

agedhealth

PRODUCTS, SERVICES AND SOLUTIONS FOR A BRIGHTER AGED CARE FUTURE

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FROM THE EDITOR

Aged care is a complex puzzle. With an aging population, the care needs are rising at a rapid pace, but a shortage of workers and rising inflation are putting tremendous pressure on care providers and staff as well as the elderly living in the community.

The Albanese government's first Budget brought some respite with a \$3.9 billion package of reforms to improve outcomes and "ensure older Australians in care are treated with the respect they deserve". But there is still a long way to go. This issue's lead article features a tireless registered nurse, academic and researcher, Professor Yun-Hee Jeon — who was recently recognised as one of the top 50 leaders globally by the United Nations for making the world a better place for the elderly. Read the article for her insights on improving care outcomes and learn more about her projects and pilot programs to improve care across Australia.

This issue's Design Matters feature showcases a new dementia-friendly facility in Victoria that will provide care for 120 older Victorians and cater to the more complex needs of its residents. To learn more about the facility, go to page 20. Laila Kaawi, an aged care support worker and trainer, is the guest for this issue's 'Day in the Life' feature. She shares why she thinks it's rewarding to work in this sector and reflects on her journey so far.

This issue features many more interesting articles, insights and products with topics covered including: infection prevention and control in care settings, advance care planning, supporting dementia care at home, reducing aggression in care settings and more.

Happy reading!

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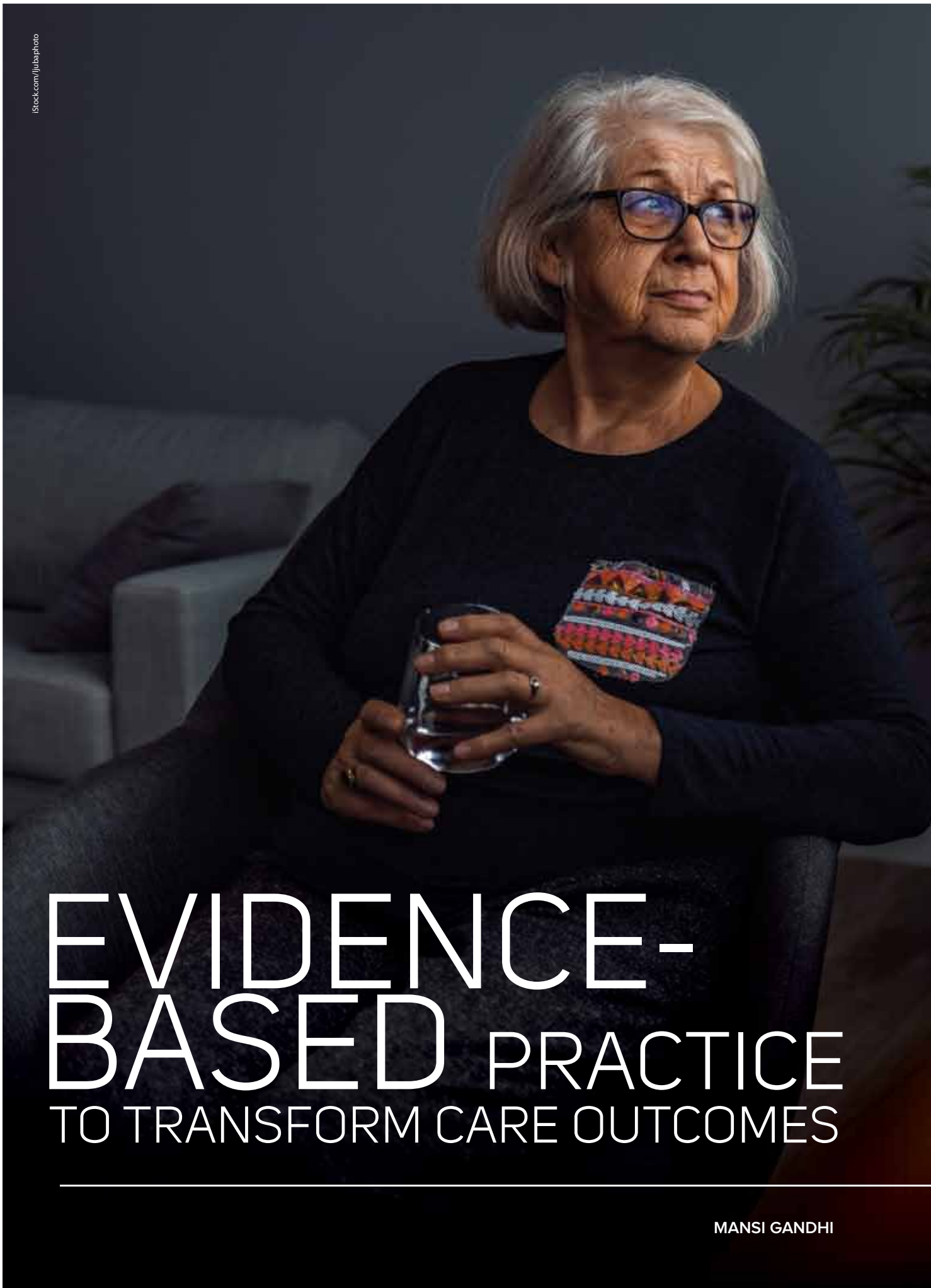


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EVIDENCE- BASED PRACTICE TO TRANSFORM CARE OUTCOMES

MANSI GANDHI

Professor Yun-Hee Jeon, a registered nurse and an academic, has spent more than two decades on psychogeriatrics and gerontology research, with a strong passion and determination to improve health and wellbeing of older people and for improving care outcomes.

Professor Jeon, Director, StepUp for Dementia Research and StepUp for Ageing Research, and a Susan and Isaac Wakil Professor of Healthy Ageing in the University of Sydney's Faculty of Medicine and Health, was recently recognised by the United Nations (UN) as one of the top 50 global leaders who are working to transform the world to be a better place in which to grow older.

The Healthy Ageing 50 is a new UN Decade of Healthy Ageing initiative supported by the World Health Organization (WHO), the UN Department of Economic and Social Affairs (UNDESA) and the World Economic Forum (the Forum).

"I have been working in dementia and aged care research for the last 23 years and my work is all about improving quality of care, supporting healthy aging and also supporting people who are providing care to those living in aged care homes or in the community." Jeon is also working on developing and evaluating models of care for older people, improving the quality of life of those with dementia and building workforce capacity.

"A model of care is about having a good system and governance for service delivery. We tend to focus on single interventions, which can be challenging to embed in day-to-day practice. If you develop a model of care in consultation with staff and service providers, enable them to deliver it while providing some form of structure, then the intervention becomes part of routine practice."

REHABILITATION AND RE-ENABLEMENT

One of Jeon's key focuses is to ensure older people with dementia receive rehabilitation/re-enablement. "Dementia is a condition where people often feel completely helpless and hopeless. The principle of this approach to care is about recognising that one of the top priorities for a person is to maintain their independence — things that they can and cannot do — with an emphasis on the person's capabilities. When we provide care on the principles of rehabilitation and using rehabilitation interventions they manage their health and issues affecting their health better," she said.

Jeon is the lead investigator for the Interdisciplinary Home-based Reablement Program (I-HARP) — a project that promotes aging well in the community and aims to improve dementia outcomes through at-home care. I-HARP is based on CAPABLE, a program developed by Johns Hopkins University to help older adults age in place.

As a part of the projects, the researchers conducted a pilot study involving 18 people with dementia and their carers. The study showed potential benefits in terms of individual goal attainment, mobility, independence, wellbeing and confidence, according to the University of Sydney.

The program is delivered by an occupational therapist and registered nurse — with the involvement of other allied health professionals as needed



— over a period of four months. Building on the success of the pilot, the team has conducted a larger trial, funded by the National Health and Medical Research Council (NHMRC) to understand how best this program can be implemented in ‘real-life’ settings (2018-2022).

Industry partners for the project included Anglicare, BaptistCare, Canterbury Hospital, Concord Hospital, Royal North Shore Hospital and Ryde Hospital.

The program includes a maximum of 12 home visits for the person with dementia, three information and support sessions for their carer and provision of minor home modifications/ assistive devices to improve home safety and reduce the risk of falls.

Study participants said that focusing on their abilities was reassuring and gave them a feeling of hope and independence. The one-on-one, hands-on approach, continuity and regularity of visits, and specialised yet easy-to-follow suggestions from each clinician were said to be some of the key reasons for the success of the program.

The pilot study showed “within 12 months of taking part in the study, participants had fewer falls, fewer hospital admissions and none had moved into residential aged care”. The main trial results are soon to be published with promising outcomes for those with mild dementia (early stage), indicating the importance of early intervention.

MAINTAINING INDEPENDENCE

When it comes to dementia and care planning, one of the top priorities according to Hee Jeon is that those being cared for maintain their independence. “When we provide care on the principles of rehabilitation, using rehabilitation interventions, people manage their health issues better,” Jeon said.

“Dementia is a condition where people often feel completely helpless and hopeless. It is an umbrella term for a lot of conditions, and depending on the type of dementia people have, they have different trajectories and prognosis, and we need to design interventions accordingly based on their needs and preferences.”

“We help service providers understand the importance of rehabilitation and how they can deliver the rehabilitation approach. There are a lot of different interventions that can be used, but we need to give providers and clinicians some sort of structure and support,” Jeon said.

The University of Sydney is currently leading a partnership project to work with dementia and aged care industry leaders to promote the implementation of person-centred reablement support for people living with dementia in residential aged care. The project has been awarded \$1.2 million under the National Health and Medical Research Council (NHMRC)

Partnership Project scheme, with co-contribution from partners bringing the project total to over \$3 million.

The project involves providers HammondCare, Calvary, Whiddon and Bolton Clarke, Aged & Community Care Providers Association (ACCPA) and Dementia Australia. Jeon, Chief Investigator on the project, said historically people with dementia, particularly those in residential aged care, were deemed unsuitable for reablement or rehabilitation programs because of the progressive nature of the condition. However, growing evidence shows the benefits of such programs for people living with dementia in the community, helping them maintain independence for as long as possible. This new project is a culmination of her work to bring reablement and rehabilitation in dementia care to the fore in the past 10 years nationally and internationally, according to Professor Yun-Hee Jeon.

“Currently 52% of residents in aged care homes in Australia have a diagnosis of dementia, with an additional 20 to 30% with some form of cognitive impairment,” Jeon said.



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CREATING A PLAYBOOK

The five-year clinical trial with aged care providers will see partners co-design, implement and assess the effectiveness of reablement programs with the ultimate goal to disseminate a sustainable reablement model for residential aged care, Jeon said. The project aims to create a playbook that can also be used by other aged care providers to improve care outcomes.

“This is an important priority as we know these programs can make a significant and meaningful difference in people’s lives and are very much in line with the recommendations of the Royal Commission into Aged Care Quality and Safety,” according to Jeon.

The multidisciplinary research team comprises leading experts in nursing, speech pathology, physiotherapy, neuropsychology, occupational therapy, dietetics, health economics, geriatric medicine and policy development from the University of Sydney, Queensland University of Technology, Monash University and The University of Queensland.

“Reablement programs focus on the individual and involve setting goals and strategies to help people maintain or improve their independence and daily function. This includes the ability to perform everyday tasks or to do the things they enjoy.”

Jeon has also worked on the development of workforce capacity in aged care and is a leader in establishing evidence- and practice-based benchmarks and tools for assessment, and outcome measurement in dementia, according to the University of Sydney. Read more about her work here.



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Our healthcare industry faces some significant challenges over the next few years.

Most pressing is one of Australia's largest labour shortages, which has left our aged care sector short of 35,000 workers each year and the disability sector in need of 83,000 more workers by 2024 to fill gaps in the NDIS.

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A recent survey of Australian aged care staff

found two-thirds are planning to leave the sector in the next four years, partly because of too much paperwork and high levels of stress.

Reducing paperwork by automating manual processes can relieve this pressure by helping employees get through admin tasks more efficiently, giving them time back in their day.

Rather than having to manually find client information from different sources, a digital system means workers can easily capture, record and access data from one place, no matter where they are. Staff will ultimately be more productive, with more time to care for clients, greater job satisfaction, and less risk of burnout.

2. Make compliance easier

Aged care and NDIS compliance regulations are increasingly complex as the care sector seeks to lift standards on the back of the relative Royal Commissions. Providers must stay up to date to maintain compliance, but this can be costly and time-consuming.

Technology can make this process much more efficient. Regulatory and government-driven price changes could be incorporated automatically into a provider's system rather than added manually. This boosts productivity by reducing the time spent on compliance and lessens the risk of incurring breach notices and penalties.

3. Drive financial efficiency

Care providers often spend a significant amount

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4. The end goal: business sustainability

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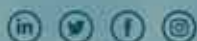


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REDUCING AGGRESSION

IN AGED CARE

A new pilot program has helped reduce aggression and shown positive outcomes for residents as well as staff at a Crows Nest aged care service.



The Resident Experience Ambassador (REA) Pilot, funded by WorkCover Queensland, aimed to reduce the risk of injury to staff from resident aggression in aged care memory support units.

The pilot introduced a specific ambassador care role in which three personal care workers and an enrolled nurse were specifically trained to make meaningful connections with residents and de-escalate situations. The pilot included up to 24 hours of ambassador shifts per week during the three-month trial.

Tatjana Jokic, Principal Consultant and Psychologist from JK Corporate Resourcing who delivered the training, said that the ambassadors learnt how to use a person's life story to discern unmet needs. They were then equipped with strategies to meet those needs.

"Our face-to-face training involving workshop-style feedback and role-plays, alongside our ongoing mentoring, were key to seeing head-knowledge put into practice. It allowed care workers to be proactive instead of simply reactive," Jokic said.

"Internationally, no one has used care staff to do behaviour management like this. This is the first time that behaviour management doesn't use restrictive practice."

The pilot recorded an overall reduction of incidents of aggression from residents — with no incidents occurring when the ambassadors were present. Care workers also observed an enduring improvement of residents' behaviour after the pilot ended.

Janine Elliot, Crows Nest Aged Care Service Manager, said, "Ambassadors were really good at making meaningful connections with residents and this met a deep-seated need that exists in all people — the need to be known and to have meaningful relationships."

According to Jokic, a key part of the program was that the ambassadors were not in uniform, removing an obstacle to normalcy and relationship-building between the residents and the ambassadors.

"A uniform represents the organisation, a position of power, and that is not normal. It says to residents they've been institutionalised and they're not at home. It also represents the end of their own independence," she said. The ambassadors' plain clothing made residents feel like they were engaging with an ordinary person in a normal environment.

"Normalising everyday life is very important in treating people living with dementia," Elliot added.

A male resident who'd had no visitors in his five years at the service was part of the pilot. "The ambassadors went to see him, and because they were in plain clothes, he believed they were his visitors who had come to see him. His whole demeanour changed — he was just beaming," said Penny Behan, Churches of Christ Health, Safety and Wellbeing Manager.

Behan, who attended the training, coordinated the project and visited the staff during the pilot, is excited about the potential impact this training can have both for staff and residents in aged care settings.

"With just a small increase in well-trained staff, aged care services can experience powerful positive transformation, benefiting both residents and staff," Behan said.

"The improvement in resident behaviour opened up extra time for staff to complete their tasks, leading to better quality care, better quality relationships and better working conditions," she added.

One of the ambassadors, Linda Hanson, is an enrolled nurse with 32 years' nursing experience.

"There has never been any training as effective as the ambassador training in turning knowledge of a resident's life story into practical, applicable strategies and interventions. It has had such an immediate and positive impact on the living and working environment for residents and staff," she said.

Jokic said that they didn't want organisations to feel dependent on the JK Corporate Training. She hoped to see the successful results from this pilot overflow to benefit all staff and be implemented in other centres.

"Once an ambassador is trained, they can go on and train the other staff. The strategies are not difficult to learn or pass on," she said.

With the resounding success of the ambassador in reducing incidents of aggression and upskilling other care workers, the Unit has continued to roster on a care worker for afternoon shifts. Elliot said that it's important for that person to think like an ambassador and that the pilot sends a clear message to the industry that there is an answer to occupational violence. "In the end it all comes down to adequate and well-trained staff," she said.

"All our staff can now make those connections that an ambassador makes and it has made the world of difference having that extra person on," she said.

The program is a finalist for the Worksafe Queensland 2022 Safe Work and Return to Work Awards in the category of 'Best demonstrated healthy and safe work design', which recognises that designing healthy and safe work is fundamental to improving health, safety and wellbeing in the workplace. The award winners will be announced on 21 October. ■



INNOVATIVE ASSESSMENT TOOLS

TO IMPROVE QUALITY OF LIFE IN CARE SETTINGS



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The Australian Government is introducing six additional quality indicators for residential aged care, incorporating new consumer experience and quality-of-life tools developed by a multidisciplinary research team led by Julie Ratcliffe, Professor in Health Economics at the Caring Futures Institute.

The Flinders-designed QCE-ACC (Quality of Care Experience Aged Care Consumers) and QOL-ACC (Quality of Life Aged Care Consumers) tools were created with older Australians accessing aged care services across both residential and home care settings. They have been designed as person-centred tools for quality assessment and economic evaluation.

From 1 April 2023, the crucial tools will be incorporated into the National Aged Care Mandatory Quality Indicator Program (QI Program) to capture:

- **Consumer experience** — percentage of care recipients who report 'good' or 'excellent' experience of the service.
- **Quality of life** — percentage of care recipients who report 'good' or 'excellent' quality of life.

From their inception, the QCE-ACC and QOL-ACC tools were developed with older people and have already been implemented with more than 1000 older Australians accessing aged care.

The QCE-ACC includes six questions focusing on key attributes to the quality of care experience and the QOL-ACC includes six questions focusing on key attributes of quality of life.

Ratcliffe said the QI Program is providing transparent information on the quality of aged care services to support decision-making about residential aged care.

"Many Australians require support to enjoy a good quality of life and the need for effective assessment tools to address the quality of outcomes in the residential aged care sector can't be overstated, particularly when ensuring residents are making the best decisions for their care moving forward," Ratcliffe said.

The expansion of the QI Program follows a rigorous process including analysis of the international literature, extensive sector consultation, technical expert input and a pilot in a nationally representative sample of residential aged care services.

The analysis paper led by psychometrics expert Dr Jyoti Khadka from the Caring Futures Institute, published in the journal of *Quality of Life Research* earlier this year, highlights the effectiveness of QOL-ACC in achieving its desired outcomes.

The QI Program currently requires residential aged care providers to report on five areas of care, including pressure injuries, physical restraint, unplanned weight loss, falls and major injury, and medication management.

Consistent with the recommendations of the Royal Commission into Aged Care Quality and Safety, these crucial new quality indicators will be introduced from April 2023 and reported by all approved providers of residential aged care in July 2023. ■

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Newly published Australian research describes the patterns of emergency department (ED) presentations for patients referred from residential aged care facilities (RACF) and the predictors of 30-day mortality (death) in the same patient cohort.

The findings of the study¹, said to be the largest of its kind undertaken to date, indicate two key areas that need to be addressed to help reduce hospital re-admissions and ED admissions for RACF residents:

1. The need to improve access to clinical care within RACFs.
2. A need to improve coordination between care providers.

The paper by Chiswell et al. (2022), published in the *Australian Health Review*, presents an analysis of linked state-wide emergency, inpatient and death data from 136 public ED hospitals in New South Wales, Australia. Specifically, linked data from the NSW Emergency Department Data Collection database, the NSW Admitted Patient Data Collection database and the NSW Registry of Births, Deaths and Marriages allowed the authors to analyse 43,248 ED presentations between January 2017 and July 2018, aged 65 and above, and who had come to hospital from an RACF. Analysis considered ED diagnosis categories, readmission rates within 30 days and 30-day all-cause mortality.

The research found that the most common reasons for ED presentations were injury (26.48%), most commonly due to falls, respiratory conditions (14.12%) and cardiovascular conditions (10.74%). It also found that 30-day mortality and readmission rates were high for this cohort at approximately 15% and 21% respectively. Prolonged length of stay in the ED and re-admission within 30 days were found to be a predictor of increased mortality.

Data also showed that there was a range of both high- and low-urgency presentations. Of patients in the ED, 68% were admitted to hospital and 32% were discharged from the ED. A total of 34% of patients were admitted or discharged from the ED within four hours of arrival.

IMPROVING ACCESS TO CLINICAL CARE WITHIN RACFS

The authors have suggested that the high re-admission rate seen for patients readmitted within 30 days, compared to the same age group in general ED presentations (21% compared to approx. 5%) provides an opportunity for improving access to clinical care within RACFs.

They have also suggested that one way to enable greater access to clinical care within an RACF is the earlier identification of a resident's deterioration and a focus on those with risk factors for ED presentations (increased age, complex care needs, polypharmacy and delirium history).

However, improving access to clinical care in RACFs faces major barriers, as set out in the findings of the Royal Commission into Aged Care Quality and Safety. One of the main and most significant barriers includes workforce issues in aged care and general practice.



THE ROLE OF ADVANCE CARE PLANNING IN REDUCING ED PRESENTATIONS

REBECCA HADDOCK* AND NAOMI SHERIDAN**

IMPROVING COORDINATION BETWEEN CARE PROVIDERS

In addition to the high re-admission and mortality rates, the research also found that a large number of RACF residents were non-urgent presentations and that many were staying longer in the ED than the emergency treatment performance target of discharge or admission (within four hours).

The authors suggest that better coordination and communication between hospitals, RACFs and other care providers (such as Geriatrics Outreach Services, Hospital in the Home and allied health providers) might help to avoid non-urgent ED presentations and improve outpatient services to reduce re-admission.

A major barrier to care coordination is the systematic fragmentation of the Australian health care and aged care systems.

ADVANCE CARE PLANNING, A PARTIAL SOLUTION

Advance care planning enables the provision of palliative care at the RACF, particularly when appropriate and preferred by the patient, and provides an achievable solution to reducing ED presentations from RACFs.

This is not, however, an easy solution, nor is it a magic bullet. The authors point to a recent audit² which demonstrated that: "Many patients from RACFs do not have advance care planning documentation or an Advance Care Directive and, when they do, it often lacked adequate information required to provide care in full accordance with the patient's wishes."¹

Yet Advance Care Planning should be embedded as part of a resident's health care. It is person-centred and addresses the challenges that an aging population face — that is, loss of the ability to make decisions about one's own care³.

End of Life Directions for Aged Care (ELDAC), a national specialist palliative care and advance care planning advisory service funded by the Australian Government Department of Health and Aged Care, can help support efforts to address the access and coordination needs identified in this research. The ELDAC Primary Care Toolkit can guide primary care providers and teams through the steps in providing palliative care and supporting advance care planning with patients and their families. In addition, the toolkit also supports general practices to develop capabilities in the provision of continuous and comprehensive care relating to palliative care (aligning with Criterion GP2.1 of the RACGP standards for general practice).

The ELDAC Residential Aged Care Toolkit is designed for health professionals and care staff providing palliative care and supporting advance care planning for older Australians living with advanced life limiting illnesses, their families and carers.

Originally published on the End of Life Directions for Aged Care (ELDAC) website. ■

**Adjunct Assoc Prof Rebecca Haddock, Executive Director, Knowledge Exchange, Deeble Institute for Health Policy Research, Australian Healthcare and Hospitals Association.*

***Naomi Sheridan, Policy Officer, Australian Healthcare and Hospitals Association.*

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SPC CARE'S LEADERSHIP IN THE IMPORTANCE OF FOOD SAFETY

COVID-19 and influenza rates continue to impact daily life and may linger for some time. Prioritising hygiene to minimise infections remains a concern for Australian consumers and one that will likely become the new norm in our post-COVID routines. During these uncertain times, consumers increasingly look for food security, reassurance, and trusted brands. It is now more important than ever for the food industry to be providing safe food choices by trusted brands which support both local agricultural and food production economies.

SPC is a proud Australian manufacturer of fruit and vegetables, based in the Goulburn Valley Region of Victoria. **SPC Care**, the nutrition health care division within SPC, aims to meet the unique and diverse nutritional needs of vulnerable individuals and the health care organisations, institutions and carers that look after them. With their two brands of SPC ProVital and Good Meal Co, SPC Care has established a leadership position in the provision of nutritious, innovative, and affordable food into the healthcare sector.

SPC's manufacturing site in Shepparton, VIC and the Kuisine Company Manufacturing Facility in Emu Plains, NSW are regularly tested and audited against the most stringent food safety and environmental standards in the world. This includes Total Quality Management Systems which ensure traceability from farm to plate.

Good Meal Co

The Kuisine Company offer a variety of meals and snacks under the **Good Meal Co** brand that are used across major public hospitals as well as within residential and retirement aged care settings to assist vulnerable populations.

The meals are available at home through the Good Meal Co online platform. There is plenty of choice when it comes to the meals as well as meeting key nutrient criteria required in both hospital and residential aged care facility settings. The ready-made meals are conveniently individually portioned, which is ideal for infection control and can be stored frozen until they are required making them convenient. There are a range of meals from traditional homestyle Roast Meal dishes as well as popular favourites like our Thai Green Curry or Butter Chicken. Special dietary needs like Gluten Free, Texture Modified, Vegan and Vegetarian are catered for as well as Halal meals.

SPC ProVital Portion-Control Fruit Cups

Combine the meals with handy snacks in the form of the **SPC ProVital** Diced, Pureed Fruit, 100% fruit juice cups. These portion-control cups have been specifically developed in collaboration with Arthritis Australia's Accessible Design Division and aim to provide an accessible fruit snack including for those consumers with fine motor skill difficulties. This award-winning, innovative package design is easy to grip and provides an optimised seal to reduce opening force while guaranteeing food safety.

The use of individually sealed, portion-controlled fruit 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. Food waste and sustainability in these uncertain times are other key considerations for all Australians. The **SPC ProVital** fruit cup has

been recognised by the Australian Institute of Packaging as contributing to reduced food waste.¹

SPC ProVital Diced Fruit in Juice

The **SPC ProVital** diced fruit range is produced using state of the art 'cold fill' technology for gentler processing to lock in vibrant fruit colours, consistent texture, and fruit cuts. This results in a great-tasting snack based on the natural goodness of fruit.

SPC ProVital Fruit Puree

The **SPC ProVital** Level 4 Pureed range of delicious, nutritious, and expertly formulated fruit-based products, has been designed and rigorously tested to meet the strict guidelines of IDDSI Food and Drinks Classification for Level 4 Pureed foods. This type of texture modified diet may be recommended for individuals who have dysphagia. This is the difficulty of swallowing food and or drinking fluids. Dysphagia may occur for several reasons, including stroke, Parkinson's disease, motor neuron disease and dementia².

1. June 2016: SPC ProVital® easy-open cup won Food Service category in the Australian Institute of Packaging (AIP)/World Packaging Organisation (WPO) Save Food Packaging Awards. This new award recognises companies which are developing innovative and sustainable packaging that minimises food losses and food waste.
2. Swallowing Fact Sheet. Speech Pathology Australia. Available @ www.speechpathologyaustralia.org.au

SPC
spccare.com





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✓ Two delicious flavours:
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SPC ProVital
Tomato Juice 105mL

SPC ProVital
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DESIGN MATTERS

DESIGNING DEMENTIA- FRIENDLY CARE ENVIRONMENTS





Images supplied

With more than 487,500 Australians estimated to be living with dementia, the need for designing dementia-friendly aged care facilities can't be overstated.

People with dementia account for 52% of residents in all residential aged care facilities, with the number even higher in public sector residential aged care services, according to the Victorian Health and Building Authority. To improve care outcomes and modernise public sector aged care in the state, the local government is replacing outdated public aged care homes with purpose-built, modern facilities. It also includes updating, refurbishing and redeveloping existing aged care services.

Wantirna residential aged care facility is one such aged care home in Victoria to have recently opened its doors to residents.

The new four-storey and dementia-friendly facility will provide care for 120 older Victorians and cater to the more complex needs of its residents. The rooms are grouped into pods of seven or eight to allow each resident to enjoy the dignity and independence of their own private bedroom, complete with ensuite bathroom. Thoughtful touches such as memory boxes with personal items at the entrance of each room facilitate a home-like environment and help residents feel safe.

The architecture of the new facility has been carefully considered and seeks to improve the physical and mental wellbeing of residents and staff. Natural light-filled spaces and views of the Dandenong Ranges have been integrated into the design. These will help increase the sense of connection to the natural environment.

The new facility is part of the Wantirna Health Precinct, a community-focused neighbourhood that provides integrated health and wellbeing services.

Operated by Eastern Health, the facility also features a community room cafe, sacred space and other common areas. The common areas have been designed to encourage social interactions between residents, staff and families, and to allow for a range of day-to-day activities.

The project represents stage two of the Modernisation of Metropolitan Melbourne Public Sector Residential Aged Care Strategy aimed at developing larger scale services that better meet community expectations and enable contemporary models of aged care.

Environmentally sustainable design features, including energy efficiency, were a key design consideration with this development. A 'pandemic mode' ventilation system was also developed for this important facility.

The development has been designed to facilitate a future expansion to the south-west corner of the Wantirna Health precinct if required. This project was delivered by the Victorian Health Building Authority in partnership with: Eastern Health, Silver Thomas Hanley (architect), ADCO Constructions (builder) and Department of Health (DH) Public Service Residential Aged Care Services (PSRACS) Operations and Development team. ■

THOUGHTFUL TOUCHES SUCH AS MEMORY BOXES WITH PERSONAL ITEMS AT THE ENTRANCE OF EACH ROOM FACILITATE A HOME-LIKE ENVIRONMENT AND HELP RESIDENTS FEEL SAFE.

REDUCING FALLS AND FALL-RELATED INJURIES

CASE STUDY



PROBLEM

Falls are one of the most significant health and economic issues in Australia, with around 30% of adults over 65 experiencing at least one fall per year. A new algorithm hopes to change this by reducing falls and falls-related injury risks.

SOLUTION

An algorithm that pairs with a wearable tech device and provides real-time feedback on movements. It could help to reduce falls and fall-related injuries in elderly people, according to a two-stage study.

In 2020, the treatment of injuries from falls in older people costs the economy \$2.3 billion.

The newly-developed Watch Walk algorithm pairs with a wearable tech device such as a smart watch, providing a measurement of walking steadiness and speed. The tool may be used in future to provide real-time feedback and could help reduce falls and fall-related injuries in elderly people according to a new study, published in *Scientific Reports*.

In a two-stage study, led by researchers at Neuroscience Research Australia (NeuRA) and UNSW Medicine & Health, 101 participants aged between 19 and 81 wore a wrist sensor and were recorded performing specific movements in their homes in addition to walking and running in a lab setting. Researchers then used the data generated to create a digital gait biomarker algorithm that could measure gait quality with greater accuracy, using a combination of laboratory-assessed and real-world data.

In the study's second stage, the validity of the digital gait biomarkers was tested on 78,822 participants from the UK Biobank database. Participants aged 46 to 77 years were instructed to wear a device on their dominant wrist for seven days and a total of 11,646 four-second recordings of movement were then classified into 'Walking, Running, Stationary or Unspecified Arm' activities. The Watch Walk algorithm was found to measure these activities with high precision (93%, 98%, 86% and 74% respectively).

Digital gait biomarkers are quantitative measures of aspects of an individual's gait, such as posture, cadence, walking speed and length of stride, that offer insights into overall health and functional decline and can often predict their likelihood to fall. However, a limitation of conventional digital gait biomarker measurements is they are typically geared towards walking on treadmills and set-length walkways and do not accurately assess gait from walking activities in real-world environments.

Lloyd Chan, PhD candidate at NeuRA and UNSW Medicine & Health and one of the lead authors of the paper, said this is the first time an algorithm for measuring gait quality has been widely tested in real-world environments and will be made commercially available.

"We know that the way people walk is a predictor of their health. For example, people who walk more slowly, infrequently, in smaller steps or for shorter distances are typically more likely to suffer a fall. Our goal was to capture this data through looking at how individuals naturally walk in their daily lives — and then test this broadly on over 70,000 individuals," he said.

Watch Walk works by measuring gait with a smart watch's in-built accelerometer — the same technology that makes the screen turn on when a smart phone or watch is moved.

"Our findings build on advances in wrist-worn accelerometer technology, which have previously been more limited to measurements of step count and sleep. As a measurement tool, Watch Walk has so many possibilities. Individuals can gain reliable feedback on their gait and track their improvement over time. In future, we hope to be able to analyse how people walk and predict their risk of disease or mortality," Chan said.

A Watch Walk app is currently in development and slated for release in late 2023. ■

MEETING THE EXPECTATIONS OF AUSTRALIA'S AGEING POPULATION



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.



Wolters Kluwer Health Australia Pty Ltd
www.wolterskluwer.cch.com.au



Dispensing systems

The Closed Loop Chemical Systems dispensing systems are installed with all the hardware and related accessories, including free dispensers.

Restock offers a seamless equipment changeover with no impact on everyday operations. The dispenser range is suitable for kitchens, laundries and housekeeping areas.

The closed loop chemical dispensing systems allow the product and dispenser interface to be completely closed during all stages of the dispensing processing. Users can control and adjust the quantity of product dispensed with each use, eliminating the potential of sticky floors by using too much product or unhygienic floors by using too little. Users save time and money knowing their chemicals aren't going to waste.

Restock Pty Ltd
www.restock.com.au

Bodysuits

Wonsie's large-sized bodysuits assist children and adults with special needs. The unisex bodysuits are made from soft but strong durable cotton, are tag-free and do not feature uncomfortable elastics.

The range is available from a size 4 toddler to an XL adult, covering kids and adults of all sizes — making them particularly suitable for aged care settings. The bodysuits are designed to look like regular clothes so no one can tell that it's a specialty garment.

Benefits include: they help to protect the modesty and dignity of people who tend to disrobe in public; help wearers keep wandering hands from accessing incontinence products and keeps them in place; benefit people in wheelchairs as clothes won't 'ride up'; suitable for people who are tube-fed as it provides an opening to the abdominal area but keeps unhygienic fingers out of the stoma area, reducing infections.

Wonsie
www.wonsie.com.au



Tray table bag

The Meditote tray table bag can be draped over the tray table trolley, slung onto your shoulder, attached to an IV pole or even placed on the handles of a wheelchair or other mobility aid. It can hold a patient's or aged-care resident's belongings within safe and easy reach and prevents personal items from becoming misplaced or positioned out of reach.

The bag frees up valuable limited space on tray tables, creating a safer environment, increasing patient independence and reducing the need for frequent intervention by staff, nurses, family or friends. It was designed by a Gold Coast nurse turned long-term patient, who found it especially difficult, and at times dangerous, to reach for personal items while on bed rest during an eight-week hospital stay.

A moisture and water-resistant fabric allows the bag to stay dry, with liquid rolling off easily, in turn reducing risk of bacteria breeding within healthcare environments. Users can simply wipe with a moist cloth to keep it clean. With six outside pockets and one stretch band, there is plenty of space to take advantage of.

Meditote
www.meditote.com.au



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www.cincom.com/au



Pressure area care for recliner chairs

The Repose Contur pressure redistribution overlay for recliner chairs is part of the group's range of pressure care products. The Repose seating product range maximises pressure redistribution properties using immersive static air technology.

The single air cell reactive products are made from thermoplastic polyurethane with multi-stretch vapour permeable properties. Pressure redistribution and offloading is achieved by reducing the pressure exerted at the interface between the patient and the supporting surface, maximising the contact surface area, redistributing pressure without compromising surrounding tissue.

The Contur provides head to toe protection against pressure damage to the sacrum, buttocks, scapulae, vertebrae and occiput. The 'Smart Valve' technology provides reassurance that Repose products are easily inflated to the optimum pressure and never over-inflated. The range of seating products provides pressure redistribution solutions for armchairs of all sizes, wheelchairs and riser recliners and is suitable for patients assessed as being up to very high risk of pressure damage.

MacMed Healthcare

www.macmedhealthcare.com.au

Hand sanitiser

Preventing infection transmission shouldn't mean dry skin. Sanitising hands to prevent infection spread is crucial, but it doesn't need to mean that dry, irritated skin is the result.

Bactol Blue was developed to leave hands feeling soft when are sanitised. It was developed in compliance with EN1500 testing standard for alcohol-based hand rubs. It is formulated with an alcohol concentration of 70% Ethanol v/v, as recommended by WHO for maximum efficacy.*

Bactol Blue is enriched with macadamia oil, a natural emollient designed to maintain skin integrity and prevent moisture loss.

Whiteley has designed a universal bracket for the Bactol Blue 500 mL pump bottle to be wall or bed mounted at the point of care. Bactol is also available in 80 mL packsize or 1 L pods for use in Whiteley wall dispensers.

Always read the label. Use only as directed.

*WHO guidelines on hand hygiene in healthcare. World Health Organisation, 2009

Whiteley

www.whiteley.com.au



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Air purifiers

The Ionmax+ Aire and Aire X High-Performance HEPA UV air purifiers are said to offer a clean air delivery rate (CADR) of up to 1000 m³/h.

With dual HEPA H13 filters, UV sterilisation and an extensive coverage area of up to 260 m², the purifiers are suitable for clinics, reception areas and public spaces where ensuring staff and clients' health and safety is paramount.

The Ionmax+ Aire's comprehensive filtration system delivers two-way ventilation and captures 99.97% of particles as small as 0.3 microns, including odours, pollen, allergens, PM2.5 and virus and bacteria-laden aerosols.

Their six-stage air purification system includes two pre-filters, two antibacterial HEPA H13 filters, two activated carbon filters and two titanium dioxide (TiO₂) filters. Each air purifier has two UVX-Shield UV sterilisation lamps and an IONX-Shield negative ioniser.

The Ionmax+ Aire purifiers also use SmartSens, which continuously monitors indoor air and PM2.5 levels and adjusts the unit's operation based on the detected indoor air quality level.

Through the Ionmax mobile app, users can monitor and change the air purifier's settings remotely. The Ionmax+ Aire's air purification system is said to offer maximum protection from airborne diseases and infected aerosols within the air so that those within its coverage area breathe in healthy, clean air at all times.

The purifiers are available now with a two-year warranty from Ionmax Australia. Special trade discount for healthcare providers is available.

Ionmax

ionmax.com.au

Surgical gloves

Every surgeon requires a glove that fits well, is comfortable on their hands and, above all else, gets the job done safely on a day-to-day basis. GloveOn Hamilton is defined by its high level of comfort and flexibility, and provides a useful solution for sterile procedures in general practice, veterinaries, dental practice and aged care.

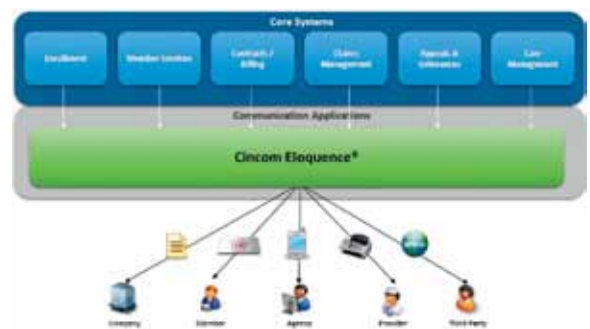
This latex surgical glove offers good durability and barrier protection against viruses and bloodborne pathogens to allow surgeons to feel confident and perform to the best of their ability.

Made from natural rubber latex, GloveOn Hamilton promotes elasticity, dexterity and grip for the wearer.

GloveOn Hamilton is a powder-free latex surgical glove that supports the need to move away from powdered gloves in a medical setting. To reduce post-operative complications in patients and ensure the wellbeing of healthcare workers, powdered surgical gloves have been banned by the FDA in the United States, and by other countries including Saudi Arabia, Japan and Korea.

MUN Australia

www.munglobal.com.au



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Cincom Eloquence: Intuitive Customer Communications Management Solutions provide healthcare organisations tools to design, deploy and deliver documents.

The solutions allow users to create a better customer experience while reducing risk, time and costs associated with CCM processes, improving an organisation's brand image and increasing revenue along the way. It helps organisations manage both traditional print and digital communications through a multitude of channels and devices.

Features and benefits include: more efficiently produce and deliver communications; more capably handle bulk volume of communications; greater flexibility for personalisation through data-driven logic; more secure and compliant communications; enhanced customer engagement, digital experience and brand image; centrally manage and maintain communication templates; improved bottom-line results through operational efficiencies and customer growth.

Cincom Systems' Cincom Eloquence CCM suite provides a range of options to suit various organisational needs.

For more information, access this free e-book: *Eight Principles of Success through Better Communications*.

Cincom Systems of Australia Pty Ltd

www.cincom.com/au



Antibacterial hand rub

Bactol Clear is a colour-free and pH-balanced antibacterial hand rub that kills bacteria without water.

Manufactured in Australia by Whiteley, an Australian family-owned business led by Dr Greg Whiteley, the hand rub leaves skin feeling soft and refreshed.

Whiteley understands the importance of hand hygiene and has developed a range of premium products and educational programs to reduce the spread of healthcare-associated infections (HAIs).

The Whiteley range of hand hygiene products includes antibacterial hand sanitisers, hand soaps, antiseptic wash and hand moisturisers – all of which are manufactured in Australia.

Good hand hygiene combined with effective surface cleaning, particularly of high touch areas (ie, door handles and benchtops) assists in protecting staff and patients, and this is even more important currently given our community is experiencing high rates of colds and flu. Ensuring hand sanitisers are easily accessible will assist in minimising the risk of infection.

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WHY EVERYONE IS ACCOUNTABLE

National aged care advocacy group OPAN received almost 28,000 calls from older people and their families and carers in the 12 months until June 2022. What they told the organisation forms the basis of their latest issues report.

The Older Persons Advocacy Network (OPAN) is a national network comprising nine state and territory organisations that have been delivering advocacy, information and education services to older people across Australia for almost 30 years.

OPAN's National Aged Care Advocacy Program: Presenting Issues Report includes 45 in-depth case studies spanning January–June 2022.

"The case studies documented in this report fall far below what older people, their families and carers, and the wider community would expect," said OPAN CEO Craig Gear.

"There are harrowing stories of abuse and neglect, multiple instances of financial mismanagement, cancellation of crucial services and calls to service providers that went unanswered."

In publishing this report, Gear said, OPAN's intention was not to point the finger of blame, but to hold everybody in the aged care sector to account.

"By shining a light into the darkest reaches of our aged care system — taking a good, hard look — we can identify the areas that still need our attention and work together to address them.

"Sometimes it's families. Sometimes, it's the provider. And sometimes, it's the failure of the guardianship system," Gear said.

Five key themes emerged from the most frequently raised issues in the report:

- **Workforce shortages**, due to COVID-19-related issues such as illness and immigration restrictions and changes to the Social, Community, Home Care and Disability Services Award (SCHADS), have had a severe impact on older people at home and in residential care.
- **Poor quality care** is still a major problem. Wide-ranging concerns presenting in residential care include reports of substandard and neglectful care, restrictive practices, inadequate food and nutrition, and care plans not being adhered to.
- **Fees and charges are an ongoing area of concern** for older people. OPAN's new team of financial advocacy officers have played a key role in resolving many of these issues.
- **A lack of communication and transparency** between service providers and those receiving aged care.
- An emerging issue in this period is the number of troubling incidents of the **inappropriate use of guardianship and attorney powers**.

ACCESSING AGED CARE

When considering access to care, advocates noted that there are significant waiting periods for assessment by the Aged Care Assessment Team (ACAT) and that many individuals felt the process caused significant anxiety as they worried they had been overlooked.

Delayed access to Home Care Packages, with wait times sometimes as long as 12–18 months, has meant more older people have been relying on the Commonwealth Home Support Program (CHSP). A sample of quantitative data from OPAN Member reports indicates that 41% of advocacy cases for CHSP relate to service access.

Across the nation, OPAN Members reported that CHSP service supply is not meeting demand. Providers have also suggested that staff wages remain a key influencing factor and have noted that NDIS support workers are paid considerably more than aged care workers and this can make it challenging for the aged care sector to attract and retain staff.

Across the reporting period, OPAN Members started to observe an increase in calls and cases relating to CHSP fees. A sample of quantitative data from OPAN Members indicated 13% of CHSP advocacy cases related to fees. Some of the cases related to provider invoices for CHSP being unclear and confusing. There were also some reports of it being difficult for consumers to find information on CHSP fees, including information on financial hardship and the lack of a fee comparison tool for CHSP services on the My Aged Care website.

In several cases, clients had allocated funds available to spend in their Home Care Packages but could not get approval to purchase items that had been specifically recommended because they didn't appear as an included item in the Home Care Package Operations Manual.

QUALITY OF RESIDENTIAL CARE

Residential care also presented challenges for the aged community, especially when navigating the fluctuating COVID-19 restrictions. Facilities were responsible for implementing their own COVID-19 plan, but many advocates felt that the regulations often did not reflect those imposed on the wider community or were not communicated clearly.

Quality of care concerns were prevalent in residential care with 47% of cases concerning this issue. There were stories of residents sustaining injuries that were not adequately addressed, sexual assault allegations, poor hygiene standards and residents' requests being ignored.

DIVERSE AND MARGINALISED GROUPS

Advocacy issues raised amongst diverse and marginalised groups were often similar to those presented in other sections of the report; however, many of the cases involved added layers of complexity associated with language, cultural factors, family and community dynamics and/or elements of social disadvantage.

ABUSE OF OLDER PEOPLE

Abuse of older people was evaluated within the report as OPAN Member organisations supported over 700 people between January and July 2022. Financial abuse presented as the most common type of abuse, but was often seen alongside instances of verbal, social and emotional abuse. Advocates were able to assist clients to access appropriate guidance and legal advice where necessary.

RECOMMENDATIONS

Overall, the report includes 15 key recommendations to address the issues raised. These include, but are not limited to, addressing workforce shortages, reforming fees and charges, improving access to care and related services, provision for Aboriginal and Torres Strait Islander people to return to Country and developing an education system for older people and aged care providers to understand the attorney role in more detail.

"Older people's human rights are being impacted and we need to collectively do better in aged care, in the legal sector and in the community.

"OPAN will work collaboratively with all levels of government and their agencies to better protect older people," Gear concluded.

To access the full report, visit this link: <https://bit.ly/3gqJNVG>. ■

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ALZHEIMER'S : A CHANCE TO CHANGE COURSE

Healthy people over 65 with a high level of a certain blood biomarker are 35 times more likely to transition to mild cognitive impairment or Alzheimer's, according to new collaborative research from Macquarie University and the CSIRO.

The biomarker can appear years before the onset of dementia symptoms — and there are hopes this could be early enough for people to make lifestyle changes to help head off the disease.

The human body has a number of ways of breaking down and producing the compounds, or metabolites, necessary to keep it functioning. The kynurenine pathway (KP) is one of these ways, producing metabolites that serve functions including protecting the neurological system and coordinating the immune response.

NEUROTOXIC METABOLITES

While some metabolites are protective, others can become toxic in high enough amounts. When it is not functioning properly, the KP produces increased levels of neurotoxic metabolites, which can ultimately lead to the death of neurons, the cells that transmit messages in the brain.

Dysfunction in the KP has previously been found to be caused by chronic inflammation in the body, and associated with problems ranging from Alzheimer's and multiple sclerosis to schizophrenia and bipolar disorder.

Dr David Lovejoy from Macquarie Medical School said his team looked at samples from 239 people with an average age of 75, 166 of whom went on to develop Alzheimer's. The samples were taken every 18 months as part of a long-term study of healthy older Australians.

"We found someone with increased levels of 3-HAA is 35 times more likely to progress to Alzheimer's than someone with normal levels," he said.

"This is the first time higher 3-HAA levels have been shown to be an early warning sign of the disease.

"In the past, 3-HAA has been observed to actually decrease after a diagnosis of dementia, but nobody has ever looked back to measure it in the lead-up.

"So, we were surprised to see increased 3-HAA levels strongly predicting risk of developing MCI that leads to a diagnosis of dementia.





istock.com/Makhibakhan Ismatova

“Increased levels of the 3-HAA metabolite have been shown to impair the immunological response to the build-up of amyloid in the brain, one of the key ‘bad-actors’ in the development of Alzheimer’s.”

PREVENTATIVE MEASURES

At this early stage, the process of testing for 3-HAA is at laboratory stage, but there is every reason to believe that it will be possible to develop a rapid blood test in the future.

“In theory, if you found your levels were high, you would get a brain scan to determine whether there was also a build-up of amyloid plaques, which is an indicator of Alzheimer’s, and begin taking preventative measures,” Lovejoy said.

“We don’t know yet whether increased levels of 3-HAA leading up to dementia can be reversed. That is something that needs more research, but there are so many exciting possibilities here.

“There would also be the potential to use such a test to check whether new Alzheimer’s therapies were working.

“In theory if levels of 3-HAA began to fall, it might indicate that the treatment was having the desired effect.”

LIFESTYLE CHANGES

Alzheimer’s is one of a number of diseases — including heart disease, stroke and certain types of cancer — that count inflammation in the body one of their root causes.

Acute inflammation is healthy, aiding in the recovery process after injury or illness. Chronic inflammation, on the other hand, is detrimental to many aspects of our health.

In the case of Alzheimer’s, inflammation of the neurological system is one of the key culprits, as it increases the toxicity of amyloids and tau proteins, which build up in the brain.

Fortunately, Lovejoy said there are lifestyle changes anybody can make at any age that help reduce chronic inflammation:

- Follow a Mediterranean diet, which is low in red meat and processed foods and rich in vegetables, legumes and beans, nuts, fish and healthy oils such as olive oil. Include as many bright-coloured foods as possible, such as leafy greens and red berries.
- Get at least 30 minutes of cardiovascular exercise every day, such as walking, swimming or cycling. To be beneficial, cardiovascular exercise needs to raise your heart rate, but there’s no need to do anything too strenuous, like running.
- Reduce your alcohol consumption. The current Australian advice is to drink no more than four standard drinks a day, and no more than 10 drinks a week.

“These are all the things that also contribute to maintaining a healthy weight,” Lovejoy said.

“They’re changes we know we should make but might struggle to put into place.

“If you do these things, you’ll reduce your risk of a number of serious diseases, and you’ll have a sweeter life as you get older.”

Lovejoy is a researcher in Macquarie Medical School and the Macquarie University Centre for Motor Neurone Disease.

This study was funded by the National Health Medical Research Council. ■

VIRTUAL VISITORS: REDUCE ISOLATION AND INCREASE CONNECTIONS WITH TECHNOLOGY

The COVID-19 pandemic resulted in significant loneliness for many aged care residents and stress for families. As restrictions ease and vaccination rates increase, older generations remain the most vulnerable to COVID-19 and many other infections, leading to fewer visitors and continued health concerns.

Even prior to the pandemic, many aged care residents experienced loneliness, with up to 40 percent of individuals never receiving a visitor, according to Ken Wyatt, the former minister for aged care. Loneliness and social isolation have been linked to poorer health outcomes. Social isolation in older adults correlates to a higher risk for cardiovascular, autoimmune, neurocognitive and mental health problems like depression and anxiety, according to *The Lancet*.

While a hug or holding a loved one's hand is irreplaceable, the ability to see a familiar face during a conversation may help bridge the gap for aged care residents during uncertain times.

Fostering connections with technology

Smartphones, tablets and web cameras represent convenient ways for aged care residents to connect with visitors virtually through apps and other platforms. While many older adults are tech savvy and can easily navigate the latest technology, others struggle to adapt to these digital tools.

Many residents have difficulty holding small devices or positioning them at a comfortable height for virtual conversations. Some solutions for positioning technology are cumbersome and take up valuable real estate in already crowded areas that must also accommodate medical equipment.

How to support virtual visitors

Many carts, tables and stands are available to support technology for virtual patient-family interactions. When considering options for your organisation, prioritise these features to support the best experience for aged care residents:

- **Height adjustability:** Easy adjustment ensures residents can position equipment at the proper ergonomic height for comfort and improved accessibility.



Image supplied

- **Infection control:** Open architecture designs with thoughtful cable management are often easier to clean, which promotes more frequent wipe-downs.
- **Mobility:** Lightweight carts and stands can roll anywhere for virtual conversations — the bedside, garden, visitor rooms and more, which gives choice and flexibility.
- **Compact footprint:** A small footprint allows carts, tables or stands to fit neatly in your facility without adding clutter or competing with important medical equipment.
- **Quality:** Look for professional-grade options that are built to last with documented cycle testing and competitive warranties that give you confidence in its safety and your investment.
- **Versatility:** Adaptable solutions can be used for virtual visitors, as well as telehealth consultations with a variety of specialists.

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A HOLISTIC APPROACH TO INFECTION PREVENTION AND CONTROL

RYAN CLARKE*



The safety of residents, visitors and healthcare workers is reliant on effective infection prevention and control practices. This article highlights four critical factors that can help reduce the yearly occurrence of over 165,000 healthcare associated infections (HAIs).¹

HYGIENE COMPLIANCE

Up to 50% of HAIs are preventable in healthcare facilities by implementing hand hygiene programs, generating cost savings of 16x the implementation cost.² However, improving hand hygiene compliance requires a multidimensional approach.

A key strategy to reducing the spread of antibiotic-resistant organisms is improving hand hygiene compliance among workers.³ Here are some ways to improve hand hygiene compliance among staff.

1. Train staff to practise the five moments of hand hygiene and post signage.
2. Make it a competition by sharing your audit results.
3. Talk about hand hygiene at every opportunity.



Resident/patient hand hygiene

A 12-week patient hand hygiene study found that healthcare staff play a critical role in patients performing correct and timely hand hygiene.⁵ When patients are immobile, it is often difficult for them to access sinks; the study recommends the use of antimicrobial hand wipes for 60 seconds, which is as effective as soap and water at removing transient microorganisms from hands.⁶ Providing patients with hand wipe packs is a cost-effective approach to increasing compliance and reducing the risk of HAIs.⁷ Here are a few easy ways to support patient hand hygiene:

1. Provide patients a pack of hand wipes during admission and discuss when they should be used eg, before eating, after using the bathroom, sneezing, coughing, vomiting etc.
2. Place the wipes where they can be easily accessed and show them how to use them.
3. Position a hand hygiene poster where they can see it.

ENVIRONMENTAL SURFACE CLEANING

High-touch surfaces can become contaminated easily, potentially causing infections. These surfaces include door handles, light switches, tables, chairs, etc. Shared equipment can also act as a vehicle for transmission and should be cleaned between uses. Therefore, it's important for facilities to implement a methodical approach to minimising the risk of transmission of pathogens.

A study on hygienic cleaning in healthcare settings found that there is up to a 73% chance that a patient will be infected by the previous patient's infection or pathogen.⁸

The five principles of cleaning can help facilities improve cleaning techniques, especially for environmental surfaces.

While the method of cleaning and disinfection is important, the use of the right product is also important. Here is a quick guide to help select the best option:

- **Efficacy:** Select products that have at least 99.99% disinfectant capability. Removing 99% of germs may seem impressive; however, given there could be millions of germs on the surface, this would still leave thousands of germs behind posing a risk.
- **Effectiveness:** Some germs are more difficult to kill; select a disinfectant that can offer hospital-grade protection.
- **Contact time:** This is the time a surface must stay wet with the disinfectant to kill germs before that surface can be used safely. Long contact times are difficult to achieve due to time or the environment. Removal before this time renders the disinfectant ineffective.

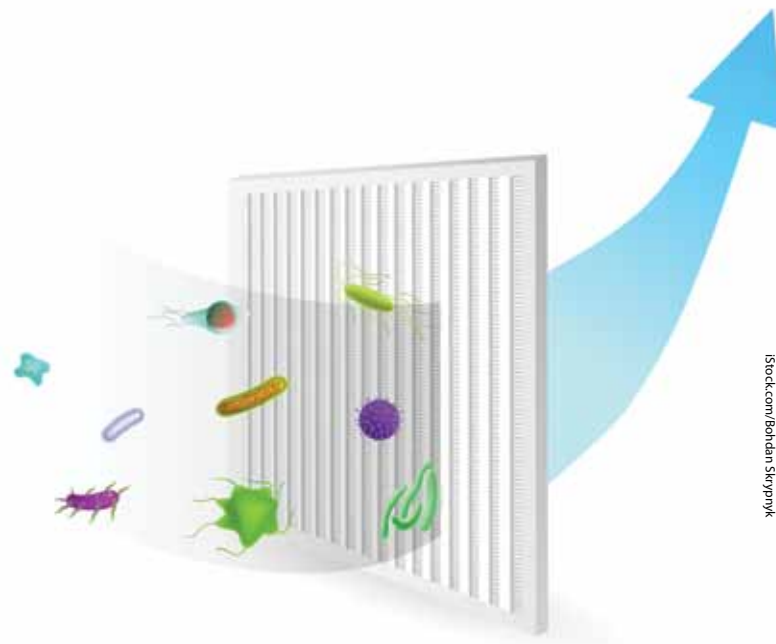
- **TGA registration:** To clean a medical device, you need to comply with AS4187 and use a Class IIb product.

VENTILATION MANAGEMENT

Air filtration with a portable HEPA filter is proven to reduce potentially harmful inhalable particulate matter.^{9,10}

Air purifiers offer a quick and cost-effective solution to overcome poor ventilation. Medical-grade HEPA filters can help reduce the spread of infections such as norovirus and trap allergens, mould and smoke. Here are five tips on choosing the right air purifier for your facility:

4. **Pre-filters:** Remove large particles such as human hair, lint, and dust.
5. **HEPA filters:** Look for a medical-grade HEPA filter such as a HEPA-14.
6. **Air changes per hour (ACH):** The number of times the total air volume of a room is circulated and cleaned by the air purifier.
7. **Clean air delivery rate (CADR):** The higher the CADR, the better the performance.
8. **Indicators:** Invest in one that shows the current air quality and alerts for filter replacement.



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AUDITING

Maintaining a clean environment is challenging and auditing allows for opportunities to improve practice. To achieve compliance, implementing a bundled approach, coupled with educational interventions, can dramatically improve the frequency and quality of decontamination.¹¹ The 2017 Researching Effective Approaches to Cleaning in Hospitals (REACH) study¹², recommends:

- **Training:** Tailored for all cleaning staff, with suitable content.
- **Technique:** Clean and concise cleaning sequence, with a focus on high-touch points, following instructions for use.
- **Product:** Disinfectant for discharge cleans and daily cleans of high-risk rooms, including wipes at the point of care for medical equipment.
- **Audit:** Regular audit feedback for cleaning staff, with summarised results provided to clinical governance committee.
- **Communication:** Promoting a team approach, including daily interactions between cleaners and managers.

This evidence-based cleaning approach was not only cost-effective but also reduced the incidence of HAIs.¹³ The REACH cleaning bundle generated \$147,500 in cost savings and infections prevented under this approach returned a net monetary benefit of \$1.02 million. ■

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INCONSISTENT VAD LAWS, LANGUAGE CONCERNING

HENRY ZWARTZ, UNSW SYDNEY

All Australian states now have voluntary assisted dying (VAD) laws — although some won't come into effect until late 2023 — and whilst this is welcomed by VAD advocates, many are concerned about discrepancies and inconsistencies in the language and laws between states.

Marc De Leeuw, ethics and biolegality expert at UNSW Law & Justice expressed concern over inconsistent laws and language concerning VAD in Australia.

“The definition of what is an ‘irreversible medical condition’, what is ‘incurable’ and what is ‘progressive’ — these are all terms that need grappling with,” he said.

There are also inconsistencies between the guidelines for accessing VAD in each state. In Queensland, for example, disease must be expected to cause death within 12 months before VAD can be initiated, whilst in NSW, disease must be expected to cause death within six months, unless it is neurodegenerative — in which case the time frame is 12 months. The Australian Capital Territory and the Northern Territory do not yet have VAD laws.

In all states, in line with international norms, only the dying individual can request VAD and must have decision-making capacity throughout the process, but De Leeuw highlighted challenges with this ruling since some patients are on such strong medication at the end of life that they are unable to make decisions.

DYING WHILE WAITING FOR VOLUNTARY ASSISTED DYING

Advocates for the choice to engage in VAD agree that discrepancies in the time frames for access to VAD in Australia, among a host of other challenges, can lead to people dying in pain before the assisted death is achieved.

Shayne Higson, CEO of Dying with Dignity New South Wales, a voluntary assisted dying advocacy and support organisation, said she would welcome universal legal language with the implementation of VAD laws.

“In a perfect world, it would probably be easier for all concerned if all the Australian VAD laws shared the same terminology; however, we feel there are more important inconsistencies that perhaps could be rectified before the language,” she said.

Higson said the six-month bar for accessing VAD in some jurisdictions meant some people died before the process was resolved.

“This narrower window of opportunity for someone to request VAD and the complex and time-consuming assessment process has resulted in some applicants dying before they access VAD,” she said.

DOCTORS IN SHORT SUPPLY

Dying with Dignity said a shortage of doctors doing VAD training was restricting the number of doctors available to assess requests for VAD.





"It certainly has an effect on someone being able to access this compassionate, legal, end-of-life option. Dying with Dignity NSW see this as a challenge that we need to address," Higson said.

"While we support a medical practitioner's right to conscientiously object to VAD, if not enough doctors agree to take part in the scheme it will create a burden for those doctors who are willing to help, and it will definitely make the process more difficult for the dying individual and their family.

Ideally a person's own GP would become the coordinating medical practitioner, but this is not always possible.

ON SUCH A SENSITIVE TOPIC, LANGUAGE IS KEY

As well as the need for consistent and precise language on the application of the laws, the selection of the right terminology was also important to encourage support in the public for VAD, De Leeuw said.

Different terms, such as 'euthanasia' or 'medically assisted dying', could meet different levels of acceptance among people who were comfortable with one term but uncomfortable with another.

"You could say in the end it's not about language as such, but what the terms are used to represent," De Leeuw said. "That is, do the terms used in NSW or Queensland legally represent the exact same VAD aim and criteria, or not?"

LEGAL ISSUES AND VOLUNTARY ASSISTED DYING

De Leeuw said legal issues could arise with the differences in the way VAD laws functioned across the states, especially if a patient is transferred from one state to another.

"To determine the legality of the VAD, the more consistency the law provides, the greater the chance of an equal outcome," he said.

In Western Australia and Victoria, VAD laws are in operation. In Tasmania, VAD will commence in October, in South Australia and Queensland in January 2023, and in NSW in November 2023.

All states have similar processes for someone wishing to access VAD, including that the person must make three separate requests. They also have similar assessment requirements including that two assessments need to be carried out by two independent medical practitioners. All states require that VAD is applicable to people with incurable medical conditions who have, at most, fewer than 12 months to live.

DEMENTIA AND VOLUNTARY ASSISTED DYING

De Leeuw said it was a positive development that Australian jurisdictions had adopted these laws, given the fact that when dealing with end of life, palliative care alone was often not enough.

"It could be argued that the actual daily reality in hospitals before the changes to laws meant that doctors and nurses were forced to make decisions alongside family members regarding the palliative approach for patients which was not all that far removed from euthanasia," he said.

He pointed to the fact that palliative care could not be provided to someone with dementia, and therefore options could be limited.

"Even though someone's physical condition allows life, the person could essentially 'disappear' over the course of these degenerative illnesses."

Unlike other states, in NSW someone with dementia can't ask for VAD as a general rule because it's treated in the same way as two other categories generally not accepted as viable reasons for VAD — mental illness and disability.

HOW VAD LAWS WILL BEST SERVE THE DYING

Dying with Dignity's Higson said the organisation expected that laws would come into sync with one another since they have a mandated review between two and five years.

"Having VAD laws available is so important because although Australia provides some of the best palliative care in the world, not all end-of-life suffering can be alleviated. Dying individuals want the choice to end their own suffering if it becomes unbearable, and simply having that choice creates a palliative effect, even if a patient never uses it." ■

NZ MODEL

COULD FIX AUSTRALIA'S CARE CRISIS



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Widespread adoption of a Continuum of Care model could reform Australia's aged care crisis, according to a discussion document released by retirement living and aged care provider Ryman Healthcare.

In the Continuum of Care model, retirement living and aged care services are integrated within one village community. The model is said to be widely adopted across the Tasman. All of Ryman's 38 retirement villages in New Zealand, as well as its seven in Victoria, have aged care centres, compared with just 30% of Australia's retirement villages offering aged care facilities onsite or in close proximity¹.

The model would provide a better quality of care for older Australians, reduce the cost of the aged care system on the taxpayer, alleviate pressure on the public health system, and increase housing supply, according to Ryman.

KEY RECOMMENDATIONS

The discussion document's key recommendations include: establishing a national regulatory regime to govern the retirement living and aged care sectors as one; creating greater incentives in planning systems for integrated retirement living and aged care facilities; and introducing a specific home care package for retirement villages to help residents live independently for longer.

Cameron Holland, CEO of Ryman Healthcare Australia, said aged care in Australia needs to change to meet future demand.

"Aged care in Australia is fundamentally broken and, with almost 65% of operators currently running at a loss², and aging aged care stock not meeting customers' changing needs, the need to rethink our entire approach couldn't be more urgent," Holland said.

"Yes, more government funding is needed but simply pouring more taxpayer dollars into a bucket with a hole in the bottom isn't a sustainable long-term solution."

A HOLISTIC OFFERING

"I'm a fiercely proud Australian, but the simple truth is the Kiwis' approach to aged care has been streets ahead of ours for decades. It's why Ryman Healthcare expanded into Australia almost 10 years ago, and why demand for its more holistic offering has been so strong here ever since."

Holland said Australia's aged care system is not fit for purpose today, let alone the increased demands of the future.

"A new model is needed to help fix this broken system, and we've seen first-hand how the New Zealand approach can work. And it works because the Continuum of Care model mirrors the unpredictable reality of the human experience.

"People downsizing into a retirement community to live independently know that if their or their partner's health needs change in the future, they can access aged care right where they are. This approach minimises disruption and change in the most challenging of life stages for both residents and their families.

“Similarly for operators, capital investment, cost and income streams are diversified across a number of accommodation and service types that suit each life stage. This diversity improves the quality of investment and therefore quality outcomes for all stakeholders.

“This model is truly win-win-win for customers, operators and the government, and will spur much-needed investment in a sector that will see massive growth in demand in the coming decades.”

The discussion document was officially launched in Melbourne on Thursday, 15 September, by New Zealand’s High Commissioner to Australia, Dame Annette King, who also wrote the document’s foreword.

FINANCIAL VIABILITY AND QUALITY OF CARE

“The Continuum of Care model — widely used in New Zealand but only in its infancy in Australia — offers a strong basis on which to address two key issues facing the aged care sector: financial viability and, most importantly, improving the quality of care delivered to residents,” King said.

“As Ryman is demonstrating in its villages in Victoria, as well as back home in New Zealand, the Continuum of Care model facilitates investment in the high-quality aged care that older people need and deserve.”

StewartBrown data released this month estimates the cost of creating a quality, sustainable aged care industry in Australia sits at over \$9bn per year, with \$1.74bn required to address home care issues and \$7.61bn needed to improve the standards of residential care³.

With government budgets unable to stretch this far, Holland said the private sector must play a role in futureproofing Australia’s aged care sector.

“The approach New Zealand has taken has fostered the investment and innovation the sector needs to meet the growing demand for quality care and has taken a huge weight off the government’s shoulders. There’s no reason Australia can’t follow suit.”

FEWER CARE OPTIONS

Cam Ansell, Managing Director of aged care consultancy Ansell Strategic, said older Australians spend more time in institutional long-term aged care facilities than any other OECD country.

“Australians spend, on average, more than 30 months in residential aged care — more than any developed country in the world⁴. But there are few options in between being at home and requiring care and residential aged care in Australia.

“Retirement villages can provide a substantial contribution to help address Australia’s aged care crisis.

“Our dependence on residential aged care facilities can be proportionately reduced through a more widespread adoption of the Continuum of Care approach, allowing providers to give high-quality, cost-effective care in the preferred environment of most older people.

“It would also enable us to focus our scarce clinicians on those people that require care in residential aged care facilities,” Ansell said. ■

1. Price Waterhouse Coopers and Property Council of Australia, 2020 Retirement Census Snapshot, p.2

2. Australian Bureau of Statistics and Statistics New Zealand, respectively

3. StewartBrown, 2022

4. GEN, People leaving aged care, 2022, <https://www.gen-agedcaredata.gov.au/Resources/Access-data/2021/June/GEN-data-People-leaving-aged-care>

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A DAY IN THE LIFE



LAILA KAAWI

15 YEARS ON...

Aged care support worker and trainer Laila Kaawi reflects on her journey so far.

Laila Kaawi, an aged care support worker and a trainer at Macquarie Community College, has worked in the aged care industry for a decade and a half. One of her early memories as a carer is of a client with a “very progressed dementia and argumentative behaviour that caused concern”.

“On one regular afternoon at work, I was taking care of this client and needed to wake him for his afternoon tea. With some reassuring words and light touch on his arm I gently woke him up and was met with tears in his eyes and a gentle demeanour. It was like in this moment his dementia had subsided and he went back to his regular happy self. I continued this approach and managed to build a great working relationship with this client in his last days of life. I could tell he appreciated this and in that instant, I knew that the work I was doing could make a difference in someone’s life,” Laila said.

She entered the aged care sector as a volunteer and instantly found her calling. “I loved how I could make a difference in people’s lives and meeting so many great people.” Fifteen years on, she has grown as a person and a professional, and has not gotten over her genuine passion for helping people.

While continuing her role as a support worker, Laila also teaches new students knowledge and skills vital to the aged care industry.

A June 2022 report, *Duty of care: Aged care sector in crisis*, by CEDA, found that annual staff shortage has doubled in less than a year — escalating from 17,000 to 35,000 due to a combination of challenging pandemic driven circumstances and a lack of action by governments.

Low wages, difficult working conditions and the negative attention the sector has received since the Royal Commission don’t make it even more difficult to attract and retain talent. Laila’s message to those considering working on the aged care industry is that “it is truly a rewarding and satisfying job. Being able to wake up every day and make a difference in people’s lives is not something everyone can do. Each day you will meet new people that have an impact on your life and open your mind to new cultures and ideas.”

Aged care is a way of giving back to society and a way of making a difference in people’s life, according to Laila. “I encourage both people to work in aged care and people to trust us with their family members as I know the high quality of care that a specialist can provide but often the media doesn’t portray. The benefits of working in this sector are the training you receive, the people you meet but most importantly, the changes it makes to you and the perspective it gives you on life.”

Reflecting on a typical day in her life Laila said, “I always start my day with a positive attitude, always looking forward to seeing the clients and making sure I go and see each one of them and greet them on my first round of the floor. I like joking with them to make them feel happy and seeing the smile on their faces brings me joy. From there I begin my work.”

Outside of work, Laila likes to spend time with her family and nine (almost 10) grandchildren, going on long walks to clear her mind and exercising. ■

WALKING FOOTBALL CAN ENHANCE OLDER PEOPLE'S MOBILITY

Physical activity, social interaction and a sense of community are among the effects of walking football, a popular senior sport addressed in a recent study.



Findings from the study by the Swedish School of Sport and Health Sciences (GIH), the Center for Health and Performance (CHP) at the University of Gothenburg and the Swedish Football Association (SvFF) show that the sport promotes health and has the potential to get more people exercising far into old age.

Part of the group's framework of the 'Walking Football for Health' project, the study involved 65 walking football players from three clubs (Enskede IK, IFK Viksjö and IF Elfsborg). Walking football resembles the regular version of the game (soccer) but is usually played on a smaller pitch, with fewer players per team and at walking pace. A player must always have one foot touching the ground.

The players participated in up to four field tests of six-player teams in two halves of 20 minutes each as a part of the study. On one occasion, the participants underwent various laboratory tests of performance, including strength, fitness, balance and jumping ability. They were also asked to fill out a questionnaire about walking football, sociodemographic variables (age, gender, education, etc), lifestyle and health.

The study group comprised 45 men and 20 women, aged 71 years on average, whose health profile conformed to that of the general population of the same age. Two-thirds were overweight (BMI over 25) and nearly half had been diagnosed with high blood pressure.

Compared with the general population, the walking footballers' fitness, grip strength, balance, leg strength and jumping ability were somewhat higher. Their physical activity pattern, measured with pedometers over seven days, was comparable to that of younger people (aged 50–64) in the general population.

GPS data showed that the participants averaged 2.4 km (2.5 for men and 2.2 for women) in a 40-minute walking football game. Their average heart rate was 131 beats per minute in the first half and 133 in the second. On the 20-point Borg Rating of Perceived Exertion (RPE) Scale, participants ranked 12.1 for the first half and 12.9 for the second.

INTENSITY SUITABLE FOR MANY

Both before and after walking football sessions, the participants' self-rated wellbeing was relatively high. The main reasons they cited for taking part in organised walking football were socialising with others, exercise and physical training, being part of a group and team, and having previously played football and found they were missing it.

"Overall, the results show that a 40-minute walking football session is a medium-intensity activity for the target group studied," said GIH University Lecturer Helena Andersson, now active at Umeå University.

"The study also shows that the participants in this group not only feel well and are already active, but come from varying backgrounds and walks of life. This opens the way for many more people to be included and stay active right up to an advanced age," said University Lecturer Elin Ekblom Bak at GIH.

"Walking football roughly corresponds to what's often intended with the Swedish method Physical Activity on Prescription, which is aimed at preventing and treating disease," said Professor Mats Börjesson of the University of Gothenburg. "In order to include walking football in the method we want to proceed with an intervention study where walking football is tested as a treatment." ■

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