

## CASE STUDIES

<b>Name and age</b>	Jane, 88
<b>Diagnoses</b>	Diabetes Mellitus Type 2; Cerebrovascular accident; Hypertension; Squamous cell carcinoma; Diverticular disease-sigmoid; Postural hypertension; Hyponatraemia; Dermatitis; Falls; # (L) elbow; Back problems; Pain, Transient ischaemic attack.

Jane has a diagnosis of depression and has significant cognitive impairment, although she does not have a formal diagnosis of dementia. She has changes in behaviour, habits, personality and/or emotional responses. Jane experiences significant pain associated with her fracture and back problems.

Jane has had a stroke which significantly affects her capacity to manage any aspect of her personal care. She requires direct physical intervention and support from care staff in all aspects of personal hygiene including dressing/undressing, washing/drying and grooming (hair care, shaving and oral hygiene).

Jane is incontinent of urine. When managing Jane's continence, staff members need to provide physical assistance with all aspects of toileting including taking her to the toilet and physically assisting her on/off the toilet and with her post toileting hygiene.

Jane requires medium sized servings of food and drink which staff cut into bite sized pieces and feed to her. Staff members pour all drinks and bring the cup to Jane so that she is able to drink. Jane is reliant on staff for all her nutrition and hydration needs.

Jane needs physical assistance from staff members with all transfers and mobility; Jane requires a mechanical lifter to be used for all transfers and is moved around the facility in a wheelchair.

Jane is unable to manage her medication regime and requires staff to manage this for her.

Jane is receiving 10 minutes a day/4 days a week of pain management from a physiotherapist. Jane's impaired mobility puts her at high risk of a pressure injury and staff members reposition her at regular intervals during the day and night. Additionally, an alternating pressure air mattress is on Jane's bed.

## CHANGES TO ACFI SCORING

<b>Question</b>	<b>Pre-July 2016 Claim</b>	<b>Jul-Dec 2016</b>	<b>Jan 2017 Claim</b>
<b>Claim</b>	HHH	HHM	HHL
<b>Subsidy</b>	\$214.06	\$193.36	\$163.11

With the scoring changes in January 2017, if Jane was a new resident or required to be reassessed, her care funding would be reduced by \$50.95 per day (\$18,596 per annum) from the level applied in June 2016.

**How will we be able to provide the same level of care for Jane?**

<b>Name and age</b>	George, 87
<b>Diagnoses</b>	Parkinson's disease, Prostate Cancer, Hypertension, Hypercholesterolemia, Gastro-oesophageal reflux disease, Hearing Loss, Vertigo, Constipation, Benign Essential Tremor, Dementia, Recurrent fall-?postural drop, Urinary and faecal incontinence, Urinary tract infection, fractures thoracic and lumbar vertebra, Back pain, Poor mobility, Extensive DVT-currently on anti-coagulant.

George is mildly depressed. His dementia includes changes in behaviour, habits, personality and/or emotional responses and disinhibition and presents in the following ways:

- Loss of normal inhibitions, exhibiting embarrassing behaviour
- Difficulty in reasoning, judgement, organisation and planning
- Distractibility and impulsiveness
- A decline in self-care and personal hygiene.

George experiences significant pain associated with his lumbar spine fractures. He requires direct support from care staff in all aspects of personal hygiene including dressing/undressing, washing/drying and grooming (hair care, shaving and oral hygiene).

He is incontinent of urine and faeces. When managing George's continence, staff need to provide physical assistance with all aspects of toileting.

George requires medium sized servings of food and drink which staff cut into bite sized pieces. Staff members place the cutlery in George's hands and pour all drinks, butter and cut his bread/toast. Staff members supervise and encourage George to complete meals to ensure that he receives adequate nutritional intake. As a result of George's cognitive status, he is easily distracted and may not complete meals or eat and drink enough and pain can impact on his appetite.

George requires physical assistance from staff with all transfers and mobility generally. Staff fit George's back brace daily to assist with his mobility and pain management.

George also has poor spatial judgement and a high risk of falling or bumping into things, which requires staff supervision/physical assistance. Any fall may become complicated by the fact that George is receiving ongoing anti-coagulant therapy.

As a result of his dementia, George is unable to manage his medication regime and requires staff to manage this for him. George's general practitioner has requested George has his blood pressure taken daily. Currently George is receiving 10 minutes a day/4 days a week of pain management from a physiotherapist, and at least 20 minutes per week of staff time for pain management, which may be heat packs or massage.

#### **CHANGES TO ACFI SCORING**

<b>Question</b>	<b>Pre-July 2016 Claim</b>	<b>Jan 2017 Claim</b>
<b>Claim</b>	HHH	HHL
<b>Subsidy</b>	214.06	163.11

With the scoring changes from 1 January 2017, if George was a new resident or was required to be reassessed, his care funding would be \$50.95 less per day (\$18,596 per annum) than the level applied in June 2016.

**How will we be able to provide the same level of care for George?**