

James story...

James has dementia and has had a stroke. He is very frail and not able to speak. He is unable to walk.

James needs all his meals to be pureed and spooned to him slowly as James has great difficulty swallowing. For this reason his drinks also need to be thickened. These interventions are prescribed and monitored by the speech pathologist. The physiotherapist assessment indicates that to move James from his bed to his chair 2 staff use a lifting machine and this is how he is transferred to the shower. The occupational therapist has assessed James to ensure that he has the appropriate chair for showering and toileting. Assessments were also conducted so that James has an appropriate chair when he is out of bed which also minimises his risk of developing pressure injuries. He likes to sit in this chair with his belongings on a tray table located within easy reach. James is incontinent of urine and faeces and wears continence aids (pads) which are changed 3 – 4 times per day by 2 staff (sometimes more frequently).

James seems to be aware of his surroundings. He calls out loudly and can become agitated. James benefits from time with the music therapist and smiles broadly during these sessions. He also enjoys visits from the chaplain and attends church services. The speech pathologist has provided cue cards which help James to communicate with staff as he can point to what he needs. James experiences pain and muscle cramping due to his immobility and benefits from therapeutic massage.

James medications need to be crushed and mixed in thickened fluids and take some time to give him as he swallows very slowly and can only be given small spoonfuls. He also requires S8 pain medication twice a day which is kept in a drug safe and needs to be checked out, taken to him and observed taking by 2 staff. James is monitored for any signs of additional pain and sometimes needs extra pain relief.

He needs to be repositioned regularly to prevent pressure injury. Staff apply moisturising lotion to his arms and legs daily, and more often if needed, to keep his skin moisturised which helps to promote skin integrity. Staff also do passive limb movements on James arms and legs in the shower to help prevent contractures. He also has protectors applied to his legs to reduce friction and promote skin integrity. James has a splint applied to the wrist on his paralysed arm to help support the wrist and prevent contractures.

James family check in with nursing staff when they visit and also email for updates regarding James care. If the doctor visits the family prefer to receive an email to update them regarding any changes in care or medications. The family and James have recently met with the registered nurse to complete an advance care plan. James was able to indicate some of his preferences using the cue cards.

James' ACFI funding will be reduced by \$20 a day or \$6,500 a year. How will we be able to provide the same level of care for James?

Also of concern, is that for someone with similar care needs to James who is admitted to the same facility after the 1 January, 2017 changes, the potential funding loss would be \$51 a day less for the same level of care. This is equivalent to \$18,596 less each year for one person.

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