36% claimed a basic understanding
  - 46.4% good working knowledge of computers and could use them
- Subsequent surveys revealed similar results patterns in the spread of staff skills



## ► Staff training

- **Proficiency streaming based on IT skill levels and work role requirements**
- **Total = 1,147 hrs (av. 3.7 hrs per person)**
- **Program:**
  - Introduction (1.5 Hrs) for staff with no computer experience
  - Introduction to Lee Total Care system (3 hours) for staff with needing refresher training
  - Lee Total Care for registered and enrolled nurses (6 hrs) to focus on usage proficiency

## ► Going 'live'

- All staff (310) were assessed as competent before their area went 'live'
- As staff achieved competence they were issued with a username and password

## ► Accepting changes to work practices

- Nurses and care staff were required to undertake the same training and complete the same online tasks in their roles

## ▶ Ongoing user support

- Two trainers (400 hours for set up and training + 150 hours for ongoing assistance and support)
- 40 hours of IT technical support via the LTC Training Environment on computers in their workplaces
- Staff were encouraged to 'play around' with the computers and the system

Some staff even came in on their days off to practice!

## ▶ Responses to change

### ▶ Culture

- Carer Services
  - Nursing staff mix, RNs, EENs
  - Certificate III, AINs

### ▶ Willingness to change

- Power shifts, 'keepers' of information
- Safety
- Confidence





## ► The new system

- Admissions Assessment \*
  - Customize
  - Sequence
- Care Planning
  - ICD 10
  - Nursing Diagnoses
  - Gordon's Functional Health Patterns
- Monitoring quality

Industry and organisational  
relevance is essential

**Some Lee Total  
Care (LTC)  
examples  
may help to  
explain:**





# Lee Total Care



Lee Total Care - Facility 1 - Logged in as: Caroline Lee

File Edit On Admission On Assessment Care Evaluation ACFI/RCS Lists Reports Tools Print Help

Selected Resident: IANS Easton - [Room: Room 19 - Bed: 8] View Edit

Residents

☐ Show Unadmitted Residents  
☐ With Previous Admissions  
☐ Hide Admitted Residents  
☐ Show Archived Residents

A

Gondalf Amitage

B

Doreen Burke  
Lesley Bell

C

D

Howdy Doody  
Zelda Davidson

E

IANS Easton

F

G

H

I

J

Tom Jones

K

Harold Kean

L

Caroline Lee  
Julie Lee

M

Fat Matt  
Holly Molly

Locations


Alerts Since Last Login

Quick Launch

Status

SVDPSASCS - Resident Details

IANS Easton



Select Image

Resident ID: 20

UR No./ACS ID: 734578346578

D.O.B.: 28/01/1950

Applicable Admission Date: 3/04/2008

Location: Room: Room 19 - Bed: 8

Medical Practitioner: Dr Health

Allergies: Drug Allergies: Penicillin, Erythromicin  
Food / Fluid Allergies: YEAST, products, Beer  
Other Allergies: Latex?

Main Medical Diagnosis: Delirium?, COAD: Yes, Dementia: Yes, MS: Yes,  
Diabetic: Yes, Type: Other, CVA (Stroke): Yes,  
TIA's: Yes

Vital Resident Information:

and then i can do this also... - (Added by Caroline2 Caroline3 on 18/03/2008)

ksjxoauhEF -= i can edit this and then add more again - (Added by Guy Thomas on 4/02/2008 (Modified by Guy Thomas on 4/02/2008) (Modified by Caroline Lee on 6/03/2008) (Modified by Caroline2 Caroline3 on 18/03/2008) (Modified by Caroline2 Caroline3 on 18/03/2008))

Advanced Edit Vital Resident Information

Logged in as: Caroline Lee

start

Microsoft PowerPoint ... Lee Total Care - Facil...

8:17 AM





# Lee Total Care



Lee Total Care - Facility 1 - Logged in as: Caroline Lee

File Edit On Admission On Assessment Care Evaluation ACFI/RCS Lists Reports Tools Print Help

Selected Resident: **Zelda Davidson** - [Room: Room 2 - Bed: 21] View Edit

Residents

Locations

Alerts Since Last Login

Refresh

No new staff messages.

No new progress notes.

There are 2 overdue progress note follow ups.

There are 3 overdue staff message follow ups.

There are 21 overdue Care Evaluations.

There are 15 unresolved Incidents.

There are 19 overdue or pending ACFI/RCS Reports.

5 residents have current weight and vitals results outside the reportable range.

Quick Launch

SVDPSASCS - Resident Details

Zelda Davidson



Select Image

Resident ID: 16

UR No./ACS ID: 34343434

D.O.B.: 14/11/1940

Applicable Admission Date: 11/11/2006

Location: Room: Room 2 - Bed: 21

Medical Practitioner: Dr Goodfellow

Allergies: Drug Allergies: Nil known drug allergy  
Food / Fluid Allergies: Allergic to Ham and Milk  
Other Allergies: Nil known other allergies

Main Medical Diagnosis: , Diabetic: Yes, Type: Type 1

Vital Resident Information:

Daughter away until 28.02.08. Please contact son if any change in medical status - (Added by Guy Thomas on 4/02/2008)

Advanced Edit Vital Resident Information

Status

Logged in as: Caroline Lee

start

Microsoft PowerPoint ...

Lee Total Care - Faci...

8:19 AM



# Lee Total Care



Lee Total Care - Facility 1 - Logged in as: Caroline Lee

File Edit On Admission On Assessment Care Evaluation

Selected Resident: IANS Easton

Assessments / Evaluations  
Assessments / Plans  
Daily Forms

**Residents**

☐ Show Unadmitted Residents  
☐ With Previous Admissions  
☐ Hide Admitted Residents  
☐ Show Archived Residents

A Gondalf Amitage  
B Doreen Burke  
Lesley Bell  
C  
D Howdy Doody  
Zelda Davidson  
E IANS Easton  
F  
G  
H  
I  
J Tom Jones  
K Harold Kean  
L Caroline Lee  
Julie Lee  
M Fat Matt  
Holly Molly  
Lisa May

**Locations**

**Alerts Since Last Login**

**Quick Launch**

**IANS Easton**

Resident Details (Last Saved/Edited: 22/04/2008)  
Behaviour Evaluation (Last Saved/Edited: 13/03/2008)  
Comprehensive Medical Assessment (Last Saved/Edited: 3/03/2008)  
Communication, Speech, Hearing, Vision Assessment (Last Saved/Edited: 4/03/2008)  
Continence Assessment Urinary / Bowel Function - pre 3-4 Day Assessment (Last Saved/Edited: 24/02/2008)  
Continence Assessment - post 3-4 Day Assessment (Last Saved/Edited: 9/04/2008)  
Depression Scales (Last Saved/Edited: 25/03/2008)  
Dietary Details (Last Saved/Edited: 27/03/2008)  
Emotional Needs (Last Saved/Edited: 3/03/2008)  
Falls / Safety Assessment (Last Saved/Edited: 22/02/2008)  
Functional Assessment (Last Saved/Edited: 27/03/2008)  
Health Management (Last Saved/Edited: 27/03/2008)  
Health Practitioners / Specialists Residents Use Details (Last Saved/Edited: 30/01/2008)  
Level of Understanding - Cognitive Function (Last Saved/Edited: 30/01/2008)  
Medication Administration Assessment (Last Saved/Edited: 31/01/2008)  
Nutrition Assessment (Last Saved/Edited: 21/02/2008)  
Nutrition Screening Tool (Last Saved/Edited: 31/01/2008)  
Oral / Dental Assessment (Last Saved/Edited: 14/02/2008)  
Pain Assessment (Last Saved/Edited: 27/03/2008)  
Physical - Heart - Lung (Cardiovascular / Respiratory) (Last Saved/Edited: 30/01/2008)  
Physical - Self Care Ability / Preferences (Musculoskeletal Function) (Last Saved/Edited: 30/01/2008)  
Psychogeriatric Assessment Scale - PAS (Last Saved/Edited: 8/04/2008)  
Relationships (Last Saved/Edited: 14/02/2008)  
Resident's Risk Activity / Restraint Review (Last Saved/Edited: 30/01/2008)  
Sensory and Neurological Function (Last Saved/Edited: 31/01/2008)  
Skin Assessment (Last Saved/Edited: 30/01/2008)  
Sexuality - Intimacy (if applicable) (Last Saved/Edited: 24/02/2008)  
Sleep Evaluation / Plan - Post 7 Day Assessment (Last Saved/Edited: 12/02/2008)  
Social / Leisure Profile (Last Saved/Edited: 27/03/2008)  
Spiritual and Cultural Needs (Last Saved/Edited: 3/04/2008)  
Physiotherapy Assessment Form (Last Saved/Edited: 27/03/2008)  
Referral To Allied Health Services (Last Saved/Edited: 14/02/2008)  
Falls Prevention Strategy Check (Last Saved/Edited: 14/02/2008)

Status





# Lee Total Care



Lee Total Care - Facility 1 - Logged in as: Caroline Lee - [Dietary Details]

File Edit On Admission On Assessment Care Evaluation ACFI/RCS Lists Reports Tools Print Help

Selected Resident: **Zelda Davidson** - [Room: Room 2 - Bed: 21] View Edit

Resident: **Zelda Davidson** D.O.B. 14/11/1940 UR No./ACS ID: 34343434

**Dietary Details**

Food Likes:

Food Dislikes:

Food / Fluid Allergies: Allergic to Ham and Milk

Eating Aids / Utensils:

Serve Size: Very Small

**Nutrition Consistency**

Swallowing difficulty details:

Drink Type / Consistency: Level 900/ Extremely Thick (pudding or mousse)

Main part of meal ie. meat, pasta etc.: Normal

Other:

Vegetables or side dishes ie. rice:

Other:

Dessert:

Other:

**Breakfast Drinks (refer to drink consistency above)**

☒ Tea ☒ Milk ☒ Coffee ☒ Milo ☒ Water ☒ Juice ☐ Cordial

Other:

Sugar: 1

No. Sweeteners and type as applicable:

Supplement:

Last Saved On: 24/01/2008, by cassie lee

Cancel Save and Close

Status Logged in as: Caroline Lee

start Microsoft PowerPoint ... Lee Total Care - Faci... 8:22 AM



# Lee Total Care



Lee Total Care - Facility 1 - Logged in as: caroline leeds

File Edit

Report Preview

Show Records Saved On: All Current Records

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Pages Outline

SVDP SASCS~Facility 1

leecareplus

**Admissions: Medication Administration Assessment**

Resident: IANS EastonUR No./ACS ID: 734578346578 DOB: 28/01/1950 ID: 20 Admission Date: 3/04/2008  
Last Assessed: 30/01/2008, by Megan Unferdorben [Programme tester]

**Oral - Injectable Medication Assessment**

Is this assessment completed to the extent it needs to be at this stage? Yes

Does the resident wish to self medicate? No

Was the resident self medicating at home? No

Report Preview

Show Records Saved On: All Current Records

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Pages Outline

SVDP SASCS~Facility 1

leeco

**Admissions: Dietary Details**

Resident: IANS EastonUR No./ACS ID: 734578346578 DOB: 28/01/1950 ID: 20 Admission Date: 3/04/2008  
Last Assessed: 13/03/2008, by Caroline Lee [Admin]

**Dietary Details**

READ CAREFULLY: Are the details in this assessment completed sufficiently for now? (No-not commenced) In Progress

General

DietType  
Type of Diabetes:  
Diabetes Monitoring Requirements:

Diabetic, Normal  
Other  
Diabetic





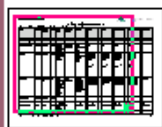
# Lee Total Care



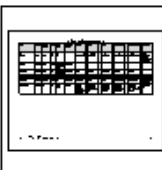
## Report Preview



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### SVDPASCS~Facility 1



## Drinks Preferences Report

This report includes the following details related to: All Residents; Drinks Preferences between 1/09/2008 and 1/09/2008

Name	Room	UR No./ACS ID:	Diabetic	Drink Type	Food/Fluid Allergies	Breakfast	Bkfst Svtner	Lunch	Lunch Svtner	Dinner	Dinner Svtner	Morning Tea	MT Svtner	After
Gondalf Armitage	Room 01	54545444												
Leslie Belsie	Room 01	75432345	Type 2		very bad food									
Robert Boatman-Reed	Room 01	9876												
ZELDAS DavidsonS	Room 01	34343434	Type 1	Nil by mouth - fluids via subcutaneous infusion	Allergic to Ham and Milk	Tea, Milk, Coffee, 1 sugars, Milo, Water, Juice, werwerw, werwer	wer	Tea		Tea		Juice		Water
Dot Dot	Room 4	3939393	Type 1	Level 150/ Mildly Thick (nectar)	.....	Tea, Milk, Coffee, 0 sugars, Milo, Water, Juice, Cordial, .....	.....	Tea, Milk, Coffee, Milo, Water, Juice, Cordial, .....	.....	Tea, Milk, Coffee, Milo, Water, Juice, Cordial, .....	.....	Tea, Milk, Coffee, Milo, Water, Juice, Cordial, .....	.....	Tea, Coffee, Water, Cord
Ian Easton	Room 01	734578346578	N/A	Level 2- Cream (please choose other option now as this term is no longer used by Speech Pathologists)	YEAST, products, Beer	Tea, Milk, 1 sugars, Water, Juice, Cordial, Orange or lemon Cordial, watermellon and pineapple juice, sustagen at breakfast		Tea, Milk, Water, Juice, Orange or lemon Cordial, 1 sugars, sustagen at lunch		Tea, Milk, Water, Juice, 1 sugars, sustagen at dinner		Tea, Milk, Water, Juice, Orange or lemon Cordial, 1 sugars, sustagen at MT		Tea, Juice, lemon sugar at A
JELLY FISHie	Room 01	45898909	Type 1		.....									
THOMAS Jones	room 3	2223	Type 2	Level 150/AMBL	nkjnk	Milk, Coffee, 5	4	Tea, Milk, 5		Water, 5 sugars	4	Milk, Milo, 5	4	5 sug







# Lee Total Care



## Report Preview

From: 1/03/2008 Change Date To: 1/09/2008 Change

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### SVDPASCS~Facility 1

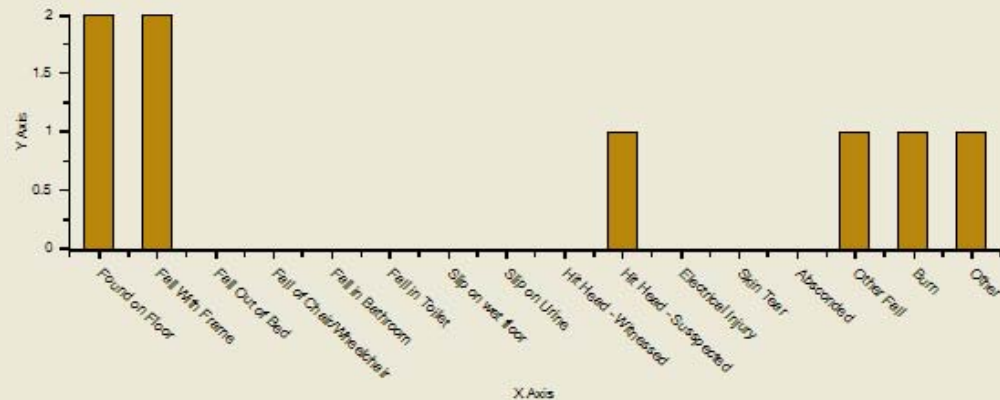


#### General Incidents Analysis: dates and times Report

This report includes the following details related to: All Residents; General Incidents Analysis: dates and times between 1/03/2008 and 1/09/2008

Resident Name	Room No	ID No	D.O. B.	Found on floor	Fall With frame	Fall Out of Bed	Fall of Chair/Wheelchair	Fall in Bathroom	Fall in Toilet	Slip on wet floor	Slip on Urine	Hit Head - Witnessed	Hit Head - Suspected	Electrical Injury	Scald/Tear	Miscellaneous	Other Fall	Burn	Other	Detail of other Incidents	Date/s and Time/s
Jessie Bell	Room 19	73412345	1/03/1920	1																	13/03/2008
JANE Easton	Room 19	734578945678	28/01/1950	1	1								1				1	1	1	test	9/03/2008, 1200, 9/03/2008, 2000000000
Resident Totals:				2	1	0	0	0	0	0	0	0	1	0	0	0	1	1	1		

Chart Title





# Lee Total Care



Report Preview



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 and 

**Infection Types Analysis Report**

This report includes the following details related to: All Residents; Infection Types Analysis between 1/04/2008 and 1/09/2008

Name	Room	UR No. / ACS ID:	D.O.B.	Type of Infection	Date First Reported	Date Resolved	Organism Isolated as confirmed by Pathology	Antibiotics/Treatment used and length of time ordered for	Care Intervention
JANE Easton	Room 19	73457846378	28/01/1950	Ear	30/08/2008 4:44:02 PM		lung	gn	gn
			28/01/1950		30/08/2008 4:44:18 PM				
			28/01/1950	UTI	30/08/2008 4:44:18 PM		nbjgnkm	gnjgn	gnjgnkm
Tom Jones	Room 19	2223	20/02/2008		30/08/2008 4:44:28 PM		nbjgn	gnjgn	gnjgn
Caroline Lee	room 3	78836484235	09/1912	URTI	30/08/2008 4:45:24 PM		nbjgnkm	gnjgnkm	gnjgnkm
			09/1912	Dermoid	30/08/2008 4:45:24 PM		gnjgnkm	gnjgnkm	gnjgnkm
Julie Lee	room 3	43087	11/01/1911	Scabies	30/08/2008 4:45:40 PM		bnjgnmk	gnjgnmk	gnjgnmk
Pat Matt	Room 19	1234567	12/02/1967	Hand Infection	30/08/2008 4:46:12 PM		gnjgn	gnjgn	gnjgn

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Printed By: Caroline Lee [Admin] [Administrator] on 1/09/2008 8:35:10 AM

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Report Preview






# Lee Total Care



**Report Preview**  
Date: 1/09/2008 Change  
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**Summary Care Plan for IANS Easton - Last Saved on 30/08/2008**  


Resident Details	Allergies
Surname: Easton	Drug : Penicillin, Erythromycin
First Name: IANS	Food / Fluid : YEAST, products, Beer
Preferred Name: Ben	Other : Latex?
D.O.B.: 28/01/1950	<b>Medical Diagnoses</b>
ACF ID: 734578346578	COAD Yes
Next of Kin: Mary Easton	Dementia Yes
Home Phone: 93490346903	MS Yes
Work Phone: 5693698569	Diabetes Yes
Mobile: 934509458	CVA (Stroke) Yes
Location: Room: Room 19 - Bed: 8	TIA's Yes
Admission Date: 3/04/2008	NB: only main diagnoses appear here, for a more refined list, please refer to the Health Management form:
Medicare No: 348759345879	
Pension 345897	
Entitlement No:	
Medical Practitioners Name: Dr Health	
Dr's Work Phone: 5764484yt876	
<b>Other Relevant Medical Diagnoses</b>	
Other Diagnoses: Delirium?	

POTENTIAL COMPLICATIONS / HEALTH - MEDICATION MANAGEMENT ISSUES	POTENTIAL FOR INJURY / RISK
<b>Infection Rates Record</b> <a href="#">Type of Infection</a> Skin <a href="#">Care Interventions</a>	Date: 29/01/2008 Risk Activity / Incident: burn hands body whilst smoking Preventative Measures: staff to supervise smoking and remove butt when getting too low



# Lee Total Care



**Report Preview**

Date: 1/09/2008 Change

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Pages Outline

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### Summary of Preferences / Needs

Relevant Social Hx / Needs		Diet type		Own Teeth or Dentures	
Community participation:	Footscray RSL club	Diabetic	Yes	Full Dentures	Yes
Support needed by families / friends:	explanations of care requirements and reassurance of undertaking	Type of Diabetes:	Other	Lower Dentures	Yes
			fat free and other blah blah	No Teeth	Yes
		Diabetes Monitoring Requirements:	ikhvhasdfg	Upper Dentures	Yes
Eating Assistance		Diet Type:	Gluten free diet	Urinary Aids	
Requires assistance in positioning self for	Yes	Further Details:	encourage to eat all meals	Morning aids:	urinal
Requires meal to be cut up	Yes	Diet Consistency		Afternoon aids:	urinal
Requires supervision to drink fluids	Yes	Drink Consistency:	Level 150/ Mildly Thick (nectar)	Night time aids:	urinal and call bell in reach
Requires extensive prompting to eat/	Yes	Main:	Texture C- Smooth Pureed	Toileting Assistance	
drink		Vegetables:	Texture B- Minced and Moist	Clothing adjustment before toileting	Yes
		Dessert:	Normal	Positioning onto the toilet	Yes
		Hygiene Assistance		Clothing adjustment after	Yes
		Full Assist	Yes	toileting	
		Can choose own clothes	Yes	Post toilet hygiene	Yes
		Dressing upper body	Yes	Getting off the toilet	Yes
		Dressing lower body inc, socks/ shoes	Yes	Flushing the toilet	Yes
		Doing up buttons or zips	Yes		
		Undressing	Yes		
		Washing body	Yes		
		Washing extremities	Yes		
		Drying body	Yes		





# Lee Total Care



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## Vision Needs

Relevant Assessment Details

Related to visual changes:	no visual changes
Med. Pract. identified Vision issues:	1

### Interventions

Glasses:	Yes
Type of glasses:	steel thin framed bifocal reading glasses
When worn:	daily
Location glasses kept:	left in holder next to bed at night
Care of glasses:	ensure glasses are put in holder at night, next to bed
Interventions to optimise vision:	staff to ensure glasses are present and cleaned e morning prior to reading newspaper
Encouragement strategies:	staff to ensure glasses are present and cleaned e morning prior to reading newspaper
Med. Pract. recommended care for Vision deficit needs:	1

## Mobility & Dexterity

Relevant Assessment Details

Related to:	arthritic pain and stiffness in both hands and elbows
Posture:	Slumped shoulders and resigned
Coordination/balance:	unbalanced, shuffles feet and trips
Weight bearing ability:	can easily weightbear, but cannot stand stably without assistance or holding on to frame
Gait:	stumbling gait

### Hand Grip:

Left:	black rubber foam
Right:	black rubber foam
Med. Pract. identified CNS/musculoskeletal issues:	1
Med. Pract. identified physical function / ADL issues:	1

### Interventions

Weight bearing aids used:	four point wheely frame
Chair type uses during day:	high back chair with armrests or wheelchair with

## Communication / Hearing

Relevant Assessment Details

Related to:	nil cognitive deficit or ksjflgjhghsdgh dfkblskgj ;dkblkg
Cognitive deficit or speech disorder affecting comprehension or speech:	nil cognitive deficit or ksjflgjhghsdgh dfkblskgj ;dkblkg
Speech/ Comprehension difficulties:	Confused
Slurred words:	N/A
Single words:	Yes
Describe Single Words:	now she ahs had so many TIA's that dsiafhaorgh
Clearly spoken words:	No
Describe Clear Words:	hfvjgbhknmk
Dysphasia:	No
Dysarthria:	No
Hearing details:	bilateral industrial hearing deficit

### Memory-recent / past events:

Recent:	yes, but has trouble ordering time of events.
Past:	yes
Med. Pract. identified hearing issues:	1
Med. Pract. identified cognition issues:	hldfjfg

### Goals of Care

Goals:	Effective communication will be achieved at all times.
--------	--

Interventions

Point ... Lee Total Care - Faci... Report Preview 9:12 AM



## Urinary Continence Management

### Relevant Assessment Details

Type/s of incontinence:	Stress, Urgency, Post micturition dribble
Type/s of incontinence:	
Frequency:	urge incontinence
Recognizes sensation to urinate:	Always
Incontinence frequency:	urge incontinence
Bladder capacity:	500ml

### Interventions

#### Concerns about elimination:

skincare rash with incontinent episodes  
uses zinc based barrier creme

#### Behaviours prior incontinence:

shuffling in seat and agitation

#### Aids Required:

Morning aids:	urinal
Afternoon aids:	urinal
Night time aids:	urinal and call bell in reach

#### Continence m'tment toileting times:

2 hrly during day

#### Times to check aids:

2000-2100hrs, 0200-0300, on rising

#### Times to prompt to toilet:

on rising, after afternoon nap, before retiring nocte'

#### Care if incontinent:

offer urinal on edge of bed when rising  
wash and thoroughly dry groin area

## Bowel

### Relevant Assessment Details

Related to a lack of: Exercise, Fibre, Fluids, Mobility

## Toileting

### Interventions

Using toilet preferences/routines/aids: requires assistance with toileting x 1 nurse, transfer on and off toilet

### Details from Functional Assessment

Clothing adjustment before toileting, Positioning onto the toilet  
Clothing adjustment after toileting, Post toilet hygiene,  
Getting off the toilet, Flushing the toilet

Encouragement to be provided: encourage use of urinal at side of bed on rising due to stress incontinence

Other staff assistance/comments: x 1 staf assistance required with transfer oin and off toilet

Aids used : urinal

## Self Care Needs - Bathing / Hygiene / Dressing Grooming

### Goals of Care

Goals: The resident will achieve hygiene and be dressed and groomed in accordance with their needs / preferences.

### Interventions

#### Prefers:

Bath, Shower or Both: Shower  
When: Every Day  
Time AM: after breakfast

#### Bathing / showering preferences / routines:

Preferences / routines: requires assistance with showering x 1 nurse

Toiletries: shaving cream and brush, aftershave, deodorant, talc powder

Haircare details : wife prefers to cut hair with clippers once every 6-8 weeks. Use shampoo and conditioner on alternate days

#### Cream details :

Emollient or barrier cream: zinc based barrier cream  
Times to apply cream/s within a 24 hr period: 0800, 1800

Dressing / clothing preferences / routines: prefers polo tops and tracksuit bottoms for comfort and





## How the resident stays healthy & deals with illness:

Becomes frantic and angry

Oral/injectable medication  
admin by:

Staff

## Emotional / Relationship / Intimacy / Stress Management / Spiritual - Cultural / Social - Community Needs

### Goals of Care

**Goals:** The resident will feel supported and their living / quality of life needs will be met with the assistance as stated.

### Interventions

## Support relationship with:

Mother Sister and pet dog

## Relaxation strategies:

get away from people

## Ways the person copes with difficulties:

Becomes sullen and has angry verbal and physical outbursts

## Ways to solve problems:

stay away from people

## Assistance required:

be nice to me

## Behaviour Management Needs

### Relevant Assessment Details

**Issue / Behaviour Description:** Became verbally abusive to wards staff when woken for a shower. Inappropriate language (swearing, abusing)

**Usual time of day the behaviour was exhibited and amount of times on average per day:**

3

## Cause/Trigger (if known):

hates being woken . Disorientated. Confusion about time of day. Too noisy / loud. Too many staff attending at once. Resident doesn't want to live in residential aged care

## Successful interventions used

Calm the environment

## Record ID:

7974

## Behaviour demonstrated when upset:

Sullen behaviour, Frowns, Hangs back  
Yells and becomes defensive

### Goals of Care

**Goals:** The resident will not demonstrate these behaviors and will feel

Review Date	Jan 200	Feb 200	Mar 200	Apr 200	May 200	Jun 200	Jul 200	Aug 200	Sep 200	Oct 200	Nov 200	Dec 200
Signature												

supported as their needs are met with the assistance as stated.

### Interventions

## Avoid these causes of:

## Stress:

crowds , bossy people

## Anger:

being bossed about.

## Anxiety:

crowds, noise , being rushed

## Depression:

Doesn't always know

## Powerlessness:

not understanding what people want me to do

## Watch for the following signs of these:

withdraw

## Watch out for what upsets the resident:

Crowded rooms, Excessive noise, Multiple instructions

## How to assist resident when upset:

## Assist:

Allow her to have her dog to visit regularly

## Cope:

Resistive, Anger

## Reduce:

Give personal space and allow to settle

## Relax:

Time alone

## Social Work Psychosocial Care

### Relevant Assessment Details

## Mini mental score

12

## Psychiatric Diagnosis

Panic Attacks, Agitation , Anxiety,

## Discomfort / Pain

## Palliative Care Preferences / Wishes When Ill or Dying

### Interventions

## Bowel Care:

Regular aperient, Time to evacuate bowel after breakfast

Review Date	Jan 200	Feb 200	Mar 200	Apr 200	May 200	Jun 200	Jul 200	Aug 200	Sep 200	Oct 200	Nov 200	Dec 200
Signature												



# Lee Total Care



Lee Total Care - Facility 1 - Logged in as: Caroline Lee - [ACFI Claim Submission]

File Edit On Admission On Assessment Care Evaluation ACFI/RCS Lists Reports Tools Print Help

Selected Resident: **IAN S Easton - [Room: Room 19 - Bed: 8]** View Edit

**Residents**

☐ Show Unadmitted Residents  
☐ With Previous Admissions  
☐ Hide Admitted Residents  
☐ Show Archived Residents

A Gondalf Amitage  
B Doreen Burke  
Lesley Bell  
C  
D Howdy Doody  
Zelda Davidson  
E IAN S Easton  
F  
G  
H  
I  
J Tom Jones  
K Harold Kean  
L Caroline Lee  
Julie Lee  
M Fat Matt  
Holly Molly  
Jane May

**Resident: IAN S Easton D.O.B. 28/01/1950 UR No./ACS ID: 734578346578**

Mobility Personal Hygiene Toileting Continence Cognitive Skills Wandering Verbal Behaviour Physical Behaviour **Depression** Medication Compl

**Depression**

**Symptoms of Depression Assessment Summary**

No Cornell Scale for Depression (CSD) undertaken ☐

Cornell Scale for Depression (CSD) - enter score ☒

Clinical report provided supporting information for the ACFI 10 appraisal ☐

Note: Cornell Scale for Depression must be completed

CSD Score

**Symptoms of Depression Checklist**

CSD = 0-8 or no CSD completed ☐ 1

Minimal symptoms or symptoms of depression did not occur

**LTC Evidence**

Depression Scale: READ CAREFULLY: Are tl assessment completed sufficiently for now? (t commenced): In Progress

Emotional Needs: How often / what causes fi depression?: not being at home

Emotional Needs: How do you show these fe

**LTC Evidence**

Depression Scale: Cornell - Total Score: 23.0

Question/Domain	Rating/Cat.	Question/Domain	Rating/Cat.	Question/Domain	Rating/Cat.
1. Nutrition:	D	6. Cognitive Skills	D		
2. Mobility:	D	7. Wandering:	A		
3. Personal Hygiene:	D	8. Verbal Behaviour:	B		
4. Toileting:	D	9. Physical Behaviour:	B	11. Medication:	D
5. Continence:	C	10. Depression:	D	12. Complex Health Care:	B
Activities of Daily Living Domain:	High \$86.19	Behaviour Domain:	High \$28.51	Complex Health Care Domain:	Med \$36.62

Submit Last Saved On: 23/04/2008, by Caroline Lee Cancel Save And Close



## ► Management commitment

- Support
  - Resident Service Committee
  - Financial investment
- Board ` Change Champions
- Partnership with Industry
- Admissions Assessment \*
  - Customize
  - Sequence

Success factors

## ► Culture of respect

- Information
  - Two-way flows
  - Suggestions accepted
- Individual differences
- Flexible learning modes
- Competency mastery approach



## ► Motivation and uptake

- Leadership
- Education
  - Beginners
  - Support Group
- Veterans Computer Club for Residents
  - Impact of residents taking to computers
- Quality Improvement
- Models of Care
  - Investigate current practices

Uptake





## ▶ Issues

### ▶ Skill levels, workloads and professional roles

- Does IT reduce or increase workloads?
- Role delineation issues

### ▶ Age of care staff

- middle-aged staff with English as a second language
- Younger staff, enthusiasm and illegitimate self-confidence

### ▶ Other health providers

- Allied health
- Hostel managers
- Administrative staff

### ▶ Challenges and barriers

- Overcoming reluctance
- Keeping pace with enthusiastic adopters
- Basic learning needs
- Training materials
- Becoming a 'group' and discussion opportunities
- Backup materials

## ► Evaluation of outcomes

### ► Successful training and implementation relied on:

- Trainers from the organisation
- Staged implementation allowing troubleshooting
- Staff concerns were acknowledged and responded to immediately
- Contextual relevance was maintained by our own on-site trainers

## ► Roll-out

- LTC system rolled out to ten service sites by March 2008
- Ongoing upgrades of IT infrastructure and staff skills training is part of the system
- FAQ on IT and the LTC system is available on the company website and intranet as are all resources related to resident care and management
- Informal audits of the system documentation manage compliance risks



## ▶ Results

- ▶ **75% of nurses, managers and care staff reached mastered all necessary skills and knowledge within 3 months**
- ▶ **Program planning and implementation by local and consultant IT trainers worked best**
- ▶ **Management commitment of money, time and human resources was essential**

## ▶ Implications / recommendations

- ▶ What is required?
- ▶ What could have been done better?
- ▶ Were initial assumptions true about staff and IT capacity?



## ► Future Directions

- Measure outcomes
- Research relationship between process and outcomes.
- Explore the transfer of evidence to practice.

**Thank You !!!**