

SAMPLE REPORT ON SERVICE USER TRANSITION TO COMMUNITY LIVING FROM RESIDENTIAL CARE, FACILITATED BY CASE MANAGER, DATA PRODUCED USING THE APM

Background

Simon Bayle, aged 31, suffered a serious traumatic brain injury in 2012 in a skiing accident, leaving him with significant cognitive, emotional, physical and behavioural problems and high care needs. He received large insurance compensation to cover his needs for the rest of his life. Following the accident he was unable to return to the family home and lived in specialist residential care (HollyOaks House). Nevertheless the family have remained supportive and visit regularly. However, over the years his behavioural presentation has moderated to the point where a move to a supported house (17 Sefton Street) nearer to his family could be considered.

The case manager was tasked with facilitating this transition, and commissioned occupational therapy to improve functional independence and also set up community activities. This report gives the outcome in terms of his activity performance and participation (the areas of life a person is involved in).

The summary and charts were pasted directly from the APM app.

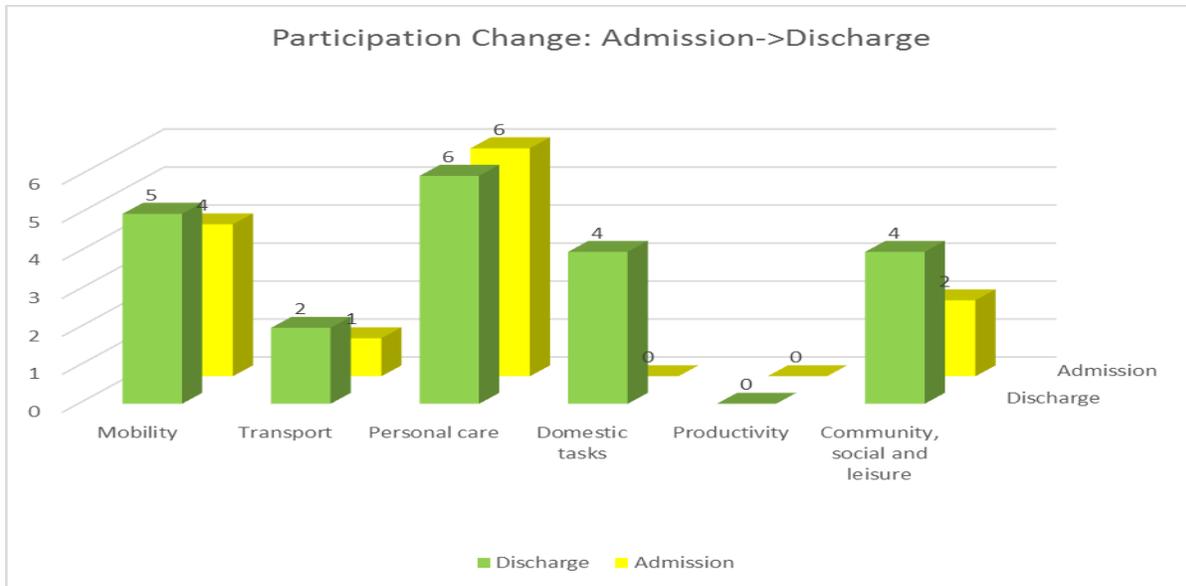
TRANSITION FROM HOLLYOAKS HOUSE TO 17 SEFTON STREET – ACTIVITY AND PARTICIPATION

In summary, the transition to 17 Sefton Street has allowed Mr Bayle to significantly expand the areas of life he participates in, with new involvement in community and leisure tasks as well as domestic tasks, with staff support. This is seen in the APM Participation Summary, which has increased from 13 to 21. At the same time he has achieved a reduction in the amount of limitation in many of the activities carried over from HollyOaks. These results are summarised below.

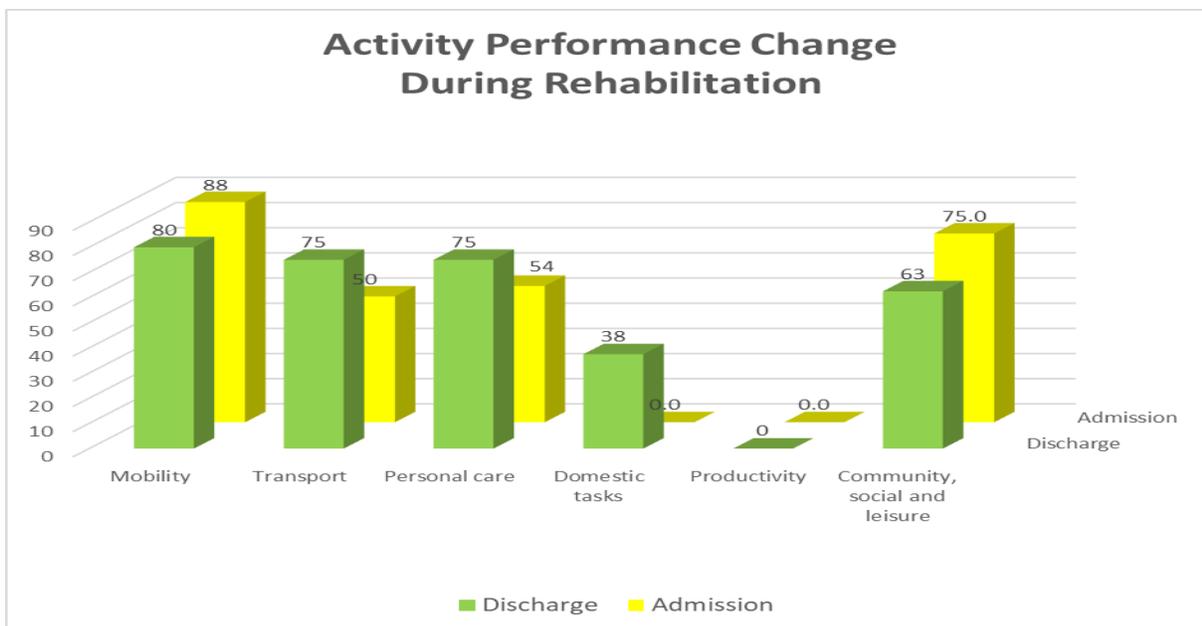
Results at a Glance			
	Admission	Discharge	Change at discharge
Activity Summary	63	67	+4
Participation Summary	13	21	+8
Number of activities where service user got carer support	7	11	+4
Number of activities where the person returned to independence or normal lifestyle			1
How many activities saw limitation reduced during the admission			12

Looking at the changes in more detail, we start with participation. In HollyOaks Simon spent most of his time watching television or hanging round the communal lounges, often drowsing. This was reflected in his low APM Participation Summary of 13, and he had little involvement in community and leisure activity apart from fortnightly trips out with the family.

The transition to 17 Sefton Street has been accompanied by a major increase in participation, with the APM Participation Summary increasing to 21 activities. This was due to good involvement in the functional retraining programme led by the occupational therapist team and the implementation of a consistent approach of prompting and involvement by the staff team at 17 Sefton Street. The chart below shows the improvement across nearly all life areas. Domestic tasks increased as staff involved him in a daily routine including meal preparation, food shopping and cleaning. The community social and leisure score reflects his new involvement in a volunteering role in a local conservation group and swimming 3 times a week.



The relatively small improvement in Activity limitation (67 from 63 APM points) is an average score and is affected by the large number of new activities facilitated by staff, Nevertheless he made significant improvements in independence in personal care and domestic tasks. In total there was improved performance on 11 out of the 21 activities performed by Mr Bayle at discharge.



SUMMARY AND ONGOING NEEDS

Mr Bayle has made a good transition to supported living in 17 Sefton Street.

The opinion of OT is that he may have potential for further improvement as he continues to settle into community living. For instance it may be that he has the potential to start to access the community independently We therefore recommend a further OT review in 3 months from now.

Options

APM would be able to detail exactly where he has become more independent and how, if required.

The above report could obviously be combined with patient-reported outcomes or mood questionnaires to include all aspects of the case management.