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.
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)
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<tr>
<th>ASSISTED LIVING</th>
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<td>Accommodation</td>
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<td>Cleaning service (weekly)</td>
<td>24-hour care (care plan)</td>
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<td>Laundry</td>
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<td>Transportation</td>
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<td>Clinic facility (weekly)</td>
<td>Meals</td>
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<td>Meals</td>
<td>Social and recreational stimulation</td>
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<td>Limited assistance with ADL</td>
<td>Nursing care interventions (wound care, Peg feedings, stoma care etc..)</td>
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<td>Social and recreational stimulation</td>
<td>Panic Button System/Emergency Call</td>
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WHEN DO I MOVE FROM ASSISTED LIVING TO FRAIL CARE
BY FORCE OR OWN FREE WILL

- **FRAILTY MARKERS**
  - ASSESSMENT 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
- R/N Consultation
- R/N Wound Assessment
- R/N Obtaining Laboratory specimen
- R/N Administering IM/IV medication
- R/N Setting up of a IV line
- R/N Catheterisation
- R/N Stoma Care
- R/N Colostomy Care
- Palliative Care
- ANY OTHER HEALTH PROFESSIONAL REGISTERED WITH BHF

Medical Aid Rates (benefit limits)
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