

Supplementary Notes for Senate hearing into “Living Longer Living Better”

One of the major issues is the red tape continually being added to the burden of aged care, and this is magnified when copay has increased by 5.4% since this Government came to power against an average EBA cost increase of over 14%.

Additional administrative burdens are continually added that have a significant cost to small rural service providers as they are not able to defray the costs over multiple sites.

Examples of this include:

The swap from RCS to ACFI – significant cost in retraining staff on the new system.

Changes to Accreditation –

- This was a major change and now small service providers
 - Have additional costs in paying for the cost of the accreditation visit. This is thousands of dollars.
 - Have additional administrative undertakings to comply with an onerous system
 - Are petrified of a negative accreditation outcome as this may result in the closure of the business .
 - Deal with some over exuberant accreditation inspectors.
 - Do not have the additional staff to deal with an accreditation spot visit if the key people are on leave or absent from site for the day.
 - The accreditation process in a multiple day visit every 3 years, and spot visits of 1 day in between. If staff are away on that day, it may be a challenge to gather the information for the accreditor. You cannot turn the accreditor away as that results in instant failure. Why not change the spot visits to more frequent but less onerous times. Say a 1 hour visit once a month. Today may be menus and nourishment. Next month may be staff rosters, the following month may be policy audits, the following month may be a different standard. Equally as effective, but less onerous on the service provider.
 - Have challenges in obtaining, or providing the services as required under accreditation, or pay more due to additional travel costs to rural areas. For example in Yackandandah there are always additional travel costs added to the same service provided in Albury Wodonga even though the distance may be 30 kilometres away.
 - Large service providers may report healthy profits. They also have the ability to defray the cost of accreditation and administrative systems across multiple sites as the per bed cost of accreditation is lower when there are 5,000 beds than when there are 50.
 - Larger service providers may also use accreditation to find a bottom line. If they get sanctions or negative reports, they can immediately rectify, but they are then able to utilise that bottom line throughout all of their other services.
 - A negative experience for a smaller service provider may result in closure.
 - Negative accreditation reports remain on the public domain even if they are withdrawn or rectified. This may lead to a negative community outlook on the service having an impact on occupancy levels.

- The ACFI funding instruments bears no relationship to the accreditation process. There is a need to comply with accreditation to provide a service (I.e. Look after the senior citizens in a small community), but under ACFI are funded under a totally different set of rules.
- DoHA have models to show the cost of care. Surely this can be put into a model and provided to services providers, particularly in rural areas, so that we know what the bottom line is. i.e. a total number of ACFI scores equal a staff member.
- It is worth noting that “extra service” status is held by many other larger service providers where the service provider simply has to provide services that many of our senior citizens do not require or even want.
 - A glass of beer or wine for dinner- many residents do not drink alcohol.
 - Internet or cable TV. With greater levels of acuity, most do not use the internet.
 - Menu choice. Again a meaningless option as with more high care, vitamised foods, peg feeds, menu choice is not a reality.
 - Most of the public and families equate extra service with extra care which is incorrect.
 - Small rural service providers cannot provide extra service as this would create a “them and us” when a smaller number of people all share the same dining area.
 - EXTRA SERVICE PROVISION IS NEVER AUDITED. It is not a part of accreditation or any other service audit, the family and the resident do not understand what extra services really means. This income stream is not available to smaller rural service providers.

Additional red tape

Police Checks

Police checks were introduced due to a hostile press campaign against a rape that was 7 years old when it was reported. We all are very much against abuse of people in out care, but the this is another administrative cost of records and the cost of paying for the police check.

Ironically this includes all subcontractors to the site, but the system falls down as there is no check on the resident or their family. We had one visitor advise us that a member of the family was a registered sex offender, however we did not have the ability or authority under the aged care act to confirm or take any action to remedy the situation.

Elder Abuse

More red tape, staff education and training. The reality is that elder abuse is far more prevalent in the family home by members of the family with physical or even financial abuse.

With a strong financial background I can often see where the family are more concerned with the parents money and have in fact abused the power of attorney for their own benefit. This generally slows down after the member enters age care as with bonds the bank balances are much lower and more obvious.

Issues have been raised with resident, but they are reluctant to do anything as they fear that family members will no longer visit or look after their affairs.

While some of this legislation is great for the protection of our senior, there should be more consultation with the service providers to make it workable and not just a knee jerk to remove bad press and media reports.