Evaluation of the impact of the Aged Care Assessment Team within the Illawarra Area Health Service

Mohammad Ashraf Semnani

University of Wollongong

Follow this and additional works at: https://ro.uow.edu.au/theses

Recommended Citation


Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library: research-pubs@uow.edu.au
NOTE

This online version of the thesis may have different page formatting and pagination from the paper copy held in the University of Wollongong Library.

UNIVERSITY OF WOLLONGONG

COPYRIGHT WARNING

You may print or download ONE copy of this document for the purpose of your own research or study. The University does not authorise you to copy, communicate or otherwise make available electronically to any other person any copyright material contained on this site. You are reminded of the following:

Copyright owners are entitled to take legal action against persons who infringe their copyright. A reproduction of material that is protected by copyright may be a copyright infringement. A court may impose penalties and award damages in relation to offences and infringements relating to copyright material. Higher penalties may apply, and higher damages may be awarded, for offences and infringements involving the conversion of material into digital or electronic form.
EVALUATION OF THE IMPACT OF THE AGED CARE ASSESSMENT TEAM WITHIN THE ILLAWARRA AREA HEALTH SERVICE

A thesis submitted in partial fulfilment of the requirements for the award of the degree of Doctor of Public Health

THE UNIVERSITY OF WOLLONGONG

by

Mohammad Ashraf Semnani

B.S. M.S. Community Health Registered Nurse Teheran Iran

Department of Public Health and Nutrition
May 1994
DECLARATION

I declare that the work described in *Evaluation of the impact of the Aged Care Assessment Team (ACAT) project within the Illawarra Area health services* is entirely my own work. References to the work of others are indicated in the text. This work has not been submitted for the award of any other degree at any other university.

Mohammad Ashraf Semnani

June 1994
ACKNOWLEDGMENTS

Many people have helped me in this work, but in particular I should like to thank:

Professor Ross Harris, my supervisor, for his support and encouragement while needed.

Elderly patients and their carers who supported this investigation.

ACAT Managers and Co-ordinators within the IAHS for their help and support.

My wife Shohreh Hydari and my father Emadeddin Ashraf Semnani for their patience and support.
<table>
<thead>
<tr>
<th>Abbreviations</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACAT</td>
<td>Aged Care Assessment Team</td>
</tr>
<tr>
<td>ADL</td>
<td>Activity of Daily Living</td>
</tr>
<tr>
<td>COP</td>
<td>Community Options Program</td>
</tr>
<tr>
<td>CTR</td>
<td>Community Transport</td>
</tr>
<tr>
<td>DC</td>
<td>Day Care</td>
</tr>
<tr>
<td>DHHCS</td>
<td>Department of Health, Housing and Community Services</td>
</tr>
<tr>
<td>DNCB</td>
<td>Domestic Nursing Care Benefit</td>
</tr>
<tr>
<td>DON</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>GAT</td>
<td>Geriatric Assessment Team</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HACC</td>
<td>Home And Community Care</td>
</tr>
<tr>
<td>HCAA</td>
<td>Hostel Care Assessment Authority</td>
</tr>
<tr>
<td>HC</td>
<td>Home Care</td>
</tr>
<tr>
<td>HM</td>
<td>Home Maintenance</td>
</tr>
<tr>
<td>IAHS</td>
<td>Illawarra Area Health Services</td>
</tr>
<tr>
<td>MDS</td>
<td>Minimum Data Set</td>
</tr>
<tr>
<td>MO</td>
<td>Meals ON Wheels</td>
</tr>
<tr>
<td>NSW</td>
<td>New South Wales</td>
</tr>
<tr>
<td>OPAC</td>
<td>Older Persons Actions Centre</td>
</tr>
<tr>
<td>QALY</td>
<td>Quality Adjusted Life Year</td>
</tr>
<tr>
<td>W.S.D</td>
<td>Wollongong Statistical District</td>
</tr>
</tbody>
</table>
ABSTRACT

This study seeks to evaluate the impact of the ACAT program within the Illawarra Area Health Service. The purpose of the study was to describe outcomes from the ACAT activities in 1992 and first six months of 1993, these include consumer satisfaction, range of services offered to the clients and carers' involvement in the consultation and negotiation process.

The main sources of data were ACAT records, team co-ordinator's information and the study instrument. Of 285 carers selected for the study, 149 (52%) carers responded to the mailed questionnaire. Of questionnaires received, 117 (41%) questionnaires were completed, six questionnaires (2%) were partially completed, and 32 (11%) explained that they did not wish to participate. Due to the age of the clients and their frailty, in this investigation there was a large data loss. One hundred and thirty six (48%) carers of the total sample did not respond to questionnaires. In this study total response rate was 41 per cent. ACATs' clients were the study subjects and their carers responded to the study questionnaires. Criteria for selection of study subjects were that they were 65 years or over, had an identified carer and were deemed to be able to participate in the investigation by the local ACAT co-ordinator.

The range of services offered to the clients, carers' involvement in consultation, negotiation with ACAT concerning the elderly friend/relative and carers service satisfaction were the study variables. Most carers were older than 65 years of age and suffered from a number of chronic illnesses. The fact that 33 per cent of carers suffer from stress was one of the findings. Carers reported caring responsibilities negatively affected their health. Dementia was the illness with the highest incidence among the clients.

A number of institutional and Community Services were offered to ACAT clients. Seventy per cent of clients were referred to Community Services. Community Home Nursing was the most frequently used of the different Community Care Services (n=52)(46%).
Most carers (57%) were satisfied with services which their elderly relative/friend received. Despite carers’ worry about their elderly friend/relative and the fact that caring responsibility had a negative effect on their own health, a large number of the carers were satisfied with the services and happy to continue caring responsibilities. There was no significant difference between level of satisfaction and the effect of caring responsibility on the carer’s health.

Need for services beyond those already utilized was not high, but need for Respite Care was frequently mentioned (34%) (n=38). Forty five per cent (n=50) of carers had one contact with ACAT members. Carers were usually not involved in the process of decision making by ACAT about services required, since twenty one per cent (n=28) were consulted by ACAT staff only twice and only twenty six (n=29) per cent were consulted three times and more. Also, eight per cent (n=9) of the carers reported that they had never been contacted by ACAT staff.

Overall Aged Care Assessment Teams successfully offer a range of Community Services to the aged residents of The Illawarra. Carers were mainly well satisfied with the services received.
## CONTENTS

<table>
<thead>
<tr>
<th>Declaration</th>
<th>ii</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgments</td>
<td>iii</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>iv</td>
</tr>
<tr>
<td>Abstract</td>
<td>v</td>
</tr>
<tr>
<td>Contents</td>
<td>vii</td>
</tr>
<tr>
<td>Tables</td>
<td>xii</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>1</td>
</tr>
</tbody>
</table>

### CHAPTER ONE

1.1 Introduction                        2
1.2 Aim and purposes of the research    9
1.3 Significance of the research        11
1.4 Limitations                         12
1.5 Research assumptions                13
1.6 Research questions                  13

### CHAPTER TWO, REVIEW OF LITERATURE

2.1 Introduction                        14
2.2 Elderly people                      15
   2.2.1 Elderly consumers activities and activity related problems 15
   2.2.2 Elderly patient satisfaction                                   20
   2.2.3 Elderly people and communication                              21
   2.2.4 Elderly persons and carer satisfaction with services          23
   2.2.5 Elderly abuse                                                  26
2.3 Aged Care Assessment Teams           28
   2.3.1 Roles of Aged Care Assessment Teams                           29
   2.3.2 Aged Care Assessment Team name change                        31
   2.3.3 Aged Care Assessment Teams and in-patient services           32
   2.3.4 Aged Care Assessment Teams throughout Australia              35
   2.3.5 Aged Care Assessment Teams and General practitioners          36
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3.6</td>
<td></td>
<td>Aged Care Assessment Teams as a multi-dimensional health care service</td>
<td>37</td>
</tr>
<tr>
<td>2.3.7</td>
<td></td>
<td>Aged Care Assessment Teams and information</td>
<td>38</td>
</tr>
<tr>
<td>2.3.8</td>
<td></td>
<td>Aged Care Assessment Teams and consumers’ expectations</td>
<td>39</td>
</tr>
<tr>
<td>2.3.9</td>
<td></td>
<td>Aged Care Assessment Teams and disabled elderly</td>
<td>40</td>
</tr>
<tr>
<td>2.3.10</td>
<td></td>
<td>Home And Community Care program and Aged Care Assessment Teams</td>
<td>42</td>
</tr>
<tr>
<td>2.4</td>
<td></td>
<td>Carers</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>2.4.1</td>
<td>Definitions</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>2.4.2</td>
<td>Carers’ financial situation and needs</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>2.4.3</td>
<td>Carers and Aged Care Assessment Teams</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>2.4.4</td>
<td>Carers’ health problems</td>
<td>48</td>
</tr>
<tr>
<td>3.1</td>
<td></td>
<td>Definitions</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>3.1.1</td>
<td>Evaluation</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>3.1.2</td>
<td>Outcome and outcome evaluation</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>3.1.3</td>
<td>Evaluation of Health Care Services</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>3.1.4</td>
<td>Evaluation of Aged Care Assessment Teams</td>
<td>58</td>
</tr>
<tr>
<td>3.2</td>
<td></td>
<td>Quality adjusted life years as a measurement for evaluation</td>
<td>60</td>
</tr>
<tr>
<td>3.3</td>
<td></td>
<td>Explanation and discussion on the evaluation of ACAT within the Illawarra by Aged Care Assessment Program Evaluation Unit in NSW</td>
<td>62</td>
</tr>
<tr>
<td>3.4</td>
<td></td>
<td>Cost of the ACAT program</td>
<td>68</td>
</tr>
<tr>
<td>4.1</td>
<td></td>
<td>Study Design</td>
<td>71</td>
</tr>
<tr>
<td>4.2</td>
<td></td>
<td>Area, population and sample</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>4.2.1</td>
<td>Area</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>4.2.2</td>
<td>Population and sample</td>
<td>71</td>
</tr>
<tr>
<td>4.3</td>
<td></td>
<td>Selection of sample</td>
<td>71</td>
</tr>
<tr>
<td>4.4</td>
<td></td>
<td>Study Variables</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>4.4.1</td>
<td>Study variables</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>4.4.2</td>
<td>Other variables</td>
<td>72</td>
</tr>
<tr>
<td>4.5</td>
<td></td>
<td>Data Sources</td>
<td>73</td>
</tr>
</tbody>
</table>
CHAPTER FIVE, RESULTS
5.1 Response to survey 79
5.2 Reasons for data loss 79
5.2.1 Death 79
5.2.2 Carers’ disability in reading the questionnaire and understanding the questions 80
5.2.3 Dementia 80
5.2.4 Carers’ misunderstanding and confusion about the purpose of the investigation. 80
5.2.5 Client relocation, such as transfer to a nursing home, hostel or home of relative 81
5.3 Survey Results 81

CHAPTER SIX, DISCUSSION
6.1 Discussion of the demographical findings of the study 96
6.1.1 Carers’ age and gender 96
6.1.2 Carer’s marital status 99
6.1.3 Carer’s illness and effect of caring responsibilities on their health situation 100
6.1.4 Carers’ country of birth, language spoken and employment situation 102
6.1.5 Clients’ age, gender and illnesses 103
6.2 Discussion of the range of services offered to ACATs’ clients in IAHS 106
6.2.1 Institutional service utilisation 106
6.2.2 Range of community services offered to ACATs’ clients 109
6.3 Discussion of the carers’ satisfaction with the services which their elderly friends/relatives received 112
6.4 Discussion of the clients needs 114
6.5 Carer involvement in consultation process 115
6.6 Evaluation of the impact of the ACAT activities 116
6.7 Conclusion 118
REFERENCES 120
APPENDICES 130
APPENDIX 1 Supplementary tables 131
APPENDIX 2 Letter accompanying and the Questionnaire 158
APPENDIX 3 Ethics Committee and IAHS approval 167
APPENDIX 4 Consent form 170
APPENDIX 5 Follow-up letter 172
APPENDIX 6 Carers received letters 174
# TABLES

Table: 1.1  Distribution of 70+ population and number of assessments in IAHS between January 1992 to July 1993

Table: 2.1  Number of ACATs, and number of assessment completed during the data collection period (Jan-July, 1992)-( six months)

Table: 2.2  Gender of ACAT clients (per cent)
Table: 2.3  Age of ACAT clients (per cent)
Table: 3.1  Sex of clients by team
Table: 3.2  Age at referral by team
Table: 3.3  Age at referral by IAHS ACAT
Table: 3.4  Marital status by IAHS ACAT’s consumers
Table: 3.5  Country of birth
Table: 3.6  Interpreter required by IAHS and regions
Table: 3.7  Principal carer
Table: 3.8  Time between start of assessment and referral
Table: 3.9  Carer stress by team
Table: 3.10 Reasons for referral by IAHS
Table: 3.11 Community Services at assessment by ACAT within the Illawarra

Table: 5.1  Survey response rate
Table: 5.3.1 Carers’ age in five ACAT locations and total responses
Table: 5.3.2 Clients’ age in five ACAT locations and total responses
Table: 5.3.3 Carers’ gender in five ACAT locations and total responses
Table: 5.3.4 Clients’ gender in five ACAT locations and total responses
Table: 5.3.5 Carers’ marital status in five ACAT locations and total responses
Table: 5.3.6 Client reported illnesses
Table: 5.3.7 Carers’ occupation
Table: 5.3.8 Carers’ illness
Table: 5.3.9 Clients’ institutional service utilisation
Table: 5.3.10 Clients’ community service utilisation
Table: 5.3.11 Carer time commitment to caring (per day)
Table: 5.3.12 Carers’ satisfaction with different health care services
Table: 5.3.13 Carer satisfaction with specific community services
Table: 5.3.14 Carers’ worry about their relative/friend
Table: 5.3.15 Effect of caring on the carers’ health
Table: 5.3.16 Clients service needs
Table: 5.3.17 Satisfaction with ACAT explanations about services
Table: 5.3.18 Frequency of consultations by ACAT
Table: 5.3.19 Carers’ understanding of ACAT explanation about clients’ problems
Table: 5.3.20 Relationship between carer illness and time spent in caring responsibilities
Table: 5.3.21 Health of carers and time spent in care
Table: 5.3.22 Carer satisfaction
Table: 5.3.23 Satisfaction and health effect of caring
Table: 5.3.24 Service utilisation
Table: 5.3.25 Community Services offered to ACAT clients
Table: 5.3.26 Time in caring duties
Table: 5.3.27 Satisfaction with ACAT explanation of services, by locations
Table: 5.3.28 Needs for services, by location
DEFINITION OF TERMS

**Carer.**

In this investigation the carer is the person who cares and provides regular care for the elderly consumer. Any person(s) who accepts this responsibility can be described as a carer of the aged person regardless of his/her family relation to the consumer. As a result, the carer can be a close family member such as daughter, daughter-in-law or son, or can be a community member who has direct responsibilities for the elderly consumer.

**Aged Care Assessment Team.**

The term Aged Care Assessment Team (ACAT) refers to a multi dimensional health care team for care of the elderly, based in a number of locations in the IAHS. The team is known as the ACAT team or Geriatric Assessment Team (GAT) by community members.

**Elderly Consumer.**

The term 'elderly consumer' refers to people 65 years and over who were ACAT consumers in the Illawarra region during the years 1992&3.

**Consumer Satisfaction.**

Consumer satisfaction means carers’ satisfaction with different health care services which their elderly relative or friend received during the years 1992 and 1993 from ACATs in the Illawarra.

**Consultation and Negotiation.**

The terms consultation and negotiation refer to the negotiation and discussion held between the elderly person and carer as consumers of services and ACAT members as health care providers and as co-ordinators of different services for care of elderly in the Illawarra region.