

The National Report

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Aged & Community Services Australia



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STOP PRESS - 2008 ACSA National Conference - "*Aged Care in the Fast Lane*".

On-line registration is on track to be available by Friday 20th June at www.agedcare.org.au

Benefits Slug on Aged and Community Care Workers

National Report No. 180 reported on a budget slug for lower paid workers arising from a change to the treatment of salary sacrificed superannuation. Changes to Centrelink rules for assessing eligibility for allowances such as Family Assistance and Child Support will compound the issue for lower paid, including part-time, workers throughout the charitable sector.

Under the new rules, the 'grossed up' Reportable Fringe Benefits total is proposed to be used for such allowances rather than the taxable income figure that has been used since the Howard Government's 2000 tax changes.

ACSA CEO Greg Mundy said the Government's talk about 'compacts' with the non-governmental sector was inconsistent with attacking the employment conditions for their workers. If existing arrangements are to be changed, the Government will need to pay significantly more for the services delivered by charities.

ACSA and many other organisations including churches, other peak bodies and affected unions have taken this issue up with the Government.

Treasurer Swan and Minister Macklin have now responded to such representations and have committed to investigating solutions to what was originally a measure introduced by the previous government.

ACFI Update

Small Rural Facility Tells Minister it will NOT Benefit from ACFI

Kim Meale, Supervisor at Sunhaven, a small South Australia facility, has written to the Minister for Ageing, Mrs Justine Elliot, in response to her comments on the positive impact of ACFI, which were reported in the last National Report.

In the letter, which she also sent to NR, she writes that "While larger facilities may be finding that they are better off under the ACFI, I can assure you that smaller facilities are not. Sunhaven Hostel is an 18 bed low care facility in the rural, remote and isolated location of Ashford. We are a community owned facility and strive to provide first class care for the elderly in our region while remaining viable.

The areas of the ACFI that are directly affecting our low care facility are as follows:

1. Those residents who were levels 6 and 7 under the RCS cannot attract funding under the ACFI. Larger facilities can choose those potential residents who can get funding, but what happens in remote communities where residents cannot look after themselves at home, have no family support, and need low care?
2. The medication requirement under ACFI needs reviewing. Medications based on time taken to administer rather than the number of times administered is very limiting in a low care facility. This is an area where low care facilities will lose a large amount of funding.
3. There is a big difference between low and medium care under Daily Living. This is also an area where low care facilities stand to lose a large amount of funding.
4. There may be less paper work under the ACFI, however, staff need to still fulfil their obligations under the Aged Care Standards and Accreditation Agency and document and keep records accordingly.
5. It is still too early to weigh up the overall success of the ACFI program until audits are completed, and outcomes compared with the RCS.
6. The ACFI is a workable tool. It has its merits, but needs to address Low Care facilities so that they too can remain viable. Big Facilities are not always the best facilities so every effort should be made to assist those low care facilities to remain viable and continue to provide care for that sector of the aged care community that could easily be overlooked."

ACSA has identified the situation of low care facilities, particularly smaller syand alone homes and ones in rural areas as a priority for monitoring during ACFI implementation.

KPMG ACFI Advice Starts

The Department appointed KPMG - to deal with requests for assistance from Australia's 2,870 nursing homes as they make the transition to new funding arrangements.

KPMG has now set up a project office to manage this work.

Requests should be made through the dedicated webpage or a telephone hotline. -- 1-800-633-719 or www.acfi.kpmg.com.au.

ACSA is represented on a reference group providing advice on this project including on the sorts of issues raised in the correspondence above.

Queen's Birthday Honours to Ian Hardy

Former ACSA and ACS SA&NT President and Director, and head of Helping Hand in South Australia, Ian Hardy, was recognised for his work in the aged care industry, in the 2008 Queen's Birthday Honours.

He also won the ACSA National Individual Award in 2006.

ACSA congratulates Ian for his work, commitment, industry and now national recognition.

Residential Aged Care in Australia 2006-07: a statistical overview

This new AIHW report provides the latest public information on the increasing age and care needs of those entering residential aged care.

At 30 June 2007, there were 170,071 residential aged care places, an increase of 3,780 compared with 30 June 2006.

The age profile of the resident population continues to increase. Over half (54 per cent) of the 156,549 residents at 30 June 2007 were aged 85 years or older, and over one-quarter (27 per cent) were aged 90 years and over. Overall, only four per cent of residents were less than 65 years of age.

Residential aged care is meeting the care needs of an increasingly more dependent group of people. By far, the majority of residents at 30 June 2007 were assessed as high-care (70 per cent). By way of contrast, 58 per cent of residents were classified as high-care in 1998.

The average (mean) length of stay for permanent residents leaving residential care between 1 July 2006 and 30 June 2007 was 167.1 weeks for women and 109.9 weeks for men.

As at 30 June 2007, there were 2,872 mainstream residential aged care services with approved places in Australia providing a total of 167,578 places. The provision ratio remained close to the previous year's provision at around 87 places, just shy of the current planning target ratio of 88 places to be achieved by 2011.

Overall, usage rates for permanent residential aged care increase with age. They are higher for women than men, particularly among older age groups. At 30 June 2007, those aged 85 years and

over had the highest rate of use, at 240.3 persons per 1,000. The corresponding measures for the age groups 80–84 and 75–79 were 79.5 and 32.7 per 1,000, respectively.

The majority (98 per cent) of residents in aged care services on 30 June 2007 were permanent residents (153,426), while 3,123 residents (2 per cent) were receiving respite care. During 2006-07 there were 50,987 respite admissions. The average length of stay was 3.3 weeks.

There are minor differences between figures published in this AIHW report and figures published by the Department of Health and Ageing, as they use slightly different ABS population data, and access the data at different times.

As well, the Department excludes from its ratio calculations the residential aged care places that were temporarily unavailable for use (because of refurbishment, rebuilding or other reasons) on 30 June 2007.

ANF Uses AIHW Report to Call for Minimum Aged Care Staffing Levels

The Australian Nursing Federation (ANF) seized on the report to join those - NOT ACSA - who argue that aged care facilities are more like hospitals than residences.

“As people are accessing more care in their communities for longer, those needing residential aged care facilities are those who have complex health care needs, and therefore require a high level of nursing care,” said Ged Kearney, federal secretary of the ANF.

The ANF is calling on the Federal Government to legislate for minimum staffing levels in aged care, for appropriate numbers and mix of all levels of nursing staff, and for a mechanism to ensure that nurses in aged care have wage parity with their colleagues working in other health sectors.

The ANF did not call for extra Government funding to pay for these changes to the current arrangements.

Annual Aged Care Approved Provider Statement

If you haven't already, remember to send Medicare Australia your 2008-09 Annual Approved Provider Statement. This statement has been implemented to save your organisation time and effort by minimising the requirement to send individual signatory details to Medicare Australia.

Completed 2008-09 Annual approved provider statements are due to Medicare Australia by **30 June 2008**.

If you are registered to submit Aged Care claims electronically through Medicare Australia's Aged Care Online Claiming website, an Annual Approved Provider Statement is required.

If you have misplaced your statement, a fillable PDF as well as a Question and Answers sheet is available online at www.medicareaustralia.gov.au

Members Sought for Aged Care Planning Advisory Committees

The Department is seeking applications for appointment to Aged Care Planning Advisory Committees.

These Committees are established in each State and Territory and their principal functions are to assess the aged care needs of the community and advise the Department on appropriate distribution of aged care places, within specified aged care planning regions.

Members are appointed for up to two years in an honorary capacity and are expected to attend at least two meetings are year.

Details and application forms are available on the Department's website: www.health.gov.au or by phoning 1800 500 853. Applications close on 27 June 2008

Minister Elliot has said the new membership of these Committees will increase accountability and transparency.

IN2L in Australia - and at ACSA 2008 National Conference in Adelaide - on 28 September

Following the interest shown in the inspiring presentation by Jack York, founder of It's Never Too Late (IN2L), at the 2007 ACSA National Conference in Melbourne, there have been discussions about future and ongoing Australian involvement.

Those discussions have still not led to any finalised agreements, but IN2L remains interested in bringing its service to Australia. To this end IN2L is working with the Tailem Bend District Hospital and developing some Australian content for use by providers.

Jack York will be attending ACSA's 2008 Conference in Adelaide and will make a joint presentation with Tailem Bend about their Planting Seeds Project at the Technology Symposium being held on Sunday 28th September.

Jack will be interested in talking with people at that time about establishing relationships and services. In the interim IN2L would like to concentrate on the work it is doing with Tailem Bend

Inaugural Ministerial Conference on Ageing

Australian ministers responsible for ageing and aged care, as well as well as representatives of the Australian Local Government Association, have held an inaugural Ministerial Conference on 13 June, and agreed to work together and respond to Australia's changing ageing population.

Convened and chaired by Minister Elliot, the Conference confirmed that their objectives were about working together in the spirit of cooperation preparing for the challenges of Australia in the 21st century.

The Conference agreed to work together on the challenges of psycho-geriatric care and establish an expert group to advise governments. This will complement \$2 million in research funding announced by the Federal Government on 13 June to assist in the study, care and treatment of

people with severe psycho-geriatric conditions in aged care homes (details of which are given below).

In addition, Conference members also agreed to:

- ongoing work to improve and strengthen the Aged Care Assessment Program to ensure more timely, consistent and quality assessments of frail older people for Australian Government subsidised aged care services;
- examine improvements to age-appropriate housing;
- gather advice for future consideration on ways to streamline the regulation of the physical standard of residential care buildings;
- undertake work to enhance the independence of older people receiving services arising from the national Home and Community Care Program;
- a forum with states and territories and local government on aged care planning ratios and allocation processes;
- support the Global Conference of the International Federation of Ageing to be held in Melbourne in 2010;
- promote social measures to reduce social isolation among older Australians and report back on examples of best practice for further consideration at the next meeting of the Ministerial Conference (*more details below*);
- support the United Nations International Day of Older People on October 1, 2008 and promote the day as a means to enhance social inclusion (*see later report*);
- the Ministerial Conference meeting again later this year in Victoria

Other items discussed included the Home and Community Care program and the COAG processes to reform Specific Purpose Payments (SPPs); community care reform with all jurisdictions agreeing to work together to achieve more integrated services for clients; the role of carers and respite services reform; and the importance of grandparents, carers and volunteers.

A new national protocol for community care service providers was proposed by Minister Elliot to ensure that any unexpected changes in a client's circumstances are identified early by providers and appropriate action is taken.

State and Territory Governments will consult on the draft protocol, with a possible start date in August 2008.

The Conference also heard the Minister announce measures to ensure older Australians remain connected to the community, with a one-off allocation of \$4.2 million to 21 community organisations to support programs combating social isolation as well as providing emergency meals, shelter and clothing to frail older people. The one off offers include funding of up to:

- \$500,000 to Anglicare Australia to provide services that support social re-engagement, including \$300,000 to undertake research and pilot projects that support participation of socially isolated older people in the community;
- \$150,000 to the ACH Group to commence a program to address high level isolation amongst older people living in the community; and
- \$500,000 to the Salvation Army, Uniting Care and the Benevolent Society.

Care and Treatment of People with Psychogeriatric Conditions in Aged Care Homes.

The Australian Government is providing \$2 million in research funding to assist in the study of the care and treatment of people with psycho-geriatric conditions in aged care homes. At present, three out of every four people living in aged care homes have some form of dementia or other psychiatric condition.

In April, the Deputy Secretary of the Department, Ms Mary Murnane, began preparing a report into psycho-geriatric care. It is expected to be released shortly and States will be asked to respond.

Although considerable funding has been allocated to research into dementia, funding has not previously specifically targeted people with other severe psycho-geriatric conditions.

This work is being undertaken collaboratively between the Department of Health and Ageing and the National Health and Medical Research Council. The NHMRC will be allocating additional funds to support this research.

The research funding will focus on developing medication and behaviour-management interventions to help ensure that people with psycho-geriatric disorders receive the treatment they need and deserve.

Current management strategies can be a combination of behavioural and/or medication management. Some conditions do not respond well to medication. Others require powerful medications to treat psychiatric disorders, or simpler medications such as antidepressants and tranquilisers. Behavioural management techniques have been found to be helpful in managing violent behaviours and preventing the escalation of aggressive behaviour.

E-learning for Industry

ACSA has received funding to undertake a project to develop an industry e-learning embedding strategy. Four aged care providers- two in Queensland and two in Western Australia - will review their workforce development plan to incorporate e-learning principles and specific training. The project will demonstrate barriers, logistics, strategies, resources and support provided by providers, required for successful implementation of e-learning. This will feed into an industry plan. Progress will be outlined at industry conferences during 2009 and the plan will then become available on the ACSA website.

Make a Wish for Community Care

ACSA's second National Community Care Conference included a wishing line where delegates were able to make a wish for the future of the community care system. All the wishes are now listed on the ACSA website www.agedcare.org.au

. ACSA will use the wishes as ideas and inspiration in its ongoing policy and advocacy work.

Better Care for Our Carers - New Parliamentary Inquiry

National Report Issue No. 180 dated 23 May advised that The House of Representatives Family Community Housing and Youth Standing Committee was conducting an inquiry to determine how to better meet the needs of carers who look after those with chronic illness, disability or frailty.

Unfortunately NR gave the incorrect date for submissions, the correct date being 4 July, so there is still time for those interested to participate in this inquiry.

Submissions are welcomed and should be lodged by 4 July. The Committee will report in early 2009. <http://www.aph.gov.au/house/committee/fchy/index.htm>

National Primary Health Care Strategy

The Rudd Government has announced details of its proposed National Primary Health Care Strategy. It will focus on promoting prevention, evidence based management of chronic disease, supporting patients with chronic disease to manage their condition, addressing the growing need for access to other health professionals including practice nurses and allied health professionals and encouraging a greater focus on multidisciplinary team-based care.

The development will link with current related health reform processes.

It has been widely welcomed although the AMA has expressed concern at possible changes to the power and responsibilities of nurses vis a vis medical practitioners.

Community Care Consumer Information Project

The Department has engaged the National Ageing Research Institute (NARI) to undertake a review of quality assurance information for consumers receiving services through Community Aged Care Packages, Extended Aged Care at Home, Extended Aged Care at Home for Dementia and the National Respite for Carers Program.

The objective of the project is to improve the availability of and access to quality assurance related information for consumers receiving or on the point of receiving aged care services in the community.

In recognition of the regular requests made of service providers, a sampling strategy is being applied involving 15% of all providers across states/territories and service types. It is anticipated that these providers will be approached to complete a short survey and provide examples of information they have available for consumers.

The responses will greatly assist in the scoping work being undertaken by NARI. Please direct any enquiries about the survey, or any other aspects of the project to Xiaoping Lin on (03) 8387 2626 or Freda Vrantsidis on (03) 8387 2596.

International Long-term Workforce Survey

The International Association of Homes and Services for the Ageing (IAHSA), of which ACSA is a member, is working on a cross-national study of residential and community care paraprofessional and nursing workforce in Europe and Australia. ACSA is asking members to participate in the on-line survey .

The survey has two primary goals. First, to better understand this sector of the ageing services workforce as well as the issues these workers face and how these issues differ across countries. Secondly, to learn the ways in which health care products and equipment can aid and enhance the daily tasks of this workforce as they care for older adults.

Australian participation in the survey is critical so that we can better understand our workforce, have a cross-national comparison and identify common issues and possible collaborations to work on solutions.

The survey results will be presented at the AAHSA (ACSA's Us equivalent) Annual Meeting at the IAHSA Conference in London, England.

It is recommended that the Director of Nursing, Home Care Supervisor/Home Help Supervisor or equivalent, complete the survey. A few questions may require input from other staff, such as the nursing staff and human resources. A link to the web-based International Long-Term Care Workforce Survey can be found below.

The survey will take you approximately 20-25 minutes to complete. All survey responses will remain confidential and will be released only as part of a summary report in which no individual responses can be identified. Please complete the survey by 1 July 2008.

<http://www.aahsa.org/surveycreator/l.dll/JGsA583F9E81WZD9U7939J.htm>

We appreciate your time to complete the survey. If you have difficulty accessing the survey through the link provided above or if you have any questions about the survey, please contact Natasha Bryant at + 1 202-508-1214 or at nbryant@aaahsa.org.

Research, Reports, Resources

Dementia Resource Guide

Minister Elliot has released *The Dementia Resource Guide*, a new resource to help improve the quality of life of people living with dementia and assist those who care for them.

The Guide aims to improve the care and quality of life for people with dementia by providing links to resources on 17 topic areas such as assessment and diagnosis, forward planning, medical treatment and support services.

The resource aims to improve the understanding and management of dementia and provides information to assist in planning for the future.

It was developed through Australian Government funding of \$385,000 from the Dementia Initiative by a research team at the National Ageing Research Institute.

This is part of \$320 million committed by the Australian Government over five years for dementia research and support.

The research team reviewed more than 700 resources to find the best information available on a range of topics relevant to people living with dementia.

The new guide can be used by anyone who cares for a person with dementia. This includes family

members as well as staff and volunteers in residential care homes, in community care and hospitals.

The Dementia Resource Guide is available at www.health.gov.au/dementia. It will also be available in CD-Rom format from early July by contacting dementia@health.gov.au

Preventing Falls for Older Farmers

This booklet, produced to the Australian Centre for Agriculture Health and Safety, University of Sydney, aims at reducing the number of serious and potentially fatal falls experienced by Australian farmers over 55 while working on their farms.

Around 30 per cent of injury-related deaths in Australia are due to falls, and they are the most common reason for premature admission into residential aged care. 20 percent of people aged 55 and over are admitted to hospital due to on-farm injury caused by falls.

The research also found 11.6 percent of deaths for people over 55 years, were due to farm related falls in 1999-2002.

Australian farmers are at extra risk of injury given the dangers of the physical work they perform. Avoiding falls can help them remain active, independent and able to stay on their land. Falls on farms can be from horses, vehicles, machinery, ladders and silos - as well as conditions such as ice, mud and liquids on ground or floor surfaces. Poor tread on footwear can also contribute to falls.

The booklet outlines practical ways that farmers can reduce the risk of injury on the farm as well as providing risk self assessments.

National Palliative Care Performance Indicators: Results of the 2007 Performance Indicator Data Collection

This AIHW report presents the findings of the 2007 national collection of performance indicator data from Australia's palliative care sector, and comparisons with the results of previous collections in 2005 and 2006.

Some characteristics of palliative care agencies are also described. The information was collected to calculate four nationally agreed performance indicators that were developed by representatives of the states and territories and the Australian Government through the Palliative Care Intergovernmental Forum.

The indicators are based on the goals and objectives of the National Palliative Care Strategy, and provide information on the extent to which the strategy has been implemented in areas such as strategic planning, use of standards, collection of feedback and formation of partnerships.

Palliative Care in Remote Aboriginal Communities

Equipment shortages, unreliable power supplies, poor discharge planning for patients treated in metropolitan hospitals, problems with transport, and lack of telephone access, are just some of the problems faced by health professionals providing end-of-life care in remote Aboriginal communities.

Cultural factors found to influence the desire to die at home included Aboriginal peoples' belief in 'death country', the returning of the dying individual's spirit to the land, a desire to be cared for by family, and suspicion and dislike of metropolitan hospitals.

These findings are from NHMRC funded research into palliative care service delivery in the Northern Territory, conducted by the International Program of Psycho-Social Health Research (IPP-SHR) at Central Queensland University (CQU).

“There are strong cultural reasons driving Aboriginal peoples’ desire to die at home,” said NHMRC Senior Research Fellow and IPP-SHR Director, Dr Pam McGrath.

“We found many dedicated health workers who understood the need for people to die at home, but whose efforts were thwarted by the huge practical obstacles they faced every day,” she said. “It is essential that we build up local services and gain funding to improve basic infrastructure.”

US Legal Fight for the Ability to Age in Place

American Association of Retired Persons (AARP) attorneys are representing Medicaid beneficiaries who allege that they have been denied home and community based care benefits, in violation of their civil rights.

Medicaid is a federal-state partnership that provides health care services to people whom Congress has determined are particularly at risk. The program provides health insurance to four distinct population groups including older persons and other residents of long term care facilities. Medicaid is intended to foster innovation among the states but in order to ensure a basic level of care for all statutorily-eligible persons, federal law sets the ground rules and requirements for programs, beneath which states in their statute or implementation cannot slip.

Among the services that states who participate in the Medicaid program must provide are options for home and community based care. Federal disability discrimination law compels governments to provide these alternatives to Medicaid-funded institutionalisation, a requirement reiterated in a strong decision handed down in 1999 by the U.S. Supreme Court.

Charles Todd Lee, one of the plaintiffs in the current Florida lawsuit, is 66 years old and has been partially paralysed from strokes since 2003. He uses a wheelchair but does not require extensive nursing care or oversight.

Nonetheless, after his last hospitalisation, he was discharged directly to a nursing home. He wishes to reside with one of his daughters, who has offered him a place to live if he can obtain some minimal assistance during the hours she and her husband are at work.

Since 1999, Florida has been steering its funding toward institutions. In 2006, nearly 90% of Florida's Medicaid long-term care funding went to nursing facilities, while only 10% went to community based services; the national average is closer to a 70-30 split.

Mr. Lee and 6 others filed a class action lawsuit challenging Florida's failure to provide adequate home and community based care options, a lawsuit in which they are being represented by attorneys with AARP Foundation Litigation. *Long v. Agwunobi, et al.*, currently before the U.S. District Court for the Northern District of Florida, alleges that the State's failure to make home and community based care options available violates federal disability anti-discrimination law.

International Conference on Ageing in Melbourne in 2010

Melbourne has secured the right to host an international conference on ageing in 2010. The 10th International Federation on Ageing (IFA) Global Conference on Ageing will bring experts on ageing from around the world to discuss ageing populations and new ways to improve the quality of

life of older people. It is expected to attract more than 2,000 delegates. This is the second time Australia will host the Conference with Western Australia successfully hosting the event in 2002.

General Practice Divisions Pitch for Central E-Health Role

Divisions of General Practice are seeking to position themselves as the co-ordinators of an integrated e-health network connecting primary care with hospitals, private specialists and funding bodies.

In the National eHealth Strategy submission released by the Australian General Practice Network, they state that divisions are well placed to drive changes in e-health because primary care is already the most computerised health sector and divisions have the local infrastructure to deliver e-health programs. “The divisions network and state based organisations are positioned for this very important emerging area of collaboration in the second wave of e-health uptake,” they say.

Meanwhile the government's e-health body, the National E-Health Transition Authority (NEHTA) has said this year will see “serious implementation” of a spate of electronic health projects that will revolutionise the operations of Australian hospitals and clinics. Speaking at an e-health conference in Sydney last week, NEHTA general manager Gill Carter said privacy was the biggest challenge because laws differed between states.

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