Curtin
University of Technology

Centre for Research into Aged Care Services

SENATE COMMUNITY AFFAIRS REFERENCE COMMITTEE
INQUIRY INTO AGED CARE

Submission from

Centre for Research into Aged Care Services
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(a)   Adequacy of current proposals, including those in the 2004 Budget, in overcoming aged care workforce shortages and training.

Issues will be addressed to some extent, however insufficient funds to address major issues:
- Nurses' wage disparity with other sectors is not addressed
- General lack of career pathways for nurses and allied health professionals and an increasing need for new roles – for example, generic aged care worker
- Needs a comprehensive approach to recruitment, retention and staff development/training across all sectors and areas of practice, not just residential aged care, for example,
    - training subsidy (old training levy) allocated across all sectors,
    - scholarships for study in metropolitan and rural (nursing & allied health),
    - reward Schools of Nursing/Others who can demonstrate they have 'age person specific' content in UG and PG curriculum,
    - support for Schools of Nursing/Allied Health to employ aged care specialist educators,
    - support for joint appointments between academic institutions and health service providers,
    - incentives for GP's to develop gerontological expertise and increase service availability;
    - support for new roles, e.g. Nurse Practitioner

(b)   Performance and effectiveness of the Aged Care Standards and Accreditation Agency in –

   (i)   assessing and monitoring care, health and safety
    - subjectivity/inconsistency of assessment process (both between and within States)
    - no support for research or evaluation
    - punitive approach still over-rides development and support,
    - cost of documentation, visits etc still outweigh benefits,
    - accreditation based on process more than outcomes,
    - no support for research or evaluation for providers.

   (ii)   identifying best practice and providing information, education and training for aged care facilities
    - criteria for outstanding performance/best practice is unrealistic and difficult to achieve,
    - still only limited fostering of best practice
    - process of application overrides any possible benefit,
    - no support for best practice research
    - inherent conflict between education/support role and more punitive (assessment/monitoring) role has created confusion/suspicion
    - process of application over rides any possible benefit,
    - minimal commitment to education and training by the Agency.

   (iii)   implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff.
    - very little support for new initiatives.

> > \- has increased demands on staff (particularly when considered in conjunction with similar demands of other systems - e.g. RCS)

(c) **Appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs such as dementia, mental illness or specific conditions are met under current funding arrangements.**

- Dementia is not 'special needs' any more, needs to be in mainstream care,
- Little opportunity for innovative models of care to be implemented and evaluated.

(d) **Adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly.**

- Do as much as they can within current funding and structure but have unmet demand,
- Major problem with inter-sector issues of documentation, transfer of information, duplication of administration,
- Needs more flexibility – align services to needs not accommodation option,
- Increasing demand for Day Therapy Services and Respite Services,
- Model is back to front –needs emphasis on services to ensure independence rather than services to meet dependency (eg HIP)
- Increase payment for family carers,
- Recognise family caring as 'job'.

(e) **Effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings and back to the community**

- State-Federal divide over funding remains single biggest hurdle to inter-sectorial collaboration, and cause of most problems – for example,
- People in aged care facilities shouldn't (always) need to be moved to hospital – staff can be skilled to look after them in the facility, or 'visited' by acute care staff, to avoid relocation (twice),
- Same source funding would facilitate resolution of documentation issues.

Supporting Documentation

Articles etc

Boldy, D. and Grenade, L. Exploring Residents' Views in Aged Care Facilities, Centre for Research into Aged Care Services, Curtin University, Perth, 2002. (Manual for Sale).

Boldy, D, Howat, P. and Horner, B. Health Promotion by and for Older People – Innovations, Opportunities and Action, Conference Proceedings, Centre for Research into Aged Care Services, Curtin University, Perth, October 2002.

Chou, S-C, Boldy, D.P. and Lee, A.H. Measuring Resident Satisfaction in Residential Aged Care. The Gerontologist, Vol 41(5), 2001, pp. 623-631.

Chou, S-C, Boldy, D.P. and Lee, A.H. Resident Satisfaction and its Components in Residential Aged Care. The Gerontologist, Vol 42(2), 2002, pp. 188-198.

Chou, S-C, Boldy, D.P. and Lee, A.H. Measuring Job Satisfaction in Residential Aged Care. International Journal for Quality in Health Care, Vol 14(1) 2002, pp. 49-54.

Chou, S-C, Boldy, D.P. and Lee, A.H. Staff Satisfaction and its Components in Residential Aged Care. International Journal for Quality in Health Care, Vol 14(3) 2002, pp. 207-217.

Chou, S-C, Boldy, D.P. and Lee, A.H. (2003). Factors Influencing Residents' Satisfaction in Residential Aged Care. *The Gerontologist, 43*(4), 459-472.

Grenade, L. and Boldy, D. The Accreditation Experience: Views of Residential Aged Care Providers. Geriaction, Vol 20(1), 2002, pp. 5-9.

Horner, B. (2002). Where have all the aged care nurses gone? *Geriaction Vol. 20*, (3), 9-13.

Howat, P., Boldy, D. and Horner, B. Promoting the Health of Older Australians: Program Options, priorities and Research. Australian Health Review, 27(11), pp.49-55.

Recent Research Projects/Reports

Boldy, D., Grenade, L., Horner, B. (2002-2004) Evaluation of the HealthPartners Sharing Health Care Demonstration Project *with* Canning Division of General Practice, Perth. *Commonwealth Government of Australia.*

The Sharing Health Care demonstration project managed by the Canning Division of General Practice is one of a number of national projects that are trialling innovative methods of self-management for people with chronic conditions. The WA project specifically targets people from lower socio-economic backgrounds who have diabetes and/or cardiovascular disease and are 50 years old or over (35 years for ATSI clients). CRACS was the appointed local evaluator for the project, which also included a role of data/information provider for national comparative evaluation purposes. A range of interventions is offered involving approximately 300 participants. Of these around 180 agreed to complete questionnaires, as required for national evaluation purposes. The evaluation activities of CRACS included: client data management (national evaluation questionnaires), undertaking focus groups with key stakeholders (clients, GPs) and devising a suitable database structure for capturing the process of goal setting and action specification and implementation, with clients taking part in any of the interventions, related to their self-management.

Scott, B., Horner, B., Downie, J. (2003-4) Evaluation of Medication Management Systems in Residential Aged Care. *CoPharmacy, WA.*

The aim of the project was to evaluate two different medication delivery systems by comparing the structure, process and outcome differences of the two systems. This descriptive pilot study used quantitative and qualitative approaches to compare the Automed and Artromick medication delivery systems in two aged care facilities. Medication administration rounds were observed in both facilities, nursing managers and registered nurses (RNs) were interviewed, and medication system documentation was examined. It was concluded that the AutoMed system provided efficient and effective structures, processes and outcomes for managing medications and medication charts, and that less time was required for medication administration at the AutoMed site during the observation period.

Grenade, L., Boldy, D. (2004) Review of Perth Home Care Services 'Caring For People With Dementia Through Community Aged Care Packages' Pilot Project.

This review aimed to assess the overall impact of a dementia specific community aged care packages pilot project implemented by Perth Home Care Services. Specific objectives were to assess clients' and their families' levels of satisfaction with the program; its perceived benefits to them, and any issues; and the contribution of a specific dementia training program provided to support workers to the latter's confidence and competence in providing care to clients with dementia. Data were collected via in-depth interviews with clients and family members, a survey by self-complete questionnaire of support workers, and focus groups with the latter in order to explore specific issues in more depth. Overall the findings indicated that the pilot initiative had been a particularly valuable and effective means of assisting older people to remain living 'independently' within the community and that a number of factors had played a critical role in its success. There were high levels of satisfaction

with the program amongst clients and/or their families and a number of benefits to both parties were identified. Similarly, support workers regarded the staff training provided as having been extremely useful in assisting them in their work with clients and their families. The review also indicated that there was a need to address a variety of issues but particularly in relation to the hours of service provided (e.g. hours per support visit) and to client's/families' understanding of the scope (i.e. range and hours) of services available to them.

Clarke, A., Grenade, L. (2002-3) Evaluation of the Rural, Mobile Respite Service. *Alzheimer's Association of WA.*

This service involves the establishment of three 'Teams' in three rural regions, Albany (southern), York (wheat belt) and Kalgoorlie (goldfields) of Western Australia. Each team covers the surrounding areas within a 2-hour travelling radius of the main town centre. The project involved both outcome and process evaluation, and included: aggregate analysis of changes over time for individual clients via data collected routinely (e.g. interviews); observational studies of persons with dementia (measures of emotional responses); interviews with staff, carers, volunteers, service providers. An Evaluation Team was established that included staff from the Centre, the General Manager, the Clinical Coordinator of the Service, and staff at each regional Service Centre. Findings indicate that service receivers value the Mobile Service very highly.

Boldy, D., Lilly, E, (2003) Evaluation of a Host Family Respite Program. *Churches of Christ Home & Community Services, Bunbury*

This program provides planned and emergency overnight/weekend respite with a host family, to carers of people with a diagnosis of dementia. The evaluation was both process and outcome focused and described the target group and its characteristics, the people being cared for, how the program has been implemented, the extent of provision of the service and its impact. The methodology has included focus groups, interviews and case note scrutiny.

Clarke, A., Grenade, L. (2002) Living With Memory Loss. *Alzheimer's Association of WA*

The Living with Memory Loss program is designed to provide education and support for people living with memory loss and their family members and friends. The evaluation included investigation of consumer satisfaction with the LWML program run in Albany and Denmark in the Lower Great Southern region of Western Australia. Overall, the LWML program appears to have been very well received by participants in the courses. The course format was also well received. Apart from the education and support provided by the course directly, the LWML program helps deal with anxiety and frustration in seeking further assistance with these issues.