

Royal Commission into Aged Care Quality and Safety

# CRANAplus Submission

May 2019

[CRANAplus](#) is grateful for the opportunity to make this submission to the Royal Commission into Aged Care Quality and Safety. We are the peak professional body for remote, isolated and rural health professionals and have provided nearly 40 years of education, support and professional services for the multi-disciplinary remote health workforce. We are a not-for-profit, membership-based organisation whose mission is to promote the development and delivery of high-quality health care, including aged care, to people living in remote and isolated areas of Australia.

We begin this submission with eight recommendations for consideration by the Royal Commission. Following the recommendations, we provide supporting evidence and examples.

### Our Recommendations

CRANAplus recognises that the elderly have been productive in life and, particularly for rural and remote people, have long and deep connections with the community and landscape in which they live. We believe they are to be treated with compassion, dignity and respect, and should be supported to live in their communities for as long as possible.

CRANAplus requests that the Royal Commission considers the following recommendations:

#### *Aged care services in rural/remote areas*

1. Greater investment in Multi-purpose Services (MPS) to ensure equity in the provision of support and care for residents, whereby the standard of care or lifestyle is no less than their regional and metropolitan counterparts.
2. Improved access to respite care for rural and remote families who are caring for their older relatives at home.

#### *Professional Practice*

3. A greater investment in the training and education for the workforce to support the aged person, their families and carers. This includes social as well as clinical components of care. Priority should be given to training and education in:
  - How to access social supports/respite (increasing health literacy)
  - Culturally appropriate care
  - Diversity - inclusive of the needs of LGBTQI people
  - Older persons mental health
  - Dementia management, inclusive on non-pharmacotherapeutic management
  - Advanced care directives
  - Palliative care.
4. Provide and support paid Continuing Professional Development (CPD) as an employment condition to assist with upskilling and employee retention.

#### *Workforce*

5. Innovative models of care that reduce the barriers in rural and remote locations, for example:
  - Nurse-led models of care, inclusive of MBS support
  - Increased access to specialist and allied health services via telehealth

- Consider expansion of the Nurse Navigator model of primary health care into aged care (nurses working in partnership with individuals, families and communities to improve access, equity, efficiency, effectiveness and sustainability of health services) (McMurray & Cooper, 2017)
  - Greater investment in Aged Care/Chronic Disease Nurse Practitioners and support for them to work to their full scope of practice.
6. Improved recognition of the value that Registered Nurses bring to aged care, including greater advocacy and promotion of aged care as a valuable and rewarding career pathway for nurses.
  7. Advocacy for the role of allied health professionals, and allied health assistants, in caring for older people. Consider access solutions such as regular fly-in-fly-out (FIFO) service to remote communities and/or telehealth.
  8. Review of workforce requirements such as adequate staffing levels and appropriate skill mix, including cultural safety, in aged care facilities.

Detail and examples in support of these recommendations are outlined in the remaining sections of this submission.

### Aged Care in the Bush

As documented in our position statement *Older Persons* (2016), CRANAplus believes that healthy ageing is integral to maintaining quality of life for older persons, and this is no less important for those living in remote and isolated areas. With a growing proportion of older people living in rural and remote communities, including the likely increase in care needs, there will be increasing expectations of the aged care and health workforce in the bush.

Remote and isolated areas of Australia are subject to unique pressures and issues around recruiting, training, retaining and supporting a skilled aged care workforce. The health and aged care system is challenged by demographic and geographic factors which include large, sparsely populated areas, high levels of chronic disease and co-morbidity, an ageing population and workforce shortage. In addition, there are cultural and socio-economic factors that contribute to the complexity of providing high quality aged care services.

In many communities a lack of access to appropriately trained health professionals and services, including residential care, compromises the delivery of aged care to these locations. The reliance on informal support is acknowledged as being of particular importance in enabling older people to age at home. However, the onus on the informal care network in rural and remote communities can be challenging and not always practical.

Issues affecting people's health and wellbeing in remote and isolated areas of Australia are more profound for Indigenous Australians. Health outcomes for Indigenous Australians are significantly worse than either non-Indigenous Australians within the same regions or with other Indigenous Australians living in urban areas. For example, a report released by the Australia Institute of Health and Welfare (2016) concludes that on many standardised health measures Aboriginal and Torres Strait Islanders have lower life expectancy, higher rates of comorbidities and poorer mental health than non-Indigenous Australian's. As a result, many Indigenous people need a range of support

services, including aged care, at a younger age than non-Indigenous people (Australian Institute of Health and Welfare, 2018; Arkles *et al.*, 2010).

### Residential Services in Rural and Remote Australia

The most recent data on distribution of residential aged care services in Australia indicates that 7.9% are in outer regional/rural locations and just 0.7% are in remote and very remote locations (Australian Institute of Health and Welfare, 2019). This is despite the fact that over 7 million Australians, or one third of the overall population, live in rural and remote locations.

Aged care facilities in rural Australia are most commonly delivered in a general, multi-purpose service (MPS). An MPS is an integrated health and aged care service, generally located in small communities where it would not be viable to operate a separate hospital or aged care facility. There are MPS's in all states and the Northern Territory, with most combining accident and emergency, acute care and aged care/long stay. The MPS's have an important role in rural communities.

With the exception of those facilities that have a purpose designed aged care wing, many MPS's are not built, resourced or staffed to provide specialist aged care. This has a significant impact on the quality of care and experience of aged care 'residents'. For example, there are minimal appropriate lifestyle activities organised and often a heavy reliance on informal sources such as family and friends for care and resourcing that is considered beyond the capacity of the facility to provide. While staff in rural facilities, by and large, do their very best to care for older persons, the reality is that some are doing a job they are not adequately trained to do in a facility that may not be fit for purpose. Furthermore, many nurses employed in MPS's rotate through acute care, aged care and other areas of the health service. There is a lack of continuity of care for older persons when staffing is organised in this way.

When it comes to training and resources, there is increasing evidence the acute and short-stay areas are preferenced over aged care services in some MPS's. For example, one of our members recently described how vaccinations for aged care residents and volunteers relied on the ad-hoc availability of appropriately trained staff from the acute wing of the facility. As a consequence, administering the flu vaccination to residents was unacceptably delayed last year, and it was almost impossible for volunteers to be vaccinated due to the unpredictability of when qualified staff would be available.

Aged care service delivery to Aboriginal and Torres Strait Islander peoples has differing challenges from mainstream service delivery, not only based on the need to deliver a culturally competent service, but also because the demographics, health profiles and locations of these service users differ significantly from the non-Indigenous population (Community Affairs References Committee, 2017). Some aged care homes in remote locations are Indigenous. These facilities are located on local and cultural country, which is beneficial for residents to remain connected to their land and community. Common challenges with Aboriginal and Torres Strait Islander aged care facilities include limited bed availability and a shortage of qualified professionals and personal care assistants.

## Disproportionate Burden of Relocation

In remote and rural Australia, issues of access extend beyond a lack of available residential care. For many older people there is also limited access to specific services, such as allied health and specialist services. Many feel their only option to access services is to move closer to where they are available. Relocation for those who have lived their lives in a particular community is complex and leads to social, emotional, cultural and financial implications for the elderly, their families and the wider community.

*“The resident had diabetes complications, including bilateral amputation, and needed to access the services of physiotherapist and occupational therapist for rehabilitation. Access to these allied health professionals was only available through the regional health service. Therefore, relocation was deemed necessary to improve the patient’s recovery to independent self-management.”* (Registered Nurse, CRANAplus member, 14/04/2019)

*“In our Residential Facility, we are unable to cater for people with VERY high care needs or dementia so those people have to go to Alice Springs, off the Lands. This makes it difficult for many psychosocial and cultural reasons. We have several people in Aged Care in Alice Springs and we try to ensure they are visited frequently. Getting funding for families to visit is problematic and difficult. The clients often feel isolated and alone in town and sometimes the facility is not as culturally sensitive as is needed. We have had to move one lady to another facility because of this.”* (Registered Nurse, CRANAplus member, 09/04/2019)

*“Getting older people ACAT assessments is slow and difficult (through My Aged Care) out here. Most aged care facilities off the Lands require this, as do any of the community service providers in order to fund care either in the community or in residential care. This a significant problem for our people.”* (Registered Nurse, CRANAplus member, 09/04/2019)

## Home-based Care

Many remote families take on the responsibility of caring for their aging relatives at home. Families who choose to keep older relatives at home, or who cannot access residential care due to long waiting lists, take on a significant burden of care. They are not well supported. Specialist information and resources are limited to that which can be provided by the resident or FIFO GP or the Internet, with the latter often being restricted by connectivity shortfalls. There are limited, if any, respite care services in place to support such families. Furthermore, carers themselves are not young with an average age of between 50-60 years. Over time, traditional caring and gender roles have changed, and many people who would have provided unpaid (or informal) care are now in the paid workforce. The Productivity Commission has predicted that ‘there are likely to be fewer informal carers relative to the growing older population’ and that ‘the ability and willingness to provide informal care may also be declining’ (Australian Government Australian Institute of Health and Welfare, 2015). This has significant implications for older Australians living in remote and isolated areas of Australia.

## The Priorities for Rural and Remote Health Professionals

In 2018 CRANAplus undertook a rural and remote aged care needs survey. This included an extensive consultative process with members, individuals, aged care service providers and government and non-government organisations to identify the many challenges associated with older people living in rural and remote Australia. The survey helped inform and guide the direction for CRANAplus in Australia's rural and remote aged care sector. When survey participants were asked to identify key issues impacting rural and remote aged care, the top five responses were:

1. Inadequate staffing levels
2. Lack of resources/facilities
3. Lack of education
4. Lack of cultural awareness
5. Lack of palliative care

Since June 2017, CRANAplus has been successfully delivering an After-Hours Aged Care Services partnership project in the Atherton Tablelands of Far North Queensland to four Residential Aged Care Facilities and one MPS. Funded by the Northern Queensland Primary Health Network (PHN), the goal of this unique project is to identify key educational and support needs of aged care workers. A number of themes have emerged from this initiative, including issues around relevant training, recruitment and retention, cultural safety and security, technology enablers and the increased complexity of health needs of individuals entering aged care facilities. The project has identified particular challenges for the delivery of aged care in rural and remote areas.

The survey we undertook in 2018 and the ongoing After-Hours Aged Care Services partnership project provide recent and compelling examples of the key issues that affect aged care services in the bush. It is this evidence that underpins the recommendations outlined earlier in this document. CRANAplus is able speak to this comprehensive, contemporary evidence and we would, if requested, be willing to appear as a witness at a hearing of the Royal Commission into Aged Care Quality and Safety.

CRANAplus extends our best wishes to Commissioners the Honourable Richard Tracey AM RFD QC and Ms Lynelle Briggs AO, and all those involved in the Royal Commission. Your work is appreciated and we stand strong with all those working to ensure older Australian's, both now and into the future, are afforded safe, dignified and compassionate care.

## References

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