Aged Care Funding the Clinical Model

By Amy Licheni

This has been an adaption from a prezi presentation, and subsequently has no pictures or copy of the acfi framework. To see the original go to www.prezi.com by Amy Licheni: Aged Care Funding the Clinical Model
The First Step

• Understanding our funding, and how to increase it (Aged Care Funding Instrument, ACFI)

• The culture needed to grow.

• A business culture at the front line, not just at the executive level.

• In a public health system where the care staff see money as endless, this seemed like a mountain to climb.
Improving Culture
Aged care funding nurses are the key

- Reappraisals of the residents
- Working with staff to understand our residents
- The care staff are a wealth of information
- The ACFI nurses needed to unlock the staffs knowledge
Front Line Staff

• Education and communication became vital with the clinical and care staff

• There was initial resistance from the staff which was a challenge for the ACFI nurse
Aged Care Funding Ethics

- Aged care funding needed to find a relationship with the clinical and caring aspect
- A story telling framework was a great way to communicate with the staff
- When asked for information about the residents for ACFI the staff were hesitant
- When the staff were asked to tell the resident's story they engaged the ACFI nurse
The Bridge

- A connection was found between the executive team and the clinical team, with the resident's story being the bridge.

- A bridge between the funding model and the clinical model had begun.
The Care: The Focus

- Discussing the residents care highlighted certain issues

- The better the care the higher the funding

- An example of this is when a resident becomes palliative. We provide a comfort approach accompanied by excellent documentation

- The ACFI nurse was then able to simply transfer this information to raise revenue for the facility.
A caring model for ACFI

- The change had occurred and clinical care was the driver of ACFI

- The ACFI nurses challenged resident care with staff

- The ACFI nurses asked why meals weren't cut up for a resident, who has severe arthritis in their hands and impaired dexterity

- ACFI nurses started improving care for residents
ACFI Nurses are sleuths
Investigate the resident further

- To look for diagnosis, read progress notes, Comprehensive Medical Assessment
- Speech pathology, physiotherapist, 
- Occupational Therapist notes
- Supporting information that can help tell the residents life story
The Framework

- The aged care funding instrument provides the framework for the resident's story

- The instrument is divided in activities of daily living, behaviours and complex care
A Systematic Process

- ACFI should be a systematic process that follows a logical order
Case Conference

- The initial process is a case conference, where the nursing staff, care staff, manager and ACFI staff meet together to discuss the residents care needs
The Huddle
The Plan

- Once the case conference has been completed, a plan of the residents' care needs is established.

- It is now clear what the residents' care needs are.

- The ACFI nurse can now compile the documentation for Medicare.
GOAL!
ACFI and clinical care are working together

- ACFI and clinical care are working together
Revenue is increased
Better outcomes for residents in aged care facilities
Where to from here
Quality Improvement

- Double checking
- To ensure best care for residents
- That the focus on ACFI is ongoing.
- ACFI is fluid, ever changing. Requires attention
Education

- Huddle
- Behaviour education
- Continuous
- ACFI Nurse is a support person
Team work

- Communication
- Huddle
- Working with the manager
- Training ANUMS
- Open dialogue with the staff
Innovation

• Coming up with fresh new ideas
• Consultants
• Asking all members of the team
• Improving assessments