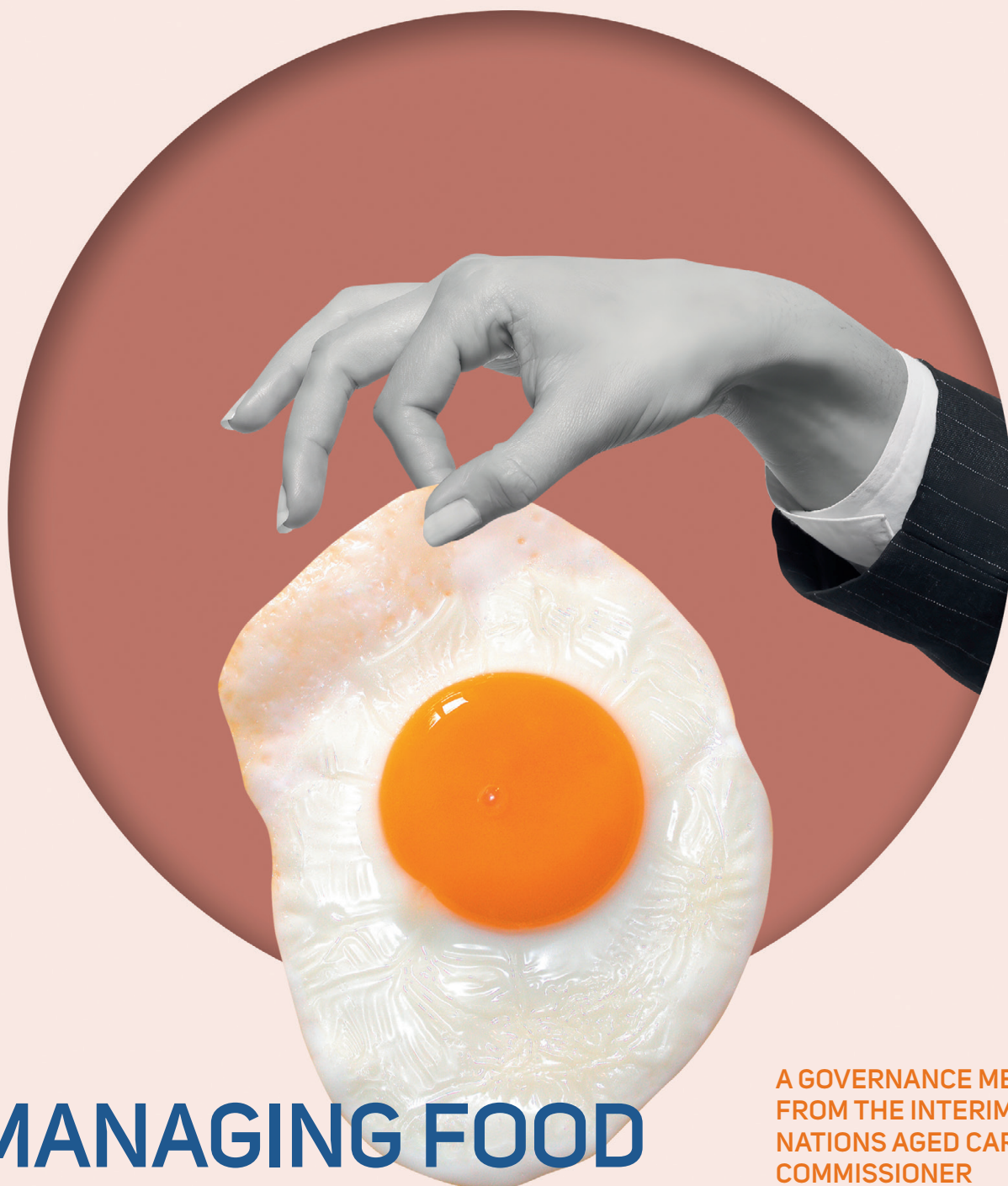


# agedhealth

PRODUCTS, SERVICES AND SOLUTIONS FOR A BRIGHTER AGED CARE FUTURE



## MANAGING FOOD ALLERGIES IN AGED CARE FACILITIES

A GOVERNANCE MESSAGE  
FROM THE INTERIM FIRST  
NATIONS AGED CARE  
COMMISSIONER

ENSURING COMPLIANCE:  
THE NEW AGED CARE  
ACT AND AI

LUXURY WELLBEING,  
APARTMENT STYLE



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## FROM THE EDITOR

Welcome to the May 2025 edition of *Aged Health*, which has a focus on governance and nutrition/wellbeing. It is a privilege to step in as Editor at a time of profound transformation in aged care — and we have some wonderful insights for you.

By invitation, Interim First Nations Aged Care Commissioner Andrea Kelly speaks to our governance theme, with the message that new governance arrangements are needed for culturally safe aged care — a message informed by more than 70,000 kilometres of travel, countless conversations and deep listening.

For our nutrition feature, National Allergy Council CEO Dr Sandra Vale sets out some key principles to apply and common mistakes to avoid in managing food allergies in aged care facilities; while in the technology space, AlayaCare General Manager ANZ Annette Hili explains how, considering compliance challenges providers will face with adherence to the Strengthened Quality Standards, AI may be able to help.

In our regular series, we spend A Day in the Life of Merridy Baylis, Resthaven's Executive Manager Clinical Governance and Operational Excellence, and tour the Baptcare Strathalan Integrated Community redevelopment for Design Matters — a build that promotes wellbeing through luxury retirement living in an apartment complex in Macleod, Victoria.

And there is much more, including case studies — of residents co-designing training at Calvary St Paul's near Taree and garden-inspired carpets at Mt Eliza Gardens Aged Care that weave the outside in — plus our usual suite of articles reporting on the latest Australian and international aged care research, spanning a range of topics of importance to the sector.

Happy reading.

*I'd like to take this opportunity to thank Amy Steed for her excellent work as Editor.*

---

**Dr Joseph Brennan, PhD**

Editor

ah@wfmedia.com.au

## CONTRIBUTORS



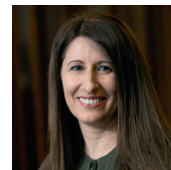
**Dr Sandra Vale**

CEO  
National Allergy Council



**Andrea Kelly**

Interim First Nations Aged Care  
Commissioner



**Annette Hili**

General Manager ANZ  
AlayaCare



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Merridy Baylis



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NEWSLETTERS



MAGAZINE





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## Rutherglen relocation

Glenview Community Care Nursing Home — operated by Indigo North Health — is now ready to welcome residents after being relocated in a \$57.11 million project. Delivered by the Victorian Health Building Authority and builder Zauner Construction, the larger site at 33–45 Main Street, Rutherglen, has expanded the facility from 40 to 50 beds — giving residents their own rooms with private ensuite bathrooms. “Across regional Victoria, we’re refurbishing aged care facilities to bring them up to modern standards, ensuring residents can age comfortably, in familiar surroundings and close to loved ones,” Victoria’s Minister for Ageing Ingrid Stitt said.

To help residents feel at home, rooms are grouped into smaller ‘households’ — with dedicated dining, lounge, kitchen and sitting areas. A community room and reflection room are among its common areas, also serving as spaces in which residents can catch up and meet with family and friends. The facility also capitalises on the surrounding natural environs; natural light and open-area views have been prioritised throughout the building, while opportunities for physical and mental wellbeing are available through green spaces. It has also been purposefully designed to be dementia friendly, to create a setting that promotes independence and dignity — so residents can ‘age in place’.



Images: Victorian Health Building Authority

Internal spaces promote social interaction.



## Free workshops for Victorian aged care nurses to run 2025–28

La Trobe University has received \$3.77 million in funding to run 140 free workshops for Victorian residential aged care nurses (RNs and ENs). The free three-day workshops are designed to upskill nurses in conducting comprehensive health assessments of older people and will be run by La Trobe’s Australian Centre for Evidence-Based Aged Care (ACEBAC).

Through the ACEBAC, the workshops will be run by La Trobe’s Australian Institute for Primary Care and Ageing. “Comprehensive

health assessment training significantly improves both confidence and knowledge among nurses caring for older people. This enhanced knowledge allows them to make more accurate assessments and informed decisions, ultimately improving resident outcomes,” ACEBAC Director Professor Deirdre Fetherstonhaugh said.

The workshops are expected to reach up to 2800 aged care nurses and will be rolled out across Victoria from August 2025. More information is available at [www.latrobe.edu.au/aipca/australian-centre-for-evidence-based-aged-care/workshops-and-training-packages/funded-chaop-victoria](http://www.latrobe.edu.au/aipca/australian-centre-for-evidence-based-aged-care/workshops-and-training-packages/funded-chaop-victoria).





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# MANAGING FOOD ALLERGIES

## IN AGED CARE FACILITIES

Food allergies are an increasing issue. With the rise in food allergy over the past 20 years, aged care residential services can expect to see more residents with food allergy in the future. As part of their duty of care, aged care facilities must have policies and procedures in place to identify and support residents with food allergy. National Allergy Council CEO **Dr SANDRA VALE** provides insight into standards, challenges, policies and procedures, and training, and sets out the key principles to apply — and common mistakes to avoid — in managing food allergies in aged care facilities.

Australia has one of the highest rates of food allergy in the world with 1 in 10 babies,<sup>1,2</sup> 1 in 20 school aged children<sup>3,4</sup> and 1–2 in 50 adults<sup>5</sup> having a food allergy. Some people with food allergies are at risk of anaphylaxis, a severe, life-threatening allergic reaction. There is currently no cure for food allergies and management requires strict avoidance of the food(s). Managing residents with food allergy, and other allergies, aligns with strengthened Aged Care Quality Standards.

### AGED CARE QUALITY STANDARDS

- Standard 1, The Individual, and Standard 3, Care and Services, ensure that residents are treated with respect and dignity by all staff in the disclosure of their food allergy and that food allergy is planned across all aspects of their care and support services.
- Standard 2, The Organisation, ensures that the workforce is trained and possesses the necessary skills to manage food allergies appropriate to their role.
- Standard 5, Clinical Care, ensures that allergies to medication, food and environmental allergens are included in residents' clinical assessment and documented. Allergy risks and preventive measures must be planned and documented.
- Standard 6, Food and Nutrition, ensures that residents with food allergies are catered for appropriately with safe and suitable food and fluids that meet their nutritional needs. This must include training, processes and procedures for all staff who are involved in planning, making and serving food to residents.





## KEY PRINCIPLES TO SUPPORT RESIDENT SAFETY FOR FOOD ALLERGY

There are some important key principles to support resident safety for food allergy.

### + Train all staff in food allergy

Everyone involved in caring for residents with food allergy, food service and meal delivery should complete food allergen management training relevant to their role. They should also know the healthcare organisation's policies and procedures about food allergy.

### + Document food allergies on admission

Residents' food allergies must be documented on admission to the facility. This information must then be transferred to food services when their diet requirements are submitted. Food allergies must be transferred to clinical, care and support staff and between clinical staff on shift change.

### + Make meals for those with food allergies stand out

Meals for patients and residents with food allergies should stand out from other meals. This makes it easy for staff to identify that it is an allergy meal. Different services will use different strategies, but it can simply be the use of a different coloured tray or plate with the allergy highlighted, or a coloured flag.

### + Serve residents with food allergies first

In dining areas, serve residents with food allergy first so they are more likely to receive the correct meal.

### + Ensure staff who know residents with food allergies serve their food

Make sure that only staff who know the residents serve meals to residents with food allergy, to prevent mistakes being made.

### + Check items on food trays

If residents are given meals on trays or in their rooms, check the items on the meal tray are correct. All foods for the resident with food allergy should be checked, to make sure they are not being given a food they are allergic to. If it is a ticketed system, check that the items on the meal ticket match what is on the tray.

### + Heed precautionary allergen labelling statement

Do not give patients or residents with food allergies a packaged food that has a precautionary allergen labelling statement (for example, 'may contain' statement) for the food they are allergic to. For example, if a product has a 'may contain' statement for milk, the manufacturer is telling you that the product is not safe for a person with milk allergy.

### + Check you are giving the right meal to the right patient

In hospital, a three-point identification check should be done with another staff member to check the right meal is being given to the patient. In residential care this might be a verbal identity check with the resident or another staff member that it is the correct resident.

### + Give meals to the resident with food allergy

Do not leave meals for residents if they are not at the table, or not in their room or bed. Leaving a meal when the resident is not there increases the risk of giving them the wrong meal.

### + Supervise bulk meal deliveries, buffets and self-service

Ideally, residents with food allergies should be given an individual meal to reduce the risk of cross contamination. If this is not an option, meal-time supervision by staff who understand food allergen management and how to reduce the risk of cross contamination is essential.

### + Create a food allergen menu matrix

For food and drinks kept in and outside the main kitchen, including pantries and other kitchen areas, create a food allergen menu matrix. A food allergen menu matrix means that staff can easily check what allergens are in each of the food and drink items available in those areas. The food allergen menu matrix must be kept up to date. The National Allergy Council has developed a food allergen menu matrix template which can be downloaded and used by residential facilities. It is available at [www.foodallergytraining.org.au/resources/allergen-menu-matrix](http://www.foodallergytraining.org.au/resources/allergen-menu-matrix).



## CHALLENGES, POLICIES AND PROCEDURES

Managing food allergies in the aged care sector has unique challenges. Residents with dementia may not remember that they have food allergy and may find it difficult to understand if they are given a different meal from others or feel they are being excluded from meal choices. There is a high turnover of staff; staff are from culturally diverse backgrounds and so there is a high demand for appropriate and frequent training. Staff often have multiple care and support roles so need to be trained across a range of food allergy skills.

Policies and procedures ensure that staff understand their roles and responsibilities; and how tasks should be performed, particularly when it applies to safety issues. Food allergies are a clinical and food safety issue. The National Allergy Council has developed a sample food allergy policy for residential care that can be downloaded and used by aged care facilities. If your facility already has a policy, the sample policy can be used as a checklist to ensure your policy is comprehensive. A food allergy policy is your governance document that procedures and policies will spring from, so it fits under Standard 3.

## FOOD ALLERGEN MANAGEMENT TRAINING

We all know the value of training. Food allergen management training helps food service staff to understand:

- the importance of good communication between food service staff about a patient's food allergies;
- how to read labels and select appropriate ingredients for patients with food allergies;
- how to prepare meals and drinks to avoid cross contamination with the food the patient is allergic to; and
- how to make sure the right food and drinks are given to the person with food allergies.

Care staff should also complete food allergen management training. Care staff often provide food from the pantries or out of hours for residents who have missed meals or desire a snack out of hours. Care staff also must understand the importance of knowing which patients and residents have food allergy and communicate that to the kitchen or food service staff. If care staff serve food, they need to know the process for making sure the right person is given the right food or drink. ■

### COMMON MISTAKES TO AVOID

There are common mistakes made by people providing meals and drinks to residents with food allergy that should be avoided.

#### + Giving people with milk (dairy) allergy lactose-free products

Lactose is a sugar in milk and dairy products; however, people who are allergic to milk (dairy) are allergic to the protein in milk and dairy products. Lactose free products still contain milk (dairy) proteins and must not be given to people who are allergic to milk (dairy).

#### + Assuming vegan foods are safe for people with milk or egg allergy

While foods labelled 'vegan' should not contain milk or eggs, they often have a 'may contain' statement for milk and egg, which means they should not be given to a person with a milk or egg allergy. Vegan foods often contain nuts, which are a common food allergen, so check products carefully for the person's allergen.

#### + Making a meal that is free of the food allergen and then adding a garnish that does contain the allergen

Check ingredients carefully, including decorations and sauces for meals and if in doubt, don't add it.

## MANAGING FOOD ALLERGIES IN THE AGED CARE SECTOR HAS UNIQUE CHALLENGES.

### RESOURCES AND REFERENCES

The National Allergy Council has developed the free 'All about Allergens for Residential Care' online training and a range of supporting resources to help aged care providers implement strategies to prevent allergic reactions to food. The courses and resources are available free of charge from the All about Allergens training site ([www.foodallergytraining.org.au](http://www.foodallergytraining.org.au)) and All about Allergens Resource Hub ([www.foodallergytraining.org.au/resources](http://www.foodallergytraining.org.au/resources)).

The training and resources were developed in consultation with our working group members from the aged care sector. Over 4000 residential care workers have completed our courses, which will be available later in 2025 to host on local organisations' LMS under a licensing agreement. For further information contact us at [info@nationalallergy.org.au](mailto:info@nationalallergy.org.au). You can also subscribe to the National Allergy Council newsletter for all the latest project updates at [www.nationalallergycouncil.org.au/news#sub](http://www.nationalallergycouncil.org.au/news#sub).

1. Hua X, Dalziel K, Brettig T, et al. Out-of-hospital health care costs of childhood food allergy in Australia: a population-based longitudinal study. *Pediatr Allergy Immunol.* 2022;33(11):e13883. doi:10.1111/pai.13883
2. Osborne NJ, Koplin JJ, Martin PE, et al. The HealthNuts population-based study of paediatric food allergy: validity, safety and acceptability. *Clin Exp Allergy.* 2010;40(10):1516–1522. doi:10.1111/j.1365-2222.2010.03562.x
3. Peters RL, Soriano VX, Allen KJ, et al. The prevalence of IgE-mediated food allergy and other allergic diseases in the first 10 years: the population-based, longitudinal HealthNuts study. *J Allergy Clin Immunol Pract.* 2024;12(7):1819–1830. e3. doi:10.1016/j.jaip.2024.03.015
4. Sasaki M, Koplin JJ, Dharmage SC, et al. Prevalence of clinic-defined food allergy in early adolescence: the SchoolNuts study. *J Allergy Clin Immunol.* 2018;141(1):391–398.e4. doi:10.1016/j.jaci.2017.05.041
5. Tang MLK, Mullins RJ. Food allergy: is prevalence increasing? *Intern Med J.* 2017;47(3):256–261. doi:10.1111/imj.13362



Dr Sandra Vale is  
CEO of the National  
Allergy Council.







# NEW GOVERNANCE ARRANGEMENTS NEEDED FOR CULTURALLY SAFE AGED CARE

## — A MESSAGE FROM ANDREA KELLY, INTERIM FIRST NATIONS AGED CARE COMMISSIONER

Andrea is a proud Warumungu and Larrakia woman. Andrea commenced as Interim First Nations Aged Care Commissioner in January 2024, tasked to lead public consultations about the design and functions of a permanent Commissioner and identify, promote and contribute to the changes needed to improve Aboriginal and Torres Strait Islander people's access to culturally safe aged care. By invitation, Andrea shares a message with *Aged Health* readers for the May 2025 edition, which has a focus on governance.

**T**hank you for inviting me to contribute to this edition that has a focus on governance.

As we embark on significant policy and program reforms in aged care, governance is a vital conversation. Ultimately, governance is not just a bureaucratic issue — it's a human one. It's about who gets to decide, whose knowledge is valued, and whose voices are heard.

In February this year, I released my report 'Transforming Aged Care for Aboriginal and Torres Strait Islander people'. It was the culmination of over 70,000 kilometres of travel, countless conversations, and deep listening to older Aboriginal and Torres Strait Islander people, their families, communities, and Aboriginal and Torres Strait Islander community-controlled organisations and aged care providers across the country.

One message came through loud and clear: the current aged care system does not work for Aboriginal and Torres Strait Islander people.

For too long, Aboriginal and Torres Strait Islander peoples have faced a system built without us — one that does not reflect our cultures, our values, or our right to age with dignity on our own terms.

While there are aged care providers doing important and respectful work, systemic change will not come through goodwill alone. It requires structural reform. And that includes reforming how decisions about care are made and who holds the power in those decisions.

That's why my report calls for stronger governance arrangements between aged care providers and Aboriginal and Torres Strait Islander families, communities, and organisations.



This is not a new idea. It is grounded in the Priority Reform One of the National Agreement on Closing the Gap which recognises that unless Aboriginal and Torres Strait Islander people are at the table — with power, not just presence — governments and mainstream institutions and organisations will continue to design policies and services that miss the mark.

Priority Reform One requires structures that empower Aboriginal and Torres Strait Islander people to have a genuine say in the decisions that affect our lives. The same principle must apply to aged care.

In practice, this means aged care providers must embed governance structures with local Aboriginal and Torres Strait Islander communities. It means establishing formal advisory groups, shared leadership models, and mechanisms for community involvement — not as a tick-box exercise, but as a non-negotiable foundation for culturally safe care.

Families and Aboriginal community-controlled organisations told me they feel shut out of the decisions that determine where and how their loved ones are cared for. They spoke of being sidelined, of feeling powerless when raising concerns, and of cultural protocols being ignored or misunderstood. They also spoke about the pain of being forced to choose between care and cultural connection — especially when older Aboriginal and Torres Strait Islander people are relocated far from their community or island home to receive support.

These outcomes are not accidental; they are the result of governance systems that exclude us.

The need for structural change is now also embedded in law. The new *Aged Care Act 2024* introduces a Statement of Rights that affirms every person's right to culturally safe, trauma-aware and healing-informed care.

This is a landmark shift. But rights must be backed by action — and governance is where action begins. Unless Aboriginal and Torres Strait Islander people have a formal role in how services are designed, delivered and reviewed, these rights will not be fully realised in practice.

If we are serious about closing the gap in aged care access and outcomes, then we must build a system in which power is shared — where Aboriginal and Torres Strait Islander people can lead and work in partnership with providers on the care that they need and deserve.

Importantly, this is not just about respecting culture; it's about improving quality of care. We know that culturally safe and responsive care

IF WE ARE SERIOUS ABOUT CLOSING THE GAP IN AGED CARE ACCESS AND OUTCOMES, THEN WE MUST BUILD A SYSTEM IN WHICH POWER IS SHARED — WHERE ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE CAN LEAD AND WORK IN PARTNERSHIP WITH PROVIDERS ON THE CARE THAT THEY NEED AND DESERVE.



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leads to better outcomes — greater trust in the system, improved health and wellbeing, and longer engagement with services.

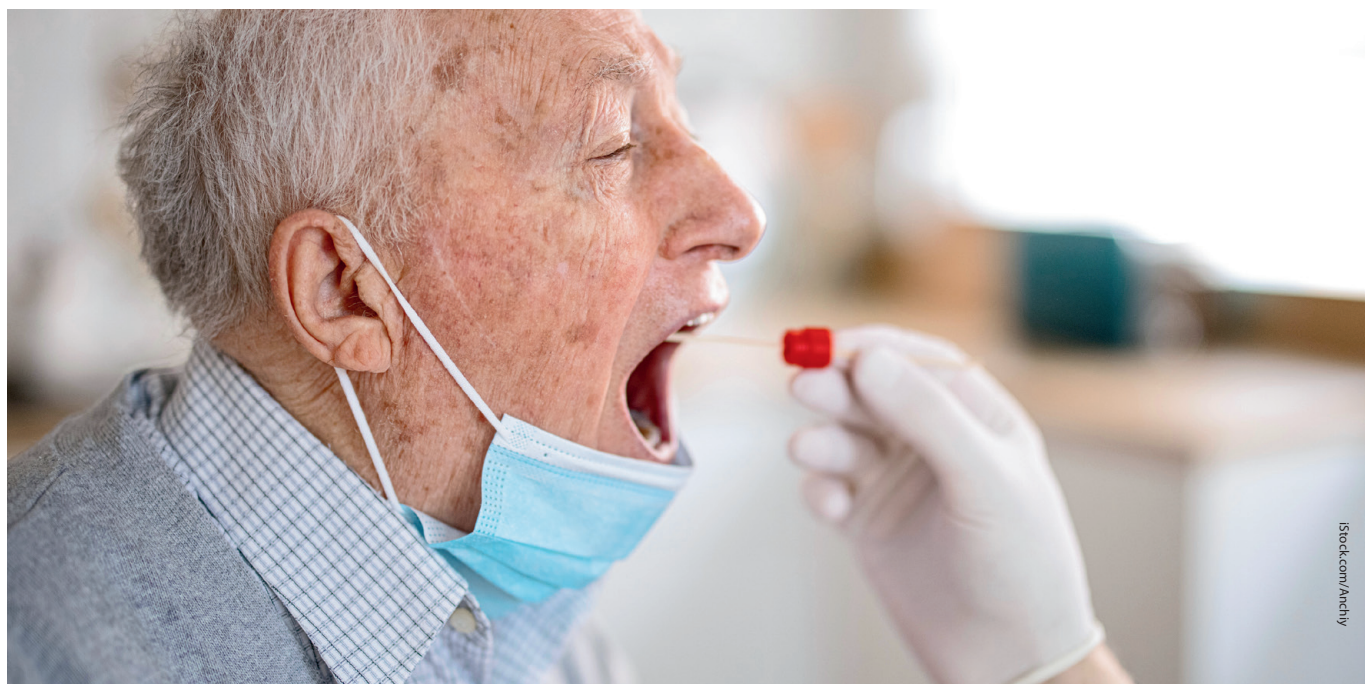
We also know that many providers want to do better. But wanting is not enough. They need to commit to deep and enduring partnerships with local Aboriginal and Torres Strait Islander stakeholders, backed by formal governance arrangements, training, and resourcing.

My report outlines practical steps to support this shift — such as requiring cultural safety governance frameworks as part of provider accreditation, mandating cultural safety training for all staff and leadership, and increasing support for Aboriginal and Torres Strait Islander-led aged care services.

We cannot deliver culturally safe aged care without governance structures that reflect the communities being served.

Shared decision-making must become the norm, not the exception. Because when our older Aboriginal and Torres Strait Islander people are respected, heard, and cared for in ways that honour who they are and where they come from, we all benefit. ■

# COULD A SIMPLE SWAB IDENTIFY POOR HEALTH IN AGED CARE?



A simple swab from the back of the throat, known as the oropharynx, may offer clues about health challenges faced by aged care residents, recent Australian research suggests. The research, from Flinders University, involved the collection of oropharyngeal swabs from 190 residents of aged care facilities across metropolitan South Australia, its findings suggesting that certain bacteria detected in the back of the throat could indicate greater health vulnerability in older adults.

It was found that one bacterium ordinarily associated with infections, but not in this study's context — *Staphylococcus aureus* (*S. aureus*) — was notably linked to poorer health outcomes; residents carrying this bacterium being almost 10 times more likely to die within a year compared to non-carriers. In short, while measures of physical robustness, such as grip strength and other physical assessments, have proven successful in identifying vulnerable individuals in later life, this research now suggests a swab from the back of the throat may lend the sector insights, too.

"This discovery suggests the usability of the microbiome as an additional marker of identifying residents who may require extra care or monitoring," PhD candidate and study lead Sophie Miller from Flinders' College of Medicine and Public Health said. "Importantly, the presence of *S. aureus* was found to be a stronger predictor of mortality risk than an individual's number of comorbidities — health conditions that are commonly used to assess the general health of elderly individuals."

Miller explained that even after adjusting for factors such as comorbid conditions, medications and other health data, the link between *S. aureus* and mortality risk remained significantly high. On the potential of this study's findings, senior author Professor Geraint Rogers, Director of the Microbiome and Host Health program at SAHMRI and Matthew Flinders Fellow at Flinders, said: "It's fascinating that we see this relationship with *S. aureus*, even in the absence of any clear evidence of infection."

Rogers described the study as marking "an important step toward using simple microbial markers to inform healthcare strategies and improve outcomes for aged care residents", yet also acknowledged that, while the findings are "compelling, more research is needed to confirm these results and explore the long-term implications". Rogers added: "By studying larger groups of residents, we hope to uncover more ways to improve care and support for older adults." ■





DESIGN MATTERS



Images: Christine Francis and courtesy Billard Leese Partnership



# LUXURY WELLBEING, APARTMENT STYLE



Designed by Billard Leece Partnership for Baptcare and completed in 2021, the 7500 m<sup>2</sup> Baptcare Strathalan Integrated Community

redevelopment offers luxury retirement living in an apartment complex in the Melbourne suburb of Macleod, Victoria — designed to facilitate an active and joyful ageing journey. “We design spaces that promote social, physical and mental wellbeing,” Mark Mitchell, Principal/Health Sector Lead, Billard Leece Partnership said.

“Access to natural light and ventilation is vital, so there are views to surrounding nature and lots of lovely, landscaped areas to bring the outside in,” Mitchell added. “Security is also high priority, so residents feel safe and secure in their environment. And the ability to be able to lock up and leave if they choose to.”

Intended to allow residents to age in place and seek access to services if and when they require them, the community centre is at the heart of the site — located on the ground floor of the apartment building. The building also includes a commercial kitchen to facilitate a fully functioning café and à la carte restaurant, club lounge, billiards area, resident bar and men's den. There are also resort-style facilities, including a gym, beauty and hair salon, private dining, library and an enclosed winter garden to sit and enjoy a meal.





A mix of one-bedroom-plus-study, two-bedroom and three-bedroom apartments, the redevelopment consists of 37 units; a key briefing requirement being to ensure that the apartments were provided with as much storage as possible, as most residents tend to be downsizing from larger family homes. "It's about collective wellbeing, with residents coming together and having those opportunities to socialise in a space that's just theirs," Mitchell said. "This community helps them achieve that."

Heritage at the site is respected, with the homestead — dating from 1945 — transformed into a wellness hub for visiting health practitioners, including occupational therapists, physiotherapists and podiatrists. An aged care facility for residents who may need further care and support in the future is also co-located, with a communal vegetable garden, outdoor barbecue area and outdoor seniors exercise gym/playground built adjacent to the homestead.

This design was shortlisted for Project of the Year Ageing in Place in the 9th Eldercare Health + Innovation Awards. ■




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INTENDED TO ALLOW RESIDENTS TO AGE IN PLACE AND SEEK ACCESS TO SERVICES IF AND WHEN THEY REQUIRE THEM, THE COMMUNITY CENTRE IS AT THE HEART OF THE SITE — LOCATED ON THE GROUND FLOOR OF THE APARTMENT BUILDING.





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# RESIDENTS CO-DESIGN EXPERIENTIAL STAFF TRAINING

## CASE STUDY



### PROBLEM:

An aged care facility at Cundletown near Taree wanted to better inform staff training with the experiences of residents.

### SOLUTION:

It formed a co-design team made up of residents and staff to develop a series of hands-on, practical training sessions.

At Calvary St Paul's residential aged care facility at Cundletown near Taree, residents are working with the Calvary St Paul's team to co-design a series of hands-on, practical training sessions for existing staff, new trainees and future starters, all aimed at improving the resident experience.

Taree couple Richard and Jennifer Woolcott, who are residents and former teachers, are part of the co-design team. "I think it's important that staff themselves get put in the sling and be hoisted," Richard said, adding that "it's good for them to see what it feels like".

The co-design workshops are part of Calvary's PEARS model for caring for older people. PEARS stands for Personhood, Environment, Activity, Relationships and Safe care — each underpinned by a set of principles and outcome measures.

Calvary St Paul's was an early adopter of the PEARS approach, which has now been introduced at 18 of Calvary's 50-plus aged care facilities across the country, with 11 more homes on the agenda for 2025.

"Designing solutions with residents, for residents is at the heart of our PEARS approach," Home Manager Michelle McKenna said. "It gives residents a voice and is empowering them to actively shape their care and activity around their home."

One of the hands-on experiences was being carried through the air in a hoist, then lowered into a chair. Cindy Brown — a long-time care worker — was one of the first staff members to go through the hoist experience, which she said was an unnerving session that has already led to changes in the way she works with residents.

She described the experience as "just hanging there and putting myself literally in everyone else's hands — and I was fully clothed. There was no privacy,"

Brown added, "Transferring people using the sling and hoist is something we do every day but this made me stop and think a lot more about it. It was really worthwhile to see it from their perspective."



“Now when I need to transfer someone, I make sure they have privacy.”

Jennifer Woolcott, who visits most days, has suggested training include staff taking a turn at being confined in a wheelchair or the large mobile lounge chairs that are a common fixture at Calvary St Paul’s — so they can experience the room and home environment as residents with limited or no mobility do.

“Imagine if you’re sitting in a bed or one of the big chairs and you can’t get a drink of water, or it’s just out of reach, or the cord has fallen out of your mobile phone, or you can’t reach the remote controls,” Jennifer said. “Richard doesn’t want to be buzzing all of the time to get the basic things. He wants to be as independent as possible and be able to maintain that as well as his dignity.”

The experiential training will be expanded to cover other aspects of daily living at Calvary St Paul’s, McKenna said, including residents’ dining experiences. The initial workshops have also led to several other practical improvements being adopted. These include pocket notebooks — so staff can jot down residents’ queries or requests and report back — and large-print staff name badges — to help residents more easily identify and talk with staff. ■

## Liquid thickener for dysphagia management



Flavour Creations’ Instant THICK Liquid is a versatile thickener designed to support hydration and nutrition for individuals with dysphagia (swallowing difficulties). Backed by over 27 years of expertise in dysphagia nutrition, this product aims to deliver consistent results.

With a gum-based formulation, the product thickens hot and cold drinks, alcoholic beverages, food, medical solutions and supplements without altering flavour. Once thickened, liquids remain stable for 24 hours, helping to ensure reliability across the day.

Key features include a IDDSI-compliant dosing pump for accurate dosing and a consistent dosage guide for each IDDSI level. In addition, the product is taste-free to support individual dietary preferences.

Instant THICK Liquid is available in 950 ml single-serve bottles and 2.75 L bulk bottles, offering flexibility in individual or large-volume preparation. This solution helps to ensure fast, safe thickening, while supporting quality care in aged care settings.

*Flavour Creations*

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# ENSURING COMPLIANCE: THE NEW AGED CARE ACT AND AI

istock.com/Mr Vito

The Australian aged care sector is undergoing significant reform, with both home and residential care providers facing new regulatory requirements under the new *Aged Care Act 2024*, which comes into effect from 1 July 2025. One of the biggest compliance challenges providers face under the new regulations is adherence to the **Strengthened Quality Standards**. **ANNETTE HILI**, General Manager ANZ at AlayaCare, explains how AI may be able to help.

**R**eforms under the new Aged Care Act aim to enhance care quality, improve transparency and ensure that the older person receiving care is at the centre of the services. The changes span multiple areas, including home care funding structures, pricing regulations and increased clinical care requirements in residential care.

Providers must adapt to these updates while maintaining compliance with the Strengthened Quality Standards, a key component of the new framework. AI is already being used to automate workflows and increase efficiency in home and residential care. Amid this changing regulatory and compliance environment, it will increasingly become a critical tool for providers to remain compliant while continuing to provide high-quality care.

## MAJOR CHANGES IN THE SECTOR

One of the most significant changes affecting both home and residential care providers is the introduction of Strengthened Quality Standards. These standards will ensure that aged care services are delivered with

a focus on high-quality outcomes, whether in residential aged care facilities or home care settings. For home care providers specifically, the new Support at Home program introduces a funding model in which providers will draw 10% of participants' budgets for care management, down from 20% allocated to care management previously. This decision is a significant disruption for providers.

The role of the case manager is crucial in coordinating services, ensuring compliance and supporting older Australians to get the most out of their funding. The consequence of this reduction in funding is that every provider must look at alternative options to find efficiencies or absorb costs in some way. AI and agentic workflows will play a key role in supporting this change — they will be integral to streamline any processes and administrative tasks that do not require a human touch, freeing case managers' time to execute critical tasks for clients instead.

Other significant changes include that participants will be classified into one of 10 new categories, a significant shift from the previous four levels of Home Care Packages. Eight of these classifications will cover ongoing care, while the remaining two will focus on short-term restorative care and end-of-life care



pathways. The program will also introduce a defined list of services, which will be more prescriptive than previous categories.

While the government plans to cap service prices based on recommendations from the Independent Health and Aged Care Pricing Authority (IHACPA), providers will set their own rates for the first 12 months following the program's implementation. The delay in IHACPA setting rates offers home care providers some time to further review their practices and continue to look for ways to improve efficiency and manage costs.

Residential aged care providers also face substantial changes, with some of these already having come into effect. Aged care places will be assigned directly to older people accessing government-funded services, giving them more choice and control over their care. The new Act also includes increased protections to ensure autonomy and dignity. The Act and new standards have been focused on areas highlighted as requiring further improvement during the Royal Commission, including dementia and clinical care.

From 1 October 2024, the minimum required care minutes in residential aged care facilities increased to an average of 215 minutes per resident per day, with at least 44 minutes delivered by a registered nurse, ensuring greater clinical oversight. The new Act implements a Statement of Rights for a rights-based approach, ensuring that the older person always remains at the centre of the system.

These changes are without doubt delivering positive changes for older Australians and the sector; however, there is a change management journey that is required for all providers to re-educate staff on the changes and the new standards to ensure continued compliance in the new regulatory landscape. This is another area in which AI could have a significant impact on operations. From automating processes to

summarising and synthesising the information necessary for clinicians and care workers to remain compliant, AI can be adopted by organisations to ease the increased administrative burden that comes with any major change.

## AI AND COMPLIANCE WITH STRENGTHENED QUALITY STANDARDS

One of the biggest compliance challenges providers face under the new regulations is adherence to the Strengthened Quality Standards. These enhanced standards emphasise person-centred care, requiring that providers not only deliver high-quality services, but also produce tangible proof that they are meeting the requirements.

Given the heightened scrutiny and the increased volume of documentation and operational processes required, AI is emerging as an essential tool to help aged care providers maintain compliance. AI-powered platforms can enable providers to identify risks, document care delivery and streamline the reporting process, particularly for the Clinical Care Standard — the aged care standard currently with the most reported non-compliance.

By synthesising and analysing client documentation, AI tools can flag at-risk clients so that clinicians and care workers can ensure that services align with regulatory expectations. This proactive approach reduces compliance risks while enhancing care outcomes. Tools such as these can play a critical role in accreditation and audit readiness — with providing evidence of adherence to the Strengthened Quality Standards being essential.

## THE FUTURE OF AI IN AGED CARE

As the aged care sector continues to evolve, AI will be instrumental in supporting compliance. By automating compliance tracking, streamlining documentation and proactively identifying risks, AI-powered solutions enable providers to confidently navigate regulatory requirements. With the help of AI tools, organisations can enhance care quality, improve operational efficiency and ensure they remain fully compliant with all of the changes this major shift will bring. ■



Annette Hili is  
General Manager  
ANZ at AlayaCare.



## Hospital-strength neutral powder

Flavour Creations' AdVital Hospital Strength Neutral Powder is designed to offer complete nutrition in just one scoop, delivering a signature blend of 27 vitamins and minerals plus protein, fat and energy for daily nutritional support.

Backed by over 28 years of expertise in targeted nutrition, the company has formulated the powder to be suitable for people who require high protein and energy in their diet.

In just one scoop, AdVital Hospital Strength is designed to support muscle health (with 14.6 g of protein per serve), bone health (high in calcium and vitamin D), immune function (high in vitamin C and zinc), cognitive health (high in iron and B vitamins) and weight maintenance (energy-dense with 239 kcal per serve).

Australian-owned and made, the powder is designed to fortify meals and drinks without altering taste or aroma. Available in a 728 g can and a bulk 5.2 kg pail, it aims to deliver a quality, convenient nutritional solution for aged care home residents.

*Flavour Creations*

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



## Multimetric balance mat

Balance Mat's Multimetric Balance Mat is designed mainly for doctors, nurses, exercise physiologists and physiotherapists, and particularly those in the 'age well' and sports sectors. It is also intended to be useful for aged care facilities, geriatricians and gerontologists.

The system enables a sequence of four 20 s balance tests (in a sequence of normal, tandem, left-foot and right-foot stances). It is also designed to be used in the treatment of patients after injury (particularly sports injuries), stroke and heart attack.

*Balance Mat*

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

## Cord-free motion sensor

The Bed Alarms cord-free Violet Assure Motion Sensing Set is intended as a quality, easy-to-use fall prevention device. Designed to be used as part of a resident's fall prevention program in residential aged care, it may also be useful in a rehabilitation or palliative hospital environment.

The transmitter includes an internal, easy-charge battery with approximately 170 h of battery life, including an 8 h low-battery warning light. An adjustable pole set holds the transmitter, and as it's not restricted with any cables, it can be positioned as required in a resident's room, eg, directed down the side of a bed or across the ensuite doorway.



The receiver is plugged into either a wall or aux/OOB point, via the supplied VA nurse call cable — matched to the facility's nurse call system requirement (NCS). When the resident has broken the transmitter's invisible beam, the care staff will be notified via the NCS.

The receiver includes a pause button which allows the care staff to tend to the resident, without worrying they may be distracted and forget to switch the set back on. When the sensing set is not required for a period, it can be turned off at the transmitter.

*Bed Alarms*

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

# GARDEN-INSPIRED CARPET WEAVES THE OUTSIDE IN

## CASE STUDY



Images: Kane Multimedia

### PROBLEM:

An aged care facility in Victoria where gardens are a key feature gives the architectural brief to create a luxurious look with the comfort of home that also reflects its environs.

### SOLUTION:

A flooring solutions company provides carpets that gently allude to organic materials from the outdoor environment and embrace the imperfect beauty of the natural world.

Mt Eliza Gardens Aged Care — a new 141-suite Australian Aged Care Group facility — incorporates three-tiered suspended sprawling garden terraces, offering views over Victoria's Canadian Bay, and is set among mature landscaped surroundings. Designed by Smith+Tracey Architects, the facility provides each bedroom with a private balcony and ensuite. Tarkett provided carpets for the facility.

"The group had previously installed Tarkett carpet in their other residential facilities which has performed perfectly for aged care," said Tarkett's Victorian State Manager, Paul Burrows. "It has always performed well for them, so they wanted to use it again, only with an updated design."

Tarkett's tufted carpet Radiance in colour Stellar's Jay, part of the Garden Walk collection and designed to create feelings of wellbeing, is a key feature. "With the theme of luxury," Smith+Tracey Senior Interior Designer Hayley Hadj said, "colour was very important, and we wanted a scheme that was both timeless and suited the environment. The subtle blue-grey carpet features a beautiful metallic yarn running through it which complements the brass details and other fittings throughout the space."

It was important to use patterning and colour to break up the long corridors with visual interest, Hadj explained. "The stylish design was also great for emphasising the six-star luxury feel."

"Given it was a patterned carpet, we decided to use a custom plain colour from the Acadia collection to complement the design and run along the perimeter as a border."

Together, Radiance and Acadia — the latter from the IslandGate collection — work towards the design brief to create a residence that, in Hadj's words, has "a luxurious look with the comfort of home". ■





# CLINICAL FACTORS OF

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istock.com/jacob Wackenhause

# FRONTOTEMPORAL DEMENTIA MISDIAGNOSIS



Almost 70% of suspected frontotemporal dementia patients — a notoriously difficult-to-diagnose disorder — ultimately did not have the condition, an Australian study aimed at identifying clinical factors contributing to misdiagnoses of behavioural variants of frontotemporal dementia by specialist physicians has revealed. One of the most common forms of dementia in people aged under 65, unlike Alzheimer's, which is characterised by memory problems, it involves degeneration of the frontal and temporal lobes of the brain, affecting behaviour and personality.

Lead author Dr Joshua Flavell, a psychiatrist working with cognitive neurologist Professor Peter Nestor — at the Mater Hospital Memory and Cognitive Disorders Clinic and the University of Queensland's Queensland Brain Institute — are among the researchers who analysed data from 100 patients suspected of having frontotemporal dementia who had been referred to the Mater clinic by specialist physicians like geriatricians, neurologists or psychiatrists.

Initial referral information was compared with the final clinical diagnoses to determine patterns in diagnostic accuracy. "Of the 100 patients, 34 were true-positive, and 66 were false-positive for frontotemporal dementia," Flavell said. "We found that misinterpretation of brain scans, particularly nuclear imaging, led to 32 patients being incorrectly diagnosed." Flavell added, "Likewise, cognitive testing such as tests of executive function also contributed to misdiagnoses in 20 patients."

"Psychiatric history was regularly downplayed by both patients and informants, making it difficult for physicians to understand how to place particular weight on this part of the diagnostic puzzle," Flavell said. "Misdiagnosis can result in patients receiving inappropriate treatments, potentially leading to unnecessary medications, delays in proper care, and increased emotional distress for families."

The study highlights the need for careful interpretation of diagnostic tests in patients suspected of having the condition. "We found patients with prior psychiatric histories were more likely to be misdiagnosed," Flavell added. "Misinterpretation of brain scans and cognitive testing, particularly formal neuropsychological testing, significantly contributed to inaccurate diagnoses." Regarding the findings, Nestor said physicians should be cautious not to over-interpret neuroimaging and neuropsychology results.

Nestor also said that physicians should be hesitant to label behavioural change as frontotemporal dementia in patients with prior psychiatric histories. "More emphasis should be placed on directly observing behaviours associated with frontotemporal dementia and physical neurological signs in the clinic, rather than relying solely on second-hand reports of symptoms," Nestor said.

Over-interpretation of neuroimaging and neuropsychological assessments was the most common reasons for misdiagnosis. "The team compared the initial referral diagnosis of suspected frontotemporal dementia to long-term outcome, following people for as long as five years to be confident of the diagnosis," Nestor said. "By raising awareness of these pitfalls in the diagnostic process, we feel that diagnostic accuracy for frontotemporal dementia can be improved."

"The behavioural variant of frontotemporal dementia is a challenging diagnosis due to overlapping symptoms with psychiatric and other neurological conditions," the researchers wrote in the study. "Accordingly, misdiagnosis is common." The study, titled 'Factors associated with true-positive and false-positive diagnoses of behavioural variant frontotemporal dementia in 100 consecutive referrals from specialist physicians', was published open access this year in the *European Journal of Neurology*. ■





# A DAY IN THE LIFE



# MERRIDY BAYLIS

## THE CALL OF CLINICAL GOVERNANCE

When Merridy Baylis decided to enter the aged care sector in 2020, she knew she would face a steep learning curve. Now Resthaven's Executive Manager Clinical Governance and Operational Excellence, her background as an experienced ICU nurse and senior clinician meant she rose to the challenge — and the move has proven to be both eye-opening and fulfilling. "When you take yourself out of your comfort zone, that's when learning and value happens," she said.

Merridy joined Resthaven in April 2020, in the role of Senior Manager Clinical Services. In this role, she provided strategic clinical operational leadership to the organisation at a time when, due to COVID-19, clinical needs were continually changing and there was a higher-than-usual emphasis on this specialist area — though new challenges were not new to her.

After finishing her nursing qualifications and working at the Royal Adelaide Hospital for some time, she moved to Saudi Arabia, working abroad for six years, meeting her husband and starting a family. In 2010, they moved back to Adelaide and Merridy returned to the ICU before becoming a Clinical Educator and working in the Transition to Professional Practice Program with ICU specialties.

Clinical work called again, and Merridy worked as an Organ Donor Coordinator for five years, while also commencing her Masters in Health Administration. With this new knowledge, Merridy moved to working with Central Adelaide Local Health Network Outpatients. She later became the Nursing Director of OPD, and then the Director.

It was in this role that she led the establishment of South Australia's first COVID testing site, before joining Resthaven some months later. Merridy was appointed to her current role in December 2024.

She gives us insight into how she spends her day:

"As Executive Manager Clinical Governance and Operational Excellence, the day starts with checking emails for anything urgent. I check in with the senior team and ensure they are tracking on their projects and reports," she said.

"Consumer feedback, complaints and quality audits are in my program, along with clinical audit and reporting quality indicators for the organisation — so there is a constant cycle of risk identification, monitoring and trending to readily recognise site or organisational performance issues. Hence, I work closely with the Executive Managers of Residential and Community Services.

"Resthaven believes in identifying opportunities for improvement, so there is generally a clinical project or pilot I am monitoring. Currently, we are expanding Aged Care Onsite Pharmacists to all of our homes, rolling out a falls reduction strategy, and working with all areas of the business in preparation for the New Strengthened Standards.

"I am also escalation point for senior specialist clinicians, so I make sure I am available to trouble shoot any problems for them. Ultimately, I report organisational performance to the CEO and the Board, so I work hard to ensure Resthaven is a sector leader in clinical governance and operational excellence, particularly for individuals who choose Resthaven as their aged care provider." ■



# HOW TO ADVANCE WELLBEING AND DIGNITY

## WITH CARE LEAVER- INFORMED CARE



Older care leavers are individuals who have spent parts of their lives in out-of-home care, including children's homes, foster care or orphanages. With more than 500,000 older care leavers transitioning into the aged care support system, a National Centre for Healthy Ageing-led review has explored key issues they face. Published in the *Journal of Gerontological Social Work*, the narrative review was authored by Professor Philip Mendes, Associate Professor Susan Baidawi, Lena Turnbull and Sarah Morris, and involved an examination of Australian and international literature on older care leavers' experiences with and perceptions of aged care services.

### THE SUPPORT-AT-HOME PREFERENCE

The literature included older care leavers' specific fears and anxieties about institutional aged care and revealed that most older care leavers would prefer to remain in and receive support at home — suggesting that maintaining the familiar comforts of their own homes and reducing their levels of distress regarding the prospect of re-entering institutionalised care environments was important for older care leavers.

"Older care leavers who spent their childhoods in institutional and other forms of out-of-home care are a vulnerable group," Mendes said. "Our narrative review of existing local and international literature identified that most of this cohort prefer to remain at home, assisted by services that respect their autonomy and personal history," Mendes said.

### AGED CARE FACILITIES CAN EVOKE DISTRESS

"Aged care services need to adopt trauma-informed approaches to meet their needs and advance their wellbeing and dignity in aged care settings," Mendes said, with the review suggesting that aged care facility environments can evoke distress in older care leavers due to similarities with childhood institutions. Issues such as the nature of communal living, lack of privacy and certain physical triggers like corridors and architectural features being reminiscent of past institutions were identified, as were specific odours and some institutions sharing the name of childhood orphanages.







Trauma-informed care within aged care facilities is made difficult due to workforce challenges, the review found. Such challenges include disparities in staff skill levels, high rates of staff turnover, and cultural and linguistic divergences between staff members and residents — this was particularly the case with those from non-western backgrounds. Constrained resources were also identified as further complicating the delivery of effective and sensitive care services.

#### CARE LEAVER-INFORMED AGED CARE

“For older Australians who grew up in childhood institutions, their past experiences of trauma in these settings can deeply influence how they perceive and interact with other institutions — in this case, aged care services,” review co-author Turnbull said, noting that the literature recommends that all aged care services should be trauma-informed, care leaver-informed and person-centred.

“For older Australians who grew up in childhood institutions, their past experiences of trauma in these settings can deeply influence how they perceive and interact with other institutions — in this case, aged care services,” Turnbull said. “Trauma-informed care recognises and responds to these traumatic experiences, ensuring that care environments are safe, supportive and respectful.

“It shapes how services look and feel and how staff behave, in an attempt to build trust, reduce re-traumatisation and provide the tailored support needed to meet the unique emotional and psychological needs of this vulnerable group,” Turnbull said, calling for additional, flexible funding to facilitate older care leavers’ ability to continue living at home. “This alongside the need for sustained access to counselling and specialised services and the support of an advocate or guide to aid in their navigation of aged care support systems is important.” ■





# SURVEY SAYS — OLDER AUSTRALIANS SKIPPING VITAL DENTAL

**A**ustralian Dental Association (ADA) research findings released on 9 April suggest older Australians are skipping vital dental treatments because they can't afford it, which is resulting in declining oral health. The findings come from ADA's annual study, which surveyed 25,000. Survey data reveals that 55% of all over-65s delayed seeking dental treatment, with 64% of those who delayed dental trips saying that it was because they couldn't afford it. Additionally, 47% of this age group reported debilitating oral issues — including a mouth infection, mouth or face swelling and recent tooth or gum pain — compared to 36% of the rest of the community.

The research also reveals that older Australians are making fewer trips to the dentist compared with the rest of the population, with 37% of over-65s visiting every 2–5 years compared to 35% of other age groups, and 23% of over-65s visiting every 5 years compared to 20% of other age groups. "These findings provide a clear picture of what's happening to the mouths of thousands of Australians over 65," ADA President Dr Chris Sanzaro said. "They can't get to the dentist regularly because they can't afford it and so their mouths become a battleground of pain and infection management."

"Some end up in the Emergency Departments — the ADA has found that 16,000 seniors were admitted to hospital for treatment of painful dental issues in 2022–23," Sanzaro added. "That figure is expected to rise to 22,630 by 2027–28, representing a 42% increase from an already unacceptable level. It's a health trend that worsens by the year." Other findings from ADA's annual survey include that 30% cited concerns around unexpected problems cropping up during a check-up that need unaffordable treatment as another reason for staying away. Sanzaro said 76% of Australians support the introduction of a seniors dental scheme. ■

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Editor: Dr Joseph Brennan, PhD  
[ah@wfmedia.com.au](mailto:ah@wfmedia.com.au)

Publishing Director/MD: Janice Williams

Art Director/Production Manager:  
Linda Klobusiak

Art/Production: Marija Tutkovska

Circulation: Alex Dalland,  
[circulation@wfmedia.com.au](mailto:circulation@wfmedia.com.au)

Copy Control: Ashna Mehta  
[copy@wfmedia.com.au](mailto:copy@wfmedia.com.au)

Advertising Managers:

Kerrie Robinson  
+61 400 886 311  
[krobinson@wfmedia.com.au](mailto:krobinson@wfmedia.com.au)

Andrew Jackson  
+61 400 604 646  
[ajackson@wfmedia.com.au](mailto:ajackson@wfmedia.com.au)

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