

You can't help  
getting older,  
but you don't have  
to get **old.**

(GEORGE BURNS)



# Residential Frail Care

# WORKING DEFINITIONS

- ▶ CARE “ means physical, psychological, social or material assistance to an older person, and includes services aimed at promoting the quality of life and general well-being of older persons”
- ▶ DAY CARE “ a service within a residential home or a community based facility which provides social, recreational and health related activities in a protective setting to individuals who cannot be left alone during the day, due to health care and other social needs”

# WORKING DEFINITIONS

- ▶ NURSING CARE “specialised medical care interventions, done by a Registered Nurse, Enrolled Nurse or Enrolled Nurse Assistant, within her/his scope of practice, such as wound assessment, Intra Venous Therapy, Stoma Care, obtaining blood specimens and administering intravenous and/or intramuscular medication.
- ▶ RESIDENTIAL FACILITY- “ a building or structure used primarily for the purpose of providing accommodation and/or providing 24-hour service to older persons

# WORKING DEFINITIONS

- ▶ **FRAIL CARE** - “ care of older persons in need of 24- hour care due to a physical or mental condition which renders him or her incapable of caring for himself or herself”
- ▶ **ASSISTED LIVING** - “ secure accommodation with supportive services like meals, transport, medical services, recreational and educational activities for older people who need moderate care and is aimed at prolonging and enhancing their independence”

# What is Frail Care?

- ▶ Frail care is the care you need when you are no longer able to look after yourself because of physical frailty or mental incapacity
- ▶ The implication of this is that a person needs assistance with Activities of Daily Living Activities (ADL's).

# What does ADL's include

## PHYSICAL NEEDS

ADL's include bathing, dressing, transferring, feeding, toileting and continence

Special care interventions, wound care, stoma care, pressure care, medication.

## SOCIAL/MENTAL

Communication, activities (hobbies), cultural interests, religious practice, dignity, privacy and safety.

# DEPARTMENT OF SOCIAL DEVELOPMENT (DSD) AUDIT ON RESIDENTIAL FACILITIES

- ▶ Residential Facilities are Governed by:
  - ❖ Older Persons Act
  - ❖ SA Policy on Older Persons
  - ❖ Guidelines for Frail Care and the National Norms and Standards (acceptable levels of services to older persons)
- ▶ **ANY PERSON WHO PROVIDES A SERVICE TO OLDER PERSONS MUST COMPLY WITH THE NORMS AND STANDARDS**



# CHALLENGES IDENTIFIED IN DELIVERING ACCEPTABLE LEVELS OF SERVICE TO OLDER PERSONS

## 1. Distribution of residential facilities

- Gauteng and Western Cape - most facilities
- Limpopo, Eastern Cape and Free State - lowest number of facilities
- 79% of facilities are concentrated in formal metropolitan areas
- 5% in informal settlements
- 16% in rural areas

## 2. Relationship between the DSD and the Residential Facilities

- Follow up visits
- Blurring of duties and responsibilities
- Improve capacity of staff

# CHALLENGES

## 3. Racial Profiles of Residential Facilities

- In many homes, cultural and social norms as well as high fees have been used as a reason to exclude people of different racial groups.
- Transformation
  - Residents
  - Board
  - Management
  - Staff

## 4. Shortage of Staff

- Nursing
  - Options to co-fund or subsidised posts
  - Market related salaries
  - Benefits

# CHALLENGES

## 5. STAFF: CARE WORKERS

- Regular Training Programmes
- Updates on most recent practice and skills in the care for the elderly
- Programmes should include assertiveness training, diversity awareness, self esteem, communication and other life skills

## 6. FUNDING POLICY

- Fund raising Programmes
- Outreach programmes
- Increased Government Subsidy
- Volunteer component to be increased



## WHO PAYS AND HOW MUCH DOES IT COST?

IT IS EXPENSIVE SO BE SURE TO MAKE ENOUGH PROVISION FOR YOUR CARE NEEDS !!!!

# DIFFERENCE BETWEEN MEDICAL CARE AND FRAIL CARE

- ▶ It is important to understand that there is a difference between medical care and frail care.
- ▶ Medical Scheme will pay for medical care but it will in most cases not pay for the care you need to manage your normal activities of daily living.
- ▶ There are some exceptions but these are in the restricted (in-house) schemes
- ▶ The reason for this being that medical care falls within the ambit of medical schemes cover, where as frail and assisted care is considered a social welfare responsibility.
- ▶ BANKMED, ANGLO MEDICAL SCHEME, TIGER BRANDS
- ▶ BENEFIT only for medical related frail care (recovering from illness, injury or surgery)

# CARE COSTS - 2016

▶ ASSISTED LIVING R11 500 - R18 000 per month

Type of accommodation

- single on suite

▶ FRAIL CARE R12 500 - R24 000 per month

Type of accommodation

- 6 bedroomed wards - shared bathroom
- 4 bedroomed wards - shared bathroom
- 2 bedroomed wards - shared bathroom
- Single bedroom on suite bathroom (high demand)

# WHAT DOES MY MONEY BUY ME

## ASSISTED LIVING

- ▶ Accommodation
- ▶ Cleaning service (weekly)
- ▶ Laundry
- ▶ Transportation
- ▶ Clinic facility (weekly)
- ▶ Meals
- ▶ Limited assistance with ADL
- ▶ Social and recreational stimulation
- ▶ Panic Button System/Emergency Call

## FRAIL CARE

- ▶ Accommodation
- ▶ 24 - hour care (care plan)
- ▶ Assistance with ADL
- ▶ Medication administration
- ▶ Meals
- ▶ Social and recreational stimulation
- ▶ Nursing care interventions (wound care, peg feedings, stoma care etc..)
- ▶ Panic Button System/Emergency Call

# WHEN DO I MOVE FROM ASSISTED LIVING TO FRAIL CARE





# BY FORCE OR OWN FREE WILL

## ▶ FRAILTY MARKERS

- ASSESMENT TOOLS (Katz index, DQ 98)
- MEDICAL DIAGNOSED CONDITIONS (Dementia, Alzheimer's, Nutritional needs, COPD, etc.)
- Frequent Falls
- Loss of interest (poor hygiene care, isolation, depression)

## ▶ ROLE PLAYERS

- Nursing Services Manager
- Registered Nurse
- Care Worker
- Spouse, family, relatives
- Social Worker
- GP, Specialist
- Members of Multi Disciplinary Team

# CAN I CLAIM FOR SERVICE FROM A PRIVATE PRACTITIONER

- ▶ GP VISIT Medical Aid Rates (benefit limit)
- ▶ R/N Consultation Medical Aid Rates (benefit limits)
- ▶ R/N Wound Assessment Medical Aid Rates (benefit limits)
- ▶ R/N Obtaining Laboratory specimen Medical Aid Rates (benefit limits)
- ▶ R/N Administering IM/IV medication Medical Aid Rates (benefit limits)
- ▶ R/N Setting up of a IV line Medical Aid Rates (benefit limits)
- ▶ R/N Catheterisation Medical Aid Rates (benefit limits)
- ▶ R/N Stoma Care Medical Aid Rates (benefit limits)
- ▶ R/N Colostomy Care Medical Aid Rates (benefit limits)
- ▶ Palliative Care Medical Aid Rates (benefit limits)
- ▶ ANY OTHER HEALTH PROFESSIONAL REGISTRED WITH BHF

# WHAT OTHER SERVICES ARE ON OFFER

- ▶ Podiatrist (residents account)
- ▶ Hairdresser (residents account)
- ▶ Physiotherapist (residents account)
- ▶ Social worker (residents own account)
- ▶ GP consultation (residents own account)
- ▶ Blister packing (usually included in levy)

# THE COST OF HOME CARE

## ▶ AGENCIES

### ❖ Care Giver

R34 - R38 per hour (day and night care)

R280 for 8 hour day

R1 400 for a 5 day shift

R5 600 for 4 weeks

### ❖ PRIVATE

R200 - R250 per day (no hourly rate)

R5 000 for 4 weeks

# COST OF HOME CARE

## ▶ AGENCIES

### ❖ Enrolled Nursing Assistant

R42 - R50 per hour

R376 for a 8 hour day shift

R1 880 per week

R7 520 - 4 weeks

## PRIVATE

R300 per day

R1 500 per week

R6 000 4 weeks

# OBSERVED TRENDS

- ▶ Financial Restraints
- ▶ Stay in independent living longer (tell tale signs)
- ▶ At home with domestic care
- ▶ With children - domestic care
- ▶ UNREGISTRED FACILITIES - NON COMPLIANT
- ▶ Move to Frail Care only for Palliative Care and or End of Live Care
- ▶ Increase in Respite Care
- ▶ Increase in Temporary Admissions (post surgery, recovery from illness, injury)
- ▶ Direct impact on workload and staffing levels in frail care facilities



**“Do not regret growing older.  
It’s a privilege denied to many.”**

**- Unknown**