

What is the Transition Care Program?

The Transition Care Program (TCP) provides care and low level therapy for a short term period for older people who have been in hospital. By offering low level therapy and support, it allows people to be discharged quicker and continue their recovery out of the hospital system. While in TCP you and your family will work with the team to plan either discharge to home or to suitable long-term care.

TCP services can be provided either in your own home or in a bed based service.

A Case Manager will meet with you and your family and carers to discuss, plan and manage your care. The services provided will be designed to suit your needs and may include:

- Personal care
- Physiotherapy
- Exercise Therapy
- Nursing
- Occupational Therapy
- Dietary Assessment and guidance
- Podiatry
- Medical

Will I need to pay?

Yes, you will have to pay the normal daily care fee for aged care client services. (84% of the Aged Care Pension for Bed-based and 17.5% for Home-based). However, alternative arrangements will be worked out in cases of financial need.

Health Funds do not cover TCP fees.

Who should I talk to if I want more information about the TCP?

You can ask either the Nursing or Allied Health staff looking after you on the ward for more information about the Program. They will ensure somebody who knows about the Program can provide you with more information.

All major metropolitan public hospitals and selected country hospitals are participating in this program.

More detailed information is available in the TCP Client Information Pack.

What will happen?

If you agree to participate and a place is available, the hospital will contact the TCP Team along with the Aged Care Assessment Service (ACAS) and arrange them to visit you.

Our TCP Team and ACAS will assess what your immediate needs are and decide if the Program is an appropriate option for you.

If you are agreeable and you have clear goals that you would like to work towards in TCP, we will arrange for you to be discharged from hospital and transferred to the Program. You need to be medically stable before you transfer.

Your rights and responsibilities will be discussed with you and your family / carer by your Case Manager.

The period of time that you will need to be on the Program will be discussed with you on admission and reviewed weekly. We will work actively to assist you to meet your goals.

Your period in TCP is linked to your goals and is for a maximum of 12 weeks.

Complaints

If you have a complaint:

In the first instance, raise your complaint with your Case Manager. If you do not feel comfortable to do this, raise it with the Program Coordinator who can be contacted on 0427 320 129.

If you are unable to raise your complaint with Swan Hill District Hospital or you are dissatisfied with the outcome, you can also raise your complaint with other organisations, which include:

Aged Care Complaints

Resolution Scheme

1800 550 552

The Health Services Commissioner

1300 582 113

Residential Care Rights (National Aged Care Advocacy Program)

1800 700 600

TCP is an initiative of the
Commonwealth Department of Health
and Ageing
and the
Victorian Department of Human
Services

Transition Care Program

A collaboration between the Aged Care
Sector, Public Hospitals and the
Community, to improve care and options for
Older People

For more information contact:

Transitional Care Program
Swan Hill District Health
Swan Hill, 3585
(03) 5036 4568
8.30am-5.00pm
www.shdh.org.au

Publication Date: Oct 2010

DURATION:

Up to 12 weeks

VENUE:

Extended Care Unit

Enter off High St.

Or in your own home



**Swan Hill
District Health**
my hospital