

# Realising Health Consumer voices on a metropolitan

## Community-based TCP program (EXaM-TCP)

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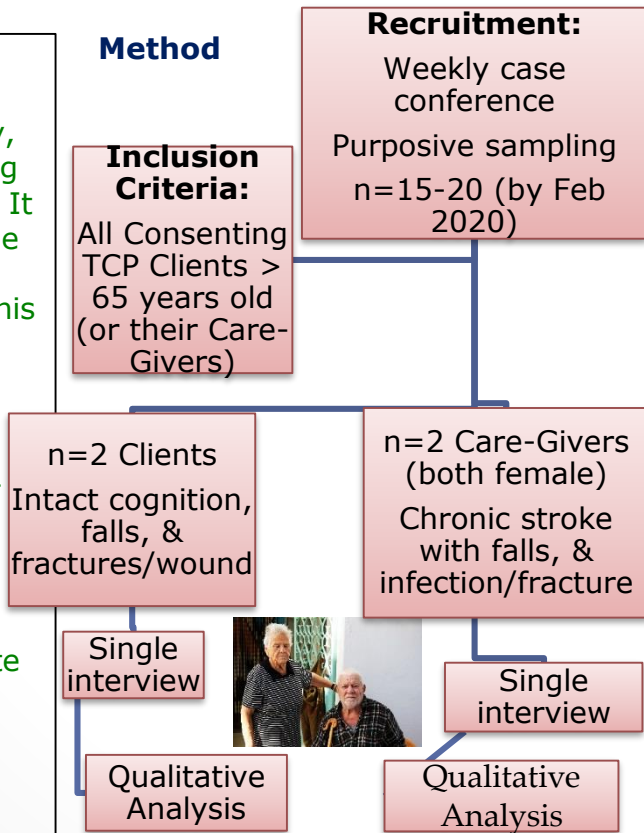
### Introduction

Community Transition Care Program (TCP)=multi-disciplinary, goal-oriented, model of facilitating transition from hospital to home. It is unknown what consumers value most from a TCP program. Nor how to measure success of this program:  
Length of stay, falls rate, infection rates alone?

**Aim:** To explore (i)Client & Care-giver experiences & perspectives of a well-established chronic health program, (ii)factors of most value to consumers, & (iii)identify factors that may relate to confidence of older people adjusting to an altered health status?

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### Method



### RESULTS

#### CARE-GIVER THEMES

1. *Building on pre-existing care-giving experience*

- Significance of family of origin, behaviour-setting, expectations.

2. *Having health professional in home/ "listening to others" is helpful*

- Re-shifting of power balance towards health professional.

#### BOTH CLIENT & CARE-GIVER THEMES

1. *Pre-occupation with bodily self-care needs*

- Timing of response to care may not be adequate.

2. *Identification of long-term needs in people with complex conditions is not easy.*

#### Discussion

Early findings suggest people value the merging of TCP components to enable care-giver competence at home, and early prioritisation of self-care tasks whilst teasing out likely long-term support needs.

#### References

1. Allen et al. (2014) Quality care outcomes following transitional care interventions for older people from hospital to home: a systematic review. BMC Health Services Research 14:346