

# *The National Report*

**23 April 2010 – Issue 227**  
**Aged & Community Services Australia**



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## Next Generation Community Care *Rewarding , Rethinking, Reshaping*

**Sign up today for the National Community Care Conference. It's your opportunity to keep the spotlight on Community Care.**

Share your experience with colleagues; listen to experts and together we can Reshape the future of Community Care.

Key note speaker Peter Beresford understands the different perspectives of community care and his unique experience has helped reshape his views. The UK social policy professor has been a recipient of community care and an integral player in policy development to change the face of caring for people in the community.

He joins an impressive list of speakers over three days.

**Sign up today to take advantage of the early bird rates and save over \$100 on a Full Registration prior to 30 April 2010.**

The 3<sup>rd</sup> annual Community Care Conference will be held at the Gold Coast Convention and Exhibition Centre from 2 – 4 June.

Go to <http://www.acqi.org.au/acsa-2010> for the registration brochure and speaker profiles

## Productivity Commission Inquiry Announced

The Terms of Reference for the long promised Productivity Commission Inquiry into aged care have now been issued and look to cover all the issues. ACSA and the other members of the Campaign for Care of Older Australians (CCOA) had earlier expressed disappointment at the failure of COAG to progress much-needed reforms in aged care and to address the economic fundamentals in aged care. The Terms of Reference can be found on Minister Elliot's web site at: <http://www.pc.gov.au/projects/inquiry/aged-care/terms-of-reference>

ACSA and CCOA's response to the Governments announcements on 12 April may be found on pages 3 & 4.

## Community Conference Sponsorships for Rural and Remote Delegates

If you are a rural and remote, including indigenous, service provider and would like the opportunity to attend the upcoming National Conference as a sponsored delegate then apply now!

Three Sponsorships of \$1,000 each are available as a contribution towards your airfares, accommodation and attendance at the conference. These places are proudly sponsored by HESTA Super Fund and SmartCare.

To attend as a sponsored delegate simply send an email to [events@acqi.org.au](mailto:events@acqi.org.au) by no later than **Friday 30 April 2010** and explain in 200 words or less why you would like to attend the conference and what you will do with the knowledge and networks you gain from attending. Please ensure you include your

contact and organisation details. ACSA will be advising all successful applicants by Friday 7 May so travel arrangements can be made in time.

If you have any questions please contact Kim Hart at ACQ Conference + Event Management on 07 3725 5588. Email applications to [events@acqi.org.au](mailto:events@acqi.org.au)

## ACSA 2010 Aged Care Excellence Awards

Celebrate – Share – Recognise  
Innovation – Excellence - Dedication

All State Awards are now closed for nominations.

We will bring you advice of State Winners as they are announced.

State Award winners will progress to the ACSA National Awards which are to be presented at the National Conference in Hobart next September.

We wish all the nominees the best of luck.

## SAGE China + HK - last chance to book!

*Don't miss out on this fantastic study tour opportunity – 6<sup>th</sup> to 16<sup>th</sup> July 2010*

Discover new approaches to Aged Care practice on a ten day tour of the fastest growing major economy in the world on the next SAGE (Studying and Advancing Global Eldercare) Study Tour.

Experience an intensive ten days of networking, study sessions, workshops, discussions and facilities tours around Hong Kong and Beijing (and a tourist program!)

Travelling with an Australian delegation and led by a knowledgeable industry study guide, gives you the opportunity to regularly debrief and swap notes with other delegates who share a unique Australian perspective.

SAGE Study Tours are offered through a partnership between ACSA, ACAA and architecture firm Thomson Adsett.

*“There were considerable benefits to be gained from traveling with an Australian delegation; networking, informal discussions and exposure to different views”- Dr Jan Herbert, PhD FRCNA on the SAGE tour to The Netherlands and Malta. Limited places available, bookings closing 14<sup>th</sup> May. Download a tour program and register to attend at [www.sagetours.com.au](http://www.sagetours.com.au).*

## Aged Care Reforms a 'Stepping Stone'

ACSA responded immediately on 12 April to the aged care reforms announced as part of the health reform package, with an analysis and critique of the promises made - albeit subject to the States and Territories signing up to the reform package.

Since then the Campaign for Care of Older Australians (CCOA) of which ACSA is a member, has met to consider in more depth the aged care proposals, and its responses are reported below.

Speaking publicly on the reforms, ACSA CEO Greg Mundy said the range of initiatives were a good starting point, but that “aged care should not, and cannot be, a political bargaining chip.”

“The issues confronting Australia’s ageing population are far too important to be caught up in political trade-offs and haggling between the Commonwealth and the States. We need a comprehensive solution to the challenges of our ageing population and an holistic approach to solutions.

“The proposals put forward today do not address the fundamental underlying problems hampering the provision of quality services in community and residential care.

“As the Prime Minister has said, the plans are a first step and not a panacea for aged care. However, in the immediate short term we expect the Government to use the Federal Budget as a means to address the crippling financial concerns of the aged care sector.

“Funding must meet the real costs of providing care and services. Currently the subsidies fall well short of the mark. The Conditional Adjustment Payment should be reinstated as a way of making sure annual funding more closely matches the cost of providing the care older people need.”

“When the Government announces the terms of reference (for the Productivity Commission’s enquiry), which we anticipate soon, we expect a commitment to endorse and implement real changes that are likely to flow from the Commission’s recommendations.”

Mr Mundy said without immediate improvement for financial support for aged and community services, there maybe precious few still around to be part of future reforms.”

## CCOA Letter

CCOA wrote to State and Territory leaders to urge their support for aged care to be treated as a priority during the COAG meeting.

“Aged care is on the sick list and won’t get better until governments treat the illness, not just some of the symptoms,” CCOA said.

Better outcomes for older people can, in part, be achieved through the right terms of reference for the Productivity Commission inquiry into aged care.

“The terms of reference must include setting and maintaining realistic funding levels for all the care people need as they age, including user contributions for those with a capacity to contribute to the cost of their care and accommodation.

Without these measures there will not be enough aged care services to support the rest of our hospital and health care system.

## Aged Care Complaints Investigation Scheme (CIS).

The announcement of more funding for the CIS scheme announced by the Prime Minister on 12 April was accompanied by the release of the review of the CIS, which was completed some time ago by Merrilyn Walton, Associate Professor of Medical Education, University of Sydney and formerly Director of the NSW Health Complaints Unit and Commissioner for the NSW Health Care Complaints Commission.

The key issues of the report, dated October 2009 were the need:

- to amend current CIS processes and practices to achieve a more efficient and effective system which achieves satisfactory outcomes for all parties.
- for the CIS to improve its communication processes with both consumers and providers;

- to revise the complex management and accountability structure within the CIS and the Office of Aged Care Quality and Compliance to ensure more effective complaints management;
- for more specific and ongoing training for CIS staff

It recommends that the CIS should be abolished and replaced with an independent authority, reporting to the Aged Care Complaints Commissioner, appointed by the Minister for Ageing, to remove any concerns of partiality or conflicts of interest that surrounded the scheme.

The CIS will be re-structured into three divisions: Assessment and Early Resolution, Investigations, and Communication and Stakeholder Relations.

Whilst the Government has not yet responded to the report the Prime Minister has announced an investment of \$3 million into the CIS to better equip them to improve the complaint handling which could result in more investigators.

Both ACSA and CCOA believe the recommendations are a positive step towards much needed reform of the CIS. However it is not clear whether the Government is going to accept all of the recommendations.

The full CIS review is at [www.health.gov.au/internet/main/publishing.nsf/Content/ageing-review-cis.htm](http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-review-cis.htm)

## ACFI Validation Statistics

The Department of Health and Ageing (DoHA) has released the first ACFI validation statistics covering the period 1 February 2009 to 30 September 2009.

### ACFI Validation Audit Outcomes by Question: National Results. YTD 1 February 2009 to 30 September 2009

QUESTION	DOWNGRADED	UNCHANGED	UPGRADED	Total
	Reviews %	Reviews %	Reviews %	Reviews
01 - Nutrition	241 2%	12,886 97%	211 2%	13,338
02 - Mobility	183 1%	12,957 98%	148 1%	13,288
03 - Personal Hygiene	129 1%	13,114 98%	94 1%	13,337
04 - Toileting	142 1% 1	3,050 98%	149 1%	13,341
05 - Continence	596 4%	12,363 93%	396 3%	13,355
06 - Cognitive Skills	264 2%	12,816 96%	242 2%	13,322
07 - Wandering	354 3%	12,784 96%	184 1%	13,322
08 - Verbal behaviour	430 3%	12,581 94%	338 3%	13,349
09 - Physical behaviour	444 3%	12,549 94%	338 3%	13,331
10 - Depression	466 3%	12,584 94%	352 3%	13,402
11 - Medication	504 4%	12,549 94%	257 2%	13,310:
12 Complex Health Care	1678 13%	11,637 85%	303 2%	13,348

QTR ENDED	DOWNGRADED	UNCHANGED	UPGRADED	NETLOSSGAIN
	Reviews %	Reviews %	Reviews %	Reviews %
Mar-09	215 13%	1281 79%	128 8%	-5%
Jun-09	843 14%	4576 78%	437 7%	-7%
Sep-09	1141 16%	5588 78%	432 6%	-10%
<b>Total</b>	<b>2,199 15%</b>	<b>11445 78%</b>	<b>997 7%</b>	<b>-8%</b>

Total reviews **14,641** Total residents **175,225** 30-Jun-09 Percentage reviewed **8%** Source: Do HA

## ACFI Technical Reference Group

The ACFI Technical Reference Group (TRG), on which ACSA is represented, met on 7 April. 94 ACFI submissions had been received and the key issues identified for the TRG pertained to the role of health professionals, palliative care, appropriateness of clinical tools, diagnosis codes in relation to the behaviour domain and the GP interface.

The TRG has formed subgroups that will be working on pain management, palliative care, medications, complex health care and behaviours.

## Extra Transition Care Places

Prime Minister Rudd has announced that from 1 July 2010, the Australian Government will provide 651 new transition care places to help up to 4,800 older people leave hospital sooner and take pressure off the state and territory hospital systems.

The new places will be fully funded by the Australian Government as part of its \$293.2 million commitment to provide an additional 2,000 transition care places by 30 June 2012

[http://www.health.gov.au/internet/main/publishing.nsf/Content/6E29D85E65EF32FACA25770300036CB1/\\$File/ReviewCIS21009.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/6E29D85E65EF32FACA25770300036CB1/$File/ReviewCIS21009.pdf)

## Instrument to Determine the Number of Places Available for Allocation in 2009-10 under Aged Care Act 1997

Minister Elliott has released the following figures:

### Aged care places available for allocation in each state or territory

State or territory	Residential	Community	Flexible
New South Wales	2,244	517	172
Victoria	1,490	428	548
Queensland	2,003	337	928
Western Australia	1,564	107	634
South Australia	237	135	27
Tasmania	245	28	20
ACT	286	10	146
Northern Territory	71	20	21
<b>Total</b>	<b>8,140</b>	<b>1,582</b>	<b>2,496</b>

### Aged care places available for allocation in any state or territory

Residential	Community	Flexible
150	56	878

## Super Fast Broadband Legislation

Minister for Broadband, Communications and the Digital Economy Senator Stephen Conroy has introduced The *Telecommunications Legislation Amendment (Fibre Deployment) Bill 2010* to ensure new homes were connected with infrastructure to deliver super fast broadband.

The framework allows the Minister to set out, in subordinate legislation, which kinds of developments need to have optical fibre installed and which ones need to be made fibre-ready. The Minister may also specify conditions for both fibre and fibre-ready facilities, in order to ensure they meet technical and service standards.

The Government has referred the legislation to the Senate Environment, Communications and the Arts Committee immediately, so that it is able to be debated in the Budget sittings.

ACSA has been advised that the legislation applies to developments of over 200 premises or dwellings and fibre can be installed for less than \$3,000 per dwelling, meaning that a retirement village with strata titles would be included. The intent is that it also covers hostel type accommodation and residential aged care facilities. However, it would not need to be provided in every room, but at least the common areas. The intent is that anyone who can use it has access to it.

Apparently the Department has had difficulty in framing the legislation and the Act gives the Minister the power to make or amend rules. It will probably take up to two years to be practically implemented – this will depend on planning approval times etc.

The Bill and associated documents including a position paper are available at:

[http://www.dbcde.gov.au/broadband/national\\_broadband\\_network/fibre\\_in\\_greenfield\\_estates](http://www.dbcde.gov.au/broadband/national_broadband_network/fibre_in_greenfield_estates)

## Reasons for Entry to Aged-Care Facilities Research

Professor Hal Kendig, from the Ageing, Work and Health Research Unit in the Faculty of Health Sciences at the University of Sydney, has lead authored an article on *the Melbourne Longitudinal Surveys on Healthy Ageing* in which 1000 Australians aged 65 and over for were tracked for 12 years to determine why some ended up in residential aged care.

The study was published in *Age and Ageing*, the journal of the British Geriatrics Society.

The most significant factors in determining whether someone would enter residential care were older age, cognitive impairment, having a low body mass index (BMI) as well as certain gender specific factors. This includes for women, never being married and being underweight, and for men inadequate nutrition and medical conditions.

The study found that out of the 1000 participants only 19 percent ended up in residential care during the 12 years, underscoring the importance of community care relative to residential care.

<http://www.usyd.edu.au>

## Provider Statement Renewal

All providers will receive the 2010–11 Annual Aged Care approved provider statement (Provider Statement) this month, which must be returned to Medicare Australia by 30 June 2010. The Provider Statement is required for every service and must be signed by key personnel.

If you are an approved provider and operate more than one aged care service, you can complete just one Provider Statement and attach the list of services. Each attached page must also be signed by key personnel.

Note: this process does not remove the need for paper forms and claims to be signed. For more information call the Medicare Aged Care Online Claiming helpdesk on 1800 195 206\* (option 1).

## National Best Practice Guidelines for Collecting Indigenous Status in Health Data Sets

The AIHW released this report on 6 April. It states that despite improvements in recent years, there have been continuing problems in establishing and maintaining standard practice in the collection of Indigenous status, resulting in the under-identification of Aboriginal and Torres Strait Islander people in key national health data sets.

All clients of health services should be asked if they are of Aboriginal and/or Torres Strait Islander origin in the process of routine data collection.

These guidelines have been developed to ensure the standard Indigenous status question is asked correctly and consistently of all clients of health services, and that this information is correctly recorded.

The report includes recommendations for putting the guidelines into practice, providing useful advice for dealing with common scenarios such as when the client is too ill to be asked, does not speak English, or when Indigenous status has to be established for a deceased person.

Also included are practical and easy guidelines for staff who might be reluctant to ask the question, and examples of clear concise responses if the client wants to know why they are being asked.

To download the free guidelines, visit [www.aihw.gov.au](http://www.aihw.gov.au)

## Benchmarking Occupational Health and Safety Regulation

A report released by the Productivity Commission — *Performance Benchmarking of Australian Business Regulation: Occupational Health and Safety* — has identified significant differences in regulation and in the actions of regulators across the jurisdictions that are hard to justify.

It says that while OHS regulation plays an important role in promoting safe work practices, excessive regulation can have adverse consequences for productivity and costs for consumers.

The report was requested by COAG, as part of the commitment by all governments to remove unnecessary compliance costs, enhance regulatory consistency and reduce regulatory duplication and overlap. The study has been undertaken while governments have been making progress towards a national OHS Act, which should introduce nationally consistent core legislative provisions.

Areas where the report identified significant differences in 2008-09, include:

- record keeping for risk management, training, incidents and a range of particular hazards;
- worker consultation, participation and representation, including union involvement in OHS consultations and investigations of possible OHS breaches;
- dealing with a range of workplaces hazards including asbestos, 'psychosocial hazards', prevention of falls, manual handling and licences for high risk work;
- the resourcing, availability of enforcement tools and key strategies of the regulators.

[www.pc.gov.au](http://www.pc.gov.au)

## AMA Critical of Medical Care in Residential Aged Care

DoHA's report on the Operations of Aged Care Act for 2008-09 indicates that nobody is properly monitoring the provision of medical care to residents in nursing homes.

AMA President, Dr Andrew Pesce, said on 6 April that an unacceptable 26 per cent of complaints to the Complaints Investigation Scheme relate to concerns about the health and personal care of residents, including concerns about their clinical care.

Dr Pesce said these findings concur with the AMA's ongoing analysis of the reports on sanctioned nursing homes, which shows that there are inadequate systems in place to provide and monitor the medical care of residents.

"The AMA wants the Government to introduce a formal nursing home accreditation standard on access to medical care for all nursing home residents, with proper monitoring of aged care homes against this standard," Dr Pesce said.

ACSA believes that the AMA suggestion that aged care homes are to be held responsible for doctors' failure to attend "needs work."

## Special Disability Trust Legislation

The Assistant Treasurer, Senator Nick Sherry, and Parliamentary Secretary for Disabilities, Bill Shorten MP, on 16 April released for public consultation the Rudd Government's draft legislation and explanatory material on the proposed changes to the taxation of the unexpended income of special disability trusts.

The changes were announced in the 2009-10 Budget and will provide for the unexpended income of a special disability trust to be taxed at the relevant principal beneficiary's personal income tax rates. Under the existing law, any income of a special disability trust that is not used for the care and accommodation of the principal beneficiary is taxed to the trustee of the trust at the top personal tax rate plus Medicare Levy.

Draft legislation dealing with the extension of the capital gains tax main residence exemption to include a residence that is owned by a special disability trust and used by the relevant beneficiary as their main residence will be released shortly.

The Government welcomes further public comment on the draft Bill and explanatory materials by 28 April, 2010 to enable the introduction of the Bill in the winter Parliament sittings.

Copies of the draft legislation and the explanatory material is available at [www.treasury.gov.au](http://www.treasury.gov.au)

## Dementia Care Essentials Training 2010-2012

The objectives of the Dementia Care Essentials project are to increase dementia care skills among the aged care workforce through the provision of evidence-based dementia care. The program provides training in the CHCAC319A - Provide support to people living with dementia unit of the Certificate III in Aged Care and the CHCAC416A - Facilitate support responsive to the specific nature of dementia unit of the Certificate IV in Aged Care.

This is the second round of Dementia Care Essentials Training and aims to provide training for 12,000 aged care workers in residential, community and flexible services over two years from July 2010 to June 2012. Details of the round, including eligibility, application assessment processes and timeframes are contained within the guidelines.

The closing time and date: for applications is 2:00 pm on 7 May 2010

<http://www.health.gov.au/internet/main/publishing.nsf/Content/grantITA3370910>

## Aboriginal and Torres Strait Islander Rural and Remote Aged Care Training Project

DoHA is seeking tenders from suitably experienced and qualified Registered Training Organisations (RTOs) to provide accredited training to aged care workers from Aboriginal and Torres Strait Islander backgrounds in rural and remote locations in Queensland, Western Australia and South Australia from May 2010 to June 2012.

This Project will deliver a culturally appropriate model of training and assessment, which will equip Aboriginal and Torres Strait Islander aged care workers with skills to effectively deliver aged care services in their communities.

Closing date: 2pm on 14 May 2010

<http://www.health.gov.au/internet/main/publishing.nsf/Content/+3350910>

DoHA seeking applications from suitably experienced and qualified Registered Training Organisations (RTOs) to provide enrolled nurse training to personal care workers and enrolled nurse medication management training to currently enrolled nurses employed in eligible services.

Eligible services include residential services as well as multipurpose and Aboriginal and Torres Strait Islander flexible services. Funding is available to deliver up to 550 enrolled nurse qualifications and medication management training places. There is a limit of one place per service. Additional funding is available for backfill, travel and accommodation for remote services. Eligibility for this funding will be determined by the Department.

More details at.

[http://www.aodgp.gov.au/internet/main/publishing.nsf/Content/CECEE06A6B4788B9CA2576FE007C08B7/\\$File/TrainingJointRound.pdf](http://www.aodgp.gov.au/internet/main/publishing.nsf/Content/CECEE06A6B4788B9CA2576FE007C08B7/$File/TrainingJointRound.pdf)

## Australasian Journal of Ageing

Volume 29, Issue 1, March 2010 of the AJA is now available. This peer reviewed journal is published by ACSA, the Australian Association of Gerontology, the Australian Council on the Ageing and the Australian and New Zealand Society for Geriatric Medicine (ANZSGM).

The current issue includes an editorial on *“Oral” v “Dental Health”: Relevance to the general health of older Australians*, and articles on *Emerging Health Issues for Ageing Australians in rural areas*, *Health of Australia’s baby boomers*, *Performance indicators to measure dementia risk reduction activities in primary care*, and a *Position Statement by the ANZSGM on geriatric services in general hospitals*.

AAG is available on subscription and details are at [www.agedcare.org.au](http://www.agedcare.org.au)

## Men’s Health in Regional and Rural Areas

Men living in rural Australia are more likely to experience chronic health conditions than their urban counterparts, according to a report released by the AIHW.

*A snapshot of men’s health in regional and remote Australia* shows that male death rates increased with remoteness.

Cardiovascular diseases were responsible for nearly a third of the elevated male death rates outside major cities. Compared with major cities, death rates from diabetes were 1.3 as high for men in inner regional areas and 3.7 as high in very remote areas.

There is a strong relationship between poor health and social and economic disadvantage.

The report also shows that men living outside major cities were more likely to have health risk factors such as daily smoking and risky or high risk alcohol use, than their counterparts in major cities.

They were also more likely to have experienced a substance use related mental disorder throughout their lifetime. Male death rates due to injury and poisoning are also higher.

The report shows that in 2006, men living in inner regional, outer regional and remote areas were 22% less likely than men in major cities to possess an adequate level of health literacy.

[www.aihw.gov.au](http://www.aihw.gov.au)

## President Obama Signs Elder Justice Bill into Law

As part of the new US health care system plan, Congress and President Obama have approved the Elder Justice Act and the Patient Safety Abuse Prevention Act. This will include Adult Protective Services (APS) funding that will provide \$400 million in first-time dedicated funding for adult protection services. It will also provide \$100 million in state demonstration grants in order to test many different methods that will improve APS.

The bill will provide \$32.5 million in grants to support long-term care ombudsman programs. Ombudsmen are vital to nursing homes because they are many times the first responders to nursing home abuse and neglect.

The Elder Justice Bill will establish what is being referred to as the Elder Justice Coordinating Council that will make recommendations to the Secretary of Health and Human Services on the coordination of activities of federal, state, local and private agencies. They will also work with entities who relate in elder abuse, neglect and financial exploitation. Recently, the US has seen a great rise in the amount of elder financial exploitation cases.

The Patient Safety Abuse Prevention Act will help keep nursing home patients from abusive employees. It creates a national program of criminal background checks for those seeking to work in nursing homes and other long-term care facilities.

More details at the National Center on Elder Abuse website:

[www.ncea.aoa.gov/ncearoot/Main\\_Site/index.aspx](http://www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx)

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