

The Australian College of Nursing

The Australian College of Nursing (ACN) welcomes the opportunity to provide a submission to the Royal Commission into Aged Care Quality and Safety. ACN is the pre-eminent and national leader of the nursing profession and a community of dynamic and passionate nurses. We are committed to our intent of advancing nurse leadership to enhance the health care of all Australians.

Provision of high quality aged care services is fundamental in providing support for senior Australians that require care. Nurses are central to providing support for senior Australians across all sectors including aged care.

1. How well does the aged care system (or any part of that system) meet the needs of the people accessing the system?

Australia, like many developed countries, has an ageing population. In 2017, approximately 3.8 million people (15% of Australia's total population) were aged 65 and over. This is expected to increase to 8.8 million older people in Australia (22% of the population) by 2057 (1).

While many older Australians live independently without support, the Australian aged care system provides a comprehensive range of services, if required. The Commonwealth Home Support Program (CHSP) provides a basic level of care at home and supported more than 720,000 people aged 65 and over in 2016–17 (2). The Home Care Packages Program assists frail older people to remain at home for longer. At 30 June 2017, there were around 71,400 Home Care recipients. The highest level of care available to senior Australians is residential aged care, which offers accommodation as well as health care for people no longer able to live at home (3).

The range of service levels available provides flexibility as care needs of individuals change. However, not all services are available for those assessed as eligible and wishing to access care. A range of factors will influence access such as limited consumer choice in thin markets in rural and remote locations, health literacy of consumers and lack of services that are culturally appropriate. Most pressing in regard to availability of service is the failure of the Home Care Packages Program to meet the current demand. Data from 31 March 2018 indicate that there were 108,456 people on the national waiting list with almost 55,000 people on lower-level interim packages and 33,000 senior Australians with high needs, which had not been assigned any services. Most disturbing is the average waiting time for senior Australians assessed as requiring a high level package (Level 3 or 4) is greater than 12 months (4). While some of these individuals will receive lower level care, this waiting time may precipitate premature entry into Residential Aged Care or admission(s) to acute care. While ACN welcomes the addition of the release of 10,000 home care packages in December 2018, the demand remains above supply.

Systematic failures identified by successive reviews

ACN has provided submissions and made appearances to provide a voice for nurses and senior Australians as the aged care system undergoes review and reform. The 2011 landmark Productivity Commission's '*Caring for Older Australians* report' (5) found that the aged care system is of variable quality and is difficult to navigate, with limited services and consumer choice. In addition, coverage of needs, pricing, subsidies and user co-contributions are inconsistent or inequitable.

There are workforce retention issues, which are exacerbated by low wages and some workers without skills are required to provide the care needed. In response, the Government released the Living Longer Living Better (LLLBB) Reform Package (2012) which outlined a bold ten-year reform agenda, which it claimed would deliver an integrated consumer-centred and sustainable aged care system. Four principles underpinned the reform - ageing in place; consumer choice; market-based competition; and, consumer contributions (6).

While the LLLBB Reform Package has delivered somewhat against the four principles, the sector has come under increasing scrutiny with a number of reviews prior to the announcement of the Royal Commission. Three most recent and significant reviews are the *Review of National Aged Care Quality Regulatory Processes* (Carnell-Paterson Review) (7), the 2017 Legislated Review of Aged Care (Tune Review) (8) and *A Matter of Care – Australia's Aged Care Workforce Strategy* (9).

The Carnell – Patterson Review

The Carnell-Patterson Review focused specifically on the regulation of quality in residential care. The review was instigated after failures at Oakden, a mental health and dementia unit in South Australia. At the time of the review, quality processes within the aged care industry were overseen by a combination of roles within the Department of Health, the Australian Aged Care Quality Agency and the Aged Care Complaints Commissioner. The Review identified that the regulatory mechanisms spread between the three agencies did not consistently provide the assurance of quality that the community needs and expects.

The report has ten recommendations. The first recommendation has led to the formation of the new Aged Care Quality and Safety Commission, which commenced on 1 January 2019. ACN endorses and calls for action on the remaining recommendations:

1. The Aged Care Commission will develop and manage a centralised database for real-time information sharing.
2. All residential aged care services in receipt of Commonwealth funding must participate in the National Quality Indicators Program.
3. The Aged Care Commission will implement a star-rated system for public reporting of provider performance.
4. The Aged Care Commission will support consumers and their representatives to exercise their rights.
5. Enact a serious incident response scheme (SIRS) for aged care.
6. Aged care standards will limit the use of restrictive practices in residential aged care.
7. Ongoing accreditation, with unannounced visits, to assure safety and quality of residential aged care.
8. Ensure that assessment against Standards is consistent, objective and reflective of current expectations of care.
9. Enhance complaints handling.

The Tune Review

The Tune Review was scheduled as an interim review of the LLLB Reforms. Overall, the review found evidence that the reform agenda was progressing but that further improvements are needed for consumers to access information, assessment processes, consumer choice being extended to residential aged care, means testing and equity of access.

Thirty-eight recommendations were provided including two specifically concerning the aged care workforce. Recommendation 37 focused on collaboration between the aged care sector, vocational and training, and tertiary education sectors to ensure education and training is responsive to the sector's needs. This also including promoting and encouraging ageing and aged care as a specialisation in nursing education. The final recommendation is that the aged care sector develop a workforce strategy. This has been taken up with the Aged Care Workforce Taskforce convening in 2018 and a current strategy being implemented.

Consumer Experience Reports

Consumer voice has up until recently been absent or largely told through media portraying the worst the aged care system has to offer. As part of the LLLB reforms senior Australians living in residential aged care, or their proxy, have the opportunity to be interviewed during an accreditation visit. Results are published by facility name on a public website and an aggregated report of all interviews is available. Overwhelmingly the consumer feedback is positive with 97.78 per cent of those interviewed say that staff treat them with respect 'most of the time' or 'always' and 98.31 per cent say that they feel safe 'most of the time' or 'always'. The most common areas identified for improvement were around the quality of food or having someone to talk to, however, even these questions were answered positively for over 80% of respondents.

In summary, the Australian Government funds and monitors aged care services to support people at home or those requiring care in a Residential Aged Care Facility. While these services are designed to comprehensively meet the needs of all senior Australians where and when care is required, a shortfall within Home Care Packages makes care at home for many senior Australians unachievable. Attempts have been made to address this with increased budget measures, however the shortfall at present is not amenable to these measures. It appears, at present the aged care system is not meeting the needs of all those who access the system both the Carnell-Patterson and Tune Reviews provide recommendations to address the concerns.

2. How well does the aged care system (or any part of that system) meet the current needs of the Australian community?

Senior Australians Living with Dementia

There are more than 400,000 people in Australia with dementia and this will rise to 589,000 by 2028. Of those people, about 55% are women. More than 50% of residents in Australian residential aged care facilities (RACFs) have dementia.

Dementia is the single greatest cause of disability in Australians over the age of 65 years. It is the third leading cause of disability burden overall (10). A trained and skilled workforce to care for people living with dementia and their families is essential. While the government funds consultative teams available through Dementia Support Australia, frontline aged care staff require knowledge of dementia care. Of concern to ACN is the substitution of Registered Nurse (RN) roles with unregulated health care workers. This is of particular concern as increasingly aged care facilities are caring for residents with Behavioural and Psychological Symptoms of Dementia (BPSD) and are often inadequately resourced in terms of clinical and management skills to meet the complex needs of residents with BPSD among other co-morbidities. BPSD care extends beyond high-level physical and lifestyle care as symptoms are wide-ranging requiring specialised knowledge and skill. More so, aged care facilities often lack access to specialist nursing and medical services and this needs to be addressed in future aged care strategies.

Recommendation

Essential training for dementia nurse specialist roles across settings is required.

Senior Australians living with Mental Health Issues

In 2013, the Australian Institute of Health and Welfare (11) found that 52 per cent of permanent aged care residents had symptoms of depression. Further, 73 per cent of residents with symptoms of depression had higher care needs compared to residents without symptoms of depression (53 per cent). Whilst on average the prevalence of mental illness lowers as an individual ages, there is only a slight decrease in the prevalence of high or very high psychological distress. This data identifies mental health as a major issue affecting the quality of life for residents in RACFs.

Under the Better Access to Mental Health Care initiative, patients can claim Medicare rebates for mental health services provided by or through a GP. They include GP Mental Health Treatment items where GPs undertake early intervention, assessment and management of patients with mental disorders, and include referral pathways from GPs for treatment by psychiatrists, clinical psychologists and other allied mental health workers. These items are not available to residents of aged care facilities. ACN welcomes the 2018 budget announcement for new mental health services for people in RACFs with a diagnosed mental disorder as well as a trial of nurse led mental health services for Australians over the age of 75 who are experiencing social isolation and homelessness where Nurse Practitioners can access provider numbers.

Recommendation

ACN calls for training in mental health awareness (VET and tertiary training).

Senior Australians requiring Palliative care

The World Health Assembly (WHA) has endorsed palliative care as a human right under article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), specifically stating that: 'access to palliative care and to essential medicines... including opioid analgesics ... contributes to the realisation of the right to the enjoyment of the highest attainable standard of health and well-being' (12).

ACN is concerned and would like it to be noted that palliative care within the new Aged Care Quality Standards has been omitted. While the Standards do make reference to 'end of life planning' within Standard 2 and 'the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved' under Standard 3, these do not encompass the entirety of palliative care. It is the frailty and co-morbidities frequently found in aged care that make palliative care, including end-of-life support, so critical.

There is concern that without an underpinning framework with which to hold providers more accountable, there will continue to be unacceptable inconsistency in palliative care delivery and make it harder for residents/consumers, and their families, carers and representatives, to understand what they can expect from their service provider. Access issues particularly in regional and remote areas may impact on quality of care. ACN welcomes the 2018 budget measure to provide increased support through State/Federal matching funding for palliative care outreach in residential aged care.

Recommendation

ACN calls for training in palliative care (VET and tertiary training).

3. How well equipped is the aged care system (or any part of that system) to meet the future needs of the Australian community?

Changing population needs of senior Australians requiring care

According to the 2014–15 National Health Survey (NHS), nearly three-quarters (73%) of older Australians (aged 65 and over) reported they had good, very good or excellent health (ABS 2015). However, many older Australians live with chronic conditions, in particular cardiovascular, neurological, musculoskeletal conditions, respiratory conditions or diabetes (13) and one in twelve senior Australians have four or more chronic diseases (14). In 2016, 66% of deaths registered in Australia were among people aged 75 or over with the leading cause of death for all older Australians being coronary heart disease, followed by dementia and Alzheimer disease, cerebrovascular disease, chronic obstructive pulmonary disease and lung cancer (15). These statistics indicate that senior Australians intersecting with the aged care system need a skilled and specialised workforce.

Nurse Practitioners

A Nurse Practitioner (NP) is an RN with the experience and expertise to diagnose and treat people of all ages with a variety of acute or chronic health conditions. NPs have completed additional university study at Master's degree level and are the most senior clinical nurses in our health system. Nurse Practitioners as clinical and professional leaders are capable of working in a wide variety of areas that include aged care, palliative care, chronic disease management and mental health. A study in New Zealand has demonstrated that Nurse Practitioners with expert gerontology clinical skills and knowledge, and who work in collaboration with the primary health team (primarily the General Practitioners), can significantly reduce hospital admissions and emergency department presentations (16).

The Australian Government funded the Nurse Practitioner-Aged Care Models of Practice Initiative (17) for a three year period from 2011 to 2014. Evaluation of the thirty-two demonstration models found that NPs improved access to primary health care for older

people. The NPs ability to prescribe, diagnose and start treatments immediately, order diagnostic tests and refer patients to other health professionals was vital to the success of the initiative. Feedback from medical practitioners including general practitioners and geriatricians was positive with the NP working collaboratively and assisting medical practitioners in managing their workloads. A hindrance to the NPs was the limitation to four Medicare Benefit Scheme (MBS) items that were and are available. MBS claims only covered a third to half of the salary of the NP. This is in stark contrast to the full range of MBS items for a GP and their ability to sustain salary in private practice. As such, few NPs from this original initiative remain in practice. Those that were able to sustain their role are employed by not-for-profit organisations where salary reimbursement from MBS items is subsidised.

Recommendation

ACN calls for greater utilisation of Nurse Practitioners in aged care including the extension of MBS items.

Increasing Diversity of senior Australians

In addition to complex clinical issues, the aged care workforce must be skilled in providing care that is appropriate to the diversity of need of senior Australians. This includes cultural appropriate care with over 36% of senior Australians being born overseas and one in three from a non-English speaking country. There are over 100,000 people from Aboriginal and Torres Strait Islander communities and these individuals have health care and support needs that are different from other senior Australians. More than one in ten have diverse sexual orientation, gender identity or intersex characteristics and the proportion of people living with HIV over the age of 55 is expected to be 44.3% by 2020. More than one in ten senior Australians live in regional, rural and remote communities and experience significant financial or social disadvantage. This diversity may impact on some senior Australians' capacity to access and engage with services (14) and limit consumer choice.

Australia's aged care systems must be supported by a registered nurse workforce with competence to provide appropriate and safe care to more effectively meet the communication, dietary, psychosocial, cultural and spiritual needs of people from diverse backgrounds such as CALD, Aboriginal and Torres Strait Islander and LGBTIQ communities. To develop a competent nurse workforce, cultural and linguistic diversity must be addressed at all levels of nursing education (VET, tertiary and continuing professional development courses) (18). From a recruitment perspective, improving cultural diversity within the workforce by attracting nurses from minority populations will improve health equity in the health care system. A more diverse nursing workforce is able to provide improved access for all populations to health resources and health care (19). Investing in the Aboriginal and Torres Strait Islander health workforce creates a range of cross sector regional and national benefits, including improved education, training and employment outcomes (20).

Recommendation

ACN calls for diversity training (VET and tertiary training).

4. If it is your view that the aged care system (or any part of the system) does not meet those needs, in what way and why is this the case?

Lack of robust and integrated data systems

Data collection, linking existing data sets, analysis and dissemination of information would improve the effectiveness of the current aged care system. The monitoring of resident outcomes and a culture of continuous improvement needs to be underpinned by robust systems for collecting and analysing data both locally and at a whole of system level. This includes data on transition into services, between services and sectors. Further work must be prioritised to support the availability of consistently comparable data for improvement.

There will need to be a cultural shift to support better use of data. It is essential that clinical performance data be used as a positive tool for quality improvement, not for judgment or sanctions. Silo data collection is the norm and while there are some opportunities at linkage between state, federal and primary care systems these are primarily for research and are not routinely used for clinical practice including transfer of care.

Recommendation

ACN calls for robust and integrated data systems that will enable continuous quality improvement and monitoring of care provided to senior Australians.

Mandatory National Aged Care Quality Indicator Program

In 2016 the National Aged Care Quality Indicator Program (QI Program) was announced as a voluntary program for residential aged care services. Currently it only includes three indicators: physical restraint, unplanned weight loss, and pressure injuries. The Department of Health & Human Services has a program to help public sector residential aged care services (PSRACS) collect and report on five quality indicators. In addition to the three national indicators it includes falls and fractures and the use of nine or more medicines. Internationally, a review of quality indicators in long term care has been undertaken by Health Quality Ontario (21). They identified twelve possible indicators. These include:

1. Waiting for a place in a long-term care home
2. Lost-time injuries on the job in long-term care
3. Antipsychotic medication use among residents without a diagnosis of psychosis
4. Diminished physical functioning
5. Improved physical functioning
6. Worsened symptoms of depression
7. Improved behavioural symptoms
8. Potentially avoidable emergency department visits
9. Pressure ulcers
10. Pain
11. Falls
12. Use of daily physical restraints

Currently, long-term care homes in the Ontario Report are benchmarked against five of these indicators - pressure ulcers, falls, physical restraints worsened symptoms of depression and potentially inappropriate antipsychotic use. The remaining indicators are to be phased in over time.

A pilot program for quality indicators for use in Australian Home Care Package services has already been conducted and has identified two tools. These are the Adult Social Care Outcomes Toolkit four-level self-completion tool (ASCOT SCT4) and Goal Attainment Scaling tool (GAS) (22). No further action following the pilot has been undertaken.

Recommendation

ACN calls for a minimum National Quality Indicators Program for Residential Aged Care and Home Care Package services that is available in the public domain.

5. Do you consider the Aged Care Quality and Safety Commission and other reforms introduced by the Commonwealth Government on 1 January 2019 will address your concerns? Why or why not?

The Aged Care Quality and Safety Commission Bill 2018 (23) legislates the formation of the Aged Care Quality and Safety Commission. From 1 January 2019, it replaces the Australian Aged Care Quality Agency and Aged Care Complaints Commission. The Act allows for the appointment of a Commissioner and a Chief Clinical Advisor. The Commissioner has the following functions:

- (a) to protect and enhance the safety, health, well-being and quality of life of aged care consumers;
- (b) to promote the provision of quality care and services by:
 - (i) approved providers of aged care services; and
 - (ii) service providers of Commonwealth-funded aged care services;
- (c) the consumer engagement functions;
- (d) the complaints functions;
- (e) the regulatory functions;
- (f) the education functions;
- (g) such other functions as are conferred on the Commissioner

ACN supports the establishment of the new Commission, which is designed to reduce fragmentation within the regulatory system in addition to streamlining how to access information for consumers and providers. However, quality outcomes for residents will not be realised through a compliance focused accreditation approach. Expectations around standards of care need to be clear and specific. This will ensure that care recipients and providers understand these expectations, performance is objectively measured and reported, and is not open to broad interpretation by either providers or assessors, supported by high standards of consistent care that should be delivered to the consumer. This includes defining safety and quality and adverse events as they relate to aged care. Compliance with minimum standards is an important part of the approach; however, a broader framework that promotes continuous improvement through evidence informed best practice must compliment this. With the introduction of the new common aged care standards in July 2019, careful monitoring of the effectiveness of these in ensuring high quality care is imperative. Where complaints require investigation, the team must include a Registered Nurse.

Other reforms include increases in services, streamlining assessments and public performance ratings for consumers (for example, a star rating). The increase in services include an additional 20,000 home care package and 13,500 residential aged care licences. While an additional 10,000 packages were announced in December 2018, the current waiting lists will still exceed those entering the market.

ACN supports other initiatives to address the increase in complexity of care needs for senior Australians. These include:

- Improving early access to specialist palliative care in RACFs.
- Development of a mental health nurse led service to reduce the impacts of social isolation,
- Services for senior Australians with a diagnosed mental health disorder living in RACFs’.
- A program of technologies to improve care for people living with dementia.

6. What do you consider will be the most important issues for the aged care system over the next 20 years and why?

Workforce

Given the complexity of care required by senior Australians, the current skill mix of the workforce is inadequate to meet current and projected care needs. In addition to concerns around skill and skills mix, Australia has a retention issue. The Productivity Commission estimated (5) that the number of nurses and personal care attendants must quadruple by 2050 to meet the demand for aged care services. ACN believes that overall improvements in the aged care system and workforce reform will increase retention of the current workforce therefore minimising the need to create a new workforce.

The Aged Care Workforce Strategy Taskforce (9) led by Professor John Pollaers identified fourteen strategic actions for the current and future workforce. While ACN endorses all actions, particular emphasis for this submission is focused around:

- Strategic Action 3 – Reframing the qualifications and skills framework – addressing current and future competencies
- Strategic Action 4 – Defining new career pathways including how the workforce is accredited
- Strategic Action 6 – Establishing a new industry approach to workforce planning, including skills modelling

ACN holds the view that care delivered in RACFs must be led by RNs. Due to 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 RNs.

The RN scope of practice enables the high-level clinical assessment; clinical-decision making; nursing surveillance and intervention; service coordination; and clinical and managerial leadership required to meet desired outcomes and to ensure the provision of high-quality care. RNs provide frontline leadership in the delivery of nursing care and in the coordination, delegation and supervision of care provided by Enrolled Nurses (ENs) and unregulated healthcare workers (however titled). The continuous presence of an RN is essential to ensure timely access to effective nursing assessment and comprehensive nursing care, and to the evaluation of that care.

However, increasingly business models are being deployed where nurses are being utilised only for ‘legislative requirements’, with unregulated healthcare workers (however titled) fulfilling most of the traditional care elements. This can be problematic, as they have a

limited and varied degree of training and preparation. There is emerging evidence demonstrating that extensive substitution of nurses with unregulated health care workers and the subsequent reduction in skill and skills mix (proportion of qualified RNs), can have deleterious effects for individuals (24). ENs and unregulated health care workers do not possess the education, knowledge and skills to substitute for an RN. At a time of increasing aged care service demand, retaining the number of nurses should be a key priority and ACN's position is that regulation of RACFs should at a minimum mandate a requirement that an RN be on-site and available at all times to promote safety and well-being for residents (25).

ACN does not dismiss the vital role that unregulated health care workers (however titled) have in caring for older Australians. However, ACN maintains that these workers need to be regulated. This would ensure robust clinical and corporate governance, a greater accountability for the work unregulated health care workers do, would lead to better resident outcomes and ensure more stringent resident safety.

Recommendations

- The Australian Government should mandate that an RN be on-site and available at all times in RACFs at a minimum.
- ACN calls for unregulated health care workers (however titled) to be regulated.

7. What changes might be made to improve the aged care system (or any part of the system) by the Australian Government, the aged care industry, families and the wider community? How might your suggested changes be introduced?

Education and Training

Boosting the competencies and skills of the existing workforce requires a change in how education and training is delivered and regulated. This applies to both the Vocational Education and Training (VET) system as well as the university sector.

A 2015 (26) review of the Registered Training Organisations (RTOs) raised concerns about the quality and consistency of qualifications awarded by RTOs. Reforms post that reviews include a requirement that all certificate training must undertake a minimum 120-hour workplace placement, with competencies assessed in the workplace. The Aged Care Workforce Taskforce (ACWT) (9) has identified that current education and training skills and qualification framework does not align with work practices, consumer-focused care and leadership required in the industry.

The newly formed Industry Reference Committee (IRC) will be responsible for reviewing VET qualifications, industry skills requirements and competency in aged care training packages. They will also inform skill requirements in the higher education sector. ACN is a member of the IRC and supports the fourteen recommendations of the Aged Care Workforce Taskforce.

Leadership

ACN believes it is timely to focus on nurse leaders in any examination of the aged care sector workforce. The increasing fragility of aged care populations points to the need for

strong nurse leadership across the aged care sector to ensure senior Australians have timely access to the levels of nursing expertise they require. Strong leadership is key to effective aged care service planning and delivery. RNs oversee and provide frontline clinical leadership. They assess, plan, implement and evaluate essential nursing services in aged care. RNs working as clinical leaders provide education and guidance to their nurse colleagues and other health workers and engage in consumer advocacy and support.

ACN's 2015 White Paper *Nurse Leadership* (27) explains that the term nurse leader applies to nurses who work effectively to improve health care delivery whether working at the care delivery or board level. Nurse leaders are individuals who have a broad knowledge of the forces shaping health care and aged care including political, societal and economic factors. Typically, they are equipped with a deep understanding of nurses' working conditions and play key roles in fostering supportive work environments and in the recruitment and retention of an appropriately skilled workforce.

Nurse leaders in executive roles use their nursing knowledge to influence the strategic direction of an organisation and to inform operational planning. Clinical nurse leaders are involved in the coordination; delivery and monitoring of evidence-based practice care and continuous quality improvement activities. Nurse leaders' decisions have a direct bearing on the development of nursing systems and these systems are inextricably linked to meeting the challenges of delivery of quality aged care.

Workforce planning including skills modelling

Aged care providers are obligated to ensure that residents' care, treatment, protection and support needs are met by appropriately qualified personnel sufficient in numbers to meet demand for care.

ACN recognises that unregulated healthcare workers (however titled), make a valuable contribution to the provision of care that registered and enrolled nurse provide. However, ACN has concerns that there are no nationally agreed minimum education requirements or competency standards supporting the regulation of their roles. ACN believes that a nationally endorsed practice framework should underpin the contribution to nursing care by unregulated health care workers.

This framework should identify the minimum formal education requirements, scope of practice, practice standards, and codes of ethics and conduct for unregulated health care workers. A nationally endorsed practice framework would facilitate a consistent understanding, utilisation and development of the unregulated health care worker across settings nationally. While there is a current gap in research demonstrating the direct impact of RN care on consumer outcomes in the Australian aged care context, a growing body of international evidence links RNs skill-base and leadership to better quality outcomes in RACFs and community aged care settings (28). ACN endorses the International Council of Nurses Position Statement on *Evidence-based safe nurse staffing* (29).

Recommendation

ACN endorses the ACWT recommendation that an immediate review of current electives for the Certificate III (Individual Support) and Certificate IV (Ageing and Support) to identify if these electives should be changed to core units.

8. Are you aware of any examples of good practice or innovative models for delivery of aged care services?

Australia's fragmented health care funding which sees the Australian Government responsible for aged and primary care, and the States and Territories responsible for acute care and hospitals is hindering the potential for the adoption of more integrated and collaborative models of care.

Technology

In Singapore all facets of healthcare are linked by technology and where, using large databases and analytics, the different segments of the aged population most at risk are being stratified. This long-term planning and proactive approach has proved successful there. The delivered care is supported by telehealth and other technological innovations such as wearable technology. Technology in aged care is receiving increased attention in Australia, with the success of Leading Aged Services Australia innovAGEING.

Designed as a community of practice for age services innovators, it showcases examples of innovation in our industry open to all individuals and organisations. The aim of the network is to foster and promote innovative, consumer-centric solutions to meet the increasingly complex needs of senior Australians.

Geriatric Outreach and In-Reach Services

With increasing acuity of older Australians living in Residential Aged Care Facilities the use of outreach geriatric services such as the Geriatric Rapid Acute Care Evaluation (GRACE) model of care at Hornsby Ku-ring-gai Hospital Service and at Western Health in Victoria, has demonstrated reduced hospital admissions, length of stay in hospital and access block (30).

Similar services are being trialled or embedded within the acute hospital systems. A complementary model Aged Care Services in Emergency Teams (ASET) work with emergency department clinicians to provide specialised care, assessment and treatment to older people presenting to the Emergency Department (ED). While these services are increasing in popularity they should be standard across Australia.

Nurse Navigators

Although still in its early stages, the nurse navigator model has received positive feedback anecdotally in Queensland, leading to interest from other states who will look to implement similar models in the near future.

Nurse navigators are RNs that coordinate patient care for patients with high and complex needs across the breadth of the health sector. Nurse navigators help these patients in identifying and accessing appropriate services during a patient's 'entire health care journey, rather than focusing on just a specific disease or condition'. Nurse navigators will play an important role in the future by being the one constant in a patient's health journey and providing a central point of contact that can navigate the complexities of health systems and

provide information to the patient as they need it. Nurse navigators have the potential to play an important role in an aged care system which is well-known for its complexities (31).

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