

Bill's story...

Diagnoses: Chronic Obstructive Pulmonary Disease, Cardiovascular disease, cognitive impairment, depression and anxiety.

Bill is very anxious about this health, care and medications and needs 1 care staff to help with showering, walking with 4 wheely walker and using the toilet. He needs his food cut into small pieces to eat and needs nutritional supplements as he is very frail and his appetite is poor. Bill often needs oxygen administered when he is having a shower. Bill needs to be taken to the toilet a lot in the mornings as he is prescribed diuretics for his heart condition. Staff usually help Bill to the shower and toilet on a shower chair as he becomes tired and breathless very quickly. At night time staff help him use a urinal so that he can try to settle again to go back to sleep. Often he likes to talk with a staff member for a while as this helps him to settle at night.

Bill is a very tall man and his bed needed to have a bed extension so that he is comfortable. The physiotherapist has developed a walking program for Bill and staff assist Bill to walk slowly around the facility each day to assist in maintaining some mobility and strength. Sometimes Bill tires and staff need to return him in a wheelchair but he usually likes to try to walk the distance unless he is ill with a chest infection. These infections seem to be happening more frequently.

Bill is sad and withdraws from community activities. He can be angry and is argumentative with other residents and even his family. He can say or do inappropriate things with female staff. He doesn't like to talk a lot. He is now involved in the Men Shed group in the facility and is developing connections with others through this group which he is enjoying.

Bill's family work long hours but like to talk to him on the phone. Bill has poor eyesight and needs staff to help him with the phone to call them. The family usually visit on the weekends and like to talk to staff about their Dad's care when they visit. He loves visits from his granddaughter and grandson and especially likes watching them play with the toys in the corner of the lounge area. Other residents also love watching the kids play and the child care centre next door brings children to play and interact with the residents 2 – 3 times a week also.

Bill takes a lot of medications and some of these medications are delivered by a nebuliser regularly throughout the day and night. He also needs extra nebulised meds if his anxiety level increases. He requires pain medications that are kept in a locked safe and need 2 staff to check out these drugs, take them to him and observe him taking them.

Bill has an ulcer on his leg that he has had for years, which requires a dressing change every 3 -5 days. The wound dressing equipment and materials are kept in the treatment room.

Bill has been living in an aged care facility for the past five months. Because of the 1 July, 2016 ACFI changes, Bills ACFI funding will drop by approximately \$6,500. Bill still needs the same care but how will we be able to provide the same level of care with less funding?

Also of concern, is that for someone with similar needs to Bill admitted to the facility after the 1 January, 2017 changes, the funding loss could be as much as \$51 per day which is approximately \$18,596 a year.

How will the facility be able to provide care for future residents?