Introduction: The Transitional Care Program initiative provides additional community support to frail and dependent elderly for periods of 8 weeks ‘at risk’ of admission to hostel or nursing home care.

Method: The effectiveness of the Transitional Care Program was evaluated by a case control study during the first 12 months of the program. Controls were selected from a comparable region where the TCP program had not been implemented.

Results: 231 clients and 145 controls rehabilitated either in the community or Geriatric Assessment Unit were admitted to the study. There were little differences in the characteristics of clients receiving TCP and controls. However, the clients were significantly less likely to have died, more likely to remain at home and were less likely to be readmitted to hospital. There was a trend for the physical function of TCP clients to improve over the six month follow-up period while the trend for controls was of minimal deterioration in function as measured by Barthel Score (TCP 5.5 Control -1.0). There was little change in MMSE Folstein in cases and controls.

Conclusion: Transitional Care Clients have a more robust and healthier outcome at six months than controls as their functional status improves, they use fewer community services, and are less likely to be admitted to hostel or nursing home care.

Elderly Respite Care in Suffolk

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The provision of respite care may change with recent guidelines in continuing care. We sent a questionnaire to all hospitals and social services departments in Suffolk to determine the extent of respite care. Respondents were asked to include all clients receiving respite during June 1995 and to fill in a Barthel activities of daily living assessment for each client (ADL).

Results: 156 completed forms were analysed. The average age of clients was 83.4 years (range 65 -100 years); most clients had respite 3.8 times a year with 15% having 8 or more episodes. Clients receiving respite in hospital or nursing homes had more episodes of respite (mean 4.4 times per year) compared to those in residential and social services' homes (mean 3.2 times per year; p < 0.01). The average age of carers was 64.1 years (range 30 - 94 years) and 52% were more than 65 years of age. Most carers were sons or daughters. 37% had no live in carer. Those clients more disabled (mean ADL 8.82), had respite in hospital/nursing home, compared to those placed in residential/social service homes (mean ADL 14.0, p < 0.001). Those living alone had more care assistants into the home (p < 0.02) but ADL scores were lower in those with a live in carer (mean ADL alone 12.9; mean ADL with carer 10.45. p < 0.01). 11% of clients receiving respite in hospital/nursing home had ADL scores of above 17 and 10% receiving respite in residential/social service homes had ADL scores of 7 or less.

Conclusions: This survey is unique involving both health and social services. Most carers are elderly and half of all clients are disabled enough to need either hospital or nursing home admission, although there is considerable overlap between health and social services. Those admitted to hospital or nursing home had more respite episodes per year. This could have implications if respite care is passed to social services.