


AUGUST 2022 ISSUE 1

# agedhealth

PRODUCTS, SERVICES AND SOLUTIONS FOR A BRIGHTER AGED CARE FUTURE

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## FROM THE EDITOR

Welcome to the inaugural issue of *Aged Health*.

As we put our first print issue to bed, aged care reform Bills have passed both the houses — making it the first legislative win of the Albanese government.

In a press conference following the passage, Aged Care Minister Anika Wells said the care economy is undervalued and until they feel valued, we aren't going to get enough people into the sector. Prioritising aged care reforms as the first Bill to pass the new parliament was also important so that aged care workers, those who are still working in the sector and those who have left, see that “we value them, and that we want them to come back”, she said.

In a submission to the Fair Work Commission, the federal government has advocated for a pay rise for aged care workers. The Australian Nursing and Midwifery Federation (ANMF) and the Health Services Union (HSU) have applied to FWC for a 25% across-the-board increase in award wages for the country's lowly paid aged care workers.

The path to aged care sector transformation is riddled with challenges, but it's great to see providers, government and workers committed to bring change. The sector has often been represented in a negative light, impacting the community's perspective on care services and outcomes. In this issue, we highlight a number of positive and inspiring stories of people and providers working hard to bring change, including a story on a provider's 'Small Home' initiative; recruitment and retention strategies in a tough market; insights into a new intergenerational care project in Vic; the inspiring journey of aged care disruptor and dementia expert Tamara Krebs.

We hope you enjoy reading the issue as much as we enjoyed putting it together. If you have an interesting or inspiring story to share or would like to contribute to the magazine, please get in touch with me at [ah@wfmedia.com.au](mailto:ah@wfmedia.com.au).

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# CREATING CHANGE THROUGH LIVED EXPERIENCE



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## PROFESSOR SUE GORDON\*

**W**e need to do better for older Australians. That was the statement that sat at the heart of many Australians during the Royal Commission into Aged Care Quality and Safety.

When the findings of the Royal Commission were released in 2021, Australians were left wondering how the system had become so broken. With 148 wide-ranging recommendations covering everything from a new aged care policy to registration of aged care workers, the report showed the systemic flaws that have resulted in poor care for older Australians. We had failed the most vulnerable amongst us, and as a society we were horrified and heartbroken.

Thus we were spurred into action, and it was decided that an overhaul of the aged care sector was not only needed but welcomed by people around the nation. However, it would not be easy.

In order to address these challenges and meet the recommendations as outlined by the Commissioners, Australia would need to rely on its best and brightest to find innovative ways to address the deep-rooted structural flaws within the sector. Only with a complete overhaul would the system begin to recover.

With that came the introduction of ARIIA — Aged Care Research and Industry Innovation Australia — an ambitious \$34 million Australian Government-funded research and industry collaboration to increase the capability of the aged care workforce to adopt best practice and technology to transform the aged care system in Australia.

ARIIA began as the Centre for Growth and Translational Research, the name under which Flinders University was successful in winning the Commonwealth tender to revitalise Australia's aged care ecosystem. Developed in partnership with 73 leading aged care sector organisations and integrating the perspectives of older people and their families, the approach presented a unique personal perspective for the future of the sector.

In July 2022, as the model progressed from development to implementation, Flinders University and its collaborators set about establishing a new entity — the name ARIIA emphasises the initiative's focus on research that drives innovation.

Based at Flinders University in South Australia, ARIIA is the nation's first centre with dedicated resources to directly assist the aged care workforce to deliver best practice care and processes to all older Australians and their families.

What sets this initiative apart is that it provides an unparalleled opportunity for older people themselves to guide the priorities to ensure that their lived experience is central to creating change and improvements. Through consultation with older people and their families, leading researchers and sector experts will be able to develop and test the products and services that these groups have identified as making life easier, healthier, or more enjoyable for older Australians.

But perhaps most importantly, this integration and cooperation between researchers, industry experts and older people themselves will ensure that research outcomes are successfully translated into real



world solutions with an efficiency and immediacy that will empower and enable the aged care workforce to improve their practices and the care they deliver.

This approach will ensure that the research evidence that could support the delivery of improved aged care is no longer left to gather dust on a shelf. Historically, the translation of research evidence into practice has been a stumbling block, on average taking 17 years from discovery to implementation (Morris et al 2011) — and even then, only about 14% of research evidence is fully implemented and integrated into practice (Balas & Boren 2000).

ARIIA will ensure that the discoveries and innovations made through research are translated into real world, tangible changes in practices and processes that will improve the quality of living for all older Australians.

With three main workstreams, each with their own priorities and focus, ARIIA will enable sector-wide transformation through the expertise and experience of leading researchers and industry experts.

Professor Jennifer Tieman leads a knowledge and implementation hub that will be accessible to all Australians. This web-based hub will be the home of easily understandable and applicable research findings and information, for use by the aged care sector and anyone caring for an older person in their own home.

The delivery of the aged care partnering (ACPP) program will be led by Professor Karen Reynolds and Professor Gill Harvey. The ACPP will facilitate the introduction between aged care providers and workforce and industry experts/ relevant stakeholders such as a technology vendor, a nutritionist, a consumer or a researcher to co-design solutions for aged care problems.

The research activities of ARIIA will be led by myself (Professor Sue Gordon), as will our priority of training and educating the aged care workforce. At the outset, we will develop and deliver a training program for aged care workers — from care workers to administrators. These workers will be changemakers and leaders, taking new approaches and embedding them with colleagues, who will in turn pass on the skills and knowledge they have learnt as they go about their working days, transforming how aged care is designed and delivered in real time.

ARIIA will fund around 60 research grants over the next three years to improve aged care, with a focus on taking existing evidence drawn from academic sources and small-scale or industry-led innovation and developing it for broader, sector-wide adoption. Through this approach, better practices based on

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## WITH MORE OLDER AUSTRALIANS THAN EVER BEFORE, THERE HAS NEVER BEEN A GREATER NEED FOR THE UNIQUE CARE AND SUPPORT OLDER PEOPLE REQUIRE.

research will actually reach and benefit the people for whom they are designed and intended.

Now is the time to act. With more older Australians than ever before, there has never been a greater need for the unique care and support older people require. By 2053, a quarter of our population will be aged 65 or over, with reliance on these services only increasing in the decades to come.

Societies are judged by how they treat their most vulnerable, and the Aged Care Royal Commission shone a light on how Australia had failed ours and that we needed to do better.

This approach, focusing on the development of a capable workforce providing care based on expert research and driven by the experiences of older people themselves, will enable once-in-a-generation reform. ■

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Morris ZS, Wooding S, Grant J. The answer is 17 years. what is the question: understanding time lags in translational research. J Roy. Soc. Med., 104 (2011), pp. 510-520, 10.1258/jrsm.2011.110180



*\*As the Research Director of ARIIA, Sue Gordon works with aged care providers and the community to optimise aging, aged care, and the effective use of technology through research translation. She brings over 20 years of physiotherapy experience and more than 15 years of academic experience to this role. Her research has involved collaboration with local government, aged care and health service providers, and colleagues from other universities*



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While traditional care management systems may perform some of these functions at a basic level, the complex and hyper-regulated framework of industry funding bodies requires an adaptable, purpose-built solution to maintain compliance effectively.

Industry experts work in-house at Lumary to ensure its software is automatically updated for providers to meet the mandated requirements. These knowledgeable members of the Lumary team stay on top of industry changes and price updates, allowing organisations to simplify compliance and accurately forecast and monitor funding.

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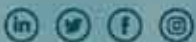


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Fiona Glumac, 39 (on the left), and Anna Glumac, 33 (on the right), founders of The Herd.

# UNITING GENERATIONS

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## MANSI GANDHI

Inspired by their much adored, late grandmother, Mary, who spent the last year of her life in residential aged care, sisters and early childhood teachers Anna and Fiona Glumac are setting up a new intergenerational care facility in Mornington, Victoria.

“When our beautiful grandma made the transition to residential aged care, it was heartbreaking to see some of her spark fade. She lit up around young children, so a program like this would have been life giving. Our project is for her,” said The Herd ILC Co-founder Anna Glumac.

The new care facility has been named The Herd Intergenerational Learning Centre (ILC) to pay homage to the respect that elephants have for elderly herd members.

The Herd ILC is being built under the same roof as the Uniting AgeWell Andrew Kerr Care aged care facility, with financial support received for this project from the Victorian Government, Uniting AgeWell and the ongoing generosity of philanthropic organisations and members of the community. The centre will care for up to 66 children aged from 6 weeks to 4 years and is set to open its doors early next year.

“Due to its shared-roof design, our intergenerational learning centre will be the first of its kind in Australia. The childcare centre will be housed under the same roof as the residential aged care home, and the design provides the opportunity for residents to visit a special lounge space where they can watch the children play whenever they are feeling lonely. The lounge overlooks the indoor and outdoor spaces of the childcare centre and will enable residents to experience the joy of watching children play,” according to the Glumac sisters.

“The shared-roof nature of our facility will also foster opportunities for incidental interactions, such as visits by the children to the aged care area of the facility to deliver mail or handmade crafts to residents, or visits by children to add flowers they picked to the dining table vases. Children and residents will have the opportunity to come together regularly to enjoy mutually beneficial activities, such as art, music, science experiments and board games.”

Following the birth of the idea to bring a shared-roof model of intergenerational care to Australia, the sisters wrote to a number of CEOs of residential aged care companies proposing the idea and seeking expressions of interest from companies who had the space to house a childcare centre.

“The partnership with Uniting AgeWell was serendipitous. Anna had just moved to Mornington and drove past Andrew Kerr Care. We emailed the CEO proposing our idea, and she expressed her interest. The timing was perfect, Andrew Kerr Care was in the midst of major redevelopment works and had existing infrastructure they were going to bulldoze. We were offered the existing infrastructure to extend onto and repurpose into a childcare centre. We really respected the feel of the residence when we had our first tour. The CEO had such a warm and caring relationship with the residents, and she demonstrated such passion for the project,” said Herd ILC Co-founder Fiona Glumac.

Uniting AgeWell Chief Executive Officer Andrew Kinnersly said the centre would bring great benefits. “There is a large body of research to prove that intergenerational programs can improve the quality of life of residents, while also being of great benefit to younger participants.

“Enabling older people living in residential care to continue to contribute and to engage with their community is extremely important; it’s why we are excited by the opportunities this innovative, shared-roof intergenerational learning centre presents to both young and old.

“As the centre and playground start to take shape, it’s sure to be the topic of daily conversation and interest,” Kinnersly said.

According to Dr Anneke Fitzgerald, Professor Health Management, Griffith University, bringing together older people and children in a shared setting through activities aimed at meeting specific life goals has been proven to be mutually beneficial.



"It has resulted in improved attitudes towards aging and children's perceptions about older people. It has also improved pro-social behaviour of sharing, helping and cooperation between generations, by increasing social engagement, confidence and resilience in older people."

The Glumac sisters acknowledge that for the project to work, they needed more than just the alignment of values and interest of the aged care company. "We also needed to have the demographics and demand to support a new childcare centre in the area. Fortunately, as one of Melbourne's fastest growing interfaces, a feasibility study showed that there was a demand for child care in Mornington."

Rose and Barry Smith are a husband and wife duo who are current residents of Uniting AgeWell Andrew Kerr Care Community. They are both looking forward to participating in the intergenerational activities, saying, "It will bring a sense of community into our home; a great enjoyment that will not only enrich our lives in residential care, but also the children's."

They added, "The raw emotion of laughter, smiling and children's voices and the carry-ons is so special to witness and observe. It brings a kind of normality and comfort to our lives."

Andrew Knight's son, two-year-old Walter, is enrolled at The Herd. Andrew is looking forward to Walter embracing a whole new childcare experience, saying, "In addition to the expected early childhood learnings, we hope it will help Walter become a more empathetic and compassionate little person and create core memories that will give him a lifetime of appreciation and respect for our older generation."

Andrew also added that he likes the opportunity to be able to "give back to our community and help improve the quality of life of the aged care residents by giving them purpose and improving their mood. Kids' energy is infectious; they give joy, create laughter and motivate us to engage."

He explained, "We had seen the *Old People's Home for 4 Year Olds* series on the ABC and loved the concept. We could clearly see it was mutually beneficial for both young and old, so when we heard intergenerational care was coming to Mornington, we both knew we wanted to enrol Walter as soon as we could."

Recent research shows intergenerational care can reduce the risk of developing dementia and combat isolation and loneliness in the elderly, said the sisters. They are well aware that like any business in these times, they will no doubt face challenges that arise from COVID-19 and the continuously changing nature of the pandemic. For example, one of the key challenges is staffing the childcare centre at a time when the industry is suffering staff shortages that have been exacerbated by the COVID crisis. "We are hopeful that the unique

service we are providing will attract staff. We are grateful to have already received expressions of interest from educators who have heard about our project in the media," they said.

As intergenerational programs involve two groups who are more susceptible to illness or infection than the general population, infection control is another challenge. "We plan to overcome this challenge by having very clear systems and processes in place to ensure older adults and children with symptoms of contagious illnesses are kept from participating in intergenerational activities. In the case of outbreaks of contagious illnesses in the aged care home and/or child care centre, face-to-face interactions will cease until it is deemed safe to resume these activities. There are many other measures we will enact to ensure the health and safety of both generations."

The Herd ILC has collaborated a lot with the Australian Institute for Intergenerational Practice to ensure the group delivers an evidence-informed program. The new facility's program will also be responsive to the interests and feedback of residents and children.

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## THE RAW EMOTION OF LAUGHTER, SMILING AND CHILDREN'S VOICES AND THE CARRY-ONS IS SO SPECIAL TO WITNESS AND OBSERVE. IT BRINGS A KIND OF NORMALITY AND COMFORT TO OUR LIVES.



The group is looking to implement an elder volunteer program where resident volunteers will come to the childcare centre and spend time singing to and reading with the children. The volunteer program will have mutual benefits, supporting both generations to develop meaningful connections, increasing the opportunity for residents to contribute as fully as possible in community life and promoting children's early literacy development.

Fiona Glumac said she hoped the centre would inspire similar projects, so the model of care became "more of the norm in Australia".

"Our project is unique because residents will have the opportunity to come to the childcare centre and experience the joy of seeing and hearing the children in play whenever they are feeling lonely."



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## INDUSTRY MAINTAINS COVID-19 VIGILANCE

again, sadly, facing increased deaths in aged care and severe workforce shortages.

We know that providers and their dedicated staff are working hard to protect their residents and clients from infection, doing all they can to avoid a repeat of the tragedy of 2100 deaths in the first half of 2022.

It was a welcome decision by the government to reinstate COVID support payments for casual workers who test positive or are forced to isolate. But the availability of surge workforce for aged care providers stricken by high absenteeism remains a concern.

ACCPA raised these and other concerns with the federal government early in July as the number of COVID outbreaks nearly doubled each week and continues to update the Department of Health and Aged Care on how providers are impacted.

By mid-July more than 5200 residents and 2700 staff were infected with COVID and 223 residents had died in the first two weeks of the month.

ACCPA is working to support providers to avoid at all costs a repeat of the Omicron wave at the beginning of the year. This third COVID wave shows that we cannot afford to drop our guard when it comes to infection prevention — we must remain vigilant.

Fortunately, we are better prepared with antivirals, high vaccination rates along with supplies of PPE and RATs but providers have been stretched to breaking point for some time. As I have stated before, staff are stressed and fatigued as we pass the halfway mark of our third year of the pandemic.

The change of federal government in May means we can now work on fixing workforce wages and conditions and bringing more workers into aged care. But this could take months before there is any lasting impact.

As a sector, we are working to build positive engagement with the new government with a focus on resetting aspects of aged care reform identified by the Royal Commission into Aged Care Quality and Safety.

The reset focuses on fixing workforce issues and sustainable funding first. The government committed during the election campaign to fully fund a wage rise coming out of the current Fair Work Commission work value case.

We also anticipate government action soon in relation to key Royal Commission recommendations like the establishment of an Independent Pricing Authority so that the cost of services can be transparently evaluated.

That brings me to the extremely disappointing decision by the government regarding indexation where it raised the level of subsidies paid to aged care providers for 2022–23 by only 1.7%, well below inflation and a far cry from the 9% increase granted to the NDIS.

The government has held out hope saying the indexation decision was never going to be the answer and wait until October when it will become clearer as to what its plans are for fixing aged care.

The situation is dire for many in the sector with StewartBrown financial viability data released in June finding 64% of providers are operating in deficit. While the Committee for Economic Development (CEDA) research also released in June shows the sector will be 35,000 workers short this year — double the number for last year.

This only strengthens our resolve. Now, more than ever, our sector needs a strong and well-resourced advocate on its side able to take the concerns and needs of aged and community care providers to government and stakeholders in aged care.

The appearance of a third wave of COVID-19 over the past month has once again set the aged care sector, particularly residential aged care providers, on edge.

With borders opening late last year, the lifting of mask mandates coupled with the removal of travel restrictions this year there has been a sense among the population — and some media outlets — that the pandemic is behind us.

But those who provide care and support to older Australians — and families of aged care support recipients and residents — know all too well that is far from the reality and will be for some time to come.

The advent of the third wave, driven by the new BA.4 and BA.5 Omicron subvariants that took hold during July, means the sector is

**PAUL SADLER,  
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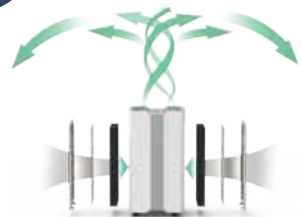
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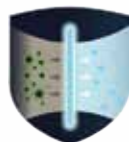
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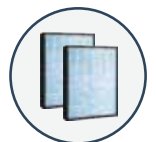
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# THE “SECRET INGREDIENT” IN SPC PROVITAL JUICE FOR OPTIMAL BOWEL HEALTH



We know as we get older it's important to continue to eat healthy foods to maintain good health. With ageing, appetite can change, and it may become increasingly difficult to buy groceries and prepare meals. Not eating enough of the foods you need every day can mean that you may not meet your requirements of essential vitamins, minerals, macronutrients and fibre.

Fibre is especially important as it helps with bowel regularity and stabilising blood glucose and cholesterol levels. Eating enough fibre is also related to a reduced risk of chronic diseases like heart disease, certain cancers and diabetes. Most Australians do not eat enough fibre daily, with the average intake being about 20–25g per day. The recommendation for fibre daily for adults is 30g per day for men and 25g per day for women.

It is even more important for older Australians to consume the recommended amount as the digestive system slows down with age. Increasing how much fibre we consume, as well as drinking more fluids and regular exercise, can all help maintain good bowel health. Good sources of fibre include wholegrain cereals, fruits, vegetables and legumes. Consuming a diet low in fibre can contribute to many conditions including constipation, which is even more likely as we get older due to lifestyle factors like a change in routine, reliance on regular medications and decreased activity.

Pear Juice is also widely used for the management and treatment of constipation. The key ingredients in Pear Juice are the natural fruit sugars sorbitol and fructose. These sugars have an osmotic effect, meaning they draw water into the bowel and help soften the stool. **SPC ProVital Pear Juice** contains these natural fruit sugars, contributing to its natural effect on laxation. It is also made from 100% Australian Fruit, with no added sugars, preservatives or added colours. SPC ProVital is a tasty and convenient way to add some variety to the day and, combined with a high fibre diet, will help keep your digestive system healthy.

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Tomato varieties are its food safe appeal by being 100% Australian grown and made, as well as portioned accessible packaging for infection control and ease of opening.

The current worldwide pandemic has had an impact on our lifestyles that will linger for some time. Prioritising hygiene remains a concern for Australian consumers as we adapt our routines. It is now more important than ever for the food and beverage industry to provide safe food choices that support our local agricultural economy.

SPC ProVital Juice cups have been specifically developed in collaboration with Arthritis Australia's Accessible Design Division and aim to provide an accessible fruit juice for consumers with fine motor skill difficulties. This innovative package provides an optimised seal to reduce opening force while guaranteeing food safety. The use of individually sealed portion-controlled cups is ideal for infection control management as it reduces the risk of food handling-related infection. It also reduces waste associated with the use of bulk formats where you would have to individually portion out the serves. *Source references provided upon request.*

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# LESS INSTITUTIONAL, MORE HOMELY

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“Come in, have a biscuit.”

Without context, these five words may not seem particularly special, but for Sandeep Kandel, General Manager of Calvary's aged care homes in the Hunter Region, hearing these words at work was a profound moment.

On a quest to make aged care less institutional, Kandel and colleagues at Calvary recently implemented a 'Small Home' initiative — a model of care designed to make aged care environments more homely.

Starting with the physical design and layout, the initiative first set out to better liken the facilities to a series of private dwellings. Second, to limit the number of residents in each household, so that the homes don't get too big. Next, to abolish the 'hierarchy' — and associated rules — letting residents carry out their daily routines as desired.

Eleven months into piloting the project at the Cessnock facility, Kandel knew it was already a success when he was invited in for a biscuit by one of the residents.

"I had never experienced something like this from a resident, prior to the project. She invited me in as if it were her own home and offered me a cookie that she and her fellow residents had baked that day. She treated me as if I were a guest," Kandel said.

"It was so lovely to see. It showed me that not only did she feel more at home there, but that she was seeing me for the first time as an equal, not as a manager."

Previously — and as is commonplace in aged care throughout Australia — the facilities at Calvary had a hierarchical system. Additionally, there were a number of 'rules' in place, for practical reasons. Residents had to be up at a certain time for breakfast and work around the rosters of staff for various activities.

Things have changed with the Small Home initiative. Managers, staff and residents are treated as equals and residents have more say on how they live.

Adopting a 'nothing about us without us approach', the opinions of all residents are sought when designing new initiatives. When holding meetings, staff and residents sit in a 'learning circle' to reinforce the notion that everyone is equal, with each person given their turn to speak. Family members can also participate.

While some investment was required for the initial refurbishment — for things like converting larger spaces into cosier rooms — the learning circles and various other measures associated with the initiative are free, Kandel said.

"We did have some upfront construction costs, and a few ongoing training expenses, but besides that the initiative has cost very little to implement. Much of it is based on small cultural changes that make a big difference to how people feel — residents and staff alike. Even telling new people when they come in, 'This is your home, there are no rules here!' has had a meaningful impact," he said.

Calvary homes are also big on seemingly small gestures. To help one resident celebrate his 60th wedding anniversary, the organisation laid on a special lunch and bought flowers for him to give his wife.

It also created an opportunity for one resident — a former World War II fighter pilot — to sit in the cockpit of a beloved Spitfire; and encouraged a couple of 'old rockers' to put on shows to keep their fellow residents entertained and smiling during the pandemic.

Meanwhile, to ensure visits from family and loved ones could continue safely during lockdowns, the organisation created a PPE training video.

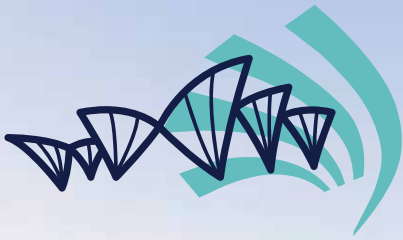
In response to these measures, Kandel said Calvary residents in the Hunter region have reported better feelings of wellbeing, and waiting lists are now in place for many of the homes.

This comes at a time when institutions across the country are experiencing a decline in occupancy rates and, therefore, profits. As of May 2022, more than 60% of aged care homes in Australia were operating at a loss, with an average deficit of \$11.34 per resident, per day. Dwindling occupancy rates have been cited as one of the main factors behind this decline.

While it is important to maintain profitability in light of the sector's budgetary challenges, it is the social return on investment that matters most to Calvary — a charitable, not-for-profit, Catholic health care organisation, Kandel said.

"It has been so heartwarming to see residents relaxing more and behaving differently in their new home environment. We have seen vegetable gardens being planted, cookies being baked and a lot more smiling than we ever saw with the traditional set-up.

"At a time when the sector is facing so many challenges, this is certainly something to celebrate. I look forward to seeing what other measures we can introduce to keep our staff and residents happy," Kandel concluded. ■



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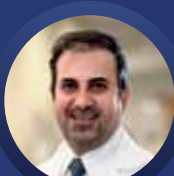
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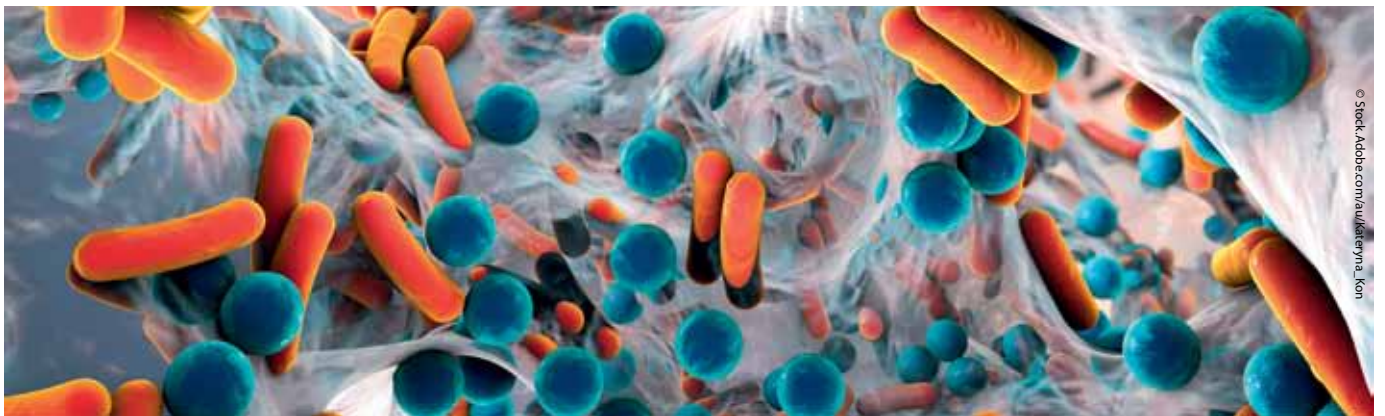
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# MANAGING SEPSIS IN THE ELDERLY



**S**epsis, a condition — triggered by an infection — that can turn into a deadly disease if undetected, leads to more than 8700 deaths a year. However, it can elude even the most astute doctors, according to Dr Carolyn Hullick, Clinical Director at the Commission and Emergency Physician in Hunter New England Health NSW.

“Sepsis is overwhelmingly a disease of older people, with patients over 65 years of age accounting for two-thirds of sepsis cases. With incidence rates increasing 20% faster than younger patients, older people account for the most rapid escalation of longitudinal incidence,” said a 2018 research paper by Ellen Burkett and colleagues, published in *Emergency Medicines Australia*.

As an emergency physician, Hullick understands the challenges in diagnosing sepsis, particularly when treating a high volume of critical patients in a busy emergency department.

Sepsis occurs when you have an overwhelming response from your body to an infection, so the challenge with diagnosis is that many patients have a lot of symptoms because the infection could be coming from anywhere and the organ dysfunction related to sepsis could also be causing symptoms, she explained. The signs and symptoms can also be subtle.

“Older patients may have delirium. They may be on medicines that impact on their body’s response to sepsis. Sepsis can also mimic other health conditions like gastro or heart disease,” Hullick said.

“Yet the consequences of missing sepsis are dire, leading to multiple organ failure, disability or death.”

With an aim to improve outcomes and halt the devastating impact of sepsis on Australian patients and their families, the Australian Commission on Safety and Quality in Health Care has released the national Sepsis Clinical Care Standard, in partnership with The George Institute for Global Health.

The standard outlines optimal care for patients in hospital with suspected sepsis — from the onset of signs and symptoms, through to discharge from hospital and follow-up care. Sepsis affects more than 55,000 Australians of all ages every year<sup>i</sup>. It also has a tangible impact on our healthcare system, with \$700 million in direct hospital costs and indirect costs of more than \$4 billion each year<sup>iii</sup>.

The national framework will help ensure standardised treatment across Australia, so from the time a patient arrives at the health service everyone involved is aware of the risk factors and knows what’s expected of them, Hullick said.



Hullick shared three key red flags or messages from sepsis survivors and people who treat sepsis: these patients can deteriorate very rapidly; the families of these patients are very concerned; and it's the worst they (patients) have ever felt.

"The new standard requires healthcare services to implement systems that flag people who may have sepsis, assess them urgently, and if necessary, escalate to a higher level of care. Rapid treatment is vital. If we delay sepsis treatment even by a few hours, it can have deadly consequences.

"To deliver antimicrobials to someone who has sepsis within 60 minutes, we need systems in place so that everyone in the ED team knows what they need to do," she explained.

Anyone can get sepsis, but Aboriginal and Torres Strait Islander people, those with autoimmune diseases or weakened immune system, babies, children and older people are some of the vulnerable groups.

The research paper referenced earlier suggested that "the identification of sepsis in the older person requires a high index of suspicion and careful history and physical examination. Early management with appropriate antibiotics and fluid resuscitation with vasopressor support where indicated, with a multidisciplinary team approach, is associated with marked improvement in morbidity and mortality. However, given the high associated morbidity, high rates of increased dependence and high mortality of sepsis in older adults, it is important for ED physicians to ensure that a shared decision-making approach is taken to ensure that ongoing management is consistent with individual patient goals of care."

Hullick also emphasised the importance of shared as well as supported decision-making. Older people may have other illnesses, could be on multiple medications and some of them may not be able to advocate for themselves, she said.

However, aged care staff is generally well trained in infection prevention and control and they often know their residents well, she said, highlighting the importance of advance care planning and achieving a balance between time-critical treatment and what the person (patient) wants and their goals of care.

Evidence is growing that some sepsis survivors experience long-term health problems, which are poorly recognised and treated. To address this, another key focus of the standard is the planning for care after the patient leaves hospital, in recognition of the ongoing effects of sepsis and 'post-sepsis syndrome'.

Professor Simon Finfer AO, intensivist and Professorial Fellow in the Critical Care Division at The George Institute for Global Health, described sepsis as the most common preventable cause of death and disability.

"The Sepsis Clinical Care Standard is a game changer that will ensure healthcare workers



## IF A PATIENT IS ACUTELY ILL OR DETERIORATING RAPIDLY — AND THERE IS NO OTHER OBVIOUS CAUSE — WE MUST CONSIDER SEPSIS AS A POSSIBLE DIAGNOSIS.

recognise sepsis as a medical emergency and provide coordinated high-quality care to all Australians.

"If a patient is acutely ill or deteriorating rapidly — and there is no other obvious cause — we must consider sepsis as a possible diagnosis," Finfer said.

"If you suspect sepsis, either as a clinician or a patient, escalate your concerns to a healthcare professional who is skilled in managing sepsis. You must ask, 'Could this be sepsis?'"

Finfer is an avid supporter of having dedicated sepsis coordinators to oversee care for people with sepsis, in a similar way to trauma and cancer patients.

"Patients with sepsis are cared for by a range of specialist doctors and nurses with frequent transfers between teams. By recommending that hospitals need a dedicated sepsis care coordinator, the Sepsis Clinical Care Standard will help to ensure a comprehensive and holistic approach to this complex and devastating condition," he explained.

"Up to 50% of people who suffer sepsis and survive have ongoing medical problems which affect their physical, psychological and cognitive wellbeing.<sup>iv</sup> Unlike other conditions such as heart attack and stroke, there is no coordinated care or rehabilitation for sepsis survivors. The standard is a huge step forward."

The Sepsis Clinical Care Standard was informed by leading clinical experts and consumers and translates evidence into clinical practice to reduce preventable death or disability caused by sepsis. ■

[i] Rudd KE, Johnson SC, Agesa KM, Shackelford KA, Tsoi D, Kievlan DR, et al. Global, regional, and national sepsis incidence and mortality, 1990–2017: analysis for the Global Burden of Disease Study. *Lancet* 2020;395(10219):200–11.

[ii] As above

[iii] The George Institute for Global Health. Cost of sepsis in Australia report. Sydney: TGI; 2021.

[iv] The George Institute for Global Health. Life after sepsis. A guide for survivors, carers and bereaved families. Sydney: TGI, 2020.

[v] Cvetkovic M, Lutman D, Ramnarayan P, Pathan N, Inwald DP, Peters MJ. Timing of death in children referred for intensive care with severe sepsis: implications for interventional studies. *Pediatr Crit Care Med*. 2015 Jun;16(5):410-7. doi: 10.1097/PCC.0000000000000385. PMID: 25739013.





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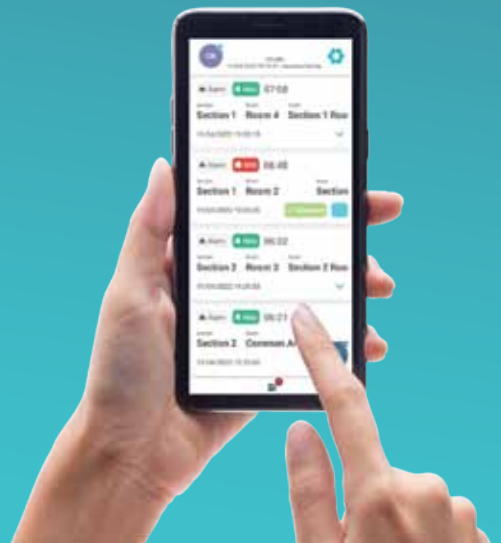
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# DEPRESSION AND DEMENTIA



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**R**esearch led by UNSW Sydney's Centre for Healthy Brain Ageing (CHeBA) has confirmed treating symptoms of depression is most effective when a non-pharmacological approach is adopted, in people living with dementia.

Depression is a common psychological symptom associated with dementia and is estimated to occur in between 10% and 62% of people living with the condition.

Despite the failure of relying on medications being highlighted in large-scale studies, pharmacological approaches continue to be used to treat depression in dementia.

The review and meta-analysis, published in *Ageing Research Reviews*, investigates a range of non-pharmacological approaches for symptoms of depression in dementia. It identified 37 relevant non-pharmacological studies from 27,126 articles published between 2012 and 2020.

Lead author and Postdoctoral Fellow at CHeBA (formerly at the Dementia Centre for Research Collaboration (DCRC) UNSW) Dr Claire Burley said that the findings support a positive link between non-pharmacological approaches and reduced symptoms of depression in people living with dementia.

"Our aim was to provide an updated review of non-pharmacological approaches to manage depression in dementia — the evidence, clinical significance and sustainability of different non-pharmacological approaches for treating depression in dementia."

Edward Caser, who co-founded a private markets firm, has experienced over-prescription of pharmaceuticals within aged care, while caring for his mother who has Alzheimer's disease.

"I've witnessed firsthand the unnecessary push of multiple medications to manage behaviour in my mother," he said.

"I have seen the benefits of adopting a personalised approach with my Mum, and strongly support methods that avoid drugs."

According to UNSW Professor Henry Brodaty AO, Co-Director of CHeBA, the findings have statistical and clinical significance.

"We found there is great potential to reduce symptoms of depression in dementia — without the use of medications," Brodaty said. "This is even more relevant as randomised trials of antidepressant medications have not been shown to alleviate depression in people living with dementia."

The research highlighted that the use of methods such as reminiscence, cognitive stimulation and rehabilitation, music-based approaches, and education and training had the potential to reduce symptoms of depression.

"Psychosocial approaches should be first-line consideration for treatment of depression. An even more compelling reason is that antidepressants are associated with side effects while psychosocial interventions are free of these.

"Pharmacological approaches should only be considered when psychosocial approaches have been proved to be ineffective or in cases of urgency," Brodaty said. ■



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## WOUND MANAGEMENT: SKIN TEAR PACK STUDY

The original concept for the skin tear pack came through the collaboration of the Sentry Medical Team with Key Opinion Leaders in aged care and wound management:

- *Chloe Jansz (Nurse Practitioner from Healthcare United)*
- *Annette Ross (Executive Director Quality of Royal Freemasons)*
- *Prof Sonja Cleary from RMIT.*

There are various products in place at present in the aged care sector to manage skin tears. Currently, these options require the skilled nurse to use an aseptic technique and a combination of various products, as well as a dressing pack to address the complexity of the aging skin.

This research project evaluated the introduction of a Skin Tear Wound Management Pack (STWMP) which included all key elements for skin tear wound management within its content, previously found separate in practice. Each STWMP had two sides to its packaging, one side to advise the “user” registered/enrolled nurse (not specialised in wound care) or non-regulated worker the steps on how to use the content. The other side is a pictorial diagram of the International Skin Tear Advisory Panel (ISTAP) classification, so the “user” can look at the skin tear in front of them and determine if it is an appropriate skin tear to dress as a first response or alternatively escalate concern to a registered nurse or wound care specialist.

The correct dressing choice is required that addresses coagulation status, infection risk, wound product wastage, pain and quality of life management for the resident. Sussman and Ryan’s (2019, p.11) statement to the Royal Commission into Aged Care Quality and Safety Royal Commission on behalf Wounds Australia (2019) identified “The major risks of

the use of inappropriate dressings are delayed healing, wound deterioration, potential infection, pain and stress to the consumer. The impact on cost of treatment of using inappropriate products is significant.”

The primary aim of the eight-week project across four sites was to evaluate implementation of a STWMP in which any healthcare worker

### Features and Benefits

FEATURE	BENEFIT
<b>Ideal for First response</b>	Designed for any health care worker to apply. Ensures the correct regime can be easily followed, to decrease the risk of progression of a skin tear to a chronic or complex wound.
<b>Suitable for all levels of knowledge</b>	The pack is designed to guide even the most novice health care worker to provide the correct regime for classifying and treating skin tears.
<b>Conveniently packaged</b>	All of the essential items are available in a conveniently preassembled pack, saving time, money and ensuring compliance to the ISTAP’s best practice recommendations.
<b>Efficient documentation</b>	The packaging incorporates an easy to follow and comprehensive documentation check list, to ensure all of the necessary details are captured for optimal patient care.
<b>ISTAP compliant</b>	The pack is designed around ISTAP’s 2018 Best Practice Recommendations for The Prevention And Management Of Skin Tears In Aged Skin, which is an internationally recognised document.
<b>Backed with scientific research</b>	The research results showed a reduction in skin tear healing time, therefore an increased rate of healing, reduction in staff time, all creating a reduction in the burden of disease that skin tears have in the aged care sector.

could apply the correct regime, decreasing the risk of progression of a skin tear to a chronic or complex wound.

The results showed a reduction in skin tear healing time, reduction in staff time and a more accurate classification of the correct type of wound. In addition it highlighted some design features and the impact of pre education and socialisation of the STWMP in practice.

The overall outcome of the study demonstrated that STWMP was used in preference to regular practice, saving nurses time, facility costs and empowering the unregulated healthcare workers to maintain residents' safety and prevent infection. The STWMP promotes best and early practice for all residents' skin in a multidisciplinary team that had a resident-centred approach.

Reference: Skin Tears in an Aging Population: Workforce Empowerment — evaluation of a first responder skin tear wound management pack. Authors: Jansz, C., Ross, A. & Cleary, S. January 2022

## Areas of use

AREA	
<b>Aged care</b>	Specifically designed and researched within aged care, where the majority of patients who are high risk, reside. Suitable for use by any health care worker, ensuring aged care residents can get the treatment they require without having to wait for a more senior clinician.
<b>Primary Care/ Community care</b>	The preassembled pack can be used in primary care facilities and the community. The convenience of the pack allows for swift and efficient treatment, without the need for finding multiple separate items.  The documentation allows for comprehensive communication between health care facilities and allied health professionals regarding the injury.
<b>Respite Facilities</b>	A convenient preassembled pack, which can be used by any health care worker or personal care assistant. The pack will provide all of the necessary instructions to classify the wound, and provide treatment without having to wait for a more senior/ qualified health care professional to provide treatment.
<b>Ambulance/ Patient transport</b>	Easy to use, preassembled pack, which is space efficient and can be conveniently stored and accessed, without having to look for multiple items to treat an injury.
<b>General medical wards</b>	General medical wards typically contain the largest proportion of aged care patients in the hospital.  The pack ensures the ISTAP guidelines for classification and management are met in a convenient and efficient manner.

## FAQs

QUESTION	RESPONSE
Who was involved in the research study involving the development of the skin tear pack?	Chloe Jansz, the director of HealthCare United community nursing and Nurse Practitioner designed the pack. Royal Freemasons participated in the research trial and studies (Supported by Annette Ross Executive Director Quality) and Prof Sonja Cleary from RMIT contributed and supported the studies research and university backing.  Sentry Medical provided complimentary packs for the research component of the study, but was not actively involved in the research, making this an independent body of research, without a financial conflict of interest.
What is next for the skin tear pack?	The quantitative aspect of the study is complete, but a qualitative aspect of the study is due to commence, which will take into account health care works preferences and perceptions of the pack, which will help us to further refine and understand skin tear classification, management and healing times.
Where is the skin tear pack research published?	The study is published in the European Wound Management Association's (EWMA) <i>Journal of Wound Management</i> , July 2022 edition, which is a special edition focused on skin tear research, in collaboration with ISTAP.



1. LeBlanc K, Campbell K, Beeckman D, Dunk A, Harley C, Hevia H, et al. Best practice recommendations for the prevention and management of skin tears in aged skin. United Kingdom: Wounds International; 2018.
2. Rando T. Simplifying wound dressing selection for residential aged care. *Journal of Wound Care*. 2018;27(8):7.
3. Sussman G, Ryan H. EXHIBIT 6-30-WIT.0257.0001.0001 - Witness statement of Professor Geoff Sussman and Ms Hayley Ryan. In: Royal Commission into Aged Care Quality and Safety, editor. Canberra: Commonwealth of Australia 2021; 2019. Retrieved from: <https://agedcare.royalcommission.gov.au/media/11741>
4. European Wound Management Association's (EWMA) *Journal of Wound Management*, July 2022 edition.



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# IMPROVING WOUND CARE OUTCOMES

MANSI GANDHI

**V**enous leg ulcers (VLCs)—a chronic sore on the leg or ankle—that can take a long time to heal can reportedly cost patients over 60 around \$27.5 million in out-of-pocket costs for wound care consumables each year. VLCs are the most common chronic wounds seen in primary care settings. Others include: diabetic foot ulcers, pressure injuries and arterial insufficiency ulcers.

Chronic wounds affect more than 420,000 Australians, with each patient spending over \$4000 on out-of-pocket costs, according to Wounds Australia, a not-for-profit body for wound prevention and management. They cost the country's health and aged care systems over \$3 billion.

"Australia's healthcare professionals are among the best in the world, and we know they work hard to ensure the best possible health outcomes for their patients. But a significant percentage of our highly skilled health professionals are largely unaware of the hidden epidemic of chronic wounds, and successive governments have failed to effectively tackle the issue," said Hayley Ryan, Chair, Wounds Australia. Ryan is also an adjunct fellow at the University of Technology, Sydney and an experienced nurse with a passion for healing wounds.

## A NATIONAL APPROACH

While anyone can suffer from a chronic wound, people over 65 are said to be the most vulnerable due to aging-related complications, according to Wounds Australia. The industry body has long been advocating for a national approach to the prevention, management and healing of wounds for many years and in 2021 delivered an 11-point plan to the Morrison government that proposed significant reforms to improve the way to raise awareness, prevent, diagnose, treat and heal wounds in Australia.

Wounds Australia is now "committed to working with the new Labor government to drive national wound care policy based on the solutions presented in our plan and to improve the lives of those Australians currently suffering from this debilitating condition", according to Ryan.

The lack of a national wound care framework and lack of Medicare itemisation for wound diagnosis, treatment and healing means that patients — often those from communities who can least afford it — foot the bill for their wound care, she said.

Wounds, Ryan said, are a global problem with many countries facing similar challenges to the ones we are confronted with here in Australia. There is a valuable opportunity for Australia to lead the world in this area.

"What is really important both here and internationally is driving research and action and ensuring people suffering from wounds get the support and treatment they need to improve their lives and ultimately heal their wounds," she said.

## SUPPORTING PRIMARY CARE PROFESSIONALS

"It's a shocking fact that doctors and nurses in Australia do not receive dedicated wound care education as part of their university studies," Ryan said.

Due to lack of dedicated education, they are often underprepared to effectively diagnose and treat wounds, she said. The result is that wounds



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fail to properly heal, requiring ongoing treatment and support and pushing patients into the hospital system unnecessarily.

“We know that Australia’s health system is under pressure; taking chronic wounds patients out of the equation through early intervention and prevention, as well as ensuring health professionals working in a primary setting are equipped and supported to diagnose and treat wounds, would be an effective and powerful way to relieve some of that pressure.”

### CHALLENGES AHEAD

Proper wound diagnosis is the first major challenge that all clinicians face, according to Ryan. “It is generally accepted that a wound is considered acute if it moves through the stages of wound healing within four weeks. As a wound moves through the stages of healing, the challenge faced by both the clinician and the patient is ensuring ‘nothing goes wrong’ that could see the acute wound develop into a chronic one.

“As clinicians, it’s critical we know how other issues such as diabetes, venous insufficiency and mental health can negatively impact on an acute wound. Also critical is that we have the education, training and skills to work with our patients to successfully treat and heal acute wounds and ultimately empower our patients to prevent reoccurrence or new wounds developing.”

### THE MENTAL HEALTH IMPACTS

“In my own professional practice, I see strong causal links between chronic wounds and mental health conditions such as depression and anxiety, so diagnosing and treating wounds before they become a problem seems like an obvious way to improve the quality of life of elderly Australians,” Ryan said.

“The intersection between wound care and mental health is a fascinating area and it’s one we’ll be exploring at our conference in September, with Baylor College of Medicine’s Professor Bijan Najafi sharing his research into the impact of frailty on wound care and Associate Professor Michael Woodward of Victoria’s Austin Health looking at the relationship between dementia and mental health and wounds,” she said.

From 14–17 September 2022, industry experts from around the world are coming together at the ICC for the Wounds Australia 2022 Conference Time to Heal, Time to Unite, Time to Innovate. The conference will offer industry professionals the opportunity to explore the latest developments and research in wound care and management.

### SUPPORT FOR AGED CARE

Offering hardworking aged care professionals specialised education and training in wound identification, diagnosis and treatment is crucial, Ryan said.

“What will make the biggest impact is supporting those working in aged care, our aging Australians and their families to be wound aware, to take preventative action to stop wounds before they start and to empower them to take immediate action at the first sign of a wound developing.”

Unfortunately, aged care is also an area where wounds just don’t appear to be a top priority, Ryan said.

“With only four out of 168 recommendations from the Aged Care Royal Commission mentioning wound care, it is clear there is a lack of understanding and awareness of the health, economic, social and personal impacts wounds have on this vulnerable group of people.

### EQUITABLE ACCESS

Improved healing, Ryan said, comes back to three basic principles: the right diagnosis, the right treatment, at the right time.

“We can achieve this by ensuring equitable access to qualified clinicians, treatment and the correct healing products. What Wounds Australia is pursuing with the government is the establishment and funding of a national wound services and support scheme. The scheme we are proposing is similar to the support provided to other major health priorities such as diabetes.”

Ensuring those who are most at risk have access to affordable wound care will be a huge step forward, according to Ryan. Getting this right is a major step towards reducing the risk of future infections and minimising the negative impacts of wounds on individuals, she said. ■

# MEETING THE EXPECTATIONS OF AUSTRALIA'S AGEING POPULATION



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As our ageing population continues to increase, its growing needs and expectations for quality aged care services will have far-reaching impacts on the healthcare system and particularly service providers.

Life expectancy in Australia is about 82.5 years on average, while the percentage of people aged 65 years and over is projected to increase from 15% (2017) to 22% (2057) and 25% by 2097.

On the positive side, many older people are in good health and continue to do paid and volunteer work well beyond retirement age, live independently and contribute socially and economically to our community.

However, there's no doubt our ageing population has numerous challenges, including:

- Financial — increased costs of healthcare and government pensions.
- Social — eg social isolation where people move away after retirement, and increased pressure on younger family members.
- Pressure on carers — according to Carers Australia, the Australian Unity Wellbeing Index shows carers have the lowest wellbeing of any of the groups measured.
- Labour market pressures and the economy — a higher aged population can mean a shrinking labour pool and fewer people paying taxes. According to the Productivity Commission, this reduces productivity and economic growth.

## Impacts on the healthcare system

Advancing age can increase the risk of

disability and many health conditions, such as arthritis, cancer and dementia. This can put pressure on healthcare services and create hospital challenges, while more people are also likely to need home care or residential aged care services.

According to the Australian Institute of Health and Welfare (AIHW), more than 1.2 million Australians received aged care services in 2017–2018. Of those aged 65 and over:

- 7% accessed residential aged care
- 22% accessed some form of support or care at home
- 71% lived at home without accessing government-subsidised aged care services

Having the right tools, together with a system for continuous improvement, ensures you can take innovative approaches to deliver quality services to consumers and meet accreditation requirements, resulting in better pricing for services and attracting higher-paid qualified staff.

## Tools and Resources Aligned with Quality Standards

Wolters Kluwer Health and Joanna Briggs Institute (JBI) have developed the following tools and resources to support aged care services to address Quality Standards requirements:

**The JBI evidence-based Practice Manual** is a comprehensive resource which complements and extends from the JBI Carers Manual.

- Developed with industry leaders including Nursing Directors, public and private sector experts and safety and quality

representatives, this manual includes evidence for advanced care needs.

- Standard 2 states that each consumer will be a partner in ongoing assessment and planning that helps them get the care and services needed for their health and wellbeing.
- The manual includes 123 procedures that reflect the complexity of care needs due to serious medical illnesses, chronic diseases, and increasing acuity.

**The JBI evidence-based Carers Manual** is available exclusively on Ovid to assist care workers with ongoing assessment and planning.

- Procedures focus on dignity and respect for inclusion, privacy, and informed choices as a co-participant in care planning and care delivery while supporting residents with fundamental care needs.

- An essential resource for Directors of Nursing, General Managers, and practice managers.

JBI is one of the world's leading evidence-based practice organisations which has been developing and updating resources for the Australian aged care sector since the early 2000s. Its evidence-based practice model is considered a benchmark in the global healthcare industry.



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# HOW A SYDNEY PROVIDER ATTRACTS STAFF IN A TOUGH MARKET

## CASE STUDY



### PROBLEM

Staff shortage has been an age-old problem for aged care providers across Australia. With continued negative publicity, plentiful jobs and scarce workers, attracting and retaining talent is particularly challenging.

### SOLUTION

Rewards, recognition and retention. These are some of the key focal points for Sydney-based provider Cranbrook Care when it comes to addressing staffing challenges. Other initiatives include: a laughter care program, mentoring, internal promotions, ongoing training and education, staff wellbeing and protection.

With demand for aged care staff — particularly registered nurses — at an all-time high, qualified candidates are finding themselves spoilt for choice when it comes to employment options.

Lee Carissa, recently appointed CEO of aged care provider Cranbrook Care, warns that those seeking new opportunities should not only consider the salary offered, but also look further into each provider's track record when it comes to staff rewards, recognition and retention.

"As a registered nurse who started out as a personal care assistant, I can speak from experience about the very real challenges and rewards of building a career in the aged care sector," Carissa said.

"Having worked in roles ranging from hands-on nursing to compliance, operations and now management, I believe that demonstrating a genuine, ongoing commitment to, and investment in, our team is what sets Cranbrook Care apart, both as a workplace, and as a residence for the senior citizens in our care.

"I'm also an authentic example of Cranbrook Care's commitment to mentoring and promoting staff from within, having held various positions with the company over the past four-and-a-half years. An aged care provider is only as good — and as happy — as its employees, so one of the first things on my agenda as CEO in 2022 is to spend several days 'walking in the shoes' of staff in each area of the business to find out where the pressure points are, to identify where we can improve, and to see first-hand the outstanding care and commitment of the Cranbrook Care team," she added.

Lee also cited Cranbrook Care's proactive sourcing of an interrupted supply of world-class PPE to protect its team (rather than rely on government supplies) right from the outset of the COVID pandemic, and the company's decision to commit to 24/7 registered nurses onsite well before government reforms were proposed, as examples of the group's promise to create a positive environment for both staff and residents — not because regulators require it, but because it's the right thing to do.

Cranbrook Care also staff enjoy a combination of regular in-house and online training courses, as well as more immersive off-site opportunities, such as graduate registered nurses offered a place in the Aged Care Graduate Nurse Transition to Practice Program. "While staff appreciate working in a beautiful environment and benefiting from our generous reward and recognition program and retail discount program, employees regularly tell us it is management's 'open door policy' and 'no-blame culture' which make us truly stand out from our peers," Carissa added.

In addition, the group's "generous loyalty bonus program" for employees that kicks in after a number of years' service is an effective way of retaining best employees.

Some of the activities planned for residents also enrich the working environment for Cranbrook Care staff — one such example is the new Laughter Care program recently launched across all residences.

"While humour has been shown to have therapeutic benefits for aged care residents such as reducing stress and anxiety, it also improves job satisfaction for employees and creates a positive, warm atmosphere for residents and their carers. We invite interested staff to attend training workshops to learn how to become a 'Laughter Boss' and discover creative new strategies and fun practical skills in play and humour therapy, and we can't wait to see our fun-loving staff in action." ■

# QUALITY HEALTH AND AGED CARE FOOD SOLUTIONS



The meal time experience in Health and Aged care is a major focus point for all residents, as they look forward to a little social interaction and the anticipation of a well presented nourishing meal. This is particularly poignant for those on Texture modified diets.

It is a well-known fact that being placed on a Puree diet can decrease life expectancy, mostly because of the loss of appetite due to unappetizing look and taste of most puree offers leading to malnutrition. The enjoyment gained from consuming a well-presented flavorsome meal is a high we all seek, this does not change as we get older or become infirmed.

The Team at Nutritious Cuisine are passionate about providing real food, vibrant menus and delicious meals especially for those requiring a modified diet, and have spent the past 10 years creating their specialised texture modified menus. The concept behind Nutritious Cuisine was born when Rodger Graf, a chef of 45 years, Managing Director and owner Creative Cuisine, identified the challenges that face Aged Care. Rodger formed Nutritious Cuisine which partners with Food Professionals to help design and tailor foodservice options and systems to suit the needs of the Health & Aged Sector.

Since the IDDSI roll out we have been working hard at perfecting products to suit all IDDSI levels, from PU4 Pureed to EC7 Easy to chew. Working with our clients we have recognized that achieving the SB6 Soft and Bite Sized standard is by far the most challenging for even the most seasoned catering team. Add to that all the prep and hours that go into pureeing and mincing food for the speciality diets on top of food required for regular diets.

This is where our Hybrid "Cook-Chill" system comes to the rescue. With a large chunk of the prep work already cut out for the chefs in the kitchen, they are able to spend more time on the more intricate components of the meal and those that are meant to be made fresh everyday like your salads and sides etc., as well as concentrating on the meal presentation itself which is a vital part of improving nutritional uptake for residents.

The hybrid "Cook-Chill" system allows your catering team to draw from a matrix of different meal components from soups, sauces, roasts, casseroles and even complete trayed meals to give numerous combinations, thus increasing your ability to cater for multiple dietary requirements and resident choices whilst keeping within the budget. With dishes in formats across all categories of the IDDSI food

triangle, you have the option of a casserole like Butter Chicken as PU4, MM5, SB6 and also EC7, allowing even those with strict dietary requirements to feel included.

Nutritious Cuisine's new pre-shaped and portioned Purees (PU4) and Minced and Moist (MM5) products not only look and taste great, but are also easy to plate, heat and serve. You can heat them to 100°C and they won't melt or lose shape.

Add to this a wide choice of bulk 1kg and 2kg Puree (PU4) vegetables and sides and you have a complete range of texture modified dishes all to the latest IDDSI standards.

Call us today and equip your team with a complete IDDSI compliant food menu that guarantees safety, quality and compliance.

For more information visit: [www.nutritiouscuisine.com.au](http://www.nutritiouscuisine.com.au) or email: [sales@nutritiouscuisine.com.au](mailto:sales@nutritiouscuisine.com.au).



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# WORKFORCE CRISIS: AN INSIGHT FROM A RURAL PROVIDER

More than 65% of residential aged care providers in Australia are estimated to be operating at a loss. Add workforce shortages, funding issues and social pressures, and it is clear the sector is in a state of crisis. For Adina Care CEO Graeme Sloane, leading a residential aged care organisation in the current climate has proven to be the most challenging period of his 40-year career

In Australia, workforce shortages in residential aged care present a huge challenge. An aging population coupled with a shrinking supply of younger candidates has created a growing demand for workers in aged care. The current shortfalls are set to worsen as the generation of predominantly women who have been the backbone of the aged care workforce for more than three decades approach retirement.

Adina Care is a community-owned, not-for-profit organisation, offering residential aged care, respite and palliative care for residents in the rural town of Cootamundra and surrounds. Sloane has been leading the organisation for more than a year and says it's time to shine a light on how dire the current situation is, especially within rural communities.

"The Commonwealth and public demand a certain quality and standard of care which is ideal but is difficult to achieve, particularly when you examine the poor government funding allocated to our sector," Sloane explained.

"Staff shortages, increasing demand, inadequate funding, pandemic expenses, limited allied health services and a lack of support services make it hugely challenging to maintain the quality of care, safety and support necessary within residential aged care," he added.

The demand for a skilled and sustainable workforce in Australia will continue to grow while worker availability is dwindling. However, recruitment and retention problems are especially acute in rural areas.

"We are experiencing a shortage of registered nurses across the board within hospitals, private practice and aged care, but what is particularly problematic is how our regional and rural communities can continue to meet the demand with no available and skilled workers," Sloane continued.

Caring for more than 60 residents, Adina Care has had to develop an innovative workforce recruitment program to attract out-of-town workers to the region.

"At Adina Care, we have had no choice but to take on the battle of workforce shortages ourselves. With a population of just 6000 residents in Cootamundra, we have had to increase our ability to appeal to international and interstate workers.

"As a result, a lot of RNs working here have been given costly incentives including flights, accommodation and, of course, premium wages. Without these incentives, Adina Care offers no point of difference and people would be unlikely to move to our area," Sloane added.

The viability of regional, rural and remote aged care providers is of great concern across Australia, and this is only made more evident for those who try to remain independent from their for-profit competitors.

Rural providers have lower cohorts in terms of the number of residents and staff and operate on smaller scales, which make them less viable than metropolitan and for-profit facilities. In addition, the current funding model is in no way attractive for future sustainability.

"Aside from our workforce issues, we've also had to get creative with keeping other costs low to make up for the increases in recruitment and retention," Sloane continued.

Adina Care is a member of PACE Care, which assists independent, not-for-profit aged and community care service providers to maintain financial viability and competitiveness. It's a unique shared services model that allows organisations to share resources, training, development and administration.

"PACE Care offers concentrated expertise and efficient systems, and allows us to remain competitive across award rates, pay, roster, incomings and outgoings. These business systems all come with a smaller price tag, which has allowed us to remain viable in our area," Sloane said.

"The money we save through using PACE Care allows us to employ six additional aged care staff, which provides invaluable support to our organisation," he said.

There are around 1.4 million people aged over 65 living in regional, rural and remote Australia. On average, older people in the regions have lower incomes, poorer education and poorer health outcomes, increasing their need for support in older age.

Despite the current adversity facing aged care providers in rural areas, Sloane holds hopes that the new government will support the aged care industry out of crisis. ■



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DESIGN MATTERS

# MEETING COMPLEX CARE NEEDS





A new \$57.11 million project will see Victoria's Glenview Community Care Nursing Home relocated to Rutherglen.

The project is part of the Regional and Rural Public Sector Residential Aged Care Services Revitalisation Strategy to modernise aging facilities with purpose-built facilities that better meet community expectations. The Victorian Budget 2022/23 invested a further \$142 million to redevelop and upgrade public sector residential aged care services across Victoria as part of this strategy.

The new 50-bed aged care Rutherglen facility will feature a single bedroom and private ensuite for each resident, promoting dignity, privacy and independence.

Delivered in partnership with Indigo North and architect ClarkeHopkinsClarke, the new facility will feature a community room, sacred space and other common areas for residents to interact with each other as well as with family and friends.

Victorian Minister for Disability, Ageing and Carers Anthony Carbines recently released a first look at the new facility, which will give residents a place that feels like home.

"We're upgrading our aged care services to provide modern, purpose-built facilities — and most importantly, deliver the care older Victorians deserve," Carbines said.

"The new facilities in Rutherglen will meet a range of complex care needs — meaning locals won't have to move away to access care and can stay connected to family and community."

The project embeds an amalgamation of research and design to create an environment that is dementia-friendly, connected to the community, universally accessible and enables contemporary models of care focused on resident and staff wellbeing, according to ClarkeHopkinsClarke.

The facility's facade and internal fit-outs have been designed to provide residents with a modern, safe and comfortable place to call home as well as a safe and efficient workplace for staff.

Early works are expected to commence in late 2022 with the project completed by mid-2025.

Member for Northern Victoria Jaclyn Symes said, "This new and bigger facility will mean our hardworking healthcare workers can continue to give older Victorians in the North East the best possible care in the best possible environment." ■



# HOW MEDICATION REVIEWS IMPACT THE RISK OF DEATH



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**N**ew research from the Registry of Senior Australians (ROSA) at the South Australian Health and Medical Research Institute (SAHMRI) has linked medication reviews to a lower risk of death for aged care residents.

The study, led by Dr Janet Sluggett and funded by the Australian Association of Consultant Pharmacy (AACP), followed 57,719 residents living in aged care homes across Australia for up to a year, analysing whether they were hospitalised, went to the emergency department (ED), or died during that period.

“We found that individuals who had a medication review within a 12-month period had a 5% lower risk of death,” Sluggett said.

“There was no difference in the risk of hospitalisation between residents who had a medication review and those who hadn’t, the impact was solely based on mortality rates.”

Only 22% of residents involved in this study underwent a medication review, despite all of them being eligible to access the free service.

Previous studies have shown residents take an average of 10 medications each day, yet only one in five receive a medication review from a pharmacist, which typically identifies up to four problems per person.

Another recent ROSA study funded by the AACP, focusing on the differences in medication use before and after a review, found use of some medications decreased following a review.

“Reviews often show which medicines can be adjusted or stopped, reducing the burden on the resident and boosting the quality of care,” Sluggett said.

“There’s a clear link between getting a review and a reduction in the use of some medicines, such as those for reducing reflux, which are often taken for longer than needed.”

Obtaining a medication review involves multiple steps. The lack of an automatic referral system means a doctor’s referral is required. A pharmacist then needs to visit the resident to make recommendations, before the doctor and nursing staff implement any changes.

“The aim should be to streamline this process to make it more easily accessible for all involved,” Sluggett said.

Sluggett said a lack of awareness among GPs and aged care providers about the utility of medication reviews for residents is another barrier that needs to be addressed.

“A key component of this is building strong relationships between pharmacists, GPs and providers, together with residents and their families, so that all parties are on the same page, resulting in the highest possible level of care,” she said.

“We hope this will be facilitated by the government’s recent announcement of \$345.7 million in new funding for pharmacists to work onsite in aged care homes from January 2023.”

The study was completed in response to the recommendation from the Royal Commission into Aged Care Quality and Safety that called for the evaluation of the medication review system.

AACP CEO Grant Martin said the association felt it was crucial to support the ROSA studies to further progress Australia’s aged care system upgrades.

“The new evidence generated from this project enables accredited pharmacists to speak positively to the benefits of medication reviews in discussions with aged care residents and their doctors,” he said.

The research team is calling for medical practitioners to be more diligent in making referrals for medication reviews and encouraging aged care residents to be proactive in asking their GP for a review. ■

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## SELECTING AN AIR PURIFIER FOR USE IN AGED CARE FACILITIES

Air filtration has become a key line of defence in providing airborne control of SARS-CoV-2 in healthcare.

Many aged care facilities and hospitals across Australia have invested in air purifiers to reduce the airborne spread of the virus.

The science is clear when it comes to purifying the air. A German study at Goethe University in Frankfurt found in a room with all the doors and windows closed, air purifiers reduced the number of aerosol particles present by 90% in less than 30 minutes.

Speaking with Nicholas Kraus, the Managing Director of InovaAir Australia, an Australian air purifier manufacturer on the Central Coast of NSW, we asked what's important when selecting an air purifier in healthcare facilities?

### What type of air purifiers should be used?

When selecting an air purifier in commercial environments including resident and staff areas, it's important to get a system that includes an H13 medical-grade HEPA filter, is designed to run 24/7, and is engineered for commercial environments.

This is where the filter is made from paper with airtight seals. HEPA paper is used in medical applications because it guarantees the same high efficiency for the life of the filter which is typically up to 3 years.

Synthetic filters commonly found in the majority of consumer brand home air purifiers only last around 6 months before the efficiency of the filter starts to reduce. These types of air purifiers are better suited to dust & allergen removal rather than filtering viruses.

### Where should air purifiers be operated?

Resident rooms, common areas and staff rooms. They are designed to operate 24/7 and portability is key to allow for systems to be quickly mobilised to where they are needed most, eg, where an outbreak is located.

### Are air purifiers suited to daily surface disinfection?

Important consideration should be given to the construction materials of an air purifier. Not only should the air purifier be compatible with ethanol-based alcohol disinfectants, but

the exterior casing should also avoid crevices around the air intakes and discharge vents that could harbour viruses and bacteria, making the system difficult to disinfect.

### Why choose InovaAir?

InovaAir® purifiers only use medical-grade HEPA filters, providing up to 3 years between changes and guaranteed efficiency for the life of the filter. Unlike some of the cheaper plastic alternatives, InovaAir uses powder-coated aluminium construction making them well suited to commercial environments where disinfection is regularly required.

InovaAir is proudly Australian-made and owned on the Central Coast of NSW for over 19 years.

For further information visit [www.airclean.com.au](http://www.airclean.com.au) or call 1300 137 244.



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[www.inovairpurifiers.com.au](http://www.inovairpurifiers.com.au)



# IMPROVING MENTAL HEALTH ACCESS

While residents in aged care are more likely to experience mental health problem compared to the general population, not many are using government-subsidised mental health services. This is according to new analysis by Flinders University and the South Australian Health and Medical Research Institute (SAHMRI), which calls for organisational and policy changes to improve access.

“Residents in aged care are four times more likely to have depression and nine times more likely to have anxiety disorders compared to the general population of older Australians,” said lead author Dr Monica Cations, a psychology registrar and epidemiologist from Flinders University’s College of Education, Psychology and Social Work and affiliated Senior Postdoctoral Researcher with the Registry of Senior Australians at SAHMRI.

“Despite this, less than 3% of residents with a mental health condition in our cohort accessed funding subsidies for mental health services provided by GPs, psychiatrists, or allied health professionals, in contrast to almost 10% of the general population.”

The study analysed data from the Registry of Senior Australians on all non-Indigenous people living in 2851 Australian aged care facilities between 2012 and 2017, finding minimal increases in access across various categories in those five years.

The proportion of residents who accessed primary care mental health services was only 2.4% in 2016/17, and only 2.3% accessed psychiatry services.

“Difficulties for accessing mental health services was particularly pronounced for people with dementia, who were less likely than people without dementia to access any of the services, aside from psychiatry services,” Cations said.

“The under-identification and lack of non-pharmacological treatment of mental illness among people with dementia is a long-documented problem, partly explained by a widespread misbelief that people with dementia cannot benefit from non-pharmacological therapies.

“Mental health care is a pillar of the publicly funded health care system in Australia and the low use of publicly funded services among those living in residential aged care is indicative of major barriers to service access and uptake,” Cations said.

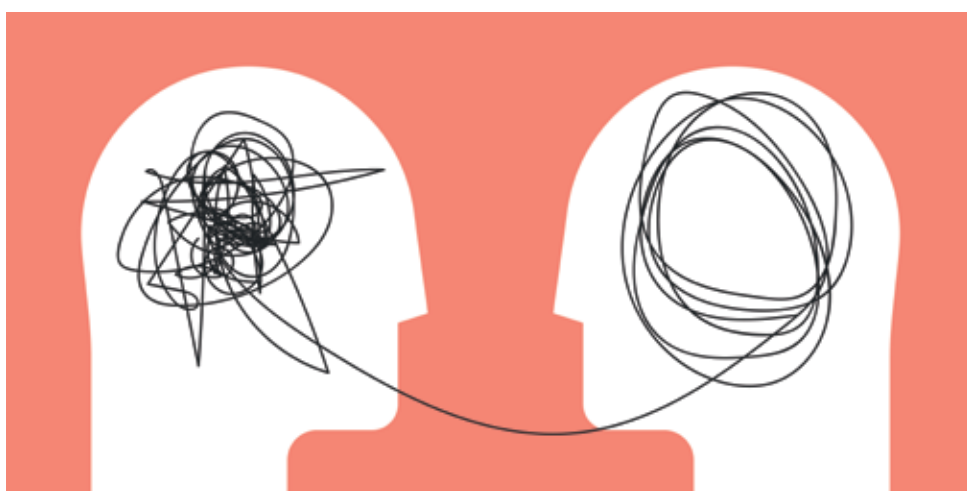
“These barriers, many of which were raised in submissions to the Royal Commission into Aged Care Quality and Safety, include a lack of expertise among the workforce, complex mental health service arrangements and eligibility requirements, costs of transport and low priority given to mental health needs unless it was likely to disrupt care or was distressing for residents and staff.”

While the authors acknowledge that residents may have received mental health services in ways not captured by the dataset (such as those employed by the facility), people living in residential aged care deserve equitable access to public services.

The Royal Commission made several recommendations related to mental health services in their final report, but work is needed to implement them. The authors recommend permanently widening eligibility criteria for Medicare access, initiatives to train and embed the mental health workforce into aged care services, upskilling existing staff, clearer referral pathways and the ongoing monitoring of programs to ensure quality and continued investment.

“Appropriate treatment and management of psychological needs can have wide-ranging benefits including improved quality of life for residents, reduced staff turnover and reduced behavioural disturbances and related costs,” Cations said.

“Our study indicates a need for significant and sustained organisational, policy and funding changes to improve access to mental health care for aged care residents.” ■



# A DISRUPTIVE INFLUENCE

LAINI BENNETT\*

When registered nurse and mother of four Tamar Krebs launched her business, Group Homes Australia, she was determined to disrupt the aged care industry. For too long, there had been no alternative to the traditional care model, particularly for those living with dementia, and she believed the industry was ripe for change. Here, Krebs shares her leadership journey and lessons learned, including her steep learning curve and facing down discrimination.

Tamar Krebs was relaxing at home one afternoon in 2009, leafing through the local newspaper, when the mother of four saw advertisements showcasing homes for sale. Suddenly, she had an epiphany. What if she could turn one of these beautiful homes into residential care for a small number of elderly people, with 24-hour staff? She envisaged a warm, caring environment where the residents could remain in their local community, enjoying cooking meals and family visits.

### EARLY INFLUENCES

Krebs thought back to her childhood in New York, USA, living with her great grandfather, with whom she'd been very close. When he became frail and unwell, her family chose not to move him into a nursing home. Instead, they cared for him until he died peacefully at home, surrounded by extended family. Krebs had felt blessed to be by his side.

It wasn't until years later, when she was a registered nurse working in aged care, that she realised her experience was unusual. "People don't die in the comfort of their homes, surrounded by their loved ones," she said. "They sadly passed either in hospital beds or nursing homes, surrounded by strangers and unfamiliar smells and feelings." It was an outcome Krebs wanted to change. Why shouldn't more elderly people share her great grandfather's positive experience?

So began a journey that would see Krebs launch a new aged care business that, within a decade, not only disrupted the industry but was lauded by the Royal Commission into Aged Care Quality and Safety as a positive model of care.

### NOT A STAY-AT-HOME MUM

Krebs was inspired to become a registered nurse and work in aged care by her experience with her great grandfather. By 2005, Krebs had managed several aged care facilities, was married with a two-year-old son and pregnant with twins when she migrated to Sydney, Australia, for her husband's work. He had been appointed as the rabbi for a local synagogue.

Having just arrived in another country, Krebs thought she might be content as a stay-at-home mother. She was certainly busy. Aside from having three children under age two, Krebs was performing the role of a rebbetzin (rabbi's wife). Most weeks, she hosted up to 60 people for lunch or dinner; she counselled couples and troubled teens, taught biblical studies and attended weddings, bar mitzvahs and funerals.

But supporting the community was her husband's aspiration; hers was to care for the elderly.

"I wasn't happy being a stay-at-home mum," Krebs admits. "I was really happy coming home at the end of the day feeling fulfilled and then spending time with my children, having had a really stimulating day.

"I admire those who choose to stay home. Personally, I don't think one is right or wrong."

Within six months of arriving in Sydney, Krebs had commenced a Master of Health Service Management and was Executive Manager of dementia care at a major new nursing home. With her husband's support, she juggled working full-time with studying part-time, caring for their children and maintaining her role as rebbetzin.

"I'm a good mother and leader because of my husband, not despite. He's very hands-on and very involved. It's not that I help him or he helps me. It's a partnership," Krebs explained.

She also does not ascribe to the work-life balance philosophy; instead, she prefers 'work-life juggle'.

"When we strive for balance, we feel like we're failing. But when we strive for a good juggle, we feel like we're competent," Krebs said.





## TURNING HER EPIPHANY INTO REALITY

In 2009 Krebs, now a mother of four, began researching to see if her epiphany of a shared home in the community existed elsewhere. She learned that it was a popular concept in the USA, where they were called group homes. But it was one thing to have an idea; how did she turn it into a reality?

She sought out business mentors to guide her. She found ready mentors in businessmen Gary Zamel and Larry Fingelson, whose experience and wisdom kept her motivated while bringing her vision to life.

As she met with potential investors, she was disconcerted to realise that people had Googled her beforehand and, on learning that she was a rabbi's wife, came armed with preconceived ideas, some of which were politically incorrect and discriminatory. For example, one man told her he loved the concept of a group home but wouldn't invest because she was a risk to the business. "Don't rebbetzins have lots of children? What if I invest in you and you want to go and have more kids?" he'd said.

Such experiences both motivated and demoralised Krebs. While they put fire in her belly to succeed, she also had a running battle with imposter syndrome. But, ultimately, she learned to co-exist with it, harnessing her anxieties by using them as an opportunity to remain curious, keep learning and find ways to improve herself and her business.

## POUNDING THE PAVEMENTS

It took 62 meetings and 38 presentations over nine months before Krebs finally found people who understood her vision and would support her as the founder of the business. She began building her first group home on Sydney's leafy North Shore before realising a faster option would be to renovate an existing home. But it wouldn't matter how many homes she had if no one knew about them.

"I went to every doctor, every geriatrician, psychiatrist, hospitals, social workers, physio, clinics, podiatry, clinic, everywhere," Krebs said. "I was stomping the pavement, saying this is a new model."

The first person who showed interest was a doctor whose mother needed care, but she didn't want to put her in a nursing home. Another had a mother with Alzheimer's. By the time Krebs launched Group Homes Australia with her first six-bed home in November 2012, six families were ready to move their loved ones in.

"I was over the moon, joy, but I didn't allow myself to celebrate because I felt like if I did victory laps at that point, it was premature," Krebs said. So instead, her priority was ensuring her

### Tamar Krebs' career tips

**1:** Your life goals are just as important as your partner's. It must be your choice if you want to pursue a career or stay at home with your children.

"You're not living anyone else's life; you're living your own life. You have to be able to define what that looks like and discuss with your partner who will be the breadwinner and whose career are we investing in now?"

**2:** If you are experiencing imposter syndrome, make sure you have good mentors to help break down your self-imposed barriers and negative self-talk.

"We're pretty brutal to ourselves, and we would never talk to anyone the way we talk to ourselves."



### Tamar Krebs' leadership lessons learned

- Back yourself. Don't listen to your negative inner voice.
- Harness your vulnerabilities and make them your superpower.
- Be curious and keep learning.
- Demonstrate integrity and honesty as a leader.
- Bring your authentic self to work. "You inspire people when you're authentic."

new residents were in a home that looked, felt and smelled like a real home, with 24-hour care from people who could think outside the square.

As each new group home opened, Krebs worked with her team to continue improving and refining the concept, taking on board feedback from residents and their families. Over time, she took on a co-CEO and hung up her rebbetzin hat, focusing entirely on her business. "I still support my husband on the weekends but no longer teach or provide counselling," she said.

## ADVOCATING FOR THE ELDERLY

Today, Krebs is Founder and Executive Director of 14 group homes, with another nine currently in the works. Her CEO runs the business day to day while she focuses on continuing to innovate in aged care, such as collaborating with the Australian Chamber Orchestra on a theatre production for people living with dementia.

"It's advocacy, to try and break down the stigma," she said. Ultimately, however, Krebs wants to see group homes available to elderly people living with dementia in every Australian neighbourhood so they too can be surrounded by warmth and familiarity when they are most vulnerable. Her great grandfather may have been the inspiration, but Krebs has the motivation and the determination to make it happen. ■

*\*Laini Bennett writes a women in leadership column. Visit [lainibennett.com](http://lainibennett.com).*



## IDDSI-compliant ready made meals

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SGS, Australian Organic, Eat Safe, GMP and can also produce HALAL certified meals.

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# LEADING THROUGH THE EXPANDING HORIZONS OF IPC



**ACIPC International Conference**  
**13–16 November 2022**  
**International Convention Centre Sydney and Online**

Infection prevention and control (IPC) is a critical element within health, both acute and community and our aged care settings. However, the last two years of the COVID-19 pandemic has highlighted the importance of IPC to those in the broader community. While the pandemic has dominated on so many fronts, it has also provided an opportunity to showcase the IPC leadership and innovation that exists within Australia.

The 2022 ACIPC Conference, to be held in Sydney, will focus on: Leading through the expanding horizons of IPC. The conference will provide an opportunity to reflect on the lessons learnt during the pandemic, the adaptations that have been made, the innovations that have occurred in IPC, along with other developments in industry and research. It will also showcase and celebrate the leadership shown during the pandemic.

The conference will focus on capturing new approaches and thinking, as well as the cornerstones of IPC: healthcare epidemiology; antimicrobial resistance and stewardship; IPC in long-term care and non-clinical settings; education, training and staff development; community engagement and patient care.

Confirmed speakers include:

- Benedetta Allegranzi, Technical Lead, Infection Prevention and Control Hub and Task Force, World Health Organisation
- Margaret Leong, Infection Prevention and Control Advisor, Pacific Community
- Jo Henderson, Clinical Nurse Consultant, VirtualKIDS, The Sydney Children's Hospital Network
- Forbes McGain, Anaesthetist and Intensive Care Physician, Western Health, Melbourne
- Joan Carlini, Founding Chair, Gold Coast Hospital and Health Service Consumer Advisory Group
- Visit the website [www.acipconference.com.au](http://www.acipconference.com.au) for more speakers and presentation topics.

## PRE-CONFERENCE WORKSHOP — INFECTION PREVENTION AND CONTROL IN RESIDENTIAL AGED CARE FACILITIES

**Sunday, 13 November**  
**International Convention Centre Sydney and Online**

Effective 1 December 2020, each residential aged care facility is required by the Aged Care Quality and Safety Commission to appoint a minimum of one infection prevention and control (IPC) Lead. This is to ensure that providers are better prepared to prevent and respond to infectious diseases, including COVID-19 and influenza. The IPC Lead's role within the facility is to observe, assess and report on infection prevention and control, and to assist with developing procedures and providing best practice advice. The intention is to make sure each service has up-to-date infection prevention and control and outbreak management processes and procedures in place which are reflective of best practice.

The overarching aim of the workshop will be to work with participants to establish a greater understanding of the IPC Lead role and responsibilities at both national and organisation levels. The benefits, challenges and learnings will be discussed in order to inform the mandatory framework, identify support initiatives and promote success.

The workshop is targeted at those nurses who are new or experienced in the IPC Lead role, those responsible for clinical governance within their organisation, educators, aged care providers, quality assessors and those who may be seeking to introduce the IPC Lead program into the home care service setting.

Invited guest speakers from the public and private residential aged care sector and infection prevention and control will share their insight of IPC lead programs with respect to the different contextual needs of the setting, and facilitate and participate in group discussion.



### More information and registration

Visit the website for the full program and registration details: [www.acipconference.com.au](http://www.acipconference.com.au).

If you have any questions regarding the conference, please contact the Conference Managers, Conference Design, [mail@conferencedesign.com.au](mailto:mail@conferencedesign.com.au), +61 (0) 3 6231 2999.

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# A DAY

## IN THE LIFE \_\_\_\_\_





# JILL DEXTER

## REFLECTS ON 50 YEARS OF SERVICE

Jill Dexter, a Canberra-based nurse and a mum-of-four, started her nursing career around five decades ago with a three-year hospital-based training program.

This program was essentially “on-the-job training. At the time, nurses learnt from their peers. In 1985, nursing education was transferred from hospitals to the higher education sector and the role of the nurse shifted from subordination to advancing autonomy of practice,” Jill said.

Her desire to make a positive difference in the lives of the elderly and improve their quality of life saw her move from acute care to aged care. Fifty years later, Jill is a manager at BaptistCare’s Carey Gardens aged care home in Canberra, managing a team of 60+ staff at the 65-bed facility.

“The demand for qualified registered nurses was growing and the need to upskill registered nurses in aged care was the incentive to attract me to pursue my career in aged care, where I could share my knowledge and skills with my colleagues,” she said.

Having worked in the sector for over 50 years, Jill is well aware of the challenges it brings. As a manager, her biggest challenge is staff retention and recruitment. “We cannot attract sufficient staff as they continue to be underpaid and undervalued. Another challenge is maintaining a high level of care for our residents. In the past two years, the COVID pandemic has heavily affected residents, staff and families. Our goal is to keep everyone safe from COVID. We need more carers to continue to deliver safe, quality care to our residents,” Jill said.

“Staff who are currently working or are planning to work in aged care know that this sector is in a crisis. It frustrates them that despite a recent Royal Commission into Aged Care, poor staffing levels and poor pay continue,” she said.

Given the myriad challenges facing the aged care industry, maintaining high morale can be particularly challenging. “... but working as a team, caring, and supporting each other has developed trust between us all,” according to Jill.

Nursing is about developing positive, trusting relationships with people, Jill said. “We reassure our residents and their families that they have skilled registered nurses in palliative care who will provide a high level of comfort care with the support of family members. An advanced care directive is completed for all residents, which outlines their preferences of care. We make sure that our residents are kept as comfortable as possible and have a dignified death. Nurses also support families and comfort them following the death of their loved one.”

The spread of COVID-19 has no doubt created additional pressures, but it hasn’t deterred Jill’s passion for service.

“We are constantly navigating the crisis to minimise the impact on the quality of care. Despite the daily challenges, I get great satisfaction that we provide our residents with quality care, compassion, empathy and support. My relationships with residents and their families are something I enjoy. I enjoy listening to residents’ stories and reminding them they are important and valued. I feel appreciated and feel proud and privileged to be caring for these vulnerable people nearing or at the end of their life,” Jill said.

Jill encourages people who are interested in a nursing career to volunteer or complete a certificate in aged care. “This will give them some experience caring for people in the community and those who are ill. This short experience will assist the young person to make their choice,” she said.

“Nursing is one of the most rewarding careers; however, it takes a special type of person to become a nurse. Nurses need special qualities such as compassion, empathy, patience and a passion for caring and helping others.” ■

# HUMOUR TO DEMISTIFY DYING



Indigenous comedian Sean Choolburra is the voice behind a new QUT-led animation series that uses humour to help demystify and destigmatise palliative care and dying for Aboriginal and Torres Strait Islander peoples.

The QUT-based Indigenous Program of Experience in Palliative Approach (IPEPA) developed the animations to educate and entertain communities and health professionals in a grassroots way about palliative care, serious illness, grief, feelings and pain management. The IPEPA Project Director, Distinguished Professor Patsy Yates, is a nurse and recognised leader in palliative care research. She is co-director of the QUT Centre for Healthcare Transformation and Executive Dean of the QUT Faculty of Health. Yates said content for the IPEPA animations was led by Aboriginal and Torres Strait Islander people and drew on cultural strengths and perspectives. "Using humour to communicate about dying was a risk, but communities let us know it played an important role in their resilience and was the best way to engage people," she said.

The animations feature hero 'Sean', voiced by Girramay, Kalkadoon, Pitta, Gugu Yalanji man Choolburra, who embarks on a journey to understand palliative care and explores different aspects of what happens when people are diagnosed with a life-limiting illness.

Choolburra said he did not know about palliative care before the passing of his mother in 2020. "I was yarning with Mum one week and the next she was in palliative care. I didn't know what palliative care was," he said. "I thought that you go in, you get alright and you get out.

"We only had a week or so left, but palliative care allowed me to prepare for Mum's death and say my final goodbyes." Choolburra said talking about his mum's death in his comedy shows was a part of his grieving and healing.

"It was still hard to talk about my mum passing because she's your mum, but also because it's sorry business and other people are grieving.

"I turned my grief into a routine where people didn't know whether to cry or laugh because it was so funny.

"In one skit I talk about doing up Mum's grave. I got ideas from Better Homes and Gardens and went to Bunnings for gardening stuff, bark, rocks and baby emu statues.

"There was a sale on solar garden lights, but when they all lit up around Mum's grave it looked like a tarmac. I heard a plane behind me and realised the cemetery was right near the airport.

"Comedy can help take the heaviness away from grief and deflect the main component of death."

Yates said many people in Aboriginal and Torres Strait Islander communities were unaware of services available to them, misunderstood palliative care or had unresolved grief and loss that made it difficult or taboo to talk about death and dying.

"Through consultation with communities, we learned that the passing of a loved one can re-traumatise Indigenous communities and disconnect people spiritually and physically from each other," Yates said.

Knowing a loved one was fulfilled and had everything they wanted can reduce conflict and emotion caused by their passing, so the community can instead focus on healing."

Yates said the IPEPA animation scripts were developed by Aboriginal and Torres Strait Islander communities, palliative care workers and health professionals with experience in a range of healthcare settings. ■

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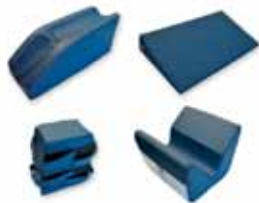
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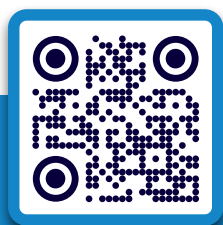
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