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Consumer Directed Care Management & Other Challenges

June 2010

ACSA National Community Care Conference



- Moving from

Client Centred Care

to

Client Directed Care

- Values
- Practical Matters



- 30 Clients within packaged care guidelines
- What would/could CDC look like?
 - research
 - individualised budgets in a pooled funding model
 - paid staff model



Consumer Advisory Group

- concept
- what people would want to know
- opting out



Values for CDC

- Relationship (balance of power)
- Choices
(services/staff/informal networks)
- Transparency (individual budget)
- Risk (success for all parties)



- Documents and language
 - Care recipient agreement
 - Assessment tools
 - Care Plan
- Clinical duty of care
- Budget planning
- Managing change



What's Happened

10 Clients in 120 package program

7 CACPs / 2 EACH / 1 EACHD

invited all existing clients and new clients

- existing mixed response but some now reconsidering
- all new clients choosing CDC



- Empowerment

“I wanted the change for philosophical reasons”

(daughter - mother on EACH)

- Accountability

“I now know what things cost ... value it more”

(carer of EACHD client)

- Contact

“ more and better quality”

- Choice

“I am more able to make choices for small needs that have longer term benefits”

(CACPs client)



- Self Assessment
 - “Clients tell us a lot more about themselves”
- Care Planning
 - “Working outside of ‘traditional’ services types”
- Financial Management
 - “Better understanding of what it costs to deliver care and why Manager sometimes says ‘no’.”
- Coordination Role
 - more satisfying ... “client liaison takes a lot more time!”
 - changed attitude - “clients are making good decisions...”



- Budgeting tool
- Revisit clients who initially declined
- Coordinator training
- Expanding to other teams





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