Royal Commission into Aged Care Quality and Safety

Submission to the Royal Commission

25 March 2019

ahha
australian healthcare & hospitals association
the voice of public healthcare

OUR VISION

A healthy Australia, supported by the best possible healthcare system.

OUR MISSION

To conduct research, educate and influence the healthcare system to achieve better health outcomes, improved patient and provider experience, greater equity and sustainability.

OUR GUIDING PRINCIPLES

Healthcare in Australia should be:

Effective

Accessible

Equitable

Sustainable

Outcomes-focused.

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INTRODUCTION

The Australian Healthcare and Hospitals Association (AHHA) is pleased to provide this submission to the Royal Commission into Aged Care Quality and Safety.

WHO WE ARE

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state and territory health departments, Local Hospital Networks and public hospitals, community health services, Primary Health Networks and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

SCOPE OF REVIEW

The scope of the review, as defined in the Terms of Reference, covers:

- the quality of aged care services provided to Australians, the extent to which those services meet the needs of the people accessing them, the extent of substandard care being provided, including mistreatment and all forms of abuse, the causes of any systemic failures, and any actions that should be taken in response;
- how best to deliver aged care services to:
  - people with disabilities residing in aged care facilities, including younger people; and
  - the increasing number of Australians living with dementia, having regard to the importance of dementia care for the future of aged care services;
- the future challenges and opportunities for delivering accessible, affordable and high-quality aged care services in Australia, including:
  - in the context of changing demographics and preferences, in particular people's desire to remain living at home as they age; and
  - in remote, rural and regional Australia;
- what the Australian Government, aged care industry, Australian families and the wider community can do to strengthen the system of aged care services to ensure that the services provided are of high quality and safe;
- how to ensure that aged care services are person-centred, including through allowing people to exercise greater choice, control and independence in relation to their care, and improving engagement with families and carers on care-related matters;
- how best to deliver aged care services in a sustainable way, including through innovative models of care, increased use of technology, and investment in the aged care workforce and capital infrastructure;
- any matter reasonably incidental to a matter referred to in paragraphs (a) to (f) or that [the Commissioners] believe is reasonably relevant to the inquiry.

EXECUTIVE SUMMARY

Every older person should be able to live well, with dignity and independence, as part of their community and in a place of their choosing, with a choice of appropriate and affordable support and care services when they need them. Aged care services must be high quality and responsive to the diversity of need, with independent monitoring, transparent public reporting and accountability upheld. As frequent users of healthcare, care pathways for older people must be appropriate, coordinated and integrated to meet the complexity of their needs and associated vulnerabilities.

Access to care remains a problem. The number of people waiting for home care packages is far greater than the number of people receiving care at their approved level. Waiting times for home care packages are long. Data sources to accurately determine unmet demand in the community are lacking. Variability in the quality of care and services exist in the aged care sector. Workforce shortages are exacerbated by low wages and insufficient skills of some workers. The formal aged care sector is complemented by a significant informal care sector.

The Commonwealth government has identified aged care as one of the key priorities for Primary Health Networks reflecting the complex interplay between the health and aged care sectors.

Feedback has been provided according to the following four areas:

1. Access to care
2. Quality and safety
3. Aged care funding
4. Information systems

SUMMARY OF RECOMMENDATIONS

AHHA provides the following recommendations to the Royal Commission into aged care quality and safety:

- Commonwealth funding must be provided to increase the numbers of home care and residential aged care packages and places to meet current need.
- Consideration should be given to removal of the cap on the number of home care packages by the Commonwealth.
- Appropriate data sources and methodology to measure and monitor unmet need for aged care services in the community must be explored.
- Research is required to identify barriers to accessing home care and consumer directed care.
- Primary care, palliative care, pain management and chronic disease management available to aged care service users should align with the quality of care available to other Australians.
- Access to clinically appropriate, high-quality and safe primary care and specialist care must be available to people receiving aged care services when required.
- Changes are needed to Medicare Benefits Scheme items for services provided by primary healthcare providers to allow flexible access including non face-to-face consultations.
- Evaluation of cost, effectiveness and access to primary care services in residential aged care facilities is needed to inform review of Medicare Benefits Scheme items.
- Monitoring must occur to identify the impact and any unintended consequences of recent changes to the Medicare Benefits Schedule for urgent after-hours care items, particularly for those receiving aged care services.
- State and territory public dental services should be adequately resourced and required within the new National Partnership Agreement on Adult Public Dental Services to deliver oral health care for eligible aged care residents.
- A national oral health data set, capable of measuring change in Australian oral health, needs to be established.
- The Aged Care Quality Standards should be amended to explicitly require services to demonstrate staff capacity (number, skill and type), processes and clinical governance—for recognising deterioration and dying, and providing high-quality, appropriate palliative care and chronic disease management.
- All health and care professionals working in aged care should have an understanding of palliative care, chronic disease management and pain management.
- Government supported aged care education programs must include mandatory palliative care, chronic disease management and pain management education.

- Residential aged care services must enable timely access to health professionals able to prescribe and dispense appropriate medicines.
- All residential aged care services should be able to administer medicines for their residents 24 hour per day.
- Individual care, health, social and cultural needs of young people living in residential aged care must be recognised and appropriately provided for.
- Appropriate mechanisms to support consumer choice for aged care are needed.
- The Aged Care Quality Standards must embed provision of and access to health services that are frequently required by aged care service users.
- A national set of quality indicators for aged care services should be developed, measured, monitored and publicly reported by all aged care service providers delivering Commonwealth subsidised care.
- Monitoring, evaluation and public reporting of residential aged care service performance is needed around:
    - access, quality, safety and outcomes for primary care services and frequently used healthcare services in residential aged care facilities;
    - preventable hospitalisation; and
    - clinical governance in relation to healthcare provided in residential aged care facilities.
- Aged care services providers should be required to report the access they make available to residents or aged care service users for services such as general practitioner visits, medication review, dental care, physiotherapy, etc. (either onsite or offsite).
- Quality and safety information must reported publicly using a method that allows users of aged care services and their families to easily choose providers and services that meet their needs.
- To ensure consistent care delivery, unannounced inspections by accreditation assessor should be scheduled during after-hours and weekend periods, and not constrained to business hours only.
- Research and analysis of patient-to-staff ratios to quantify the best mix of staff with respect to roles, scope of practice and numbers.
- Government, regulators, industry and educators must comprehensively and meaningfully address the 14 areas for strategic action provided in the *Workforce Strategy* by the Aged Care Workforce Strategy Taskforce[1].
- Legislative changes should occur to extend responsibility to report neglect or abuse to include non-residential aged care providers and health professionals.

[1] Aged Care Workforce Strategy Taskforce 2018, A Matter of Care Australia's Aged Care Workforce Strategy, Aged Care Workforce Strategy Taskforce, viewed 7 March 2019, https://agedcare.health.gov.au/sites/default/files/documents/09_2018/aged_care_workforce_strategy_report.pdf.

- Funding Instruments for identifying care needs and allocating resources must be evidenced based, responsive and flexible to support the provision of appropriate and timely care.
- To support the movement towards a value-based approach to funding aged care, aged care providers must be supported financially to cooperate in introducing standardised tracking of evidence-based health outcomes and cost of care.
- To ensure independence when determining eligibility and classification for aged care, arms-length assessment processes must be in place for service providers.
- Information systems must be fit-for-purpose, focussed on health outcomes and facilitate achieving value in aged care and transparency of performance around care safety and quality.
- National standards must be established for information systems to ensure evidence-based performance and outcomes data are accurately captured.
- Aged care service providers must be compelled under the terms of funding arrangements to provide data for public reporting of quality and safety.
- Information systems must embed interoperability requirements to enhance communication between health and disability services and providers. Interoperability with My Health Record must be prioritised.

BACKGROUND

Australia's population is ageing. The proportion of Australians aged over 65 years are projected to grow to between 21–23% by 2066[2]. As Australians age, they will require varying levels of care and support through aged care services.

Aged care services are provided by a mix of public and private (for-profit and not-for-profit) organisations and include a range of health and social care services delivered in the community and in residential aged care facilities. Currently, more than 1.3 million Australians receive aged care services[3] and this is expected to grow to 3.5 million Australians by 2050. In 2017–18, Australian government expenditure on aged care was $18.4 billion[4]. This consisted of $5.1 billion on home support and home care, $12.4 billion on residential aged care (for 295,000 people), and $0.9 billion on flexible and other aged care services. Consumer expenditure was around $4.8 billion in 2016–17[5]. Australian Government expenditure is expected to reach $40 billion by 2028—29[6].

A ten-year reform plan, *Living Longer, Living Better*, was legislated in 2013 increasing the focus on creating a sustainable, consumer-driven and market-based aged care system. Main reforms have included:

- Launch of *My Aged Care*, as a central gateway for accessing Australian Government-subsidised aged care services, including website, contact centre, assessment, referral and repository of central client records.
- Introduction of home care packages, providing services between the Commonwealth Home Support Program (CHSP) and residential aged care.

While progress has been made in reforming the aged care sector, significant industry challenges exist that must be addressed to ensure high-quality, compassionate and respectful care is available to all Australians when needed. These include a system that faces:

- rapidly growing demand for aged care services;

2 ABS 2018, Population Projections, Australia, 2017, Cat. no. 3222.0, Canberra.

3 Aged Care Financing Authority 2018, Sixth report on the Funding and Financing of the Aged Care Sector July 2018, viewed 27 February 2019, https://agedcare.health.gov.au/sites/default/files/documents/08_2018/acfa_sixth_report_2018_text_fa3.pdf.

4 Productivity Commission 2019, Report on Government Services 2019: part f, chapter 14, aged care services report and attachment tables, https://www.gen-agedcaredata.gov.au/Resources/Reports-and-publications/2019/January/Report-on-Government-Services-2019-part-f,-chapte SCRGSP (Steering Committee for the Review of Government Service Provision) 2019. Report on government services 2019, Part F, Chapter 14. Canberra: Productivity Commission.

5 Aged Care Financing Authority 2018, Sixth report on the Funding and Financing of the Aged Care Sector July 2018, viewed 27 February 2019, https://agedcare.health.gov.au/sites/default/files/documents/08_2018/acfa_sixth_report_2018_text_fa3.pdf.

6 Parliamentary Budget Office, 2018-19 Budget medium-term projections. https://www.aph.gov.au/~/media/05%20About%20Parliament/54%20Parliamentary%20Depts/548%20Parliamentary%20Budget%20Office/Reports/Research%20reports/03_2018%20Budget%20medium%20term%20projections/2018-19%20Budget%20medium-term%20projections%20DOC.DOCX?la=en.

- growing consumer expectations—particularly around greater choice and access to safe, consistent and high-quality care;
- complex interface with the health and disability sectors;
- increasingly complex care needs of older Australians, particularly in residential aged care as more Australians are choosing to remain living in their homes; and
- shift towards a more consumer-centric market, with increased capacity for competition.

It is necessary that previous and future reforms in the aged care sector are connected and embedded into the broader health system, particularly at the local level where Primary Health Networks can provide regional leadership in partnership with state/territory services and aged care service providers to improve access to high quality healthcare for older Australians.

AHHA recommends that more work be undertaken to identify mechanisms and incentives for integrating care and how these mechanisms manage the interface with other parts of the health and aged care systems.

ACCESS TO CARE

Despite recent reforms and various aged care reviews, access to aged care continues to be a problem. Median wait times between aged care assessment team (ACAT) approval and entry into aged care services have continued to increase[7]. The volume of home care packages and residential aged care places have increased over time—but have not kept pace with the increasing number of Australians seeking and being approved to receive aged care services.

Presently, the number of people waiting for home care packages at their approved level (132,366 people) is far greater than the number of people receiving home care packages (91,847 people)[8]. Waiting times for home care packages at peoples approved levels are long, with median elapsed time to enter home care (levels 1–4) reaching 137 days[9]. Estimated maximum waiting times for those entering the home care national prioritisation system on the 30 September 2018 are 12+ months to receive approved packages at levels 2, 3 and 4[10].

Similar increases in waiting times for people entering residential aged care have been seen, with the median wait time increasing to 121 days in 2017–18[11].

Australian research has shown that shorter wait times for home care packages are associated with improved life expectancy and improved ability for people to remain in their own homes[12].

Being unable to access aged care services, or care that is at the appropriate level has broader impacts outside the aged care sector, with greater burdens placed upon carers, families, communities and the health sector. Healthcare providers and services often must also bolster care while people are waiting to receive aged care services at their approved level.

Residential aged care waiting time increases are associated with a growth in the number of hospital bed days used by those eligible and waiting for residential aged care placement, reaching 353,695 hospital bed days in 2016–17[13].

Quarterly reports monitoring the number of people waiting for approved care are published[14], however these data do not accurately quantify the level of community need that remains unmet outside those individuals waiting on the national prioritisation queue. Data sources to accurately

7 Productivity Commission 2019, Report on Government Services 2019: part f, chapter 14, aged care services report and attachment tables, Productivity Commission, Canberra, viewed 22 February, https://www.gen-agedcaredata.gov.au/Resources/Reports-and-publications/2019/January/Report-on-Government-Services-2019-part-f,-chapte.

8 Department of Health 2018, Home Care Packages Program: Data Report 1st Quarter 2018–19, viewed: 27 February 2019, https://www.gen-agedcaredata.gov.au/www_aihwgen/media/Home_care_report/HCP-Data-Report-2018%E2%80%9319-1st-Qtr%E2%80%93.pdf.

9 Productivity Commission, op cit.

10 Department of Health, op cit.

11 Productivity Commission, op cit.

12 Viscanathan R, Amare AT, Wesselingh S, Hearn R, McKechnie S, Mussared J and Inacio MC 2018, 'Prolonged Wait Time Prior to Entry to Home Care Packages Increases the Risk of Mortality and Transition to Permanent Residential Aged Care Services: Findings from the Registry of Older South Australians (ROSA)', The journal of nutrition, health & aging, p. 1–10.

13 Productivity Commission, op cit.

14 Department of Health, op cit.

quantify, monitor and report unmet need for aged care services in the community are lacking. These data are important in determining whether reforms have improved access and equity for vulnerable or underserved populations.

Previous reviews have recommended phasing out supply caps for aged care places[1516]. For these reforms to be considered and sustainably implemented, better data are needed to determine potential financial implications.

Appropriate data sources and methodology to measure and monitor unmet need and equity of access for aged care services in the community must be explored—considerations should include adding questions into the Australian Bureau of Statistics Survey of Disability, Ageing and Carers.

Commonwealth funding must be provided to increase the numbers of home care and residential aged care packages and places to meet current need and ensure those who have been assessed as needing care have access to care.

Consideration should be given to removal of the cap on the number of home care packages by the Commonwealth. This will require accurate measurement and monitoring of unmet need in the community to identify fiscal implications of un-capping home care packages.

Appropriate data sources and methodology to measure and monitor unmet need for aged care services in the community must be explored—considerations should include adding questions into the ABS Survey of Disability, Ageing and Carers.

Research is required to identify barriers to accessing home care and consumer directed care, including for vulnerable and special needs groups. These groups must be considered appropriately when developing methodology for measuring unmet community need and waiting times to access aged care services.

While aged care is an important component of Australia's health system[17], it is not designed to be used as a substitute for health specific services[18]. Access to healthcare should not be restricted or limited for aged care services users. Instead, access to healthcare services should be enhanced and enabled, particularly given the greater burden of disease faced by many aged care service users.

PRIMARY CARE

Access to primary care by older Australians living in residential aged care facilities or for those unable to leave their home is often challenging. An increasing number of general practitioners are choosing

15 Aged Care Sector Committee 2016, Aged Care Roadmap, viewed 24 June 2018, https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/04_2016/strategic_roadmap_for_aged_care_web.pdf.

16 Productivity Commission 2011, Caring for Older Australians: Report No. 53 Final Inquiry Report, viewed 24 June 2018, http://www.pc.gov.au/inquiries/completed/aged-care/report.

17 Productivity Commission op cit.

18 My Aged Care 2017, Information for health professionals about My Aged Care, viewed 24 June 2018, https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/12_2017/health_professional_fact_sheet_-_my_aged_care_journey_v1.0.pdf.

not to provide services to people living in residential aged care and many are no longer doing home visits to older people living in the community.

Many people, upon entering residential aged care find that their general practitioner is no longer able to continue providing them with healthcare, disrupting their continuity of care.

Current fee-for-service models limit innovative modalities of care provision, restricting the use of flexible and potentially more efficient methods of providing primary care services, e.g. follow up telephone conversations or video consultations. While it is recognised that the Medicare Benefits Schedule Review Taskforce have provided recommendations for reforms in this area—to date these recommendations have been limited to care provided by general practitioners and nurse practitioners.

Better access to responsive, appropriate, high-quality and safe primary care and general practice services is needed for many people receiving aged care services.

A robust evaluation of the true cost and effectiveness of different service models for providing appropriate and high-quality primary care to people living in residential aged care is needed to inform changes to primary care funding and service delivery.

Primary care available to aged care service users should align with the quality of care available to other Australians.

Access to clinically appropriate, high-quality and safe primary care must be available to people receiving aged care services when required. This may involve inreach/outreach models to enhance access to care.

Changes are needed to Medicare Benefits Scheme items for services provided by primary healthcare providers to allow flexible access including non face-to-face consultations (e.g. telephone, videoconsultations, etc.) to improve access and responsiveness.

Evaluation of cost, effectiveness and access to primary care services in residential aged care facilities is needed to inform review of Medicare Benefits Scheme items.

Monitoring, evaluation and public reporting of residential aged care service performance is needed around:

- access, quality, safety and outcomes for primary care services and frequently used healthcare services (i.e. palliative care, chronic disease, pain services, etc.) in residential aged care facilities;
- preventable hospitalisation; and
- clinical governance in relation to healthcare provided in residential aged care facilities.

Primary Health Networks (PHNs) play a key role in coordinating primary care and enhancing integration of health services to improve health and wellbeing across their communities. PHNs are responsible for increasing the efficiency and effectiveness of medical services for patients,

particularly for those at risk of poor health outcomes, and improving the coordination of patient care[19]. PHNs work with local primary care services, health professionals and other health and care services in their regions to improve access to, and delivery of, healthcare services, with a particular emphasis on those most vulnerable and at risk of poor health outcomes.

National priorities set by the Commonwealth for PHNs include reducing avoidable hospitalisations and emergency department presentations, improved health outcomes for people with complex chronic conditions and aged care. It is sensible that the expertise of PHNs in healthcare coordination be utilised to enhance integration of aged care and healthcare services and achieve better safety and quality for older Australians who are receiving aged care.

AFTER-HOURS CARE

Recent changes to Medicare Benefits Schedule items for urgent after-hours care items could negatively impact the health of people receiving aged care services, particularly those living in residential aged care facilities. These changes may also result in adverse consequences for emergency departments and hospitals through potentially preventable presentations and hospitalisations.

Monitoring must occur to identify the impact and any unintended consequences of recent changes to the Medicare Benefits Schedule for urgent after-hours care items, particularly for those receiving aged care services.

ORAL HEALTH

Residential aged care service providers are required through legislated accreditation standards to ensure *care recipients' oral and dental health is maintained*[20].

From 1 July 2019 the new Aged Care Quality Standards will replace previous standards and will be applied to all aged care services receiving Commonwealth funding. The new Aged Care Quality Standards require all aged care service providers to demonstrate *each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care*[21]—this includes oral health care.

Oral health services may be accessed via public dental services, for those who are eligible, and private providers for those choosing private dental care or those ineligible for public dental care. Compliance with this requirement needs to be effectively assessed and monitored by the

19 Australian Government Department of Health 2018, Primary Health Network Grant Program Guidelines, Australian Government Department of Health , viewed 21 March 2019, http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program_Guidelines.

20 Australian Government 2014, Quality of Care Principles 2014: Schedule 2—Accreditation Standards, Federal Register of Legislation, Australian Government, viewed 14 March 2019, https://www.legislation.gov.au/Details/F2018C00294.

21 Department of Health 2018, Aged Care Quality Standards, Australian Government, viewed 14 March 2019, https://agedcare.health.gov.au/quality/aged-care-quality-standards.

Commonwealth Government through the Aged Care Quality and Safety Commission, with action taken if aged care service providers do not comply.

State and territory public dental services should be adequately resourced and required within the new National Partnership Agreement on Adult Public Dental Services to deliver oral health care for eligible aged care residents.

A national oral health data set, capable of measuring change in Australian oral health, needs to be established. This collection should include data from public dental services and private health insurers about the oral health of aged care service users.

PALLIATIVE CARE

Palliative care is recognised as a human right[22]. It aims to improve the quality of life of people living with life-limiting illness and their families by identifying and treating physical, emotional, social and spiritual symptoms[23]. Usually people require more care as they age, and this is particularly apparent as they approach the end of life.

All Australians should expect to be able to access palliative care no matter where they live or what services they receive. For most older Australians death occurs while they are recipients of aged care—with 80% using an aged care program before death[24]. However, barriers often exist for aged care recipients, limiting access to high-quality appropriate palliative care across settings of care.

While provision of high-quality palliative care may require input from specialist palliative care, for the majority ongoing specialist involvement is not required[25]. Instead, skilled care provided in the care setting is what is needed. Palliative care should be core business for aged care service providers and care quality should align with care available to other Australians.

Approximately 60,000 people per year die in residential aged care facilities[26]. Despite this, data from 2012–14 suggest that only 15% of older Australians who used permanent residential aged care and died were identified prior to their death as needing palliative care via the Aged Care Funding Instrument (ACFI) assessment[27].

Recognising when a person is approaching the end of life is essential to providing appropriate, compassionate and timely palliative care.

22 World Health Organization 2018, Palliative Care, viewed 4 March 2019, https://www.who.int/news-room/fact-sheets/detail/palliative-care.
23 Palliative Care Australia 2019, What is Palliative Care? viewed 4 March 2019, https://palliativecare.org.au/what-is-palliative-care.
24 Australian Institute of Health and Welfare 2018, Cause of death patterns and people's use of aged care: a Pathways in Aged Care analysis of 2012–14 death statistics, Cat. No. AGE 83, AIHW, Canberra, viewed 5 March 2019, https://www.aihw.gov.au/reports/aged-care/cause-of-death-patterns-peoples-use-of-aged-care/contents/summary.
25 Productivity Commission 2017, Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services, Productivity Commission Inquiry Report, No. 85, pp. 109–169.
26 Productivity Commission, op cit.
27 Australian Institute of Health and Welfare, op cit.

Barriers exist to funding palliative care appropriately in residential aged care facilities—the ACFI presently restricts the duration of palliative care funding and the availability of palliative care funding for residents who have pre-existing high healthcare needs[28]. These limitations impact the capacity for aged care service providers to deliver high-quality and appropriate palliative care.

Limited access to appropriate symptom management, including pain management, often results in people not receiving the care that they need or being transferred to hospital. While transfer to hospital is sometimes clinically indicated or unavoidable, more than two-thirds of aged care users are taking leave from their aged care services to access hospital care in the lead-up to death[29].

Palliative care must be funded to allow equivalent levels of care to be provided to those who need it.

To achieve improved access and quality of palliative care by aged care services it is important that palliative care is included in the Aged Care Quality Standards which apply to all Commonwealth funded aged care services. Services should be assessed against specific criteria which evaluate quality outcomes for palliative care. This would encourage innovation, excellence and continuous improvement and would make it easier for consumers, their families, carers and representatives to understand what they can expect from a service[30].

Advance care planning is an essential component of ensuring that people's preferences and needs are at the core of aged care delivery. For advance care planning to be effective, planning and discussion around people's healthcare preferences need to become an ongoing part of routine care.

To achieve this, clinician and carer training must include caring for people at end of life and should include responsibility for recognising dying and supporting end of life. Including advance care planning and palliative care in entry-level training programs for all health and care providers and through continuous professional development via education, quality improvement activities, access to peer support, mentoring and clinical supervision will support those caring for older Australians.

Aged care workers and health professionals working with people receiving aged care services should be required to discuss with service users the advantages of developing or updating an advance care plan. This is particularly relevant for people on admission to permanent residential aged care or for whom clinical deterioration is recognised, and they have the cognitive capacity to meaningfully engage in such conversations around advance care planning.

AHHA also supports having advance care plans developed within a nationally harmonised legislative framework and that these documents are uploaded onto individuals' My Health Records where they have not opted out.

The Aged Care Quality Standards should be amended to explicitly require services to demonstrate staff capacity (number, skill and type), processes and clinical governance—for recognising deterioration and dying, and providing high-quality, appropriate palliative care.

28 Productivity Commission, op cit.
29 Australian Institute of Health and Welfare, op cit.
30 Department of Health 2019, Single set of quality standards – the Aged Care Quality Standards, viewed 5 March 2019, https://agedcare.health.gov.au/quality/single-set-of-aged-care-quality-standards.

Palliative care available to those receiving aged care services should align with the quality of care available to other Australians and should be funded accordingly.

Access to specialist palliative care services must be available to residents of residential aged care facilities when required. This may involve inreach/outreach models to enhance access for residents and capacity of service providers/aged care workers.

All health and care professionals working in aged care should have an understanding of palliative care.

Government supported aged care education programs must include mandatory palliative care education. Education providers must be required to provide evidence of learning outcomes in recognising deterioration and dying, and providing high-quality, appropriate palliative care.

PAIN MANAGEMENT

Persistent pain in those accessing aged care services is common. It is estimated that up to 80% of residents of aged care facilities have chronic pain[31].

Given the high-prevalence of pain and its significant impact on quality of life and physical functioning, it is essential that care provided by aged care services encompasses pain management that is clinically appropriate, high-quality and safe.

Pain management approaches used in these contexts must explicitly recognise the high prevalence of dementia and cognitive impairment—50% of residential aged care residents have a diagnosis of dementia, and 90% have some degree of cognitive impairment. This adds to the complexity of pain management in these settings.

Providing clinically appropriate, high-quality and safe pain management requires:

- aged care workers to be appropriately trained and skilled in providing care for those with chronic or persistent pain;
- access to appropriate clinical care including:
  - health professionals able to assess pain and develop person-centred care plans;
  - health professionals able to prescribe, dispense and administer appropriate pharmacological and non-pharmacological treatments in a timely manner;
  - multidisciplinary teams capable of collaborating to provide multidisciplinary pain management approaches; and
  - pain specialists and specialist pain services.

Access to clinically appropriate, high-quality and safe pain management is essential.

31 Zwakhalen SM, Hamers JP, Abu-Saad HH and Berger MP 2006, 'Pain in elderly people with severe dementia: a systematic review of behaviour assessment tools' BMC Geriatrics, vol. 6, no. 3.

Aged care staff must be appropriately trained in delivering clinically appropriate, high-quality and safe pain management for those with chronic or persistent pain.

Residential aged care services must enable timely access to health professionals capable of providing collaborative multidisciplinary pain management approaches and specialist pain management.

ACCESS TO MEDICINES

Residents of residential aged care facilities use more medicines than community dwelling adults, averaging almost 10 different medicines per resident[32]. Accordingly, residential aged care facilities should be able to provide appropriate medication management for their residents 24 hours a day.

Presently, access to 24-hour medication management is inconsistent across facilities potentially resulting in delayed treatment, undertreatment and potentially preventable hospitalisations.

Access to suitable medicines, medication forms and dosages with appropriate oversight for patients, families, aged care workers and healthcare providers is essential. This must include access to prescribed medicines, including opiates, to facilitate timely and clinically appropriate care.

Barriers to timely medicines access for people living in residential aged care facilities can occur at various points—including clinical evaluation, prescribing, information system interoperability, dispensing, procuring, on-site storage and administration.

Improving medicine access in residential aged care facilities may require:

- changes to after-hours staffing to ensure there is access to 24-hour registered nursing (whether on-call or on-site);
- greater access to medical or non-medical prescribers;
- enhanced access to common medicines after-hours; and
- changes to regulations for other staffing roles.

All residential aged care services must enable timely access to health professionals able to prescribe and dispense appropriate medicines.

All residential aged care services should be able to administer medicines for their residents 24-hour per day—this may require changes to after-hours staffing to ensure there is access to registered nursing 24-hour per day, or it may require some changes to regulations for other staffing roles.

32 Alldred DP, Kennedy MC, Hughes C, Chen TF, Miller P 2016 'Interventions to optimise prescribing for older people in care homes, Cochrane Database Systematic Review, 2:CD009095.

CHRONIC DISEASE MANAGEMENT

Chronic diseases are common in aged care service users, with 87% of people aged over 65 having at least one of the eight most common chronic disease[33]. Co-morbidity or multi-morbidity is also common (60%) in people aged over 65.

Given the high-prevalence of chronic diseases and their significant impact on quality of life and physical functioning, it is essential that care provided by aged care services encompasses chronic disease management that is clinically appropriate, high-quality and safe.

Health and care services must be coordinated and integrated to meet the complexity of needs and associated vulnerabilities experienced by many aged care service users.

Providing clinically appropriate, high-quality and safe chronic disease management requires:

- aged care workers to be appropriately trained and skilled in providing care for those with chronic disease/s; and
- access to appropriate clinical care including:
  - health professionals able to provide comprehensive chronic disease care and develop person-centred care plans;
  - health professionals able to prescribe and deliver appropriate pharmacological and non-pharmacological treatments in a timely manner;
  - multidisciplinary teams capable of collaborating to provide multidisciplinary chronic disease management approaches; and
  - primary and specialist healthcare services.

The Aged Care Quality Standards should be amended to explicitly require services to demonstrate staff capacity (number, skill and type), processes and clinical governance—for providing high-quality, appropriate chronic disease management.

Chronic disease care available to those receiving aged care services should align with the quality of care available to other Australians.

Access to primary care and specialist services must be available to residents of residential aged care facilities when required. This may involve inreach/outreach models to enhance access for residents and capacity of service providers/aged care workers.

All health and care professionals working in aged care should have an understanding of chronic disease management.

Government supported aged care education programs must include mandatory education on chronic disease management. Education providers must be required to provide evidence of learning outcomes in providing high-quality, appropriate chronic disease management.

33 Australian Institute of Health and Welfare 2016, Australia's Health 2016, AIHW, Canberra, viewed 1 March 2018, https://www.aihw.gov.au/getmedia/9844cefb-7745-4dd8-9ee2-f4d1c3d6a727/19787-AH16.pdf.aspx.

YOUNG PEOPLE IN RESIDENTIAL AGED CARE

When reviewing the aged care sector consideration must be given to care provided to young people living in residential aged care facilities. These people typically have complex disability, high care needs and high acuity, that are not always met by residential aged care facilities due to a lack of capability and specific resources.

It is essential—while young people are living in residential aged care facilities—that care meets their complex health needs, is clinically appropriate, high-quality and safe.

In addition to the different care needs that young people living in residential aged care have, it is important to take in to account their social and cultural needs, which may differ from those of other residential aged care service users.

Individual care, health, social and cultural needs of young people living in residential aged care must be recognised and appropriately provided for.

QUALITY AND SAFETY

DATA AND REPORTING

AHHA supports, in principle, the introduction of a Single Quality Framework—the Aged Care Quality Standards.

However, for successful implementation there must be transparent monitoring and reporting of all Commonwealth-funded aged care services. The collection and public availability of meaningful information on clinical and personal care quality must be prioritised to inform consumer choice, support quality improvement and to provide quality assurance. Moving from a compliance mindset to a continuous quality improvement approach will require transparency, leadership and ongoing commitment.

Performance information must be collected, analysed and reported in a manner that is fit for purpose and timely, meeting the needs of different levels of the system, as well as different audiences. Users of aged care services and their families should be able to find clear information to help them select aged care service providers and facilities that deliver high-quality care.

Reporting of aged care service data is presently fragmented and provides limited information on the quality and safety of individual service providers.

Current aged care reporting via the Productivity Commission annual Report on Government Services[34] and the AIHW Gen Aged Care Data[35] focuses heavily on inputs and outputs but contains limited information on quality and safety of aged care services.

The Australian Government *My Aged Care* website provides disaggregated information on aged care services identifying whether residential aged care services are accredited, and whether any sanctions or notices of non-compliance have been issued. However, this is not easy to navigate, information about current sanctions are not readily visible on the service provider's webpage, reasons for sanctions are difficult to interpret for those unfamiliar with the accreditation standards and information is not available on home care service providers.

Aged care service performance information against the accreditation standards must be publicly reported in a manner that is appropriate for different audiences, including consumers. The information reported on the *My Aged Care* website must provide clear and interpretive information on the webpage of each service provider. The Australian Government Child Care Finder website[36] provides an example of how this could be better displayed.

34 Productivity Commission 2019, Report on Government Services 2019: part f, chapter 14, aged care services report and attachment tables, Productivity Commission, Canberra, viewed 22 February, https://www.gen-agedcaredata.gov.au/Resources/Reports-and-publications/2019/January/Report-on-Government-Services-2019-part-f,-chapte.

35 Australian Institute of Health and Welfare 2019, GEN Aged Care Data, viewed 7 March 2019, https://gen-agedcaredata.gov.au/.

36 Australian Government Department of Education and Training 2019, Child Care Finder, viewed 7 March 2019, https://www.childcarefinder.gov.au/.

Aged care service providers should also be required to report against a national set of quality indicators which include indicators like falls, pressure injuries, medication errors, advance care planning documents etc. They should also be required to report the access they make available to residents or aged care service users for services such as general practitioner visits, medication review, dental care, physiotherapy, etc. (either onsite or offsite).

Data should also be collected and publicly reported on admissions to hospital from residential aged care to better understand about potentially preventable hospitalisation. This will enable a greater and more targeted focus on preventable hospitalisations by aged care service providers, Primary Health Networks, state and territory governments and the Commonwealth.

The principle of user choice must be balanced with the knowledge that health literacy in Australia is low[37], services are fragmented and not well understood by many health professionals, let alone consumers, and that people who need aged care services are often physically and/or cognitively compromised. There is a need for appropriate mechanisms to support consumer choice for aged care, recognising that this may change over time or with progression of impairments.

Quality and safety information must be reported publicly using a method that allows users of aged care services and their families to easily choose providers and services that meet their needs. This should be accessible via the *My Aged Care* website and should include a searchable list of residential aged care facilities and home care services.

The Australian Aged Care Quality Agency (AACQA) publishes detailed accreditation reports that outline the agency's assessment of the quality of care in each residential aged care facility. Reports must be presented in a manner that is accessible to users of aged care, and their families and carers.

A national set of quality indicators for aged care services should be developed, measured, monitored and publicly reported by all aged care service providers delivering Commonwealth subsidised care. These data should include indicators such as falls, pressure injuries, medication errors, advance care planning documents, potentially preventable hospitalisations, etc.

Aged care services providers should be required to report the access they make available to residents or aged care service users for services such as general practitioner visits, medication review, dental care, physiotherapy, etc. (either onsite or offsite).

37 59 per cent of Australians have health literacy skills that are below the minimum level required to allow them to meet the complex demands of everyday life (Australian Bureau of Statistics 2009, Australian Social Trends: Health Literacy, Cat No 4102.0, ABS, Canberra, viewed 7 March 2019, http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/LookupAttach/4102.0Publication30.06.093/$File/41020_Healthliteracy.pdf).

ACCREDITATION

To ensure that aged care service providers are delivering high-quality care consistently, unannounced accreditation visits should include after-hours and weekend inspections, not just in-hours inspections.

The Aged Care Quality Standards must embed provision of, and access to, services that are frequently required by aged care service users. These include primary care, chronic disease management, pain management, palliative care and dementia care.

To ensure consistent care delivery, unannounced inspections by accreditation assessor should be scheduled during after-hours and weekend periods, and not constrained to business hours only. The Aged Care Quality Standards must embed provision of and access to services that are frequently required by aged care service users. These include primary care, chronic disease management, pain management, palliative care and dementia care.

STAFFING LEVELS

The aged care workforce provides care for complex health and care needs by:

- providing direct care for consumers, either in residential aged care facilities or in home-based or community environments;
- ensuring care plans are specific to the needs of each person, and are applied effectively;
- organising coordinated services and support to meet care needs, including access to allied health and specialist services;
- interacting with families affected by the circumstances of, or caring for, people with complex health and care needs;
- collaborating with informal carers to value their knowledge and to help understand each consumer's circumstances, values and needs;
- working with other health professionals providing care or services such as general practitioners, nurses or allied health professionals;
- supporting continuity of care where a person may transition or change between aged care services (type or provider); and
- ensuring appropriate clinical handover for care coordination and during transitions of care, including between hospital, specialist and aged care services.

Recognising the diverse mix of skills needed to deliver comprehensive care, including direct care and care coordination, it is necessary to ensure that the staffing mix provided at any time is appropriate. There is an absence of strong evidenced based tools for effectively and efficiently describing the

appropriate patient to staff mix that is required to provide appropriate, comprehensive and high-quality care to match the care and health needs of residents or aged care service users.

Research and analysis of patient-to-staff ratios is recommended to allow value and evidenced-based tools to appropriately quantify the best mix of staff (roles, scope and number) to match the number, clinical acuity and care needs of residents in residential aged care facilities.

AGED CARE WORKFORCE

Growth in Australia's ageing population has been rapid, resulting in necessary growth of the direct aged care workforce, this includes aged care workers, nurses, allied health professionals and support staff.

To respond to this rapid growth the Aged Care Workforce Strategy Taskforce delivered its workforce strategy[38] in 2018 to government. The report highlights several fundamental challenges affecting the present and future capacity of the aged care workforce, including:

- high employee turnover, including significant movement between organisations;
- poor employee engagement and enablement;
- difficulty in attracting suitably qualified staff;
- ineffective and inefficient design of work organisation and jobs;
- undervalued jobs with poor market positioning;
- suboptimal workforce planning;
- casualisation of the workforce, particularly in home-based care;
- leadership effectiveness gaps;
- key capability gaps and skills and competencies misalignment;
- career progression bottlenecks;
- ineffective recruitment, induction and on-boarding processes;
- limited attention to aged care in entry-level health professional training programs; and
- absence of a well-supported research translation around improving workforce capability, care quality and effectiveness.

38 Aged Care Workforce Strategy Taskforce 2018, A Matter of Care Australia's Aged Care Workforce Strategy, Aged Care Workforce Strategy Taskforce, viewed 7 March 2019, https://agedcare.health.gov.au/sites/default/files/documents/09_2018/aged_care_workforce_strategy_report.pdf.

While these challenges and disparities exist, workforce issues will remain as one of the largest barriers to achieving consistent and high-quality health outcomes for older Australians. Access to appropriately trained and skilled staff is always required in residential aged care facilities to meet the increasingly complex care needs of residents. Ensuring the availability of high-quality, compassionate and respectful care will enable a better quality of life for older Australians.

The taskforce's *Workforce Strategy* provides 14 areas for strategic action to deliver a better, more sustainable aged care workforce. If these strategic actions are addressed in a comprehensive and meaningful way by government, regulators, industry and educators progress towards growing a highly-skilled and sustainable aged care workforce will be made.

It is necessary to acknowledge that to achieve equity in access to high-quality, safe and appropriate care additional investment and resources will likely be required for vulnerable or underserved populations, particularly in rural and regional geographical locations, Aboriginal and Torres Strait Islander populations, and culturally and linguistically diverse populations.

Government, regulators, industry and educators must comprehensively and meaningfully address the 14 areas for strategic action provided in the *Workforce Strategy* by the Aged Care Workforce Strategy Taskforce[39].

MANDATORY REPORTING

To ensure the protection and safety of older Australians it is necessary that guidelines and legislation for reporting abuse and mistreatment are well known, understood and adhered to.

Clear governance, reporting requirements and processes are necessary for all health professionals, care workers, service providers and people working with older Australians accessing aged care services to report neglect and abuse.

Presently, legislation requires mandatory reporting by approved residential aged care providers—with approved providers responsible for taking reasonable measures to require its staff members, who suspect on reasonable grounds that a reportable assault has occurred, to report the suspicion immediately to the appropriate authorised person in the organisation.

Legislative requirements for compulsory reporting do not extend to non-residential aged care service providers and health professionals who are not staff members of residential aged care providers. Strengthening of this legislation should occur to extend the responsibility of reporting neglect or abuse to non-residential aged care providers and health professionals.

Legislative changes should occur to extend responsibility to report neglect or abuse to include non-residential aged care providers and health professionals.

39 Aged Care Workforce Strategy Taskforce 2018, A Matter of Care Australia's Aged Care Workforce Strategy, Aged Care Workforce Strategy Taskforce, viewed 7 March 2019, https://agedcare.health.gov.au/sites/default/files/documents/09_2018/aged_care_workforce_strategy_report.pdf.

Clear governance, reporting requirements and processes will be needed to support these legislative changes.

AGED CARE FUNDING

Aged care reforms have resulted in greater support for those older Australians choosing to continue living at home. As a consequence, Australians are staying in their homes longer and those accessing residential aged care services have higher care needs, particularly with increased rates of dementia, chronic disease, chronic pain and palliative care needs.

It is important that the funding for aged care services reflects these higher care and resource needs.

To enable more precise and appropriate funding, instruments used for allocating funding, such as the Aged Care Funding Instrument (ACFI) must be evidenced based, responsive and flexible, to support the provision of appropriate and timely care. Instruments must be sensitive to changes in care needs and should also incorporate monitoring of health outcomes and care quality.

To support the movement towards a value-based approach[40] to funding aged care, aged care providers must be supported financially to cooperate in introducing standardised tracking of evidence-based health outcomes and cost of care.

Home-based aged care services must also be appropriately funded to reflect the costs of providing care to service users, this includes being responsive to the geographical location of service users. This will require funding to adequately reflect any additional costs of travel, particularly where people live in rural and remote locations and service providers need to travel to provide care.

Home care packages currently do not reflect the additional costs associated with travelling long distances to provide care. This allocated funding for care must allow for the travel of care providers, with this particularly impacting on rural and remote Australians requiring care.

A conflict of interest may occur when entities assess eligibility for services or classify care needs for funding purposes, while also being the entity providing these services. Arms-length assessment processes must be in place to ensure independence when determining eligibility and classification.

Funding Instruments for identifying care needs and allocating resources must be evidenced based, responsive and flexible to support the provision of appropriate and timely care. Instruments must be sensitive to changes in care needs and should also incorporate monitoring of health outcomes and care quality.

To support the movement towards a value-based approach to funding aged care, aged care providers must be supported financially to cooperate in introducing standardised tracking of evidence-based health outcomes and cost of care.

To ensure independence when determining eligibility and classification for aged care, arms-length assessment processes must be in place for service providers.

40 A values-based approach is one that achieves high-quality, person-centred outcomes that are appropriate and achieved at a cost that is affordable and efficient.

INFORMATION SYSTEMS

Information systems must be fit-for-purpose, focussed on health outcomes and facilitate achieving value in aged care and transparency of performance around care safety and quality. To achieve this leadership is required to establish national standards for systems to ensure performance and outcomes are accurately captured. Data standards will require evidence-based standardised data, including outcomes data, is collected and publicly reported to enhance consumer decision making and continuous quality improvement by care providers.

Aged care service providers must be required under the terms of funding arrangements to provide data for public reporting. These data must be reported in a consistent, coordinated, timely and transparent way to allow informed consumer choice and to advance continuous quality improvement by services.

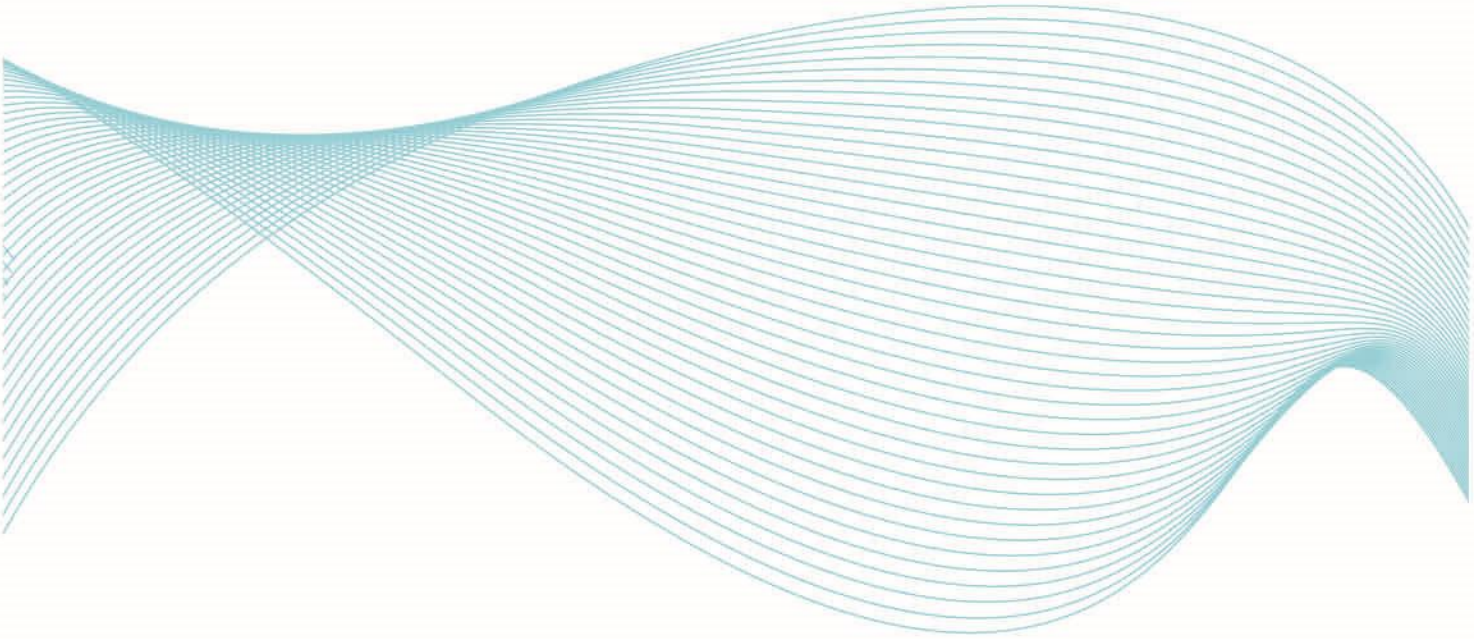
Aged care service information systems must also embed interoperability requirements to enhance communication between health and disability services and providers. As a priority, this must first include My Health Record.

Information systems must be fit-for-purpose, focussed on health outcomes and facilitate achieving value in aged care and transparency of performance around care safety and quality.

National standards must be established for information systems to ensure evidence-based performance and outcomes data are accurately captured.

Aged care service providers must be compelled under the terms of funding arrangements to provide data for public reporting of quality and safety.

Information systems must embed interoperability requirements to enhance communication between health and disability services and providers. Interoperability with My Health Record must be prioritised.



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