Leadership
psrac
Public Sector Residential Aged Care

Due: Thursday 31st October 2024

Re: New Aged Care Act Rules consultation – Release 1 – Service list

Submitted via Survey Portal Upload [Consultation | Department of Health and Aged Care]

The Public Sector Residential Aged Care Leadership Committee welcomes the opportunity to present this submission, enabling feedback on the New Aged Care Act Rules consultation – Release 1 – Service list.

About the Public Sector Residential Aged Care Leadership Committee (PSRAC LC)

Public Sector Residential Aged Care (PSRAC) is a priority service in Victoria, supporting approximately 5,000 residents in 171 Victorian government aged care facilities. To ensure older Victorians receive the best possible care, the Victorian Government established the PSRAC LC in 2012. The committee serves as an advisory body comprised of Executive Directors and Directors of Nursing from the state-wide public sector Director of Nursing committees – from metropolitan, regional, and small rural areas.

The purpose of the PSRAC Leadership Committee is to represent Victorian public sector Director of Nursing groups and consumer interest while offering a mechanism for providing leadership, advocacy, research and promotion of safe, high-quality care, influence decision making and creating an avenue for information exchange with the Victorian Department of Health, Safer Care Victoria, education institutions and other relevant peaks. We are a body who are positioned to advocate, and voice matters specific to public sector aged care consumers, staff, and providers.

About Victorian Public Sector Residential Aged Care (PSRAC)

The Victorian public health system operates 9% of residential aged care beds across Victoria, consisting of 171 facilities, totaling approximately 5,000 beds across the state. Nine of the 171 sites are multi-purpose services and approximately 80% of PSRACS are in rural and regional areas.

PSRACS operate in significant rurality and thin markets, have a significant community benefit and play an important economic role. In metropolitan areas, many PSRACS facilities are specialist aged mental health units. This is unique to Victoria, and it is interesting to note that aged persons mental health is not recognized in the AN-ACC specialties. Public Sector Residential Aged Care in Victoria employs approximately 10,000 staff.

It is believed that the cohorts in Victorian PSRACS are among the most complex and vulnerable people requiring care. This is a result of clients with complex and challenging comorbidity or social circumstances, finding it difficult to be accepted in the private sector. The acuity of Victorian aged care residents assessed as 'high' for Complex Health Care grew from 12.7% in 2008-09 to 90.4% in 2019-20, outlining the complex skill set of public sector residential aged care staff.

Feedback on the Draft New Aged Care Act Rules– Release 1 – Service list.

The PSRAC LC welcomes the opportunity to review the New Aged Care Act Rules– Release 1 – Service list.

Our submission will, in line with the committee scope, prioritise feedback concerning Chapter 1 - Introduction, Part 4 - Aged Care Service List, Division 8 - Residential Care Service Types, under subheadings as follows.

Section 58 Residential Everyday Living

The PSRAC LC note a consistent trend in the improved readability, clarity and person-centred language style, which adds robust direction in line with reform. For example, expanded explanations in text for:

- Item 1 - Operational administration and emergency assistance,
- Item 3- Utilities, and
- Item 6 a & e. - re required bed types and the requirement for a recliner chair.

These examples are some of many that read with fairness and clear expectation that can be transferred into action. In addition to developing clarity for consumers, this release of draft rules will also support new Managers and other people emerging and developing key personnel roles.

BEDROOM & BATHROOM FURISHINGS

The person-centred approach in this section is supported, and note that in Section 58, Item 6-a, an adjustable bed with mattress that is appropriate for the individuals height and weight is valid, and important for many reasons, particularly for tall, wider or bariatric people to support safety, sleep hygiene and quality of life. This improvement to the rules will replace the QualityofCare Principles of 2014[1], and will result in additional provider costs, in infrastructure, storage, and linen to accommodate various bed sizes, all built with safety functions to meet workplace safety standards.

Specifying in item 6.e, that each resident shall be provided both a visitor chair and a recliner with arms is a change, and one that will also increase unfunded costs, and in some situations, impact the bedroom layout, safety, and manoeuvrability. In PSRAC, many older style existing buildings will not have the same sized amenity than newer buildings, meaning more bedroom furniture may present as a risk.

In addition to the above, many residents prefer to bring furniture from home to decorate their space with their own style, and treasured memories. Item 6.e, will unnecessarily complicate this human right. Has this been considered in the design of this part of the rules? To address and recognise the intent of 6.e, It is suggested that the item be re worded to: 'provide a recliner as clinically required and agreed' or similar.

If the wording or intentions in this item cannot be flexed, it is therefore suggested by the PSRAC LC that grant funding become available to support the investment for recliner chairs nationally, and that mechanisms are in place to ensure market demand does not inflate recliner cost in the short term, or provide subsidised prices while providers position themselves to meet this requirement.

TOILETRIES

In relation to Section 58, Item 7, it is noted that toiletries have been expanded to include specialist products for conditions such as dermatitis. Under the current Quality of Care Principals 2014[2], specialist or preferred personal items have been at the expense of the consumer with providers at liberty to supply a foundation range of toiletries. Many providers already offer high quality hospital grade toiletries such as the Mollicare[3] range, as a matter of clinical best practice.

This said, if providers are required to stock a range of specialist toiletries to treat individualised skin conditions, the inventory and stock control process has potential to be increasingly complex and will have further impact on the operational costs of the provider, both in consumables and labour cost when managing the stock control system.

The PSRAC LC would like to see this remain in keeping with Section 59, Item 5 where mobility and movement needs are provided, "excluding customised aids". Further, the PSRAC LC view dermatitis and other individual skin conditions as an individual matter requiring an individualised solution. A solution that falls into Section 60 Item 3- Medication Management. Another suggestion may be to re word Item 6.e, to ensure foundation toiletries are to be 'of a suitable proven and clinical best practice line item'. This may uplift quality of baseline toiletry product available.

Either of these solutions to 6.e would be more sustainable.

Section 59 Non- Clinical Care

FLEXIBLE MEALTIMES

The PSRACS LC acknowledge significant value in the reform environment via supporting clients to have enhanced and more dignified and nutritious, meal experiences. Through the work of the Maggie Beer Foundation[4] and other initiatives, such as the hotelling supplement[5], and the Aged Care Quality and Safety Commission work on raising the standards of meals in aged care[6], we are committed to reform hospitality services for residential care. This momentum is important, valid, and critical to a contemporary, and positive long term care model. The addition of Section 59, Item 9, "Flexible Mealtimes if requested" is a wonderful enhancement. In theory.

The PSRAC LC suggests this inclusion be considered with caution.

Keeping food safe and free from contamination is critical to public health. Australia has strict legislation and regulations to make sure local and imported food is safe to eat[7]. Hospitals and aged care is considered to operate under Class 1 food premises, meaning it is a premises that cooks and prepares food for consumption for vulnerable persons commonly in hospital, aged care, or childcare. The classification system is part of Victorian law and ranges from Class 1 to Class 4 dependent on the level of risk. Class 1 being the highest risk environment with the tightest

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[1] Quality of Care Principles 2014
[2] Quality of Care Principles 2014
[3] Skin Care Products for Managing Incontinence | MoliCare | molicare.au
[4] Maggie Beer | Creating an Appetite for Life
[5] Hotelling supplement for residential aged care | Australian Government Department of Health and Aged Care
[6] Standard 6: Food and nutrition – provider fact sheet
[7] Food standards and safety | Australian Government Department of Health and Aged Care

regulations[8]. Other legislation and regulations to consider in the development and implementation of this rule in Section 59 Item 9 C is the Food Act[9], the previously mentioned business classification risk level,[10] Australia's food safety standards[11], The International Dysphagia Diet Standardisation Initiative Standards[12], relevant Enterprise Bargaining Agreements for clinical staff and strict food hygiene, infection prevention and control procedures.

The above cited legislation, regulations and guidance frameworks define the safe handling of food, by staff who are trained in doing so. Strict temperature zones to heating and warming, holding and refrigeration, as well as temperature and time control danger zones are critical. All require monitoring, heat and serve procedures, refrigeration procedures and infection prevention and control of food borne illness is key to operating a safe food service system. This requires appropriately qualified staff, and this will be required to extend if Section 59 Item 9 c is included in the final rules document.

To illustrate this point, if a 100-bed home provides flexibility of mealtimes as per the rules, it will be expected and interpreted by consumers and representatives, that this will include a full meal service, at any time of the day or night. This could mean that 100 people are looking for a personal timeslot that is variable and daily, moment to moment. Should this become the cultural mainstay provision, it will add to workforce requirements, and additional EFT for chefs, cooks and hospitality staff to work around the clock, exceeding capacity of already under resourced nonclinical budgets and workforce supply.

If a facility was to hire 24 / 7 appropriately trained hospitality staff, it is unclear and considered unlikely that the current hotelling supplement[13] will cover any additional EFT, and the additional utility cost required to provide this proposed requirement. Nurses cannot be asked to undertake meal preparation routinely. The nursing role with meals is to support the safe ingestion of meals and nutrition, and provide an appropriate therapeutic social experience, but not to prepare food. If flexible mealtimes were implemented outside business hours without the correct food services staff in place, this could instigate statewide (or national) nursing industrial action.

Given our concerns that hinge around safety and adherence to crossover legislation, the PSRAC LC question if this model has been tested; and would be interested in such a study or pilot report that could inform the sector how to best operationalise this concept in a safe and cost-effective manner.

The committee intent on this point is to flag risk, and the perverse cost of such a model, not to quell progress. Flexible mealtimes are a sound concept, and one that will continue to deinstitutionalise the stigma of aged care services. In an environment where innovation and a point of difference should be celebrated, encouraged and used as a tool to drive quality[14], an alternative to provide mealtime flexibility could be to encourage providers to develop ways to build options for heat and serve or offer a modified, 'outside standard hours' menu. Similar to room service overnight in a hotel, the range is limited, and not the full dining experience, using low risk food items and process[15]. Though it is still believed this will be a process very difficult to manage in a class 1 licenced premises, given the strict nature of the standards and risk mitigation practices involved, and trained personnel required.

As a collective voice of public sector operators in Victoria, this committee is concerned about the impact of legislating via the rules, the comment as presented in Section 59, Item 9. It implies this will be a flexible full meal service, at any time of day, around the clock. We warmly value the idea but are concerned in the current fiscal and operating environment that it may not be a safe nor viable option at this economic time for many service providers. A modified, innovation driven approach as suggested above will be more practicable. To operate a flexible meals service is not safe or viable without the appropriate staff skills and numbers and the required safety regulations in place and in practice.

Section 59 – Clinical Care

EMOTIONAL SUPPORT

Currently listed in the Quality of Care Principles, Part 2, Item 2.3, emotional support is required and provided, with very little structure; commonly by lifestyle teams. Within the Draft, Section 59, Item 4 we found the emotional support area well defined, however it once again opens scope for an additional workforce requirement that would not be funded under ANACC due to it being listed as non-clinical care.

It is the opinion and lived experience of the committee that this element of care is generally well provided, as part of the nursing process, and the role of a nurse as well as the entire heath care workforce.[16] Despite this element of care lacking structure or quantification under the current

[8] Food Safety Laws & Legislation - Victoria | Food Safety Training | AIFS
[9] Food Act 1984 | legislation.vic.gov.au
[10] Classifications for food businesses | health.vic.gov.au
[11] Food standards and safety | Australian Government Department of Health and Aged Care
[12] Standards | IDDSI
[13] Hotelling supplement for residential aged care | Australian Government Department of Health and Aged Care
[14] How continuous improvement can build a competitive edge
[15] Frequently asked questions about the food classification and regulatory changes | health.vic.gov.au
[16] Nursing and Midwifery Board of Australia - Professional standards

and in force Quality of Care Principles 2014, the PSRAC LC would advocate this element be framed in the clinical section, as a claimable element of care that could be wrapped up into the initial entry one off adjustment and general nursing process. And as such consider moving this important element from Section 59 Item 4 into Section 60, Item 4.

Further, the PSRAC argue this provision of care and service is much needed, equally so for respite clients, and this should be delivered via the one-off payment to enter care. This will cover the significant counselling provided by nurse managers, care coordinators and nursing staff as well as administration, and lifestyle support teams who support not only the resident but also the families in their adjustment to residential care. This work is critical to a safe and supported entry to care, assessment and care planning stage where not only care plans are developed, but emotional support provided to residents and families. Often, the individual family's transition through grief and loss is profound.

The one-off entry to care payment should apply to every admission episode, inclusive of respite. We note this is currently not the case[17], giving rise to the point that the draft service rules are in conflict to funding models currently in operation because it is not stipulate that emotional support may only be provided to those entering permanent care. Put simply, the draft rules in Section 59 Item 4, state that emotional support be provided "if the individual is new to the residential care home, assisting the individual to adjust to their new living environment". As such the PSRAC LC advocate that the initial entry adjustment payment be provided to all admissions, inclusive of respite care to align with the recognised emotional support needs of all persons entering care.

Section 60 – Residential Clinical Care

RECOGNISING THE VALUE AND THE COMPLEXITY
The committee highly values the language and terminology that is beginning to recognise the advanced scope of practice required in the residential aged care nursing environment.

The draft rules begin to recognise the role of aged care nurses as managers of extremely complex health presentations with multiple chronic comorbidities. Our submission to the Draft National Nursing Workforce Strategy this month echoes that a shift in language from aged care to complex care (or similar) would be a very welcome step. One which would take action to restore trust and improve how aged care nurses see themselves as a vital and valuable part of the health care system overall, and not a demoralised individual with insufficient clinical acumen. This is a very real stigma that the current workforce lives with and at a federal level, more needs to be done to promote and illustrate the vital work undertaken by dedicated individuals in long term, residential complex care (aged care) settings.

The inclusion of Section 60, Item 4 – nursing, illustrates the complex skills and nursing scope of practice required to be capable and competent to:

- Recognise respond to and support the management of chronic disease
- Recognise respond to and support the management of cognitive decline (and have advanced skills in de-escalating and prevention of aggression and agitation)
- Recognise respond to and support the management of mental health conditions
- Recognise respond to and support the management of clinical deterioration
- Recognise respond to and support the management of various invasive devices including intravenous access.

The draft rules align with our advocacy position that nursing undergraduates need to be better supported and prepared for working in the specialised aged care environment. Aged care staff as advanced complex care nurses require the possession of broad skills in assessment, decision making, leadership, clinical reasoning, and given the autonomous role, and lack of medical supports available, the aged care nurse must act in charge, frequently in isolation.

We therefore advocate and agree nursing staff should work into their full scope of practice and ask that this Act and related Aged Care Rules 2024 become a lever to begin a conversation that rebrands residential aged care as residential complex care (or similar),as well as develop roadmaps to design appropriate curricula for university nursing courses to best recognise the contemporary health and aged care environment and its workforce skill set needs.

The SECTION 60 - Item 4, nursing inclusions offer genuine opportunity to review, create and sustain a suitably skilled workforce, address stigma, and promote complex care / aged care as a speciality area. The Aged Care Rules 2024 as currently drafted are bridging gaps between aged care nursing skills and sub-acute skills.

The cost of high-quality person-centred care.

[17] Residential aged care subsidy and supplements – permanent care | Australian Government Department of Health and Aged Care

The PSRAC LC see the goal and understand the objective to offer high quality flexible services and agree with the ideals this draft represents. It is hypothesised the identified provisions will draw a higher expense and with the recent aged care task force decisions around funding the aged care sector, it has been clearly advised that the providers will need to charge higher fees for accommodation to address operating cost shortfalls[18].

As advocates specifically for Victorian public aged care services, we highlight significant concern in many public providers ability to increase RADs due to aging buildings. A high percentage of Victorian public providers are operating out of some of the oldest buildings in the industry, as offshoots to old country hospitals. An example is the James Thomas Court facility in Ballarat. These are the facilities that are, in some cases, the only residential care service in the town ship and have not had opportunities for refurbishment or uplift. These services are sub optimal from today's view of design principals[19].

The PSRAC LC would like to see Commonwealth support that assists the state of Victora to uplift aged care services to improve the standard of living and to meet the funding direction and consumer expectations of today. In 2021 PSRACS received $318 million out of a whopping $1.87 billion of available Victorian health care infrastructure projects[20]. This further demonstrates the inequity and negative stigma associated with public aged care, versus public hospital infrastructure projects. Perhaps the actions around the findings of the Royal Commission findings in March 2021, recommendation (8.g)[21], will assist this to be more widely considered moving forward?

In summary

In the context of keeping our feedback limited to Part 4, Division 8, Residential Aged Care, we have commented on items we see as needing further consideration.

It is concluded that the scope and depth of these rules as drafted will no doubt be an advantage to the consumer, but there is a concern that the viability and sustainability of some of them, is not well considered. An example of this is the complexity and safety of providing flexible mealtimes, interpreted as on demand and around the clock dining experiences.

We suggest that section 58 item 6 regarding furniture and item 7 regarding toiletries to address individual skin conditions such as dermatitis, be further considered for operational impact. The PSRAC LC offer alternatives to re-consider the impact of mandating recliners and merging specific individual skin care needs out of item 7 into section 60 Item 3, medication management.

We suggest that section 59 Item 4 – emotional support is better placed against section 60 Item 4 Nursing, and that this be rolled up into the one-off payment for entry. We also advocate the one-off entry payment be revised to include respite admission.

We recognise the addition of Section 59, Item 9, "Flexible mealtimes if requested" is also a wonderful enhancement. In theory.
However, we see many risks and issues here and recommend further consideration and research be undertaken before this is legislated, and consider it being more of a driver of innovation than a requirement of the Act.

We commend the draft for recognising and documenting an expansion in the scope of practice in nursing to meet the complex nature of the residential aged care clinical environment. In turn we feel it important and timely to raise the profile of and upgrade the narrative about the work of aged care nurses.

The new Aged Care Rules 2024 could be a pivotal point to also gain traction in the revision of nursing education, and learning models, to work in favour of concepts in alignment with the Draft National Nursing Workforce Strategy to which we advocated aged care nurses and the environment be re branded to suit the complex nature of the clients and the skill set required to work in this autonomous specialty area.

And to close, we feel it critical to increase a means to highlight the funding recommendations of the Aged Care Task Force[22] and its direction to have providers charge more for accommodation. We have concerns from a PSRAC perspective that many buildings are not in a condition to ask for higher prices due to the condition and design of the amenity. Thus, placing viability of services at risk in the proposed new regulatory environment.

We hope you found our submission thought provoking and useful, and we are happy to be consulted further if we can assist in any way.

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[18] Response to the Aged Care Taskforce - Accommodation Reform
[19] National Aged Care Design Principles and Guidelines
[20] Delivering Victoria's biggest ever investment in health infrastructure | VHBA
[21] Final Report | Royal Commissions
[22] Response to the Aged Care Taskforce – Accommodation reform | Australian Government Department of Health and Aged Care

Yours sincerely,

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