

I am sorry I did not meet the deadline of 29 November 2002, however, I have attempted to place on paper now, my thoughts on improving and more importantly sustaining the aged care industry during a period of rapid growth.

There are several components of aged care that together form the basis for necessary review with the anticipated outcomes meant to increase the quality of care to residents, breakdown the excessive and burdensome documentation imposed on staff, provide flexibility and greater options for ageing Australians and improve the standard of work and job satisfaction for staff employed in aged care.

1. Older Australians requiring aged care must be made aware that it is a user pays system and Federal governments must "bit the bullet" when implementing reform. If marketed in the correct manner by the right persons, reform and any associated consumer costs will be accepted by consumers as are other price rises and costs involved in daily living. Persons entering aged care homes, including nursing homes must be prepared to pay an accommodation bond which if not available from the persons savings, can be raised by using the equity in their home to a maximum of say 85% with local council rates deferred until the home is either sold or the owner dies, after which debts can be recovered from the estate. The Home Equity Conversion Scheme addressed this matter of older persons raising capital for home improvements, however, was disbanded most likely due to the fact it was not marketed properly or enthusiastically enough. This scheme would allow a viable option for older persons or their families in raising the necessary entry contribution. Concessional residents would still have access to aged care accommodation, with their contributions unaltered. 2. The Federal government must assume total control, financing and regulation of the industry. The States and Local governments should have no role to play in aged care. The current system of accountability imposed by, in some cases, all three areas of government makes for confusion and duplicity of reporting and accountability, with variations applying dependent on the authority to whom you are required to report. The State Nursing Home Act and the Federal Aged Care Act are two prime examples of duplication of reporting and standards. The ever increasing cost of regulatory compliance will force aged care providers in some cases to take short cuts to save money, usually at the cost of quality care. Another example of cross border representation involves the Aged Care Standards and Accreditation Agency responsible for accreditation and the Department of Health and Ageing responsible for funding, with no cross referencing of materials or outcomes. A centralised system linked to a national set of standards for care and funding would overcome the current problem and ensure total transparency to aged care providers. 3. The funding system needs a complete overhaul so as to ensure the care needs are not being mistaken as a funding pre requisite. The RCS as it is now is far too complicated and requires superior literacy skills to ensure the basic requirements for care are documented to the satisfaction of the audit teams. The indexation and coalescence impositions need to be abolished and a more basic system such a MATWE is the tool to be used to replace the

current COPO method of indexation. Government care subsidies need to include cost factors such as workers compensation costs and additional employee leave entitlements such as maternity and paternity leave. 3. The wages parity between acute care and aged care nurses needs to be addressed immediately with the Federal government implementing a new Federal award under which aged care nurses are paid and which is linked to an improved method of indexation as mentioned above. This new Federal award would also include other employee entitlements carried over from the State nurses award and naturally agreed upon by the nurses. There needs to be a further complete review of the wages paid to AIN's/CSE's to ensure staff will remain in the industry, especially as most of the CSE's are employed in low care homes which will no doubt change in so far as the level of care increases due to ageing in place. A comprehensive education program at a secondary and tertiary level needs implementing to attract younger persons to the industry. 4. The building certification process requires greater thought not just reactions by government to families about what THEY feel the aged care home should look like or whether Mum or Dad needs an ensuite or wine with dinner. The financial cost to aged care providers to comply with the 1999 instrument has been enormous, which restricts their capacity to meet possible increased staffing levels due to increased resident mix. After 5 years the aged care provider has no further access to a residents accommodation bond (monthly draw down) in the case of a low care home or the accommodation charge in the case of high care. With ageing in place being embraced by most providers, access to additional funds after the 5 years expires is necessary to meet greater demands on the level of resident care required and the building certification requirements. Ageing in place requires current low care homes (hostels) to install a complete sprinkler system (Building Code of Australia Class 9C).

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