

Dementia Support Australia

Funded by the Australian Government
A service led by HammondCare



Acute to Residential Care Transition Service (ARCTS)

Supporting across the Illawarra Shoalhaven Local Health District (NSW)

Delayed transition from acute care into a residential care home can affect the long-term wellbeing of a person living with dementia and their families.

The Acute to Residential Care Transition Service (ARCTS) is a Commonwealth Government funded transitional service for people living with dementia. **It is a short-term program to support the current issues impacting long stay patients and their transition to residential aged care. There will also be capacity building element for aged care staff with benefits continuing beyond the program.**

Dementia Support Australia is pleased to be partnering with the local health teams in the **Illawarra Shoalhaven Local Health District (NSW)** to support the transition process, and the interface between the acute and residential aged care sectors. This partnership will enhance the coordination of care for people living with dementia who may be at risk of delayed placement into residential aged care homes.

What will the program look like?

The ARCTS team will collaborate closely with the person living with dementia, their family, and the care teams with the aim of a successful transition for the patient out of hospital into a residential aged care home. The ARCTS team will provide a collaborative approach to support in finding the right care home, prepare, and provide support during the transition of the person for up to 12 weeks after discharge from hospital to the care home. This will be a highly individualised service with advice, strategies and written recommendations for each person referred to the service.

To be eligible for the ARCTS Program, the person requiring support must:

- be a patient in an acute/sub-acute public hospital setting and is medically stable; and
- have a diagnosis of dementia or a history of progressive cognitive decline; and
- experience behaviours because of their dementia that impact their ability to access appropriate residential aged care; and
- be assessed by ACAT and approved for Residential Aged Care placement; and
- agree to receive DSA services (or have the consent of their nominated person responsible for their care).

What will the ARCTS team need:

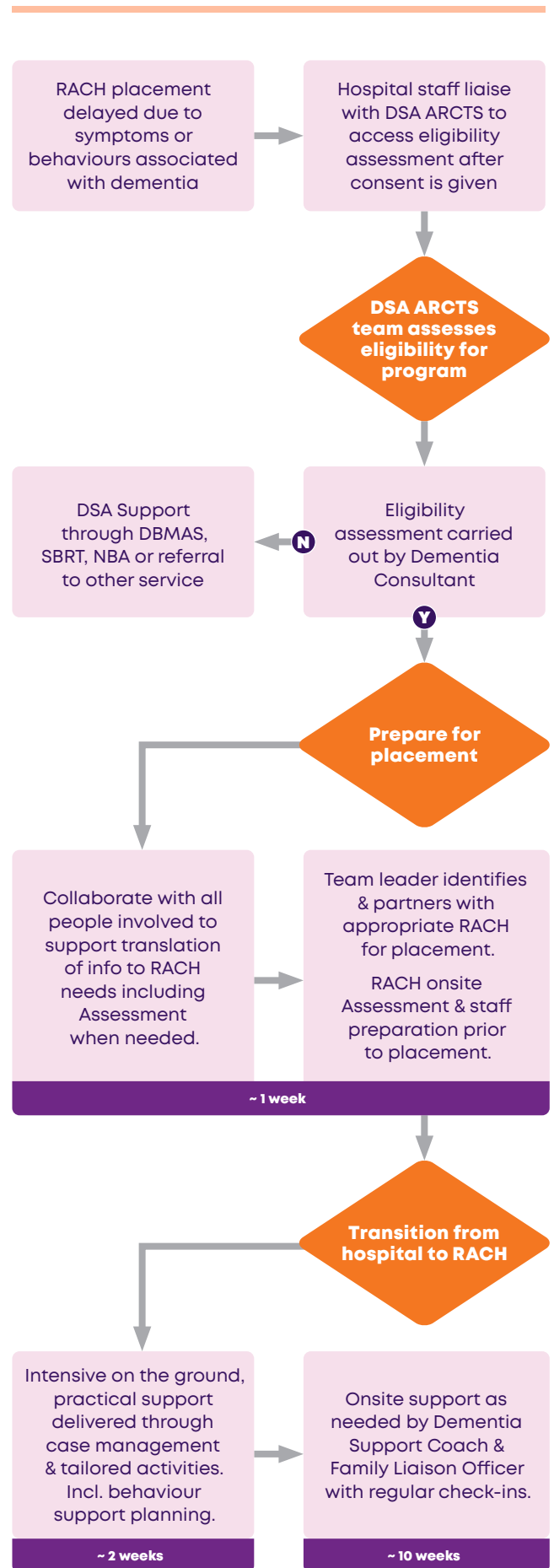
- Permission to access patient information. Electronic and hard copies.
- Access to observe and interact with the person being referred.
- Access to staff members who know the person well.
- Access to previous placement information and other relevant medical and social history.

This is an exciting step towards building capacity between acute and aged care for better outcomes for people living with dementia, their families and those who provide care for them.

Acute to Residential Care Team:

- **Team Leader:** leads the team and collaborates with key stakeholders towards program outcomes.
- **Family Liaison Officer:** aims to reduce emotional distress, and promote well-being of the clients and their families/representatives.
- **Dementia Consultant:** provision of clinical assessment and recommendations for support.
- **Dementia Support Coach:** coaching, modelling and mentoring to support RACH staff to implement strategies.

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