

Information for Referrers (Occupancy and Access)

The Repat NBU

In understanding the service, it is most analogous with an older person's mental health intensive care unit, with a specific focus on people with complex needs, sometimes presenting as particularly high levels of agitation and aggression, as a reflection of unmet needs in the context of dementia. The Repat NBU is NOT an Approved Treatment Centre under the Mental Health Act, hence appropriate orders under the Guardianship and Administration Act will be necessary and any Inpatient Treatment Orders will need to be revoked prior to transfer.

The Repat NBU is one part of a layered model of care for people with BPSD in South Australia and caters to those with the most extreme symptoms, with other services available for those with less extreme BPSD. Other services available for the care and support of people with BPSD include:

- Specialised Dementia Care Unit for people with severe to very severe BPSD. Currently there is one 9 bed facility at Aldersgate in Felixstow funded by the Commonwealth Government.
- Rapid in-reach services from community mental health teams to Residential Aged Care Facilities to assist with capacity building, care planning and needs assessment. Each adult metropolitan LHN has a service and there is one service across regional SA operated through the Barossa Hills Fleurieu LHN.
- The Dementia Behaviour Management Advisory Service and Severe Behaviour Response Team funded through the Commonwealth Government.

The specialised nature of the Repat NBU means that people who live with lesser severity BPSD will not be considered for a place-of-care, with other services providing the advice and care as required.

In considering whether the consumer in your care requires a place of care at the Repat NBU the following must apply:

Consumers living with advanced dementia requiring this level of care will have very severe or extreme responsive behaviours (e.g., repetitive, and disruptive verbal/non-verbal vocalisations, significant motor agitation, physical aggression, and declining aspects of personal care) that are persistent, and when episodic are at a frequency and severity that cannot be supported in a mainstream setting.

They will present a significant risk to others and to themselves through vulnerability, harm from other consumers during physical conflict, loss of tenure of accommodation, care in acute hospital environments, and excessive use of psychotropic medication. In mainstream care environments there is a risk that excessive restrictive care practices will be implemented to reduce BPSD.

Consumers will have demonstrated inability to have long-term care needs met in less specialised care environments and will not have responded to initial evidence-based therapies guided by inpatient or consultative Older Persons Mental Health, Geriatric medicine and/or specialist dementia care services prior to referral. Skilled staff support will be required for provision of care, responding to BPSD, reducing risks and supporting the persons quality of life. Once target BPSD phenomena is reduced, specialist care at the Repat NBU will no longer be required. Process of transition will occur to support care in a specialist care dementia unit or mainstream residential care facility.

There are twelve places of care in the Repat NBU. Once a consumer's referral has been accepted they will be included on the waitlist for a place of care, if not available at the time of referral. The Repat NBU Nurse Consultant will provide updates to the treating team every eight weeks, including ongoing assessment of the consumer to determine whether place of care in the Repat NBU is still required.

Inclusion Criteria

- Those who fit the above description (previous leaf)
- Adult age with an established dementia condition
- Have no unstable or reversible acute medical or surgical conditions
- Repat NBU transfer and fees consented to by substitute decision maker(s)
- Section 32(1) (a/b and c) in place prior to transfer

Exclusion Criteria

- Insufficient evidence-based prior assessment and care planning in referral service in order to exclude acute reversible or lesser severity dementia triggers for responsive behaviours
- Dementia with BPSD that is not very severe or extreme
- Delirium as a primary or superimposed condition
- Medically unstable or requiring intensive medical assessment and care
- Complex/intensive clinical nursing requirements (not dementia related) better supported in an acute ward and/or multiple medical devices
- Mental illness that does not have comorbid dementia with very severe to extreme BPSD as the primary condition
- Intellectual disability that does not have comorbid dementia with very severe to extreme BPSD as the primary condition.
- Acquired or traumatic brain injury (including alcohol related dementia or neurological injury from substance abuse).
- Behaviours primarily due to a substance use disorder
- Forensic consumers* who do not have comorbid dementia with very severe to extreme BPSD as the primary condition
- A consumer who may meet the inclusion criteria, but due to the milieu of the unit it is considered that transfer of care would lead to imminent risk to consumer or others

- If not already in an Older Persons Mental Health or Specialised Aged Care acute unit, there has been consultation with and assessment by an outreach or consultation-liaison Older Persons Mental Health Service
- The person living with dementia has formal Substitute Decision Maker(s)
- The person living with dementia has Section 32(1) (a), (b) and (c) (Guardianship and Administration Act 1993) in place. If not in place, an application has been submitted to the South Australian Civil and Administrative Tribunal (SACAT), understanding that transfer of care cannot occur until such Orders are in place.
- The Substitute Decision Maker(s) have read and understood the Repat Neuro-Behavioural Unit Information for Carers Sheet, including understanding any Fees and Charges
- The Substitute Decision Maker(s) have consented to the referral being made. Referrals will not be actioned if consent has not been obtained. Please contact the Repat NBU if a visit by Substitute Decision Maker(s) is desired to assist the referral process.

Contacts

Repat NBU
Repat Health Precinct
216 Daws Road,
DAW PARK, SA 5041

Enquiries to RNBU:
Nurse Unit Manager: Paula Rae / Nurse Consultant: Kate Maddigan / Head of Unit: Michael Page
Phone: 71175700

Referral form and attachments to be sent to:
Fax: 71175710
Email: Health.RepatNBU@sa.gov.au (email preferred)

Checklist prior to completing referral form

- Person meets the criteria listed above
- Multi-disciplinary assessments intended to identify underlying unmet needs and triggers for BPSD presentation have been completed, actioned and have not proven to have substantially reduced target BPSD phenomena.
- There is a comprehensive understanding of the consumer living with dementia's whole life experience including any early (childhood) or later life traumatic adverse events



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*Repat NBU will not be considered a Forensic unit