

# ask ech

What does it take for  
an older person to live  
at home until death?

# Our Purpose.

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To promote **self-determination**  
and **enable** people to have  
the **best life** possible as they **age**.

# EnriCH.

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## Enabling **R**esponsive and **I**ndividual **C**are at **H**ome.

To rigorously examine the type, quantity, construction and cost of care and services that could support a person at risk of permanent residential care admission to live until death at home.

# Service Model.

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Multidisciplinary person-centred assessment, co-developed care implementation plan, clear communication with carer network, adoption of person-specific flags for ongoing risk monitoring and proactive care management.

Additional service options include:

- Short-stay services
- Rapid response services
- Home management services
- Social connection services
- System navigation services

# Research Questions.

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- Can an integrated and responsive care management approach that is objectively different to 'usual' care be implemented in the 'at home' setting?
- Is the EnriCH service model safe, effective and a positive experience for the participants and their care network?
- Do the service elements included in the EnriCH service model fully meet the identified needs of trial participants?
- Can the EnriCH model be effectively enacted at a cost equivalent to or less than the care subsidies and relevant supplements available in residential aged care?

# Participants in the Program.

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Participant selection included the following criteria:

- In receipt of a level 2, 3 or 4 Home Care Package;
- Displaying two or more factors associated with RAC admission (three or more daily living dependencies, diagnosis of dementia, prior RAC use, high number of prescriptions); and/or
- Current ACAT approval for admission to RAC.

# Cost of Care.

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- Participants were living at home and therefore accommodation and basic daily fees were excluded.
- Care fee to cover day-to-day care needs based upon ACFI classification.
- ECH to cover the gap between the participants' HCP subsidy and the ACFI assessment outcome.

# Outcome Measures.

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Primary outcome = avoidance of permanent RAC admission.

Secondary outcomes included:

- Prevent/manage emergency situations
- Maintain or increase social engagement
- Maintain or increase quality of life
- Maintain or increase primary-carer quality of life
- Participant/carer network satisfaction with service
- Lack of adverse events/critical incidents
- Cost of service



# Findings 1.

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- Avoidance of permanent RAC admission:
  - 10/12 (significant impact of carer network in influencing this situation)
- Prevention/management of emergency situations:
  - 3/12 incidents of hospitalisation with all returning home
- Maintain/increase social engagement:
  - 11/12 showed improvement
- Maintain/increase quality of life:
  - Some improvement but mixed

# Findings 2.

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- Maintain/increase primary-carer quality of life:
  - Varied results and difficult to assess overall
- Participant and carer network satisfaction:
  - Higher levels of engagement and communication leading to positive response
- Adverse events/critical incidents:
  - No critical incidents
- Cost of care:
  - Range between \$0 and \$11,000 additional to HCP subsidy

# Conclusions.

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- Care management critical
- Appropriate support services
- Influencing role of primary-carer/network
- Use of early warning systems
- System navigation
- Cost-effectiveness

# Where Next?

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- Finalise findings and publish
- Advocate for Level 5 HCP
- Use of technology to assist – Billy
- Increase confidence of primary carer/network that staying at home is safe

have questions?

**ask** ech 1300 275 324

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