The Man Who Wont Roll: A Case Study

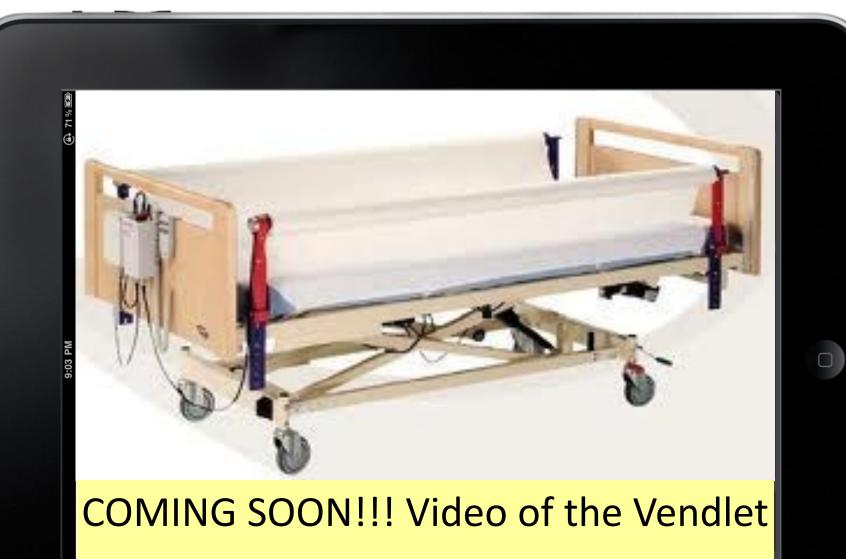
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• 49 year old man >130kg

- Great sense of humour
- Enjoys spending time with friends, writing poetry, drawing and painting in powered wheelchair
- Lives in shared supported
- accommodation
- Staff reporting low confidence in assisting Gavin to move in bed
- Multiple Work Cover claims



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you can

PMHx C4-5-6 complete spinal cord injury,

ABI, Depression

• Chronic pressure sores often led to

depressive episodes

• All of original payout spent

Department of Human

Services (DHS) concerned about spiralling cost of care in action during the poster break

Gavin has given permission for his name and images to be used. He will be co-presenting during the allocated poster time

* The environment was not supporting Gavin to be happy and feel safe in his

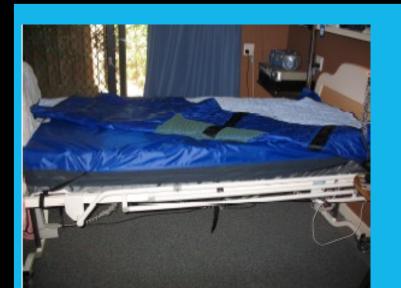
routine

 Wound care and bowel care completed every second day

- Fearful of returning to hospital
- Found morning routine stressful
- Depression often brought about by pressure injuries

When depressed spent all day in

Equipment trialled



All-ways slide: Not appropriate as it required too much strength from staff when lifting Gavin into rolled position.

Rolling Sling: Too small to rotate Gavin as his area of distribution weight was





Before Vendlet

• Staffing: Morning routine required 3x Disability Support Workers and one nurse

bed

- Time taken was up to 2 hours
- Gavin's perspective: he did not like 8 hands supporting his side, lack of privacy, frustrated waiting for staff, fixated on routine
- Staff perspective: fearful of injury, reported it was the hardest part of the shift, time consuming, strained relationship with Gavin

After Vendlet

- Staffing: Morning routine requires one or two Disability Support Workers and one nurse
- Time taken: Less than one hour
- Gavin's perspective: smooth rolling and positioning, increased privacy and dignity, increased choice and control over routine, increased quality of life, decreased negative self-talk
- Staff perspective: simple morning routine, enhanced interactions with Gavin

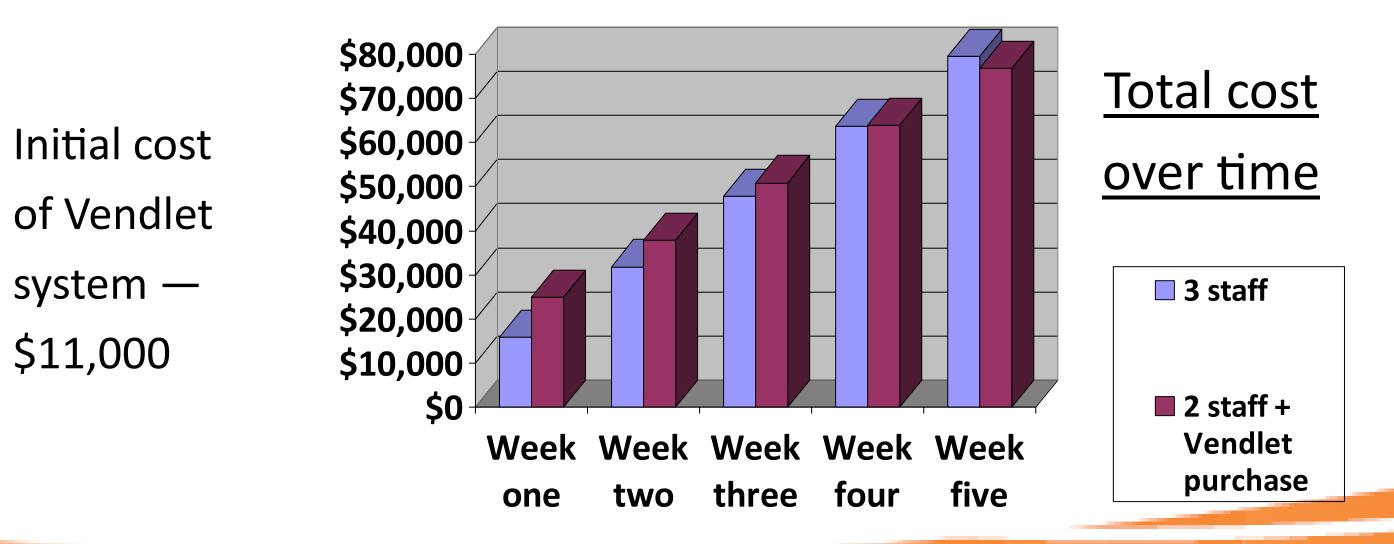
larger than the sling.



SmartTech Turning bed: Purchased at a cost of \$13,000 as it was the best option at that time. Did not effectively redistribute pressure and still required three staff to keep Gavin on his side for care in bed. Gavin found it uncomfortable.

Summary

Cost benefit: broke even at five weeks **Collaboration:** outcome not possible without the person, support staff, therapists, service manager and DHS focused on same goal



Perseverance: Four years of therapy review to reach this outcome

The future: With NDIS on the horizon, people will have control over their money and more holistic

purchases of assistive technology will be possible

COST BENEFIT ANALYSIS: Clinical decision making around high cost assistive technology must consider the impact on other expenses, and not just the initial purchase