

# *The National Report*

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**Aged & Community Services Australia**

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## **Community Care Magic and Myths the Reality and the Potential**

### **Tuesday 13 May: Pre Conference Workshop on Chronic Self Management Support Empowering People to Manage**

Sue McKechnie, Executive Manager, Community Services at Resthaven in South Australia is coordinating the workshop on Chronic Condition Self Management Support prior to ACSA's National Community Care Conference.

Participants will learn problem solving strategies, how to set measurable goals and write appropriate assistance plans.

This workshop is in response to the increasing prevalence of chronic conditions in Australia. Resthaven has worked in partnership with the Flinders University Behaviour and Health Research Unit in the development of such a model of service and four health professionals from Resthaven and Flinders University will conduct the workshop.

Last year, nearly 7000 South Australians benefited from Resthaven's range of community services and self management programs. The ability to effectively support a person with a chronic condition to remain successfully at home has many benefits for the community.

*Details of this workshop are on page 12 of the official program and to register for this workshop, fill in the relevant sections on the registration form on pages 17-18. Registration form is at [www.agedcare.org.au](http://www.agedcare.org.au). Why not register before Easter?*

## Aged Care-Another Ticking Bomb for Government

ACSA has told the new Rudd Government that there is another ticking time bomb underneath this year's budget: the Conditional Adjustment Payment (CAP) for residential aged care.

It is not only carers and seniors who are at risk of an unfulfilled promise.

The CAP was introduced in the 2004 budget as an interim measure pending the Government's consideration of the longer term recommendations of Professor Warren Hogan's \$7 million report. Four years later the measure is due to lapse - without any of Professor Hogan's longer solutions having been put in place.

The consequences of not renewing the CAP would be dire for an industry in which 40% of providers are already making a loss on residential care and in the face of ever increasing labour costs.

ACSA's budget submission calls for the introduction of a proper index for aged and community care to do away with the piecemeal policies of the past.

## What Do You See in Aged Care?

ACSA and McGregor Tan Research are currently conducting research into people's perceptions of the aged care industry, including community care, retirement living, and residential care.

The focus of the four questionnaires now in the field is asking people for their views about aged care and exploring the reasons why they hold them. One survey – for the 'general public' is being carried out by phone- while the other three questionnaires, for aged care providers, employees and consumers, are being distributed through ACSA members. These three are also available at [www.agedcare.org.au](http://www.agedcare.org.au) together with other information about this project.

If you fit one of the three categories, please log on and register your response.

<http://www2.mcgregor.com.au/8352eACSAemployees/8352eACSAemployees.htm>

<http://www2.mcgregor.com.au/8352cACSAconsumers/8352cACSAconsumers.htm>

<http://www2.mcgregor.com.au/8352pACSAproviders/8352pACSAproviders.htm>

## ACFI- Fasten Your Seatbelts

The Minister for Ageing, Justine Elliot has announced a number of last minute clarifications, and assistance prior to the 20 March ACFI start date.

She will continue to take advice on and monitor all aspects of the implementation of the new funding model for aged care through the ACFI Reference Group. This will operate until the major ACFI review occurs in 18 months time.

More than \$3 million has been given in other direct support for the nation's aged care sector to help them adapt to ACFI.

A panel of independent business advisors is being established to assist aged care homes to manage the change to the new funding arrangement. These advisors will be engaged to provide direct services - at no cost - to aged care homes that may need additional assistance in managing the change.

“The panel is not intended to assist all homes, rather it is intended to assist those that have difficulty making the change to the new arrangements. It is expected that only a minority of homes will need to draw on the support available from the panel,” the Minister stated in her media release.

And in case all those panels and reference groups are not enough, a committee including representatives from the aged care sector will provide advice on the operation of the panel.

An information hotline – 1800 500 853 – is already available to help providers with this transition and the Department of Health and Ageing will work closely with them to help with the new system.

## **Medicare ACFI Advice**

If you are planning on using the web based channel to submit your ACFI data online to Medicare Australia, you will need to register by completing the ACFI authorisation form.

On receipt of the completed registration form Medicare Australia will issue you with your User ID and password.

This form and information about ACFI can be found on the Medicare Australia website [www.medicareaustralia.gov.au/aged](http://www.medicareaustralia.gov.au/aged).

## **Government Response to National Review of Aged Care Assessment Teams**

Minister Elliot has announced that a new mobile Rapid Response Team will be set up to help older Australians who have been waiting to be assessed for government funded aged care.

She described the Team as “the first stage of the Rudd Government’s response to a national review of Aged Care Assessment Teams (ACATs) begun by the previous government.”

The \$250,000 pilot in NSW is part of a \$1 million boost to cut assessment waiting times for older Australians in ‘black spots’.

To gain access to aged care services, a person must usually be assessed by an Aged Care Assessment Team.

The rapid response team is expected to target far northern NSW and northern Sydney. It will then move to other priority areas across Australia.

One of the worst affected areas is Manly-Warringah where there can be a wait of up to 13 months for an assessment to access a community care package.

In other parts of the state – Hornsby, Sydney’s eastern suburbs and far North Coast NSW - people are waiting up to three months.

The new Rapid Response Team is headed by an experienced assessment team manager with nursing qualifications who is supported by aged care experts/allied health workers.

An implementation plan based on the recommendations in the National Review of Aged Care Assessment Teams report is being developed in consultation with the states and territories.

Recommendations being adopted include:

- Improve the way people are prioritised for assessment;
- Improve public awareness of the role of ACATs and how to gain access to them;
- Reduce administrative burdens on the teams so they can put patient solutions(sic) first;
- Increased information sharing and networking between teams around the country;
- A national training strategy for ACATs; and
- Nationally consistent performance benchmarks.

This will be followed by the deployment of more aged care assessors to help with the backlog of aged care assessments.

“We expect that this work will be mirrored in areas of need in Queensland and I will be encouraging cooperation across the country as part of the COAG priorities for reform,” Minister Elliot said.

*The National Review of Aged Care Assessment Teams report, which was commissioned under COAG leadership, can be viewed on the Department of Health and Ageing’s web site at:*

[www.health.gov.au/internet/main/publishing.nsf/Content/ageing-acat-national-review-acat-consultancy-2007.htm](http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-acat-national-review-acat-consultancy-2007.htm)

## Office of the Aged Care Commissioner Website Opens

The website for the Office of the Aged Care Commissioner is open for business. The services provided by the Office of the Aged Care Commissioner are free and the website explains the work of the Office.

The site has the capacity to receive an [online complaint](#) and also provides a range of useful information and links to other organisations which may be of assistance.

The Office is located in Melbourne with a national free call number 1800 500 294.

Note the website is a net not a gov! [www.agedcarecommissioner.net.au](http://www.agedcarecommissioner.net.au)

## Medicare Dental Scheme

The Rudd Government has dropped the previous Government's Medicare dental scheme for people with chronic and complex conditions, which began in November 2007. It is to be replaced and the funding redirected, to a new Commonwealth Dental Health Program, which will focus on public dental waiting lists.

Those currently receiving treatment under the Medicare dental items will be able to continue to receive benefits for dental services provided up to and including 30 June 2008.

## Medicare Audit of Chronic Disease Care Plans

A recent audit of Chronic Disease Care Plans by Medicare Australia has found that 36% did not meet official eligibility criteria, having "minor to significant gaps in meeting the...requirements" according to a news report in *The Australian* (15/16 March).

More than 2.7 million chronic disease care plans have been drawn up by GPs since the scheme was introduced in July 2005, costing more than \$310 Million.

A Medicare spokesman was quoted as saying most of the problems were 'unintentional' and were caused by claiming for services that were not medically necessary, or "error, recklessness, (or) misinterpretation of the facts or rule".

Under current rules a GP can earn \$127.70 direct from Medicare if he or she draws up a management plan for a patient with a chronic or terminal disease 'who will benefit from a structured approach to management of their care needs.' The GP can also earn an extra \$101.15 for co-ordinating a team care plan with other health workers. Each service can be performed only once a year, although reviews worth \$63.85 can be done after three months.

## Easter Reading

### Agendas

The Autumn edition of ACSA's Agendas - a bumper 22 page read - has been sent out to members and subscribers. Interesting articles include:

- Professor Julian Disney on the impact of housing affordability on older Australians;
- Bryan Lipmann (ACSA Individual Excellence Award winner 2007, CEO of Wintringham) on services to elderly homeless people;
- Associate Professor Gerry Naughtin on what social inclusion means for the aged care sector.

### Australasian Journal on Ageing

The March 2008 (Vol 21. No 1) has also been published and is available on line to subscribers. This is the peer-reviewed Journal of ACSA, COTA, the Australian Association of Gerontology and the Australian and New Zealand Society for Geriatric Medicine.

Articles of interest include:

- Dr Anna Howe on *Is bigger better when it comes to defining target populations for aged care programs?* This compares the HACC target population defined on the basis of the ABS Survey of Disability, Ageing and Carers with 2006 Census data on need for assistance;

- Home care clients' participation in fall prevention activities, and
- Developing recommendations for implementing the Australian Pain Society's pain management strategies in residential aged care.

Information and subscription details for both publications at <http://www.agedcare.org.au>

## Progress Reports

### 1. Workplace Ombudsman Audit

The Workplace Ombudsman (WO) education campaign and audit of the aged care industry in NSW, Victoria, SA and Tasmania (details of which were given in the National Report No 172 7 February) is running behind schedule.

The Education packs should be sent out during March (instead of February), followed in a couple of weeks time by a letter for facilities selected for an audit.

### 2. Productivity Commission Research Report into Aged Care

This report is expected to be out at the end of April.

### 3. New Strategy for Community Care – The Way Forward

Since last year, the work of *A New Strategy for Community Care – The Way Forward* has progressed with most of the community care reform projects finalising the research and development work and moving toward piloting, user acceptance testing, evaluation and planning for common arrangement implementation.

Access, Eligibility and Assessment will continue to be the focus for 2008, which carries on the implementation of the COAG commitment to streamline entry and improve assessment processes in the HACC Program. Other common arrangements (Consumer Fees, Quality Reporting, Financial Reporting, Planning and Information Management) will be progressed by consolidating the research and development work undertaken to date.

More information will be available once the new web site comes online, however the archived *A New Strategy for Community Care – The Way Forward* web site remains available at:

[www.health.gov.au/communitycare\\_thewayforward](http://www.health.gov.au/communitycare_thewayforward)

## Correction

The National Report edition 173 ( 21 February) was incorrect in stating that “the community care changes formerly known as “*The Way Forward*” are now to be known by the more modest title of “*The Community Care Review*”.

It remains titled as *A New Strategy for Community Care – The Way Forward*. National Report apologises for any confusion.

## Veterans' Home Care Program

Alan Griffin, Minister for Veterans' Affairs, has released the report *Options for the future of Veterans' home care*.

The independent review revealed that the Veterans' Home Care (VHC) program was well targeted and well received by clients with 87% of clients satisfied with the program's services. Nine options were presented by the report.

The Minister announced that he would examine those options that were committed to the maintenance and expansion of the program and benefited the veteran community. He rejected the option that suggested the program be scrapped.

## Roll-out of Supported Accommodation for Young People with a Disability

A \$2.5 million funding package, including the opening of a new supported accommodation house in the Melbourne suburb of Balwyn, has been announced as part of the 2006 Council of Australian Government's national initiative to give younger people with a disability - many of whom were living in residential aged care - more choice about where and how they live.

The package is part of the \$60.2 million joint Commonwealth and State program over 5 years to begin to tackle the issue of younger people in residential aged care.

Mr Shorten said this initiative - *My future my choice* - gives younger people with a range of disabilities such as acquired brain injury, neurological conditions, spinal cord injury and intellectual disability access to a greater range of accommodation options - instead of living in an aged care facility.

*My future my choice* also gives younger people and their families a greater say in decisions about their future accommodation options. More than 130 younger people participated in individualised assessments and most asked to move into housing options within the community.

## Quality Client Outcomes & Cultural Diversity: Seminar & Expo:

Thursday 24th April 2008: Melbourne University Private, 442 Auburn Road, Hawthorn

The Quality Client Outcomes & Cultural Diversity: Seminar & Expo aims to enhance participants' knowledge of the ageing population from culturally and linguistically diverse backgrounds.

Speakers will provide examples of culturally responsive strategies that have been implemented in aged care services, while community-based organisations will showcase resources and services to help aged care providers meet the needs of clients from specific ethnic communities.

This seminar is an initiative of the Australian Greek Welfare Society, Australian Croatian Community Services, Australian Polish Community Services and the Centre for Cultural Diversity in Ageing.

*Information and registration details at the Centre for Cultural Diversity in Ageing website at [www.culturaldiversity.com.au](http://www.culturaldiversity.com.au).*

## National Disability Awards 2008

Nominations are now open for the National Disability Awards 2008. These Awards celebrate and acknowledge the achievements and contributions individuals with disability make to our community, as well as recognise individuals who have contributed to the disability sector.

All Australians can nominate someone they know in one of the following categories: Community Contribution Award, Young Community Contribution Award, Inclusion Award, Go Getter, and Personal Achievement Award

*Nominations close 9 May. Further information regarding the awards can be found at [www.idpwd.com.au](http://www.idpwd.com.au) or by calling 1800 440 385.*

## WA Silver Chain's Customer Operations Centre wins international recognition

ACSWA member Silver Chain Customer Operations Centre was recognized in 2007- 2008 for state, national and has now featured in international excellence awards in 2008.

It is a 2008 Contact Center World Customer International finalist in the Asian and Pacific region. This is a first for a Western Australia based organisation, for the Health and Community sector, and for the not for profit sector in Australia.

The core of the model enables its direct care staff to focus on providing services in the community and for clients to get access to Silver Chain services at anytime of the day or night.

Each year more than 1.5 million customer activities are carried out for any one of Silver Chain's 80,000 clients, staff, volunteers, carers or service providers entering, utilising or exiting our services.

## Important New Zealand Health & Disability Commissioner Ruling

A patient, 'Ms A', was wheelchair bound and required the services of a disability service provider to assist with her personal care and household management. A disability service provider appointed 'Mr B' as caregiver to Ms A. Mr B and Ms A conducted a sexual relationship prior to Mr B's appointment as her carer, as well as after he had been her carer.

During his period as caregiver to Ms A, Mr B denied conducting a sexual relationship with Ms A, but admitted he assisted Ms A to smoke marijuana and allegedly borrowed money from her without repaying it, used her computer to access pornography, invited friends to Ms A's home, and consumed alcohol at his place of work.

The Deputy Commissioner commented that despite boundary issues, by nature, involving two people, the onus is on the caregiver to behave in a professional manner. The report by the Deputy Commissioner found that by conducting an inappropriate relationship with his client, Mr B failed to provide services that complied with ethical standards and therefore breached Right 4(2) of the Code of Health and Consumers' Rights (the Code).

The report also found that the disability service provider failed to provide services in a manner that minimised the potential harm to, and optimised the quality of life of, Ms A and therefore breached Right 4(4) of the Code. It was the disability service provider's responsibility to ensure that appropriate boundaries were maintained between Ms A and Mr B.

The Deputy Commissioner noted that as Mr B was not a registered healthcare provider and had not received any professional training, the disability service provider had an even greater responsibility for explaining and enforcing professional boundaries than it would with a registered provider.

<http://www.hdc.org.nz/files/hdc/opinions/06hdc15791caregiver.pdf>

## Online Service Improves Return to Work

The *Return to Work Knowledge Base* is a world leading online service that is endorsed by Australasian Faculty of Occupational and Environmental Medicine. It aims to inform employees, employers, practitioners and insurers on the best worldwide research on return to work issues.

Access is free and the research evidence is translated into plain English.

The Knowledge Base contains over one hundred articles covering medical factors, the consequences of being out of work, workplace management models, attitudinal factors and return to work approaches.

The *Return to Work Knowledge Base* was developed by ResWorks - The Foundation for Research into Injury and Illness in the Workplace, on behalf of WorkSafe Victoria's RTW Fund.

ResWorks members are leaders in occupational medicine and research, WorkCover policy, law and are committed to the development of best practice, healthy workplace culture and successful return to work outcomes.

The *Return to Work Knowledge Base* will be launched on 11 March. [www.rtwknowledge.org](http://www.rtwknowledge.org)

## Improved Safety and Quality for Healthcare Service Providers

Patient outcomes are set to be improved by the Healthcare Sector scheme, developed by a specialist committee whose representation included healthcare service providers, health profession organisations, community organisations, and accreditation and certification bodies.

The Healthcare Sector scheme was developed under the guidance of the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) and expands on JAS-ANZ's Hospital Accreditation Agencies scheme.

The scheme picks up on the recently published Core Standards for Safety and Quality in Healthcare. These core standards cover five critical areas for healthcare service providers; the management of the health service, clinical practices, best available practice guidelines, personnel, and consumer rights. These are the necessary minimum requirements for a healthcare service of any nature or size.

Overall the scheme provides healthcare service providers with the tools to improve patient outcomes in a systematic and auditable way.

The scheme is available for use in Australia, New Zealand and other countries. JAS-ANZ has considerable experience in the delivery of accredited certification schemes to the healthcare sector, including healthcare-specific schemes such as the General Practice Accreditation scheme and the HAA scheme. <http://www.jas-anz.com.au/>

## Nurses Lack Confidence in Use of Information Technology

Research in the latest issue of the Australian Journal of Advanced Nursing (AJAN) has raised concerns about the lack of confidence of nurses in the use of information technology. The research, which was funded by the Department of Health and Ageing, surveyed a random sample 10,000 nurse members of the Australian Nursing Federation.

According to Professor Desley Hegney, lead researcher for the study, for most of Australia's nurses, experience and confidence in use of information technology is confined to basic computer and common applications.

"In order to use information technology to support health delivery, action to increase access for nurses and remove barriers to use is urgently required," Professor Hegney said.

Of the respondents, 86% used computers at work, mainly for managing patient records, continuing professional education, communication, accessing policies and procedures and accessing clinical results.

Confidence in use of the technology was generally low with fewer than 25% of nurses stating they were very confident in using any software application. Results varied by level of nurse, their age, and length of time in nursing. Assistants in nursing and enrolled nurses had significantly lower experience and confidence than registered nurses, while younger nurses and those with the least time in nursing were more experienced and confident.

More innovative systems such as telehealth and personal digital assistants (PDA) were not taken up in nursing in any great numbers.

"These data suggest that there is huge room for expansion in the use of IT in nursing practice," Professor Hegney said. "In order to use information technology to support health delivery, action to increase access for nurses and remove barriers to use is urgently required.

Employers and policy makers at all levels of government must work with nurses to adopt strategies to increase their access to, and use, of information technology.

<http://www.ajan.com.au>. *Volume 25 Issue 3 is now available online.*

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