

# INVESTIGATION INTO THE IMPACT OF COVID-19 ON AGED CARE

THE ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY

## Contents

Introduction .....	2
1. Aged Care Workforce .....	3
1.1. Nurses and Unregulated Health Care Workers .....	3
1.2. Residential Aged Care .....	6
1.3. Community and Primary Health Care .....	8
2. Preventative Health Measures .....	10
2.1 Telehealth Services .....	10
2.2 Personal Protective Equipment (PPE) and Ventilators .....	10
2.3 Upskilling staff in ICU .....	12
2.4 Flu Vaccinations .....	12
2.4. Research around COVID-19 .....	13
2.5. Other preventative measures .....	13
3. End of Life Care .....	14
4. Access to Medication .....	18
4.1 Community Setting .....	18
4.2 Hospital Setting .....	21
5. Mental Health .....	22
6. Indigenous Peoples .....	24
7. Clinical Governance .....	24
Conclusion .....	26

# Introduction

The Australian College of Nursing (ACN) welcomes the opportunity to provide feedback on the *Royal Commission into Aged Care Quality and Safety* consultation titled, '**Investigation into the Impact of COVID-19 on the Aged Care Sector**'. As the pre-eminent and national leader of the nursing profession, it is important for ACN to highlight that nurses have played a critical role during COVID-19; in identifying, isolating and managing infected individuals; and in supporting those with non-COVID-19 health needs. ACN views COVID-19 as an opportunity to identify gaps and areas for improvement in the aged care sector. ACN's response is not intended to apportion blame on individual services or organisations, but rather to influence policy change aimed at assisting Senior Australians in aged care during COVID-19 and into the future. ACN is committed to providing system-wide strategies that safeguard Australia's vulnerable ageing population from risks when accessing aged care services; and is keen to pursue innovative/novel approaches that will assist the aged care sector in better responding to future disease outbreaks.

ACN acknowledges the Australian Governments preparedness and response towards the aged care sector during COVID-19 including funding a range of measures to support Senior Australians in both residential and home care settings; ensuring the availability of a temporary surge workforce in the instance of possible staff shortages (albeit with some reservation); providing aged care staff with additional training and education around infection control;<sup>1</sup> and providing resources to aged care residents, home support clients and families.<sup>2</sup> ACN understands that the Governments timely and tactful response has afforded effective control of COVID-19 in Australia. In addition, COVID-19 has provided many health professionals, families and carers with the opportunity to assess current resources and strategies; and identify areas for improvement to add value to the care of Senior Australians in any future pandemic or communicable disease outbreak.

From ACN's perspective, it is important to note that aged care environments encompass a variety of settings including residential aged care facilities (RACFs) and community-based aged care.<sup>3</sup> This in turn means that the nursing role and scope of practice for each setting may also vary. ACN's response will:

- Highlight some of the challenges experienced across the aged care sector during COVID-19;
- Highlight areas of potential concern around infectious diseases within the aged care sector;
- Identify what strategies have worked or are welcomed during COVID-19; and
- Provide potential solutions for the future of aged care service delivery as recommendations for consideration by the Australian Government.

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<sup>1</sup> Department of Health 2020. Factsheet: Coronavirus (COVID-19) National Health Plan. Viewed 13 June 2020.

<https://www.health.gov.au/sites/default/files/documents/2020/03/covid-19-national-health-plan-aged-care-aged-care-preparedness.pdf>

<sup>2</sup> Department of Health 2020. Coronavirus (COVID-19) resources. Viewed 22 June 2020.

<https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources#for-aged-care-residents-home-support-clients-and-families>

<sup>3</sup> Australian College of Nursing (ACN). 2019, 'Regulation of the Unregulated Health Care Workforce across the Health Care System – A White Paper by ACN 2019', ACN, Canberra. <https://www.acn.edu.au/wp-content/uploads/white-paper-regulation-unregulated-health-care-workforce-across-health-care-system.pdf>

# 1. Aged Care Workforce

## 1.1. Nurses and Unregulated Health Care Workers

Having a skilled nursing workforce is a necessity for the viability of the Australian health care system and especially so during times of crisis such as the COVID-19 pandemic. A skilled workforce broadly covers qualified registered nurses (RNs) and enrolled nurses (ENs) that are registered with the Australian Health Practitioner Regulation Agency (AHPRA). Registration ensures the highest quality of safe care is provided to individuals and that there are mechanisms in place to hold workers accountable for inappropriate or risky behavior in the workplace. Interestingly, roughly 70% of the aged care workforce is currently made up of Unregulated Health Care Workers (UHCWs).<sup>4</sup> The literature demonstrates that staffing with a greater number of UHCWs relative to skilled workers can lead to poor patient outcomes and higher rates of mortality due to poor “skill-mix”, where less hours of nursing care are provided by qualified and appropriately trained RNs.

The UHCW is a health care worker who supports the delivery of nursing care by assisting people with personal care and activities of daily living. Confusion around the role exists due to varying titles used to describe this type of health care worker (e.g. Personal Care Assistant, Assistant in Nursing, Auxiliary Nurse etc.), and the term may vary in different jurisdictions.<sup>5</sup> As highlighted in the Royal Commission into Aged Care Quality and Safety, vulnerable people are at risk of abuse including elder abuse. The inability to track or hold workers accountable, means that if non-skilled or UHCWs are utilised as a surge workforce during a pandemic, there is risk that any abuse or unsafe practices may go unnoticed if these unregistered workers then move onto other employers. ACN therefore welcomes the Department of Health’s recent launch of the *Aged Care Worker Regulation Scheme Consultation*<sup>6</sup> to explore options for an aged care worker screening or regulatory scheme; and to ensure UHCWs are also held accountable in the care they provide. ACN does not seek to minimise the contributions of this important workforce, nor the fact that appropriately trained UHCWs are exceptional support staff to the nursing workforce. ACN seeks to emphasise potential areas of vulnerability in the aged care sector and believes the use of UHCWs as a surge workforce during a pandemic is not ideal nor recommended. There is substantial evidence demonstrating the need to staff with a richer skill-mix (i.e. more RNs to UHCWs) to ensure quality and safe care; along with better overall outcomes for individuals in receiving care. In a recent US study, a lack of RNs was linked to a higher number of COVID-19 cases. Specifically, when more RNs were on duty, aged care facilities had 22% fewer COVID-19 cases amongst residents.<sup>7</sup> The research findings indicate that increased RN levels are key to the ability of RACFs to respond to communicable disease outbreaks.

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<sup>4</sup> Health Workforce Australia 2014, Australia’s Future Health Workforce – Nurses (Detailed Report), HWA. Viewed 3 March 2019. [https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/\\$File/AFHW%20-%20Nurses%20detailed%20report.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/$File/AFHW%20-%20Nurses%20detailed%20report.pdf)

<sup>5</sup> ACN 2020. Position Statement: Unregulated Health Care Workers. <https://www.acn.edu.au/wp-content/uploads/position-statement-unregulated-health-care-workers.pdf>

<sup>6</sup> Department of Health 2020. Aged Care Worker Regulation Scheme Consultation. Viewed 3 June 2020.

<https://consultations.health.gov.au/aged-care-reform-compliance-division/aged-care-worker-regulation-scheme-consultation/>

<sup>7</sup> The Weekly Source 2020. US study links lack of RNs to number of COVID-19 cases – recommends regulator target homes with lower infection control. Viewed 23 June 2020. <https://www.theweeklysource.com.au/us-study-links-lack-of-rns-to-number-of-covid-19-cases-recommends-regulator-target-homes-with-lower-infection-control/>

ACN has consistently advocated that if UHCWs are to be utilised, then they must be regulated through the National Registration and Accreditation Scheme (NRAS) with the establishment of a practice framework which articulates a minimum level of education, a defined scope of practice, and national codes, standards and guidelines.<sup>8</sup>

### **ACN Supports:**

It is important to highlight that there is already an existing and immediately available skilled nursing workforce that could be utilised to fill in any void in the delivery of services in the community and primary health care; and residential aged care sectors during an infectious disease outbreak. ACN believes it would be more appropriate to utilise this existing skilled workforce as they are experienced in understanding the complexity of care required for vulnerable Senior Australians and their susceptibility to rapid deterioration in health. Below is a list of broadly focused nurse workforce solutions supported by ACN to provide a surge workforce in the aged care sector during an infectious disease outbreak like COVID-19.

#### **i) Upskill non-practising RNs and ENs;**

There are many non-practising nurses who are registered with AHPRA but no longer working due to retirement, experiencing an illness, or for other personal reasons.<sup>9</sup> ACN believes there is an opportunity to recruit and upskill non-practising nurses as a surge workforce response to COVID-19. ACN currently provides online courses in upskilling non-practising nurses to facilitate utilisation of the non-practising nurse workforce. These include the [Refresher program for registered nurses](#) and the [Refresher program for enrolled nurses](#), which have been offered to RNs and ENs respectively until 10 July 2020. As of 1 July 2020, 2715 RNs and 433 ENs have completed these programs from a total of 3000 and 500 non-fee paying positions offered, respectively.

ACN is supportive of the Pandemic Response Sub-Register<sup>10 11</sup> (the short-term pandemic response for up to 12 months or less) to help with fast tracking the return to the workforce of experienced and qualified health practitioners. As of 26 May 2020, there were 35,198 doctors, nurses, midwives, pharmacists, diagnostic radiographers, physiotherapists and psychologists on the pandemic response sub-register; and of these 21,923 were nurses.<sup>12</sup>

#### **ii) Utilise out-of-work and/or under-employed RNs and ENs;<sup>13 14</sup>**

It has been reported that there are many out-of-work ENs or RNs registered with AHPRA who have lost their jobs as a result of the COVID-19 pandemic. There are also many

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<sup>8</sup> ACN 2020. Position Statement: Unregulated Health Care Workers. <https://www.acn.edu.au/wp-content/uploads/position-statement-unregulated-health-care-workers.pdf>

<sup>9</sup> AHPRA 2020. Fact sheet: Non-practising registration for nurses and midwives. Viewed 20 June 2020. <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Non-practising-registration-for-nurses-and-midwives.aspx>

<sup>10</sup> AHPRA 2020. Pandemic Response Sub-Register. Viewed 30 May 2020. <https://www.ahpra.gov.au/News/COVID-19/Pandemic-response-sub-register.aspx>

<sup>11</sup> AHPRA 2020. Register of Practitioners. Viewed 30 May 2020. <https://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>

<sup>12</sup> AHPRA 2020. Pandemic Response Sub-Register. Viewed 30 May 2020. <https://www.ahpra.gov.au/News/COVID-19/Pandemic-response-sub-register.aspx>

<sup>13</sup> Hello Care 2020. Nurses join Centrelink queues during pandemic. Viewed 20 June 2020. <https://hellocaremail.com.au/nurses-join-centrelink-queues-pandemic/>

<sup>14</sup> ABC News 2020. Coronavirus preparations leave casual nurses facing Centrelink queue as surgeries cancelled. Viewed 20 June 2020. <https://www.abc.net.au/news/2020-04-08/casual-nurses-facing-centrelink-queue-amid-coronavirus-pandemic/12129310>

under-employed nurses who have either had their work hours reduced or who have been offered minimal hours despite being available to work increased hours.

For example, in Western Australia (WA), roughly 1,500 casual nurses had hours cut by 50 per cent since February 2020 due to measures taken to prepare for the pandemic, including cancellation of non-urgent elective surgeries. Healthcare Australia also reported there has been a five-fold increase in nurse job applications in WA as a result of casual nurses having their hours reduced or terminated.<sup>15</sup> In addition, the Australian Primary Health Care Nurses Association (APNA), recently surveyed more than 1,000 primary care nurses about the impact of COVID-19 on their employment and found that 31 percent have had paid hours reduced, 7 percent have had employment terminated and 27 percent indicated that their employer had discussed potential (or further) loss of paid hours or job termination with them.<sup>16</sup>

**iii) Utilise unemployed graduate nurses.**<sup>17 18 19</sup>

There are many graduate nurses who fail to find a place of employment<sup>20</sup> and ACN believes there is opportunity to utilise this graduate RN and EN workforce.

For example, in 2019, almost 70 per cent of applicants for worker jobs in WA public hospitals missed out. There were 2127 applications for 721 registered nurse, enrolled nurse and midwife employment positions in that year. Over the past five years the number of nurses applying for worker program positions increased from 1488 to 2112, according to WA Health; with the success rate falling from 62 to 33 per cent. As a result, the Nursing and Midwifery Office entered a five-year partnership with the National Health Service Grampian in Scotland (where there are nurse shortages) to provide jobs for newly qualified registered nurses who could not find work in WA.<sup>21</sup>

ACN believes Australian nursing graduates must not be lost to the international nursing workforce. Some of these poor employment opportunities can be attributed to employers utilising visa RNs, as outlined in the March 2016 Senate report, *A National Disgrace: The Exploitation of Temporary Work Visa Holders*.<sup>22</sup> The Australian Government needs to look at how we can retain Australian nurses to be available for critical response times such as the current COVID-19 pandemic. For example, ACN encourages the utilisation of newly registered nurses in the aged care sector, where there are existing workforce shortages, through transition to practice programs with aged care provider placements. This could be supported with a one-year program

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<sup>15</sup> Ibid.

<sup>16</sup> Booth K 2020. Pandemic highlights health system gaps for nurses and complex care. Viewed 20 June 2020.

<https://croakey.org/pandemic-highlights-health-system-gaps-for-nurses-and-complex-care/>

<sup>17</sup> Health Times 2016. Generation Next - Helping Worker Nurses and Midwives Find Jobs. Viewed 20 June 2020.

<https://healthtimes.com.au/hub/nursing-careers/6/news/nc1/generation-next-helping-worker-nurses-and-midwives-find-jobs/1422/>

<sup>18</sup> Nursing Review 2017. Worker nurses face frustration in gaining registered nurse experience. Viewed 3 June 2020.

<https://www.nursingreview.com.au/2017/08/worker-nurses-face-frustration-in-gaining-registered-nurse-experience/>

<sup>19</sup> The West Australian 2019. Hundreds of WA nurses go to Britain to find work under Health Department deal. Viewed 3 June 2020.

<https://thewest.com.au/news/wa/wa-nurses-go-to-britain-to-find-work-under-health-department-deal-ng-b881140044z>

<sup>20</sup> Health Times 2016. Generation Next - Helping Worker Nurses and Midwives Find Jobs. Viewed 3 June 2020.

<https://healthtimes.com.au/hub/nursing-careers/6/news/nc1/generation-next-helping-worker-nurses-and-midwives-find-jobs/1422/>

<sup>21</sup> The West Australian 2019. Hundreds of WA nurses go to Britain to find work under Health Department deal. Viewed 3 June 2020.

<https://thewest.com.au/news/wa/wa-nurses-go-to-britain-to-find-work-under-health-department-deal-ng-b881140044z>

<sup>22</sup> Parliament of Australia 2016. A National Disgrace: The Exploitation of Temporary Work Visa Holders. Viewed 3 June 2020.

[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Education\\_and\\_Employment/temporary\\_work\\_visa/Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/temporary_work_visa/Report)

involving online and face-to-face components, to supports first year nurses in their transition into aged care.

## 1.2. Residential Aged Care

One of the biggest challenges faced in RACFs is the suboptimal number of available ENs and RNs;<sup>23</sup> and subsequently an unprecedented reliance on and volume of UHCWs in the aged care sector (who represent roughly 70% of the aged care workforce). UHCWs do not have the adequate skills or training to understand and manage the increased acuity of older people presenting for care in the aged care sector. The ACN White Papers (2016) on *'The role of the RN in residential aged care facilities (RACFs)'*,<sup>24</sup> and (2019) on *'Achieving Quality Palliative Care for All: The Essential Role of Nurses'*,<sup>25</sup> outline the complex care needs of residents living in RACFs. Specifically, people living in RACFs more commonly have co-morbidities, chronic disease and multiple medications; and 75% of people in RACF are known to be 85 years of age or older. With the growing prevalence of co-morbidities associated with physical and cognitive decline, polypharmacy, and greater professional accountability, increasingly the residential aged care population requires more complex care that can only be provided under the direct supervision of an RN. Considering the recent COVID-19 pandemic, it is expected that the aged care sector will face increased pressure (in an already overwhelmed sector) around providing dignified end of life (EOL) care. ACN notes that older Australians in the aged care sector are at increased risk of morbidity and mortality during infectious disease outbreaks and are likely to continue to receive or be at risk of suboptimal care due to poor RN staffing.

It is also important to note that the Australian Nursing and Midwifery Federation (ANMF) recently expressed concerns on the Governments COVID-19 response within the residential aged care sector, despite favourable overall outcomes in Australia compared to many other countries.<sup>26</sup> The ANMF described a *"lack of clear, consistent information regarding how best to respond to outbreaks as well as a lack of clear leadership and delegation of responsibility for ensuring the health and safety of older Australians, younger residents, and staff"*. Despite the \$750.8million in funding pledged to the aged care sector, the ANMF believes that *"without defining and regulating how or what the funds are used for runs the very real risk ... [of it] not being used appropriately or effectively"*. It was also noted that on 20 March 2020, there was a \$235million "retention bonus" to provide \$800 to direct full-time residential workers and \$600 to in-home care workers to ensure continuity of care. The ANMF have also expressed concern that *"the funding may never actually find its way to workers as providers currently appear to be under no obligation to demonstrate how the money is spent."*

### ACN Recommendations:

ACN has taken several steps to address the specific challenges faced in aged care which are now even more pertinent during the COVID-19 pandemic. ACN's 2019 White Paper, *'Regulation of the Unregulated Health Care Workforce across the Health Care System'*, details several policy

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<sup>23</sup> Eagar K, Westera A, Kobel C 2020. Australian residential aged care is understaffed. MJA doi: 10.5694/mja2.50615

<sup>24</sup> ACN 2016. The role of registered nurses in residential aged care facilities Position Statement. <https://www.acn.edu.au/wp-content/uploads/position-statement-role-rn-residential-aged-care-facilities.pdf>

<sup>25</sup> ACN 2019. Achieving Quality Palliative Care for All: The Essential Role of Nurses White Paper. <https://www.acn.edu.au/wp-content/uploads/white-paper-end-of-life-care-achieving-quality-palliative-care-for-all.pdf>

<sup>26</sup> The Guardian 2020. Australia mishandled coronavirus spread in aged care, nurses union says Viewed 21 June 2020. <https://www.theguardian.com/australia-news/2020/jun/16/australia-mishandled-coronavirus-spread-in-aged-care-nurses-union-says>



recommendations by ACN which are aimed at ensuring RNs are available to care for our Senior Australians at all times.<sup>27</sup> Specifically, ACN urges the Australian Government to provide minimum safe RN staffing levels, and to amend the Aged Care Act 1997 (Cth) to mandate safe staffing and skill-mix (the proportion of RNs to UHCWs) levels. ACN has also established a [COVID-19 Nursing Workforce Solutions Expert Advisory Group \(EAG\)](#) intended to inform the Australian Government on critical and urgent workforce issues relevant to the nursing profession during the current pandemic situation and beyond.

Feedback from ACN's membership with regards to the residential aged care sector include:

- Qualified staff in aged care are not being offered jobs by individual employers as they are not part of the Human Resources (HR) compliment. This is despite the Australian government providing funding to aged care. Employers are not hiring qualified staff to replace ones that are in quarantine.
- Relying on agency staff in RACF is not ideal because there is no vetting system to ensure that they are appropriately qualified, nor that they have the IDs necessary to enable them to work in aged care. There is the Australian College of Care Workers that offers this service of registration, whom vet every care worker and offer ongoing professional development.
- Nursing staff not being able to provide adequate reassurance to family, friends and carers during COVID-19 due to busy work schedules.
- The nursing workforce in RACFS could be supported by providing flexible working hours and shorter shifts; employing more nurses to supervise and be involved in direct care (not just management); providing adequate online professional development; and having a dedicated contact line to the nearest hospital if advice is required.
- Adequate infection control training is available for staff working in residential aged care services via the health department; however further training is encouraged on how to stay safe after leaving work (i.e. to keep family and loved ones safe from infection); and how to stay positive and have a healthy mental health approach to oneself and family. It was also suggested combining nursing webinars and health department webinars so that these are readily available to nursing staff.
- Increased workload for RNs and ENs due to COVID-19 without additional hours or pay and without additional support has increased concerns around the long-term effects and possibility of burnout. For example, a facility manager indicated they were working 11-hour days and on-call 24/7 seven days a week. The workload had increased due to having to pick up additional duties, the introduction of telehealth and video conference calls, additional training requirements in infection control, staff needing to ask screening questions and take temperatures of all visitors (doctors, contractors etc). Any resident with mild symptoms requires immediate quarantine and PPE. All managers were asked to consider if RN's could be replaced with EEN's or EEN's with an UHCW.
- While there were positive overall thoughts on the Australian Governments' response in keeping the community and nurses informed during COVID-19 on their website, it was suggested that more information is required about UHCWs as they are the largest group of support care workers in residential aged care services.

<sup>27</sup> Australian College of Nursing (ACN). 2019, 'Regulation of the Unregulated Health Care Workforce across the Health Care System – A White Paper by ACN 2019', ACN, Canberra. <https://www.acn.edu.au/wp-content/uploads/white-paper-regulation-unregulated-health-care-workforce-across-health-care-system.pdf>



### 1.3. Community and Primary Health Care

ACN welcomes the Australian Government's introduction of the *COVID-19 Temporary Medicare Benefits Schedule (MBS) Telehealth Service*<sup>28</sup> in the Community and Primary Health Care (C&PHC) sector, specifically to allow health care providers to continue to deliver essential health care services over the phone or video-call for non-essential face-to-face consultation. The C&PHC sector is the frontline of Australia's health care system and encompasses a large range of providers and services across the public, private and non-government sectors. It is important to acknowledge that Senior Australians receive C&PHC in the home or in community-based settings such as in general practices, other private practices, community health, local government, and non-government service settings (for example, Aboriginal Community Controlled Health Services).<sup>29</sup> Senior Australians benefit from community-based aged care which can support their continued independence in the community and can assist older frail individuals to remain in their homes for longer.<sup>30</sup>

In the C&PHC setting, nurses work collaboratively with other health care professionals to deliver individualised and patient focused outcomes of care. While most Australians will receive primary health care through their GP, primary health care providers also include a variety of nurses in different roles (including general practice nurses (GPN), community nurses and nurse practitioners). In 2019, around two-thirds of C&PHC nurses were reported to work in GP settings in the role of a GPN (68%).<sup>31</sup> While the new temporary MBS telehealth items (including video-conferencing and telephone calls) are available to GPs, medical practitioners, nurse practitioners, participating midwives and allied health providers; GPNs are not being provided with the same opportunities. Concern for this cohort has been intensified by recent reports of decreased hours or dismissal of GPNs employed by GP settings and clinics.<sup>32 33</sup>

It is also important to note that GPNs, as a subset of the C&PHC nursing workforce, are considered pivotal and trusted health care professionals by their communities, are skilled collaborators, knowledgeable clinicians, experienced educators, and are critical in connecting patients with all levels of health and community care necessary for best health care outcomes.<sup>34</sup> ACN therefore wishes to raise the inadvertent risk telehealth services may contribute to vulnerable populations. Regardless of the advent of COVID-19, Senior Australians in the C&PHC setting are more likely to require ongoing care and follow up due to chronic diseases and comorbidities. The absence of face-

<sup>28</sup> Department of Health. COVID-19 Temporary COVID-19 MBS Telehealth Services [Internet]. Australian Government; MBS Online Factsheet; Last updated 2020 May 8 [cited 2020 May 4]. Available from: [http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/0C514FB8C9FBBEC7CA25852E00223AFE/\\$File/COVID-19%20Temporary%20MBS%20telehealth%20Services%20-%20Overarching%2008052020.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/0C514FB8C9FBBEC7CA25852E00223AFE/$File/COVID-19%20Temporary%20MBS%20telehealth%20Services%20-%20Overarching%2008052020.pdf)

<sup>29</sup> Ibid.

<sup>30</sup> Australian Institute of Health and Welfare 2018, Older Australians at a glance, AIHW, viewed 2 February 2019. <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/diverse-groups-of-older-australians/culturally-linguistically-diverse-people>

<sup>31</sup> Australian College of Nursing. Community & Primary Health Care Nursing Position Statement. [Internet]. Canberra: ACN; 2020. Available from: [https://www.acn.edu.au/wp-content/uploads/2018/03/community\\_and\\_primary\\_health\\_care\\_position\\_statement\\_c3.pdf](https://www.acn.edu.au/wp-content/uploads/2018/03/community_and_primary_health_care_position_statement_c3.pdf)

<sup>32</sup> Halcomb E, McInnes S, Williams A, et al. The experiences of primary health care nurses during the COVID-19 pandemic in Australia [Internet]. Authored; University of Wollongong and University of Notre Dame Australia; 2020 [cited 2020 May 10]. <https://doi.org/10.22541/au.158931132.20227658>

<sup>33</sup> Sweet M, Booth K. Pandemic highlights health system gaps for nurses and complex care [Internet]. 2020 Apr 27 [cited 2020 May 4]. Available from: <https://croakey.org/pandemic-highlights-health-system-gaps-for-nurses-and-complex-care/>

<sup>34</sup> Phillips CB, Pearce C, Hall S, Kljakovic M, Sibbald B, Dwan K, Porritt J and Yates R. Enhancing care, improving quality: the six roles of the general practice nurse. *Med J Aust* [Internet]. 2009 Jul 20 [cited 2020 May 4]; 191 (2): 92-97. Available from: <https://www.mja.com.au/journal/2009/191/2/enhancing-care-improving-quality-six-roles-general-practice-nurse> DOI: 10.5694/j.1326-5377.2009.tb02701.x

to-face consultations and the limited allowance of telehealth consultations for GPNs, may result in inadequate health care being provided to these vulnerable individuals; or limited access to essential health services for vulnerable groups.

**ACN Recommendations:**

ACN urges the Government to remove the current barriers faced by nurses (specifically GPNs) delivering care in the community and enable funding and resources that will allow nurses to provide care for people in their homes and assist in hospital avoidance. This means nurses require a provider number which will provide access to MBS item numbers.

Feedback from ACN's membership in the C&PHC sector include:

- COVID-19 has dramatically impacted the nursing role in the C&PHC sector with many having to reorganise tasks and reschedule events in addition to their normal workload. Given that many services have closed their call centres and are only operating by email, there has been disrupted and delayed access to routine health services which may have serious long-term effects on Senior Australians in community aged care.

**Section 1: Summary of ACN Recommendations**

Surge Workforce in Aged Care

1. Upskill non-practicing enrolled nurses (ENs) and registered nurses (RNs)
2. Utilise out-of-work and/or under-employed RNs and ENs
3. Utilise unemployed graduate nurses and support them through a transition to practice course like ACNs program

Unregulated Health Care Workers

4. Ensure UHCWs are regulated and registered with the National Registration and Accreditation Scheme (NRAS).

Residential Aged Care Sector

5. Ensure at least one RN is available to residents at all times in residential aged care facilities (RACFs).
6. The Australian Government to amend the Aged Care Act 1997 (Cth) to mandate minimum RN safe staffing and skill-mix (the proportion of RNs to UHCWs) levels.

Community & Primary Health Care Sector

7. General Practice Nurses (GPNs) to be given a provider number to enable access to the temporary MBS telehealth services; and to ensure patients with chronic diseases have access to essential health services.

## 2. Preventative Health Measures

### 2.1 Telehealth Services

The Government's staged roll out of telehealth services, specifically the COVID-19 MBS temporary telehealth items, began progressively since 13 March 2020 (Stage 1); opening access under MBS to telehealth consultations between patients and their general practitioners, mental health providers and medical specialists. This was specifically for vulnerable patients or those required to self-isolate. By 16 March 2020 (Stage 2), expanded telehealth items were available to midwives and by 23 March 2020 (Stage 3), all vulnerable patients were given access to subsidised telehealth services.

ACN is opposed to the *temporary nature* of COVID-19 MBS telehealth items scheduled to end 30 September 2020; given the demand by Australians and would like to see access to telehealth be a permanent service nurses can access. By 20 April 2020, it was reported that 4.3 million health and medical services had delivered telehealth services to more than three million patients.<sup>35</sup> ACN acknowledges that this service has also significantly reduced anxiety in the ageing population around travel, especially for those with limited mobility, limited access to transport services, limited vision and cognitive impairment who may be concerned for their safety around getting to an appointment.

#### **ACN supports:**

ACN welcomes Stage 4 of the roll out which will look at continued telehealth access to essential primary health care services and best practice expansion of telehealth items for all patients, with or without COVID-19, to see any general practitioner, medical specialist, mental health or allied health professional during the COVID-19 health emergency.

### 2.2 Personal Protective Equipment (PPE) and Ventilators

COVID-19 has highlighted the possibility of ventilators and Personal Protective Equipment (PPE) including surgical masks and gowns becoming scarce items in an infectious disease outbreak if not appropriately resourced. ACN and ANMF warned the Australian Government as early as 4 March 2020 that the aged care sector was at risk due to insufficient PPE supply and training; in a sector that was already largely unprepared in terms of inadequate staffing numbers and skill-mix.<sup>36</sup> Access to and supply of PPE is considered critical for the protection of front line nurses and other health care workers in the community and hospital setting. Adequate access to ventilator equipment in intensive care units (ICUs) is also critical for vulnerable Senior Australians in the aged care sector who are more likely to succumb to the effects of COVID-19. Health officials now recognise the need to rely more on domestic sources of manufacturing and less on international sources.<sup>37</sup>

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<sup>35</sup> Department of Health 2020. Australians embrace telehealth to save lives during COVID-19. Viewed 22 June 2020.

<https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/australians-embrace-telehealth-to-save-lives-during-covid-19>

<sup>36</sup> The Guardian 2020. Australia mishandled coronavirus spread in aged care, nurses union says Viewed 21 June 2020.

<https://www.theguardian.com/australia-news/2020/jun/16/australia-mishandled-coronavirus-spread-in-aged-care-nurses-union-says>

<sup>37</sup> ABC News 2020. Coronavirus pushes Government to commission 2,000 new ventilators for Australian ICUs. Viewed 30 May 2020.

<https://mobile.abc.net.au/news/2020-04-09/australia-to-build-2000-ventilators-coronavirus/12136424?pfm=sm&sf232521625=1>

### ACN Supports the following:

Given the supply of PPE and ventilators is considered crucial during COVID-19 and any future infectious disease outbreaks, ACN is supportive of current measures driven by the Australian Government to ensure access to this equipment is readily available now and in the future.

- i) **Temporary MBS funded Telehealth Services:** to support the assessment of suspected COVID-19 cases without risking unnecessary exposure to healthcare workers and vulnerable patients; and thereby also reducing the use of scarce PPE and travel for non COVID-19 cases.<sup>38</sup>
- ii) **Australian Manufacturing of PPE:** it has been reported that there will be an increase from 7 million surgical masks manufactured locally per year to more than 200 million masks over the next 6 to 9 months.<sup>39</sup>
- iii) **Australian Manufacturing of Ventilators:** there will be an additional 2,000 ventilators by the end of July as Federal Government funds \$31 million deal with industry to build the machines.<sup>40</sup>
- iv) **Non-domestic supply of Ventilators:** the Government is waiting on the delivery of 500 ventilators from medical supply company Resmed.<sup>41</sup>

Feedback from ACN's nursing membership about PPE in the residential aged care sector indicated that there is a need for nurses to upskill their knowledge and experience in meeting the Standards of Care as noted in the Quality of Care Principles, 1997 and 2014; and thus to demonstrate proper use of PPE and supervision of other care staff. In addition, it was noted that the availability of PPE and hand sanitiser has been variable across different facilities. While some RACFs have had an adequate supply of resources and easily enforced protective measures, other facilities have struggled. For example:

- Some RACFs indicated that hand sanitiser is readily available and attached to the entrance of resident rooms; gloves are available at all general handwashing sink areas; disposable aprons and foot covers are available when entering the toilet and shower recess; there are daily changes of sheets and resident clothing; and longer laundry services on site.
- On the contrary, other RACFs indicated that PPE was in short supply with inadequate access for carers in direct contact with residents.
- In some RACFs, full daily cleaning (i.e. 8hrs a day) and laundry services is not available across the 7-day week, particularly on weekends and public holidays.
- There have been reports that some UHCWs do not understand the principles or safety issues behind PPE. For example, UHCWs were witnessed using the same gloves through many tasks and not understanding that gloves are single use only or there is a need to wash hands after each contact with them on.

<sup>38</sup> Woodley M 2020. States to receive \$1 billion in coronavirus funding. Viewed at NewsGP on 30 May 2020.

<https://www1.racgp.org.au/news/clinical/states-to-receive-1-billion-in-coronavirus-funding>

<sup>39</sup> ABC News 2020. Coronavirus pushes Government to commission 2,000 new ventilators for Australian ICUs. Viewed 30 May 2020.

<https://mobile.abc.net.au/news/2020-04-09/australia-to-build-2000-ventilators-coronavirus/12136424?pfm=sm&sf232521625=1>

<sup>40</sup> Ibid.

<sup>41</sup> Ibid.

General feedback about PPE from ACN's membership indicate that:

- There has been fear about accepting students for placements, particularly around COVID-19 measures being compromised with inadequate PPE.
  - In the C&PHC sector there is fear around the inability to physical distance when driving in cars with students and the possibility of spreading COVID-19 to vulnerable households.
  - In residential settings, students are not being provided placements due to increased staff workload during COVID-19 and hence limited capacity for training. There is concern that with many students prevented from accessing placements there will be continued shortages for care workers with Certificate III level training.
- There is a lack of community education around PPE with many Senior Australians in the C&PHC sector having expectations that staff should wear PPE at all visits even when not indicated.
- One residential aged care facility has taken PPE shortages into their own hands and purchased a gamma steriliser to reuse PPE if required.

## 2.3 Upskilling staff in ICU

It has been reported that a COVID-19 ICU patient requires one-on-one, 24-hour nursing care over a 10 day stay with a cost of \$40,000 to \$50,000 per episode. A 20% COVID-19 ICU cohort event could cost \$475million and require a surge supply in the nursing workforce.<sup>42</sup> If this surge supply is not available, then the 385,000-nursing workforce is at risk of being reallocated to ICU's from other sectors which may put increased pressure on C&PHC nurses and risk the safety of older people in the community sector.

### **ACN supports:**

ACNs welcomes the Australian Government's funding towards upskilling staff in ICUs. ACN applauds the Australian Governments recognition that ICUs need to be adequately prepared during infectious disease outbreaks in terms of skilled staffing to prevent increased workload and pressure on ICU staff. ACN also supports the collaboration between the Colleges of Intensive Care Medicine and College of Anaesthetists to ensure an anaesthetic workforce will be easily reallocated into ICUs to assist severely unwell COVID-19 patients.<sup>43</sup>

## 2.4 Flu Vaccinations

Whilst flu vaccination does not prevent against COVID-19, the flu vaccine can protect Australians from Influenza, which causes between 100 to 1,000 deaths per year. The Australian Government

<sup>42</sup> Litton E, Bucci T, Chavan S, et al. Surge capacity of Australian intensive care units associated with COVID-19 admissions. Med J Aust [Internet]. 2020 Mar 30 [cited 2020 May 8]; Available from: <https://www.mja.com.au/journal/2020/212/10/surge-capacity-australian-intensive-care-units-associated-covid-19-admissions>

<sup>43</sup> ABC News 2020. Coronavirus pushes Government to commission 2,000 new ventilators for Australian ICUs. Viewed 30 May 2020. <https://mobile.abc.net.au/news/2020-04-09/australia-to-build-2000-ventilators-coronavirus/12136424?pfm=sm&sf232521625=1>

invested more than \$80 million to provide more free vaccines under the National Immunisation Program in 2020.<sup>44</sup> Free flu vaccines are available to those most at risk under the National Immunisation Program. This includes pregnant women; all Aboriginal and Torres Strait Islander people aged six months and older; people aged 65 years and older; people aged six months and older with certain medical risk factors; and all children aged between six months and five years. From 1 May 2020, it was mandatory for all aged care workers and visitors to be vaccinated against seasonal influenza to be permitted to enter an aged care facility.

#### **ACN Supports:**

ACN has been strongly advocating for flu vaccination during the COVID-19 pandemic to reduce the potential double up respiratory infections of flu and coronavirus. While there is not yet a vaccine for COVID-19, preventative measures need to be in place to reduce the burden on the health system from a potential surge in double up cases. ACN considers that the role nurses play in delivering vaccinations and advocating for immunisation programs is pivotal to the ongoing health of all Australians from birth to old age.

In addition, under the terms of licensure, the Nursing and Midwifery Board of Australia (NMBA) requires all nurses to advocate for immunisation programs with some nurses choosing to extend their scope of practice by undertaking specific education and training in the speciality area of vaccination and immunisation (nurse immunisers).<sup>45</sup> ACN recommends that RNs are enabled to work to their full scope of practice in all states and territories; be able to immunise without a medical order; and to have access to an MBS item number for immunisations.

## **2.4. Research around COVID-19**

The Government recently announced a \$66 million investment into finding a vaccine and treatments for COVID-19, and to preparing for future pandemics. The funding is available through the Government's Medical Research Future Fund (MRFF), extending the \$30 million already pledged for the Coronavirus Research Response.

#### **ACN Supports:**

ACN welcomes this research initiative as it may assist in improving the way COVID-19 is diagnosed and to care for patients with COVID-19.

## **2.5. Other preventative measures**

There are several other preventative measures that ACN welcomes and supports. This includes:

- **The COVIDSafe app:** to speeds up identifying and contacting people who have been exposed to COVID-19.
- **MyAusCOVID-19 app:** which gives accurate, relevant and timely information during the COVID-19 pandemic for all in the Australian community, and communication strategies tailored for culturally and linguistically diverse communities in particular are essential to bridge the health literacy and English language proficiency gaps.,

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<sup>44</sup> Department of Health 2020. Flu vaccination more important than ever during the month of April. Viewed 3 June 2020. <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/flu-vaccination-more-important-than-ever-during-the-month-of-april>

<sup>45</sup> ACN 2019. *Immunisation for health practitioners*. Viewed 30 June 2020. <https://www.acn.edu.au/education/immunisation/immunisation-for-health-practitioners>

- **COVID-19 testing and Screening:** this includes symptomatic and asymptomatic patients.
- **Rural respiratory clinics:** to ensure people have access to care or screening within a 1-hr drive

### Section 2: Summary of ACN Recommendations

8. Ensure there is an adequate supply of PPE and ventilators through increased reliance on domestic manufacture.
9. Ensure telehealth services continue to be MBS funded so that PPE are not used unnecessarily for consultations that can be appropriately conducted without face-to-face visits.
10. All Australians to receive the flu vaccination to prevent double surge from COVID-19 and flu infections.
11. Government funding into research for a COVID-19 vaccination; and into understanding the pathophysiology of COVID-19.
12. Ensure an appropriately skilled anaesthetic workforce (nursing and medical) is available for instances of increased demands in ICUs; and to prevent reallocation of nurses from C&PHC sector.
13. Increased uptake of the COVIDSafe app; increased testing for COVID-19 for symptomatic and asymptomatic individuals; and increased access to rural respiratory clinics.

## 3. End of Life Care

The evidence suggests that a greater number of COVID-19 deaths occur in older people, which means that many residents in aged care facilities are at risk. Mortality risk is reported to be between 0.3% to 7% higher than the general population.<sup>46</sup> Senior Australians are most likely to be affected due to their comorbidities and increased acuity. As a result, Senior Australians including those in aged care are more likely to require End of Life (EOL) care including palliative care which is now considered a critical part of the national response to the pandemic. ACN applauds the response of Palliative Care Australia (PCA) in establishing the *Australian COVID-19 Palliative Care Working Group (ACPCWG)*<sup>47</sup> in collaboration with other organisations including CareSearch to ensure individuals at their EOL and during COVID 19 receive dignified and respectful care.<sup>48</sup>

<sup>46</sup> Palliative Care Australia 2020. Australian COVID-19 Palliative Care Working Group COVID-19: Why palliative care matters! Viewed 24 May 2020. [https://palliativecare.org.au/wp-content/uploads/2020/04/COVID-19-PC-Working-Group-Why-palliative-care-matters\\_02042020.pdf](https://palliativecare.org.au/wp-content/uploads/2020/04/COVID-19-PC-Working-Group-Why-palliative-care-matters_02042020.pdf)

<sup>47</sup> CareSearch 2020. Providing guidance for Palliative Care and COVID-19: A blog post by Professor Jennifer Tieman, CareSearch Director, College of Nursing and Health Sciences, Flinders University. Viewed 24 May 2020. <https://www.caresearch.com.au/caresearch/TabId/3781/ArtMID/6000/ArticleID/1260/Providing-guidance-for-Palliative-Care-and-Covid-19.aspx>

<sup>48</sup> CareSearch 2020. Palliative Care and COVID-19. Viewed 24 May 2020. <https://www.caresearch.com.au/caresearch/tabid/5982/Default.aspx>



ACN would like to address the following areas which are relevant to EOL care during COVID-19.

## 1. Workload in ICU's

While COVID-19 has not severely affected ICUs in Australia due to strict Government enforced and effective evidence-based measures,<sup>49</sup> this has not been the case around the world. With 16% of COVID-19 patients in Lombardy (Italy)<sup>50</sup> and 24% in New York (USA)<sup>51</sup> requiring ICU admission, this demonstrates that if ICUs work beyond capacity, older people are at risk of not being resuscitated, being abandoned, dying without appropriate palliative care, or dying alone without family.<sup>52</sup> ACN understands that dying is a combination of the patient experience and family experience; and that families demonstrate vulnerability in wanting to be present to protect and comfort their loved one.<sup>53 54 55</sup> However, the risk-averse approach to EOL care provision during COVID-19 has created significant barriers for families.<sup>56</sup> From a nursing perspective, being placed in a position to decide who receives care and who does not, also raises significant ethical and moral dilemmas.

### ACN Supports:

ACN would like to ensure that effective measures are in place to facilitate the presence of family and/or next-of kin for elderly patients who are at risk of dying from COVID-19 or any other communicable disease infection in the aged care sector. ACN supports and/or endorses the following resources and/or measures that have been used during the current pandemic:

- The Australian College of Critical Care Nurses (ACCCN) and the Australasian College of Infection Prevention and Control (ACIPC) position statement which provides guidance on facilitating family visitation in critical care during COVID-19.<sup>57</sup>
- Guidance released by the Institute for Patient- and Family-Centered Care (IPFCC) on how to provide care that is patient-and family-centered during the COVID-19 pandemic.<sup>58</sup>

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<sup>49</sup> Australian Government Department of Health. Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19). In: Health Do, editor. Canberra: Department of Health; 2020.

<sup>50</sup> Grasselli G, Pesenti A, Cecconi M. Critical Care Utilization for the COVID-19 Outbreak in Lombardy, Italy: Early Experience and Forecast During an Emergency Response. *JAMA*. 2020.

<sup>51</sup> Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Reports. Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19)-United States. 2020. p. 343-6.

<sup>52</sup> Palliative Care Australia 2020. Australian COVID-19 Palliative Care Working Group COVID-19: Why palliative care matters! Viewed 24 May 2020. [https://palliativecare.org.au/wp-content/uploads/2020/04/COVID-19-PC-Working-Group-Why-palliative-care-matters\\_02042020.pdf](https://palliativecare.org.au/wp-content/uploads/2020/04/COVID-19-PC-Working-Group-Why-palliative-care-matters_02042020.pdf)

<sup>53</sup> Mossin H, Landmark B. Being present in hospital when the patient is dying-A grounded theory study of spouses experiences. *European Journal of Oncology Nursong*. 2011(5):382.

<sup>54</sup> Donnelly S, Battley J. Relatives' experience of the moment of death in a tertiary referral hospital. *Mortality*. 2010;15(1):81-100.

<sup>55</sup> Donnelly S, Dickson M. Relatives' matched with staff's experience of the moment of death in a tertiary referral hospital. *QJM*. 2013;106(8):731-6.

<sup>56</sup> Ranse K, Coombs M. The courageous practitioner during end-of-life care: Harnessing creativity in everyday acts. *Australian Critical Care*. 2019;32(6):449-50.

<sup>57</sup> The Australian College of Critical Care Nurses Limited (ACCCN) & the Australasian College for Infection Prevention and Control (ACIPC) 2020. ACCCN and ACIPC Position Statement on facilitating next-of-kin presence for patients dying from COVID-19 in the ICU (2020). Viewed 24 May 2020. <https://www.acipc.org.au/wp-content/uploads/2020/05/POSITION-STATEMENT-Facilitating-next-of-kin-presence-for-patients-dying-from-COVID-19-in-the-ICU-FINAL.pdf>

<sup>58</sup> Institute for Patient- and Family-Centred Care 2020. COVID-19 and Patient- and Family-Centred Care FAQs. [https://www.ipfcc.org/bestpractices/covid-19/IPFCC\\_PFCC\\_and\\_COVID.pdf](https://www.ipfcc.org/bestpractices/covid-19/IPFCC_PFCC_and_COVID.pdf)

- Victorian hospitals allowing family members to visit COVID-19 infected patients upon wearing the required and correctly fitted personal protective equipment (PPE).<sup>59</sup>

## 2. Preparation for Advance Care Planning

Advance care planning is an important part of Australia's COVID-19 healthcare planning, however only roughly 25% of Australians aged 65 years and older have documented their preferences in an Advance Care Directive.<sup>60</sup> Advanced Care Directives are a critical component of palliative care and will assure patients they will be provided with supportive palliative care that respects their wishes through dignified EOL care if their health deteriorates as a result of COVID-19.<sup>61</sup>

### ACN Supports:

ACN would like to encourage those in aged care settings to have an Advance Care Directive in place to ensure that their wishes are met if they are unable to communicate their needs at their EOL. ACN recommends that RNs with the correct training conduct Advance Care Plans; and that Advanced Care Planning is made routine in the **health assessment (conducted by GPs) for individuals aged over 75 years**.<sup>62</sup> The health assessment of an older person is an in-depth assessment of a patient aged 75 years and over. It provides a structured way of identifying health issues and conditions that are potentially preventable or amenable to interventions in order to improve health and/or quality of life.

## 3. Training around End of Life Care

With any communicable disease outbreak such as COVID-19, there is always the risk of undue pressure being placed on those who are caring for patients. UHCWs and health care professionals including nurses in the aged care sector may find themselves working outside their scope of practice particularly around EOL care services. It has been reported that not all health practitioners are familiar with EOL care provision.<sup>63</sup> For this reason, ACN would like to encourage the Australian Government to ensure that nurses and UHCWs working in aged care are adequately trained to provide respectful and dignified EOL care. ACN's commitment to the care of older people is evident in the establishment of an End of Life Care Policy Chapter (2018). The Policy Chapter released White Papers in 2019 titled, *Establishing a Nurse-led Palliative Care Service in Australia: An implementation toolkit*,<sup>64</sup> and *'Achieving Quality Palliative Care for All: The Essential Role of Nurses'*,<sup>65</sup> as well as a position statement titled *Voluntary Assisted Dying in Victoria*.<sup>66</sup> The Policy Chapter continues to meet monthly

<sup>59</sup> Victoria State Government (last updated 3 April 2020). Coronavirus disease (COVID-19) Fact sheet for palliative and end of life care. Viewed 24 May 2020. <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

<sup>60</sup> Advance Care Planning Australia 2020. Advance care planning is an important part of COVID-19 healthcare planning. Viewed 3 June 2020 <https://www.advancereplanning.org.au/for-health-and-care-workers/covid-19-web/>

<sup>61</sup> Cairns W & Agar M (23 March 2020). Integrating palliative care into COVID-19 planning. Viewed at: <https://insightplus.mja.com.au/2020/11/integrating-palliative-care-into-covid-19-planning/>

<sup>62</sup> Department of Health 2014. Health assessment for people aged 75 years and older. Viewed 3 June 2020 [https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare\\_mbsitem\\_75andolder](https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_75andolder)

<sup>63</sup> Cairns W & Agar M (23 March 2020). Integrating palliative care into COVID-19 planning. Viewed at: <https://insightplus.mja.com.au/2020/11/integrating-palliative-care-into-covid-19-planning/>

<sup>64</sup> ACN 2019. Establishing a Nurse-led Palliative Care Service in Australia: An implementation toolkit – A White Paper by ACN 2019. ACN, Canberra. Viewed 3 June 2020. <https://www.acn.edu.au/wp-content/uploads/white-paper-establishing-nurse-led-palliative-care-service-in-australia-implementation-toolkit.pdf>

<sup>65</sup> ACN 2019. Achieving Quality Palliative Care for All: The Essential Role of Nurses—A White Paper by ACN 2019. ACN, Canberra. Viewed 3 June 2020. <https://www.acn.edu.au/wp-content/uploads/white-paper-end-of-life-care-achieving-quality-palliative-care-for-all.pdf>

<sup>66</sup> ACN 2020. Position Statement: Voluntary Assisted Dying in Victoria. Viewed 3 June 2020. <https://www.acn.edu.au/wp-content/uploads/2018/10/Voluntary-Assisted-Dying-in-Victoria.pdf>

to work on developing strategies to better support the nursing profession around providing quality EOL care.

**ACN Supports:**

ACN welcomes the following measures that were introduced to support EOL care in the aged care sector during COVID-19:

- \$57 million Government support to palliative care in aged care announced during Palliative Care Week.
- CareSearch role in providing online educational resources in collaboration with the PCA as part of the ACPCWG.<sup>67</sup>
- The 'End of Life Directions for Aged Care (ELDAC) Care Model' toolkit. ELDAC recently released (June 2020) information on the "Assessing Palliative Care Needs" domain of the ELDAC Care Model. This details how to assess palliative care needs during COVID-19; identifies twelve recommended clinical tools that can be used to assess physical and psychological palliative care needs, as well as caregiver needs; how to refer patients for specialist palliative care; identifies responsibilities around diversity in palliative care; collaborative endeavours in palliative care; as well as the law as it related to EOL (including capacity and consent to medical treatment).<sup>68</sup>

Feedback from ACN's membership with regard to EOL care include:

- Not much has changed in regard to the medical attention and care provided for EOL in RACFs. What has been impacted most is the effect on families with restrictions on visitors. For example, only two visitors at a time for no more than 30 minutes, no children under the age of 16 and anyone who has not had the Influenza vaccination must wear full PPE. Some families have found these restrictions traumatic and difficult.
- Early in the crisis some Outreach/Inreach services were requesting RACFs ensured every resident had an Advance Care Directive which stated they would not be transferred to hospital if their health deteriorated; however, comments were quickly rescinded by these services when challenged on moral and ethical grounds.
- There is some uncertainty around religious visits due to COVID-19 restrictions (e.g. Catholic priest to deliver the final sacrament).
- Some aged care facilities were uncertain if allied health professional should be allowed to continue to work in aged care during the pandemic.

<sup>67</sup> CareSearch 2020. Providing guidance for Palliative Care and COVID-19: A blog post by Professor Jennifer Tieman, CareSearch Director, College of Nursing and Health Sciences, Flinders University. Viewed 24 May 2020. <https://www.caresearch.com.au/caresearch/TabId/3781/ArtMID/6000/ArticleID/1260/Providing-guidance-for-Palliative-Care-and-Covid-19.aspx>

<sup>68</sup> ELDAC 2020. Assessing Palliative Care Needs. Viewed 3 June 2020. <https://www.eldac.com.au/tabid/5040/Default.aspx>

### Section 3: Summary of ACN Recommendations

14. Ensure effective measures are in place to facilitate the presence of family and/or next-of kin for elderly patients at risk of dying from COVID-19 infection or any other pandemic infection in the aged care sector.
15. ACN endorses the Australian College of Critical Care Nurses (ACCCN) and the Australasian College of Infection Prevention and Control (ACIPC) position statement on facilitating family visitation in critical care during COVID-19.
16. Advanced Care Planning should be made routine in the health assessment check conducted by GPs for individuals aged over 75 years; and by RNs with the correct training.
17. Ensure adequate EOL training and resources are available to all health care professionals and unregulated health care workers so that staff work within their scope of practice and individuals received dignified care at their EOL.
18. ACN endorses the ELDAC Care Model and toolkit.

## 4. Access to Medication

The advent of COVID-19 has raised concerns around access to Pharmaceutical Benefits Scheme (PBS) listed medications and privately listed medications in both the community and hospital settings. It is important to note that medications may be required for short term treatment of ailments (e.g. bacterial infections) or on an ongoing basis for chronic conditions. Senior Australians are more likely to suffer from chronic diseases such as diabetes, dementia and heart disease. Therefore, ACN believes it is important that access to medications for vulnerable individuals is readily available to ensure that any potential fears around supply, which could contribute to a decline in mental well-being of older people, is mitigated.

### 4.1 Community Setting

In the community setting, the Department of Health have clearly stipulated that it is essential for pharmacies to remain open during the COVID-19 pandemic to ensure individuals in the community have access to essential medications.<sup>69</sup> ACN applauds regulatory changes implemented during COVID-19 to encourage access and supply to medicines via non-traditional methods, namely through telehealth consultations (i.e. without the need to obtain a hard copy prescription from their GP prescriber and then present this to a pharmacist). For example, prescribing options during COVID-19 were extended through electronic prescribing and temporary COVID-19 digital image prescribing.<sup>70</sup> This has meant that individuals in the community can have a prescription prescribed during a telehealth consultation and can then collect medications directly from the pharmacy whilst bypassing the need to consult the prescriber face-to-face. For many Senior Australians this has also meant having their medication delivered to their home via the pharmacy, without requiring travel to

<sup>69</sup> The Guild 2020. COVID-19 New Information/Update. Viewed 29 May 2020 <https://www.guild.org.au/resources/business-operations/covid-19>

<sup>70</sup> Pharmaceutical Society of Australia 2020. Summary of COVID-19 regulatory changes. Viewed 22 June 2020. <https://www.psa.org.au/coronavirus/regulatory-changes/>

the GP surgery or pharmacy. However, ACN is aware that not all states and territories have the same rules around digital prescribing of Schedule 8 and Schedule 4 + Appendix D (S8 and S4D) medicines. For example, in the ACT, prescribers can use image-based prescribing for S8 and S4D medicines to support prescribing essential medicines during telehealth consultations for vulnerable patients in the community including Senior Australians.<sup>71</sup> The DORA real time prescription monitoring system is also available in the ACT for patient care using a S8 medicine.<sup>72</sup> This is not the case in the NT, QLD, NSW, SA and VIC.<sup>73</sup>

It is important to note that community pharmacies are increasingly employing a nurse who play an important role around offering medical advice on different conditions including wound care; as well as non-pharmacological management options around care for older people. This “counselling service” is essential and it would be necessary to identify how COVID-19 has impacted this workforce.

Many older Australians also rely on access to their community pharmacy from a psychosocial perspective. Visiting the local pharmacy encourages **social participation** and **inclusion**. Both of these factors have been linked to mental health and wellbeing; and an important part of enabling social inclusion is ensuring the aspects of people’s lives that matter to them.<sup>74</sup> It is not only access to medication that Senior Australians require, but also access to their trusted and recognised health professionals including their pharmacist and/or practice nurse. For many older people, visiting their local pharmacy enables them to interact or “have a chat” with people in their community. As vulnerable individuals who are more likely to be experiencing social isolation, reduced access to medication related services can also lead to fear of becoming further isolated which may contribute in a decline in their mental health and well-being.

#### **ACN Supports:**

ACN is supportive of the following COVID-19 related regulatory changes<sup>75</sup> that have allowed continued access to medicines for individuals in the community including the elderly:

- **Digital Image Prescriptions:** The paperless transfer of prescriptions from prescribers to pharmacists via fax, telephone or text message; as a temporary measure to support COVID-19 telehealth consultations. It should be noted this is not the same as electronic prescribing or electronic prescriptions; and not all states and territories allow supply of S8 and S4D medicines via digital image.
- **Continued Dispensing:** A ‘full supply’ (one-month) of an essential Prescription Only Medicine (S4) without a prescription in an emergency. PBS Expanded Continued Dispensing and state/territory regulation have enabled supply of nearly all Prescription Only Medicines via this temporary measure during COVID-19; subject to professional and regulatory requirements. Prior to COVID-19, PBS Continued Dispensing was limited to oral contraceptives and statins.

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<sup>71</sup> Department of Health 2020. Prescriptions via telehealth – state and territory rules. Viewed 22 June 2020. <https://www.health.gov.au/resources/publications/prescriptions-via-telehealth-state-and-territory-rules>

<sup>72</sup> Ibid.

<sup>73</sup> Ibid.

<sup>74</sup> Australia Government 2019. Productivity Commission Issues Paper: The Social and Economic Benefits of Improving Mental Health. Viewed 30 May 2020. <https://www.pc.gov.au/inquiries/current/mental-health/issues/mental-health-issues.pdf>

<sup>75</sup> Pharmaceutical Society of Australia 2020. Summary of COVID-19 regulatory changes. Viewed 22 June 2020. <https://www.psa.org.au/coronavirus/regulatory-changes/>

- **Serious Shortage Substitution:** Supply of alternative quantity and strength, or dose form of a medicine in shortage with the consent of the patient and without the prior approval of the prescriber. This is valid over the duration specified in each Serious Shortage Substitution Notice (SSSN) and ensures continuity of therapy.
- **Phone/Fax Order by Prescriber:** Urgent prescription ordered via phone/fax followed by hard-copy within 24-hours (known as 'owing prescription'). Owing scripts existed prior COVID-19, and continuity is essential during COVID-19.
- **Emergency Supply (3-day rule):** Supply of a small quantity of an essential medicine without a prescription in an emergency. While emergency supply existed prior to COVID-19, prior to COVID-19, it remains relevant during COVID-19 if S4 medicines are unable to be supplied under Expanded Continued Dispensing.

ACN is supportive of the various initiatives that have been implemented to ensure Senior Australians have access to their medication. These include:

- The Australian Government's and the Pharmacy Guild of Australia (Guild) response to COVID-19, where they have set up information lines to ensure community pharmacies can continue to provide access to medications in this setting.<sup>76</sup>
- The Pharmaceutical Society of Australia (PSA) recent launch of a dedicated pharmacist support line to help pharmacists and pharmacy staff with electronic prescriptions.<sup>77</sup>
- During COVID-19 pharmacists implemented electronic prescribing<sup>78</sup> and the interim image-based supply of medicine model to ensure the supply of medicines however this put significant pressure on pharmacists and the community at risk due to unclear laws.<sup>79</sup> ACN is pleased to hear that the Government has moved to a staged and planned implementation of formal electronic prescription arrangements, which will provide a safer, clearer and more secure electronic prescriptions model to protect patient's privacy and safety.<sup>80</sup> Electronic prescribing will involve a unique QR barcode known as a 'token' (not a legal prescription) which is sent via SMS or email from the GP or Nurse Practitioner to a patient. The token will be used by an authorised pharmacy to unlock the legal prescription.<sup>81</sup> PSA's dedicated electronic prescriptions support line for pharmacists will assist in this transition; from Stage 1 (30 May 2020 - Token/Barcode Model) to Stage 2 (late 2020 – Active Script List Model).<sup>82</sup>
- The Australia Post and Guild's launch of the Pharmacy Home Delivery Service allowing vulnerable Australians in the community to receive medication and essential supplies weighing under 500g via Express Post once a month, with pharmacies reimbursed through a government rebate.<sup>83</sup>

<sup>76</sup> Australia Government 2019. Productivity Commission Issues Paper: The Social and Economic Benefits of Improving Mental Health. Viewed 30 May 2020. <https://www.pc.gov.au/inquiries/current/mental-health/issues/mental-health-issues.pdf>

<sup>77</sup> The Pharmaceutical Society of Australia 2020. Electronic prescription support line for pharmacists launched. Viewed 29 May 2020 <https://www.psa.org.au/electronic-prescription-support-line-for-pharmacists-launched/>

<sup>78</sup> Department of Health 2020. Electronic Prescribing. Viewed 1 June 2020. <https://www.health.gov.au/initiatives-and-programs/electronic-prescribing>

<sup>79</sup> The Pharmaceutical Society of Australia 2020. Electronic prescription support line for pharmacists launched. Viewed 29 May 2020 <https://www.psa.org.au/electronic-prescription-support-line-for-pharmacists-launched/>

<sup>80</sup> PSA 2020. Electronic Prescriptions. Viewed 22 June 2020. <https://www.psa.org.au/ep/>

<sup>81</sup> Ibid.

<sup>82</sup> Ibid.

<sup>83</sup> Lathouris OS 2020. Nine News: Coronavirus: Australia Post announces launch of Pharmacy Home Delivery Service amid coronavirus crisis. Viewed 30 May 2020. <https://www.9news.com.au/national/coronavirus-australia-post-announces-launch-of-pharmacy-home-delivery-service/9aa1960e-9053-4c5d-9d4b-1c939ad301ad#close>



## 4.2 Hospital Setting

In the hospital setting, emergency supply provisions<sup>84</sup> announced by the Federal Government, permitted:

- 1) Continuity of treatment for outpatients who regularly obtain medicines from hospital outpatient pharmacies to fast-track the discharge process (announced in late March); and
- 2) A new legislative instrument enabling hospital pharmacists to supply PBS medications via digital image prescriptions to protect hospital inpatients by reducing traffic within hospitals.

### ACN Supports:

ACN is supportive of the following initiatives undertaken to ensure access to medications in the hospital setting:<sup>85</sup>

- i) The Therapeutic Goods Administration (TGA) is continuing to monitor supply of medications to Australian consumers.
- ii) A set of Quick Guides developed by the Society of Hospital Pharmacists of Australia (SHPA) to provide information and guidance relevant to laws in different jurisdictions.
- iii) The COVID-19 Hospital Pharmacy Relief Register available to all pharmacists, technicians and pharmacy students with less than six months' hospital experience. This is a free introductory training on working in the hospital pharmacy setting.
- iv) The COVID-19 Hospital Pharmacy ICU Upskilling Package launched by SHPA. This is a free program providing a rapid introduction to hospital pharmacy in the intensive care setting, including medicine use, sepsis management, renal replacement therapy and the latest guidelines, considerations and possible treatment options for the management of COVID-19.
- v) The COVID-19 SHPA member forum providing health professionals a platform to share experiences and advice. ACN also provide a forum for nurses to discuss COVID-19 experiences and concerns.
- vi) New section on optimal management of injectable medicines for Australians with COVID-19 disease, as part of an update to the Australian Injectable Drugs Handbook (AIDH).

### Section 4: Summary of ACN Recommendations:

19. Access to medications in the community setting should be viewed from the perspective of social participation and inclusion to discourage isolation and encourage mental health and well-being for Senior Australians.
20. Access to medication in the hospital setting should be viewed as an interdisciplinary approach to care. As such ACN endorses initiatives by SHPA to upskill pharmacy staff and provide a hospital pharmacy relief register.

<sup>84</sup> Shpa 2020. COVID-19 Information Hub. Viewed 30 May 2020. [https://www.shpa.org.au/covid-19#capacity\\_snapshots](https://www.shpa.org.au/covid-19#capacity_snapshots)

<sup>85</sup> Ibid.



## 5. Mental Health

ACN members acknowledge that many Australians are experiencing “*fear, anxiety, loneliness, financial and family stress*” as a result of the COVID-19 pandemic and the measures implemented to contain its spread.<sup>86</sup> In 2019, the Productivity Commission reported that “*mental health in Australia is characterised by...gaps in services and supports for particular demographic groups, such...elderly people in aged care facilities, Indigenous Australians, individuals from culturally diverse backgrounds, and carers of people with a mental illness*”.<sup>87</sup> ACN recognises that because Senior Australians are now experiencing higher levels of social isolation and anxiety about illness and death from COVID-19,<sup>88</sup> they are at further risk. It is concerning that many Senior Australians have also experienced a reduction in mental health care services due to social distancing restrictions and minimal uptake of digital health services such as telehealth.<sup>89</sup>

### ACN Supports:

ACN supports the Australian Governments’ \$48.1 million Mental Health and Wellbeing Pandemic Response Plan to assist the many vulnerable groups in the community during COVID-19.<sup>90</sup> The Plan recognises that a number of groups have been disproportionately impacted by the Pandemic including Senior Australians, and that jurisdictions must look at how to support care in people homes. It is important to recognise that Senior Australians may identify with more than one of the vulnerable groups listed below. The distribution of the budget towards this plan is as follows:

- **Senior Australians:** \$19 million will go towards Primary Health Networks (PHNs) which will deliver in-reach mental health services provided by mental health nurses for Senior Australians.
- **Carers of People with Mental Illness:** \$3.5 million will go to Carers Australia and Carers Gateway, to assist the carers of people with mental illness around increased workload.
- **Culturally and linguistically diverse (CALD) communities:** \$3.5 million will go towards ensuring health information is available in languages other than English to support Australians from CALD communities.
- **Aboriginal and Torres Straits Islander communities:** \$3.5 million will go towards supporting Indigenous Peoples, especially those in remote areas, who have been impacted by reduced access to mental health and wellbeing services, education and employment opportunities.

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<sup>86</sup> Ministers Department of Health 2020. Media Release: COVID-19: \$48.1 Million for National Mental Health and Wellbeing Pandemic Response Plan. Viewed 30 May 2020. <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/covid-19-481-million-for-national-mental-health-and-wellbeing-pandemic-response-plan>

<sup>87</sup> Australia Government 2019. Productivity Commission Issues Paper: The Social and Economic Benefits of Improving Mental Health. Viewed 30 May 2020. <https://www.pc.gov.au/inquiries/current/mental-health/issues/mental-health-issues.pdf>

<sup>88</sup> Ministers Department of Health 2020. Media Release: COVID-19: \$48.1 Million for National Mental Health and Wellbeing Pandemic Response Plan. Viewed 30 May 2020. <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/covid-19-481-million-for-national-mental-health-and-wellbeing-pandemic-response-plan>

<sup>89</sup> Ibid.

<sup>90</sup> Ibid.

Feedback from ACN's nursing membership around Mental Health in the C&PHC sector includes:

- Many Senior Australians in the community have limited access to technology (e.g. i-pads/smart phones to facilitate video calls) to be able to keep in contact with family and other loved ones. For those Senior Australians who do have access to technology, they may have limited digital literacy and may be hearing impaired or cognitively impaired; and without any IT support to assist them, may have significant challenges utilising the technology. Other challenges raised in this setting include inadequate data on phones to facilitate video calls.
- On a positive note, not all older individuals had negative experiences with technology. There was feedback of older individuals demonstrating capability in engaging telehealth services when resources such as i-pads were made available to them and education was provided via the i-pad initiative through the Commonwealth Health Support Program.
- Nurses initially expected that more telehealth assessments would be achieved due to less travelling, however telehealth bookings were taking longer than expected as many Senior Australians were needing more time to talk to their health care professional due to social isolation.
- Telehealth services made many staff and clients feel safer during COVID-19, reducing their anxiety around being exposed to this virus during health consultations.

Feedback from ACN's membership around Mental Health in the residential aged sector include:

- One particular RACF indicated that no family visits have been allowed since March 23<sup>rd</sup>. Providing family members with regular zoom sessions with the doctors and the nurse in charge to reduce any distressed experienced by family and to reassure family about the current health status of their loved ones in care is necessary.
- There are inadequate mental health services in RACFs for individuals experiencing social isolation. Nurses, UHCWs and managers are attempting to provide mental health care among their busy schedule. There is a need for this to improve to assist both the health care professionals and residents.

Section 5: Summary of ACN Recommendations:

21. Ensure the fear and isolation experienced by Senior Australians during the COVID-19 is appropriately addressed as part of caring for older people in the community and in RACFs.
22. Ensure in-reach mental health services are available to Senior Australians.
23. Ensure CALD communities are offered health information in their native language.
24. Ensure Indigenous communities in remote areas are provided with mental health services.
25. Ensure carers of people with mental illness are adequately supported.

## 6. Indigenous Peoples

It is important to acknowledge that many Senior Australians also identify as Aboriginal and Torres Strait Islander (Indigenous Peoples). While all Australians have been affected by COVID-19, the Australian Government did not **explicitly** recognise the increased vulnerability and premature mortality of Indigenous Peoples in their advice about vulnerability to COVID-19,<sup>91</sup> but instead have included them as part of a generalised universal response strategy.<sup>92</sup>

There is evidence that during pandemics, Indigenous Peoples suffer higher infection rates, with more severe symptoms and deaths than the general population due to the social and cultural inequities/determinants of health and lack of political power.<sup>93</sup> Indigenous cultural practices and relational practices have also been disrupted as a result of COVID-19. For example, travel restrictions have disrupted the traditional practices of Aboriginal and Torres Strait Islander people in Australia particularly around visiting different communities to attend to funerals and grieving.<sup>94</sup> In addition, despite the increased vulnerability, information related to Indigenous Peoples death rates due to COVID-19 is not available. ACN believes this data would be invaluable to understanding the impact of COVID-19 on Indigenous communities.<sup>95</sup>

### Section 6: Summary of ACN Recommendations

26. Develop a data repository for Indigenous people impacted by COVID-19. This should include rate of illness, rate of death, rate of mental illness, Quality of Life measurement, demographic factors etc.

## 7. Clinical Governance

Clinical Governance in the aged care sector must be underpinned by the 'National Model Clinical Governance Framework' developed by the Australian Commission on Safety and Quality in Health Care.<sup>96</sup> This Framework is based on the National Safety and Quality Health Service Standards and provides health service organisations with guidance on how to implementing and improve key clinical governance processes to maximise patient care and safety outcomes.

<sup>91</sup> Centers for Disease Control and Prevention 2020. Coronavirus disease 2019 (COVID-19): People who are at high risk for severe illness. Viewed 30 May 2020. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-What-You-Can-Do-High-Risk.pdf>

<sup>92</sup> Power T, Wilson D, Best O, Brockie T, Bourque Bearskin L, Millender E and Lowe J 2020. COVID-19 and Indigenous Peoples: an imperative for action. J Clin Nurs. Accepted Author Manuscript. doi:10.1111/jocn.15320

<sup>93</sup> Ibid.

<sup>94</sup> Department of Health 2020. Australian health sector emergency response plan for novel coronavirus (COVID-19): Management plan for Aboriginal and Torres Strait Islander populations. Operational plan for Aboriginal and Torres Strait Islander populations. Retrieved from Canberra, ACT: <https://www.naccho.org.au/wp-content/uploads/management-plan-for-aboriginal-and-torres-strait-islander-populations.pdf>

<sup>95</sup> Power T, Wilson D, Best O, Brockie T, Bourque Bearskin L, Millender E and Lowe J 2020. COVID-19 and Indigenous Peoples: an imperative for action. J Clin Nurs. Accepted Author Manuscript. doi:10.1111/jocn.15320

<sup>96</sup> Australian Commission on Safety and Quality in Health Care 2017. National Model Clinical Governance Framework. Viewed 30 June 2020. <https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Model-Clinical-Governance-Framework.pdf>

In May 2019, ACN provided feedback to the Aged Care Quality and Safety Commission on the ***draft Clinical Governance Guide for Aged Care Providers***. In our response ACN stressed the importance of:

- The guide to support clinical governance for aged care providers. ACN were particularly supportive of the self-assessment tool to assist aged care providers in understanding their existing clinical governance arrangements; identify where gaps may exist; and actions taken to address these gaps.
- Tailored clinical governance frameworks across different aged care environments to ensure the roles and responsibilities of different stakeholders such as managers, visitors, the clinical workforce, and other providers is clear.
- Understanding inter-relationships between governance sectors impacting on individual, organisational and facility networks.
- Effective and highly espoused clinical leadership to influence workplace culture and quality. There are 5 units of competency in clinical leadership that need to be established for an organisation. These pillars include (1) teamwork, (2) communication and marketing, (3) research and clinical outcomes, (4) education, and (5) leadership and mentoring<sup>97</sup>. ACN advises using these pillars of clinical governance and determining how they can be aligned to the aged care standards; an organisation can then establish its own pillars of clinical governance and integrate their corporate governance.
- Value based leadership as shared values systems of any healthcare organisations are considered fundamental in building trust and ethical practice. Values act as guiding principles for individuals and organisations whilst leadership is required to describes the vision that organisations are working towards and the values that will guide the journey.<sup>98 99</sup>

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## Section 7: Summary of ACN Recommendations

28. Aged care sector must be embedded in clinical governance underpinned by the National Model Clinical Governance Framework and Value-Based Leadership to guide aged care providers during and post COVID-19.

<sup>97</sup> Webber, AM, Weber, E, & Koontz, R, 'Pharmacy leadership structure in a multicampus health system', *American Journal of Health-System Pharmacy*, Volume 64, Issue 2, 15 January 2007, Pages 142–144, <https://doi.org/10.2146/ajhp060349>

<sup>98</sup> Pendleton, D., & King, J. (2002). Values and leadership. *BMJ (Clinical research ed.)*, 325(7376), 1352–1355. <https://doi.org/10.1136/bmj.325.7376.1352> Viewed 3 June 2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1124807/>

<sup>99</sup> Joseph, M. L., & Huber, D. L. (2015). Clinical leadership development and education for nurses: prospects and opportunities. *Journal of healthcare leadership*, 7, 55–64. <https://doi.org/10.2147/JHL.S68071>. Viewed 3 June 2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5740995/>

<sup>100</sup> ABC of Clinical Leadership, 2nd Edition (2017). Wiley Blackwell Hoboken, NJ. Viewed 3 June 2020. [https://scele.ui.ac.id/berkas\\_kolaborasi/konten/MKK\\_2014genap/ABC.pdf](https://scele.ui.ac.id/berkas_kolaborasi/konten/MKK_2014genap/ABC.pdf)

# Conclusion

The current COVID-19 pandemic has highlighted that we have very little excess capacity in our health system to meet the chronic care needs of a growing and ageing population. We need to use our scarce health labour workforce wisely, and this should include breaking down the outdated traditional care barriers to a more contemporary approach. We need to ensure we have the right workforce in place to meet health care consumer needs. ACN believes that the COVID-19 pandemic has given the Health Sector the impetus to realign some of the elements of the health system so that it is better prepared to manage any future communicable disease outbreak.

ACN applauds the Australian Governments timely responsiveness and protective measures which were swiftly implemented to adequately control the spread of COVID-19 in Australia. ACN's response to this consultation provides recommendations for the community and residential aged care sector and is relevant to the nursing and UHCW workforce, EOL care provision, preventative health measures, Indigenous Peoples, mental health, access to medication and clinical governance.