

National Aged Care Alliance Position Statements

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Position Statement

Quality Funding

It is the position of the National Aged Care Alliance (the Alliance) that:

The current funding system for residential aged care is an inadequate base on which to provide quality care because the funding is inadequately indexed and does not reflect the real costs of providing care.

The Alliance recognises that:

- The current funding for aged care bears no direct relationship to the actual costs of providing care.
- The costs of providing aged care are not the same in all parts of Australia. There are interstate differences, partly as a result of State Government charges (such as workers' compensation) and differences between capital cities, rural towns and remote areas. Pretending that these do not exist is flying in the face of reality.
- The inadequate price paid by the Federal Government for aged care services inhibits the supply of services, making access to services more difficult, and aggravating existing waiting times. These difficulties are especially serious for those people with special needs, such as those requiring dementia specific services, people from different cultural and linguistic backgrounds, and older indigenous Australians.
- Providers are finding it harder to finance the expansion or upgrading of their services and facilities.

- Since 1997, the indexation formula used to adjust Government subsidies has not reflected the actual cost faced by the aged care industry, principally because the wage cost component is adjusted by the safety net adjustment amount and assumes that there are productivity offsets available. Overwhelmingly this is not the case in aged care. Consequently the index does not reflect the actual wage costs paid. Other cost increases such as workers' compensation premiums and GST compliance are also not recognised.
- The viability of aged care services will continue to deteriorate as the funding gap grows and as Australia's population ages.

The Alliance recommends that:

1. A new funding system is introduced for aged care based on a defined and properly costed benchmark of care.
2. The benchmark of care must reflect the real costs of providing a quality aged care service in different regions around Australia, and allow for the flexible delivery of aged care services responsive to the needs of the individual.
3. Access to, and funding of, dementia specific care, must be urgently reviewed.

Position Statement

Quality Staffing

It is the position of the National Aged Care Alliance (the Alliance) that:

Quality aged care services can best be achieved through adequate funding that provides for quality staffing.

The Alliance recognises that:

- Optimal health outcomes will not be achieved without an appropriately skilled and qualified workforce.
 - Sufficient funds need to be provided to ensure optimal health outcomes based on an appropriate level of staffing and skills mix.
 - Increasing dependency levels of people accessing aged care services require facilities to be adequately staffed. This is necessary to fulfil duty of care requirements and to manage complex care needs, including dementia and challenging behaviour.
 - Nurses and care workers cite excessive workloads, lack of wage parity with their public hospital colleagues, and their inability to achieve desired care outcomes as deterrents to remaining in the industry. This impacts on the delivery of quality aged care services, contributes to the critical shortage of skilled staff, and has led to the current staffing crisis in aged care.
 - A recent analysis of nurses' wages in the residential aged care sector conducted by the Australian Nursing Federation indicates that the difference in wages between the aged care and public hospital sectors nationally is currently \$170.50 per week. Other staff are similarly disadvantaged.
- Working conditions and wages for all staff in aged care must be attractive and competitive in order for the aged care sector to be able to recruit and retain quality staff to provide quality care.

The Alliance recommends that:

1. There must be a national strategic response to address the serious staffing shortages in aged care in order to ensure that skilled staff are available to deliver quality care.
2. Government must develop a model of funding (mutually agreed by all stakeholders) that reflects the real costs of providing sufficient staff to achieve quality outcomes.
3. The issue of achieving and maintaining wage parity for all staff working in aged care with their public hospital colleagues must be urgently addressed.
4. Integrated education and training must be provided to all staff working in aged care which includes specific care needs such as dementia and palliative care, and which provides a career path for workers.
5. Research should be commissioned which links staffing levels, skills mix and dependency levels to quality care outcomes.

Position Statement

Quality Health Care

It is the position of the National Aged Care Alliance (the Alliance) that:

Quality health care for older Australians depends on the effective integration of medical, nursing, allied health and other care. Currently, medical care is not effectively integrated with other services that are provided in aged care facilities.

The Alliance recognises that:

- Many people living in residential aged care facilities have complex medical conditions. The collection of accurate and timely data is essential to develop a service to meet the medical and health care needs of older Australians receiving aged care services and to properly judge whether their health care needs are being met.
- Multidisciplinary practice guidelines for all common health care conditions including the behavioural symptoms of dementia need to be developed, which outline the important elements of assessment; indicate the most well researched and beneficial medical, nursing and allied health interventions; clarify the inter-related roles of each profession; and identify people for whom specialist support should be considered.
- Education and training of medical, nursing, allied health and other care workers is crucial for high standards of health care. Education (as well as research) across professions in aged care could be achieved through the development of Centres of Excellence and Clinical Practice Units within facilities.
- There needs to be the capacity to conduct research on which the quality of health

and medical care can be progressively built. Strategic alliances need to be formed between providers, professional associations and educational institutions to set priorities for targeted research and conduct studies monitoring adherence to accepted best practice and evaluating practice innovations.

- Quality aged care can only be assured if all health care services are effectively integrated.

The Alliance recommends that:

1. Policies need to be developed which will ensure that the medical care of residents is integrated with nursing, allied health and other care.
2. Government should encourage the collaboration of doctors, nurses and allied health practitioners to develop and implement multidisciplinary practice guidelines.
3. Government should encourage alliances between consumers, providers, professional associations and educational institutions to promote and guide education and research.
4. Government should encourage participation in international comparative studies of health care in the aged care setting.
5. Access to quality respite care must be improved through the promotion of best practice and the development of incentives for specialisation and diversification of models of respite care, including at home and residential based respite services.
6. Incentives must be put back into the system to encourage doctors to work in aged care.

Position Statement

Quality Community Care

It is the position of the National Aged Care Alliance (the Alliance) that:

Quality community care is a critical factor in a positive experience of ageing for the 93% of people over 65 years of age who live in the community and want the choice of remaining at home.

The Alliance recognises that:

- Optimal outcomes for people receiving services provided in the community require the employment of sufficient staff with the necessary qualifications to achieve those outcomes. This has funding implications.
- Inadequate access to respite care is a concern to consumers. This is especially so for people with special needs; those with dementia; those from linguistically and culturally diverse groups; older indigenous Australians; and rural and remote communities.
- The growing number of different community programs makes it more difficult to match services to the needs of the individual.
- Community care must be properly resourced, adequately staffed, and better integrated with other aged care services.

The Alliance recommends that:

1. There is an immediate increase in HACC funding to enable a more appropriate level of care to be offered to existing clients (with 8% indexation of the program to ensure continuing growth).
2. The number of Community Aged Care Packages is expanded.
3. The number of Extended Aged Care at Home packages is expanded.
4. The structure and relationships of the community programs are reviewed to achieve better integration and targeting of resources.
5. Best practice in respite care is promoted and incentives developed for specialisation and diversification of models of respite care including at home and residential based respite services.

Programs offering community care include: Home and Community Care (HACC); Community Aged Care Packages (CACP); and the Extended Aged Care at Home (EACH) pilots. These services are critical to consumer choice. This choice cannot be made at the current resourcing levels for HACC and CACPs. The average real HACC expenditure by Government per recipient per month declined from \$254 in 1994–95 to \$224 in 1999–2000.

Position Statement

Quality Buildings

It is the position of the National Aged Care Alliance (the Alliance) that:

Quality buildings are essential for quality care.

The Alliance recognises that:

- Residential aged care facilities should be modern, efficient, safe, and sensitive to cultural factors for quality care to be ensured.
 - The Government has largely withdrawn from providing capital funds for aged care facilities.
 - Providers are increasingly unable to fund the capital costs of providing residential aged care.
 - There have been considerable additional capital costs for both new and existing facilities to meet certification requirements.
 - Without adequate capital support, facilities will not be built to take up high care places, and some existing facilities will close as they are no longer economically viable: the capital cost of restructuring and rebuilding is not sustainable.
 - The actual cost of constructing residential aged care facilities is around \$100,00–\$120,000 per bed, nearly double Government estimates. This estimate excludes land cost; professional fees; and loose furniture, fittings and equipment.
 - The current accommodation charge and Government subsidies for high care residents do not meet the capital needs of providing and maintaining quality buildings.
- Capital funding needs for high care, dementia specific care, and care in rural areas and areas of particular socio-demographic need must be addressed.
 - A better funding environment, which is acceptable to the Australian community, must be available, from a mix of sources including government, to ensure access to quality aged care for those who need it.

The Alliance recommends that:

1. A properly benchmarked care subsidy be developed which includes a capital component and which recognises the real costs of meeting building certification standards.
2. An independent analysis be commissioned by the Government to establish an accurate cost basis for investment to meet certification requirements.

Position Statement

Quality Accreditation

It is the position of the National Aged Care Alliance (the Alliance) that:

Accreditation is a mechanism for ensuring the quality of aged care services and for promoting quality assurance and continuous improvement.

The Alliance recognises that:

- While the current accreditation process aims for quality in aged care services, it can be made more effective.
- There is a need for improved ways of providing information to consumers and involving them in the accreditation process.
- There is a need to improve the accreditation process to remove inconsistencies and a perceived lack of objectivity in the processes, procedures and decisions of accreditation.
- In some facilities, the current accreditation processes have distracted staff from their caring roles, affecting staff's capacity to provide quality care.
- The costs of complying with the present system remain unfunded.
- There is a perceived lack of clarity in the roles and responsibilities of the Minister, the Agency, and the Department in accreditation, complaints and compliance.
- To achieve quality assurance, the accreditation process needs to be more independent of government, more transparent and more accountable.

The Alliance recommends that:

1. Any agency responsible for accreditation must be well resourced to ensure an independent, transparent and accountable accreditation process that can be owned by and have input from all stakeholders in the aged care sector.
2. Any agency responsible for accreditation should have the capacity to utilise the expertise of other bodies with a record in quality assurance to undertake accreditation audits.
3. The administrative costs of compliance with the quality assurance process should be factored into Government funding of aged care as a way of ensuring that the Government and the Agency are mindful of the costs of accreditation in terms of both time and energy.
4. Further education and information programs and products should be developed to increase consumer knowledge and understanding and to support their involvement in the accreditation process, and to clarify the roles and responsibilities of the Minister, the Agency and the Department in Accreditation, complaints and compliance.

Position Statement

A Quality Complaints System

It is the position of the National Aged Care Alliance (the Alliance) that:

A quality complaints system supports people accessing aged care services, while encouraging improvement in service delivery.

The Alliance recognises that:

- To achieve quality in aged care services, the current complaints processes need to be improved.
 - Aged care services need a complaints mechanism which is accessible by care recipients, family members and carers, staff and other health professionals; which maintains privacy and confidentiality and which promotes and respects the rights of the complainant as well as any person with an interest in the complaint.
 - For the community to have confidence in the aged care sector, care recipients, family members and carers, staff, and other health professionals need to feel that they can ask questions, raise problems and have them resolved.
 - The focus of a quality aged care complaints resolution system should be to resolve the complaint, while improving the delivery of aged care services.
 - The complaints process should encourage the resolution of complaints at a facility level where possible, however there must be sufficient power within the system to impose penalties and sanctions when required.
- The roles of the various agencies involved in complaints, compliance, and sanctions activities should be clearly specified.
 - Care recipients, family members and carers, staff, and other health professionals need to be provided with clear information about their rights and responsibilities. This would include training and community education programs about the individual's right to complain, the service's responsibility to respond, and the different avenues for complaint.
 - Historical complaint data should be used to ensure that systemic issues are identified and addressed.
 - Quality, impartial and timely complaints resolution is a prerequisite to quality aged care.

The Alliance recommends that:

1. Reporting by the Complaints Commissioner to the Parliament rather than through the Minister or the Department to ensure independence and impartiality
2. The development of a resource kit to clarify the relationships between complaints, compliance, and sanctions to ensure care recipients, family members and carers, staff and other health professionals understand the complaints system.
3. The availability of funded training and community education about the complaints process.
4. Government support to service providers to develop quality internal complaints mechanisms.

Position Statement

The Continuum of Care

It is the position of the National Aged Care Alliance (the Alliance) that:

It is the role and responsibility of Federal, State and Territory Governments, with the support of the aged care sector, to develop the infrastructure necessary for an integrated system, which is essential to achieving a continuum of care for older people in Australia between aged care (including residential and community based care); health care (including acute, preventative and primary care); rehabilitative care (including 'step-down' and convalescent care); and carer support services (including respite care and the activities of consumer representative organisations).

The Alliance recommends that:

1. Access and outcomes

The continuum of care should provide equitable access to appropriate affordable high quality services. Access to services should be determined by the needs and preferences of people, rather than the particular point of contact or service setting in which they find themselves.

2. An integrated range of services

The continuum of care should include strategies for the integration of primary care; community care; health promotion and prevention; rehabilitation; and acute, sub-acute and residential care. There is a need to recognise the specific purpose of accommodation services; personal care services; meals and home maintenance services; social/recreation support services; and nursing and health care services for older people in order to ensure that:

- there is clarity of purpose in the definition of policy objectives,
- programs for service provision are both comprehensive and effectively targeted, and
- all programs are adequately staffed for the delivery of services of high professional standards.

3. New medical and health service models

In all care settings, older people with significant ongoing health problems and disability require an integrated multidisciplinary health service; ideally supported by specialists in aged care, or at least, employing an approach to assessment and management that is informed by the principles of gerontology and geriatric medicine, through specific training of clinicians.

Specific initiatives to be incorporated in planning for the continuum of care include:

- medical services, including sub-acute and emergency services in residential care settings, and
- transitional care so that patients can receive appropriate restorative nursing care; allied health therapies; and rehabilitation in an appropriate setting before returning to their homes or to a residential service.

4. Strategies for achieving innovation and integration

Integration needs to take place in both the delivery of services and the establishment and maintenance of the infrastructure to support care services. Both levels of integration require the development of a national strategy that allocates resources for specific integration outcomes.

A multidisciplinary open health service model based on regional areas may facilitate integration and improve health services to residential aged care.

Pathways of assessment and care, supported by IT/IM platforms, that are either common or compatible across the residential, primary and acute care sectors are needed to facilitate continuity of care for clients and patients within and between the sectors.

Funding models should support the integration of health services and the extension and integration of medical services for people in residential care settings

5. Strategies for enhancement of the aged care continuum

An effective continuum of care depends on an adequate supply of appropriate services as well as on strategies to ensure older people receive those services irrespective of their setting. At present the following issues require consideration:

Consumers*

Family and informal care should be acknowledged, defined, supported and adequately resourced. The general level of knowledge about ageing and age-related illness and disability; and the level of debate about the range and quality of current and potential aged care services needs to be improved. Consumers need to be empowered to influence the priorities and evolving shape of their services.

Workforce

A seamless continuum of care requires sufficient appropriately educated, qualified and remunerated care providers: including but not limited to nurses, doctors, allied health therapists and clinicians, and personal care workers.

Quality and improvement

Accreditation systems should be transparent and based on externally validated quality

assurance processes. The quality governance process should involve consumers, carers, professionals, staff, and service providers as the key stakeholders. The compliance costs, including documenting requirements, should be reasonable and recognised by funding systems.

Hospital admissions

The dimensions of a hospital admission, (encompassing pre admission, inpatient stay, discharge planning, and post discharge) should be viewed broadly, as an episode of care which is potentially able to be delivered in a more flexible manner. Incentives are needed for the total or partial substitution of the hospital bed stay by treatment in the home or residential service.

Resourcing

Funding at all points in the continuum of care should be viable, and based on standard pathways and benchmarks of care linking quality of care, quality of life, and the resources and skills mix needed to achieve such benchmarks:

- Viable demographic provision ratios and short and long-term capital funding arrangements for residential services are essential.
- Improved funding of community care and increases in the number and value of Community Aged Care Packages, Extended Aged Care at Home Packages, and Respite Care are required.

Removal of barriers

New strategies are required to ensure that the system provides flexibility and is compatible with local needs and able to overcome barriers caused by the complex and restrictive funding demarcations of the Federal, State and Territory Governments.

* The term 'consumers' is being used in its broadest sense to describe current care recipients, family and informal carers, potential future care recipients and the community at large.

Position Statement

Quality Dementia Services

It is the position of the National Aged Care Alliance (the Alliance) that:

Dementia, which will become the most significant cause of disability in Australia by 2016, is adopted as a national health priority.

The Alliance recognises that:

- Dementia has and will continue to have a significant impact on the community, with over half a million people in Australia predicted to have dementia by the middle of the 21st century¹.
- The increasing numbers of those with dementia are a direct consequence of the ageing of the population. The frequency of dementia among people aged 60 is about 1%, after which the prevalence doubles about every 5 years².
- About half of the people with a diagnosis of dementia live in the community³. An investment in carer education and support can show significant benefits in terms of delaying admission to residential care for people with dementia.

- At least 60% of people receiving high care and 30% of those receiving low care in residential aged care facilities have dementia. More than 90% and 54% of those people respectively have an obvious cognitive impairment⁴.
- Dementia is the most expensive mental health item in Australia, costing \$3.2 billion in 2002. Of this amount, a dominating factor is the cost of residential care (\$2.9 billion)⁵.
- The Review of Pricing Arrangements in Residential Aged Care (2004) found evidence that the current arrangements in aged care do not adequately ensure equity of access for people with special needs, such as older people with dementia.

The Alliance recommends that:

1. The Federal Government pursues with State and Territory Governments the adoption of dementia as a national health priority within a framework that covers dementia research, early diagnosis, and best practice management, with a view to taking the action needed now to address the unfolding dementia epidemic.

1 Access Economics 2003 *The Dementia Epidemic: Economic impact and positive solutions for Australia* prepared for Alzheimer's Australia Canberra p.1

2 Access Economics 2003 op cit p.80

3 Access Economics 2003 op cit p.29

4 Commonwealth of Australia 2001 *Two Year Review of Aged Care Reforms* AGPS p.216

5 Access Economics 2003 op cit p.1

2. The provision of respite care, that is tailored, timely, linked with other types of support, and provided by knowledgeable, skilled and flexible workers is a priority.
3. Greater incentives are provided to residential care providers to provide quality dementia care.
4. An improved mix of capital and re-current funding is made available to promote dementia specific care for those people with challenging behaviours.
5. Provision is made for those people with dementia and mental health issues who currently fall between the aged care and mental health systems.
6. Priority is given to dementia specific education and training for all people involved in the provision of care to people with dementia eg carers, general medical practitioners, nurses, and other health care providers.
7. A significant financial investment is made in promoting and conducting dementia research.