

Learnings from 2020 in aged care and palliative care

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**Joining
the Dots**

2020 Palliative Care Summit

Pathways, Challenges and
Emerging Innovations
in Palliative Care in WA

Royal Commission into Aged Care Quality and Safety (ACRC)

- Set up on 8th October 2018 with headquarters in Adelaide, to look at the quality of aged care services, and whether those services meet the needs of the community for:
 - Older people living at home
 - People living with dementia
 - People living in aged care facilities including younger people
- The ACRC received 10,200+ written submissions
- Over 21 months there have been hearings in all capital cities and 4 regional centres chaired by both Commissioners, and also community forums attended by one Commissioner
- Commissioners and staff made many community visits including to ATSI communities, and to view innovative models of care in Australia and overseas

ACRC Structure

- 2 Commissioners – Tony Pagone and Lynelle Briggs (Richard Tracey died in Oct 2019)
- 8 Counsel Assisting
- Several Solicitors Assisting
- Policy and Research Branch:
 - Directors of policy
 - Data and research staff
 - Community engagement staff
 - Senior advisers – policy, medical, nursing, pharmacy



Timelines

- First public hearing in February 2019 in Adelaide with 24 further hearings across Australia
- Interim report was released in October 2019
- Final submissions to Commissioners by Senior Counsel Assisting on October 22nd to 23rd October 2020
- Final report is due February 2021
- All hearings have published transcripts
- Multiple background papers and reports published by ACRC:

<https://agedcare.royalcommission.gov.au/publications>

Counsel Assisting Final Submissions to the Royal Commissioners

- 124 recommendations made on October 22nd and 23rd, 2020
- Full submission at:
https://agedcare.royalcommission.gov.au/sites/default/files/2020-10/RCD.9999.0541.0001_1.pdf
- **Part 1:** Introduction includes evidence from direct experience witnesses

1. At the preliminary hearing of this Royal Commission in early 2019, the late Commissioner Tracey observed that:

The Royal Commission is a once-in-a-lifetime opportunity to come together as a nation to consider how we can create a better system of care for elderly Australians that better aligns with the expectations of the Australian people.¹

2. 'The hallmark of a civilised society', he said, 'is how it treats its most vulnerable people'.²

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- **Part 2:** Substandard Care including restrictive practices and abuse, and extent of substandard care in different approved provider types (government run services outperform others)
 - Very difficult to get data and “those who run the aged care system do not seem to know about the nature and extent of substandard care and have made limited attempts to find out”
 - Many accounts of abuse in residential care – by staff and by other residents

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- Substandard care and type of facility
 - UQ study dividing RACFs into 3 bands looking at cost and quality of care found cottage style or government run were highest quality with large for-profit homes most often being in lowest quality band
 - ACRC study on unmet needs in RACFs found greatest number of concerns and lowest life satisfaction in for-profit homes
 - 1.5 to 2 times number of 'failure to meet expected outcomes' in for-profit compared to government run and not-for-profit facilities
 - Government run facilities receive extra funding, have mandated staffing ratios, and have higher needs residents
- Substandard care and access to care
 - Difficulties entering and navigating the system with lack of assistance with planning care, particularly for people with dementia
 - Too little flexible respite
 - Insufficient access to health care services in residential care

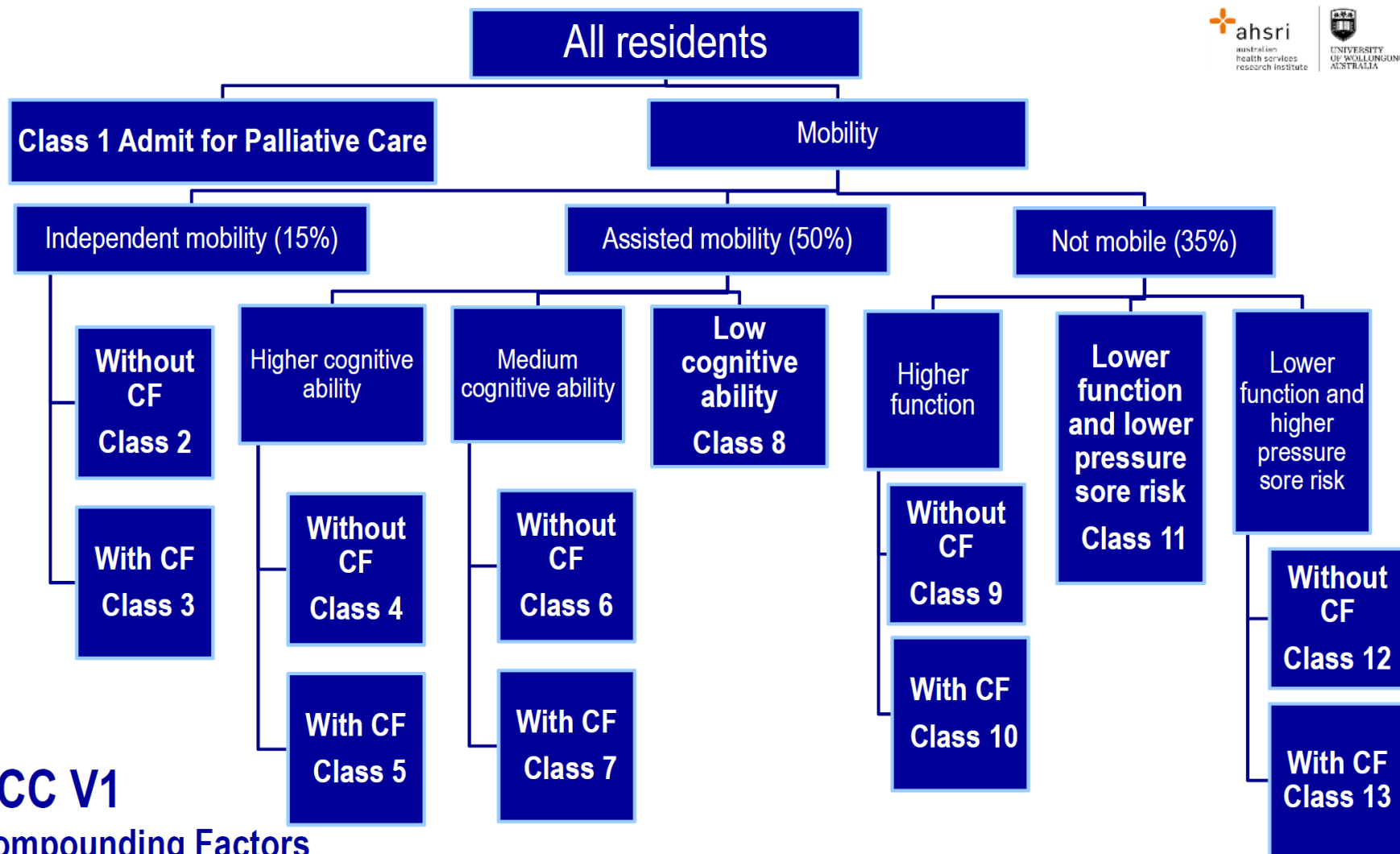
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- Substandard care – other reasons
 - Ageism
 - Funding inequities – younger people have NDIS, older people do not
 - Inadequate numbers of home care packages based on 1984 ratio of ‘100 aged care places per 1000 population over 70’
 - Inadequate regulation and governance: 1997 Aged Care Act changes allowed providers to decide on what was an ‘adequate number of appropriately skilled staff’ to ensure care needs were met
 - Current Aged Care Quality Standards are seen as ‘soft’, and are either ‘met’ or ‘not met’ with little on practical common issues such as **pain management, dementia care, palliative care, nutrition, dental care**
 - COVID-19 revealed reliance on providers self reporting (almost all reported ‘satisfactory’ or ‘best practice’ for COVID preparedness)
 - Inadequate support for research

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- **Part 3: Blueprint for a better system:**
 - **“How do we want to be looked after in old age?”**
- A new Aged Care Act (by July 2023) with:
 - An Australian Aged Care Commission as overall system governor
 - An Aged Care Pricing Authority
 - Office of the Inspector-General of Aged Care to oversee AACC
- Address use of restraints
- Employ ‘care finders’ to provide assistance locally to people seeking or receiving aged care services (Commonwealth, State or LGA employees)
- Single assessment program (ACAT and RAS combined)
- More allied health care funded in residential care
- Case-mix adjusted funding model (AN-ACC)

AN-ACC Australian National Aged Care Classification



AN-ACC V1

CF = Compounding Factors

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- **Blueprint for a better system:**
- Aged Care Standards to be urgently reviewed by the renamed Australian Commission on Safety and Quality in Health and Aged Care
- Establish a post-diagnosis dementia support pathway
- Fund ‘teaching aged care facilities’
- Establish a star rating for aged care facilities to be published on the My Aged Care website
- Minimum staff time standard (215 mins/day/resident) linked to casemix adjusted funding (more funding and time for higher needs residents)
- Register personal care workers with AHPRA
- Mandatory minimum qualification (Cert III)
- Aged Care Research Council to translate research into practice

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- **Blueprint for a better system:**
- No younger people in residential aged care
- Equity for people with disability receiving aged care – receive same level of daily living supports, aids and equipment as that available under NDIS to a person with a similar condition
- Better access to health care:
 - Local hospital based multidisciplinary outreach services including geriatricians, old age psychiatrists, palliative care physicians with funding added through Nat Health Reform Agreement
 - Approved providers have to show evidence of palliative care expertise
 - Increased access to Older Persons Mental Health Services
 - Establish a Senior Dental Benefits Scheme
 - Enhance Rural Health Outreach Fund to improve access to geriatrician services in regional, rural and remote services
 - Enhancement to telehealth funding for aged care recipients at home (currently only available in residential care)

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- **Blueprint for a better system:**
- Only geriatricians and psychiatrists to be able to initiate prescribing of antipsychotics
- Clinically appropriate subacute rehabilitation for patients in residential care (eg #NOF) provided by State health services
- Upper limit of funding for home care package should be equivalent to care component of funding in RACF
- No loss of funding if a resident's condition improves in care (to promote an enablement approach)

ACRC Lessons about COVID-19 in aged care (Sept 2020)

1. Facilities to have adequate staffing to provide a concierge service to allow external visitors to see residents
2. MBS item numbers for allied health staff to provide services in aged care facilities
3. Development of a national Aged Care Plan
4. Deployment of Infection Prevention and Control specialists into all aged care facilities

A Tale of Two Mothers:





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Older people and COVID-19

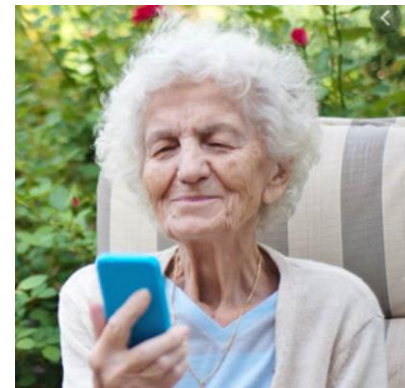
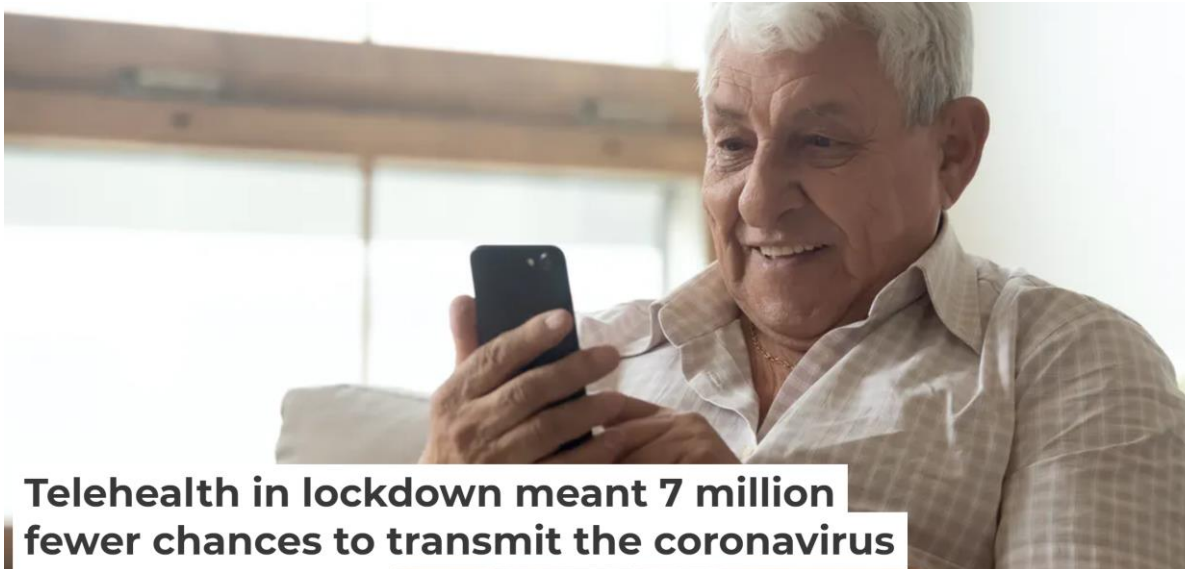
- **How have older people coped with COVID-19?**
- A lot of older people were socially isolated prior to COVID-19, and the lockdown has worsened this. However many of them would deny that they are lonely – they have their home, their radio and TV, their garden, their animals, their telephone. Lockdown has not made a big difference.
 - Many have commented on finding different ways to stay in touch with family and friends eg writing letters, talking on the phone, Facetime.
 - Many have commented that their neighbourhood has come together during COVID-19 with offers of assistance
- BUT in residential aged care, the situation has been very different. These are our most vulnerable older people and many have been left without their lifeline of visitors and volunteers and activities, and in some cases their young friends from preschools and playgroups
 - Declining by hospitals of admission of COVID-19 positive patients
 - Declining of visitors by aged care providers despite Commonwealth guidelines supporting visitors

What can we do to improve things?

- For older people in residential care:
 - Ensure equal access to acute hospital services for all older people with COVID-19 who would benefit from admission, with input from family and GP
 - Ensure aged care providers allow visitors to residents in facilities with appropriate checks in place
- For older people living in the community:
 - Ensure home care providers are providing appropriate care
 - Physical activity is very important to address the physical and mental consequences of lockdown and older people should have exercises to follow each day – a mixture of aerobic, resistance, balance, and coordination:
 - Walking up and down stairs
 - Walking briskly in house
 - Doing sit to stands, squats etc
 - Doing one leg stands, tandem stance etc

Use of technology during COVID-19

- Use of 'Telehealth' has increased significantly with high acceptance from older people



Award winning aged care for the future



Intergenerational care programs

- The ABC documentary series ‘Old People’s Home for 4 Year Olds’ was an example of an intergenerational program which aimed to improve well being, physical activity, and socialisation amongst older people living isolated lives in residential care, and to improve confidence, and communication amongst children. It succeeded!
- There were improvements in strength, balance, walking speed, and mood in the older participants, and increased confidence and language skills in the children. All these improvements continued beyond the end of the social experiment.



And it does not have to be a TV series!

- Intergenerational care through playgroups meeting in aged care facilities:
 - Need adequate space and tables and chairs (Physical distancing may be difficult)
 - Need coordinator at aged care facility
 - Benefits to all participants – children, parents, older residents



What can we look forward to in the future?

- Co-located child care and preschool with an aged care facility

Real-life aged care home for four-year-olds an intergenerational winner in Wellington, NSW

[ABC Western Plains](#) / By Dale Drinkwater

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THANK YOU



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