Occupational Therapy AUSTRALIA

Department of Health and Aged Care

Revised Aged Care Quality Standards

Occupational Therapy Australia submission

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Executive Summary

Occupational Therapy Australia (OTA) welcomes the opportunity to provide a written submission to the Department of Health on the revised Quality Standards for both in-home and residential aged care.

The Aged Care Quality Standards (Quality Standards) are intended to optimise the consumer's independence and choice in aged care, and provide a benchmark for consumer driven, competitive and innovative sector.

This submission highlights areas that we believe require further revision and outlines additional details that OTA believe will further strengthen the Quality Standards and support consistency in their adoption.

The success of these standards relies on clearly defined actions that:

- incentivise services to adopt evidence based best practice interventions delivered by suitably qualified professionals
- places allied health at the centre of needs assessment and care planning
- ensure integrated care through multi-disciplinary working
- acknowledges the setting in which the care is being delivered, and
- supports consumer led approaches to restore function.

Occupational Therapy and Aged Care

OTA is the professional association and peak representative body for occupational therapists in Australia. There are about 27,000 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

Occupational therapists have a critical role in providing services across the health system, supporting people affected by physical, intellectual, acute, and chronic conditions, and mental health issues. Occupational therapists work in a diverse range of practice settings including acute hospitals, rehabilitation settings, private practice, aged care facilities, community, primary health and in the home.

Occupational therapists work with older people with age-related conditions such as poor balance and coordination, memory loss and confusion, and vision and hearing loss, which lead to changes in their ability to participate in the meaningful activities of everyday life. Occupational therapists provide services such as physical and mental health therapy, vocational rehabilitation, chronic disease management, assessments for assistive technology and the assessment of environment and safety risks.

Clearer definition of terms

Throughout the revised Quality Standards, the terms providers, workers and governing body are used interchangeably. The lack of definition around what these terms mean, how they

differ and how they should be applied throughout this document complicates the interpretation of the quality standards.

Many allied health professionals like occupational therapists operate in both the home based and residential aged care settings as salaried employees, casual employees, sole traders or contractors. In its current format, it doesn't appear there has been any provision made for those who work in the sole trader or contractor capacity. There is also no clarity about their responsibilities for reporting on the standards that apply to them. The need for this clarity will be particularly relevant with the proposed in-home aged care reforms supporting greater service delivery by sole traders.

Additionally, with a focus on self-management in the proposed home based program, consumers will often be sourcing and coordinating their own services and may do so from a variety of providers. Without a clearer understanding of terms and expectations around the oversight of quality standard compliance in self-managed care situations, it is unclear how the proposed Quality Standards will be administered successfully.

Actions reflect the care setting

In reviewing the revised Quality Standards, OTA calls for the Department to consider the ways in which the standards and actions reflect the relevant care settings. Some standards lack an appreciation of the distinct differences between the home and residential care settings, particularly the differences in oversight and care provision.

With enforceable outcomes and detailed actions that better reflect the true nature of aged care delivery within a respective setting, the revised standards will better support providers working in aged care to accurately interpret and adopt these measures.

Standard 1: The person

OTA welcomes the increased focus on the consumer in Standard 1 and the recognition of the unique needs of individuals who have experienced trauma, or who have specific needs and diverse backgrounds.

We also welcome the recognition of the need to collaborate with the consumer to build choice, independence, and quality of life (Outcome 1.3). This standard, however, fails to acknowledge the need for clinical assessment to support older people in making informed choices. Often decisions around care or interventions require a comprehensive clinical assessment, potentially from a variety of allied health clinicians like occupational therapists. It is with this broader assessment of needs that person-centred strategies and solutions can be designed. This approach is central to occupational therapy practice.

Comprehensive assessment is also essential when promoting dignity of risk. Lacking the full details of what is available undermines a person's pathway to informed choice and denies them the ability to take dignified risks. This standard must better embed the need for clinical assessment in building choice, independence, and quality of life by defining clear actions around referral to allied health professionals like occupational therapists.

Standard 2: The organisation

The nature of workforce and service provision across both the home based and residential aged care settings are significantly different. Standard 2 appears to be designed for use with residential care organisations or for the large muti-service providers that have relied on Commonwealth Home Support Program (CHSP) grant funding. There doesn't appear to be provision for how sole traders are expected to meet these standards, or which of these standards may apply for them.

In the circumstances of self-management of home based care plans, it is unclear how these standards will apply. Consumers will be at the centre of sourcing and designing their care arrangements and ultimately having oversight of their aged care budget. From a quality, safety and risk mitigation perspective, the details are lacking around how Standard 2 can support older people self-managing their care to ensure compliance.

Standard 3: Care and Services

There is capacity for Standard 3 to better emphasise the use of evidence based best practice care by highlighting the importance of allied health referral pathways. Without stipulating the need for immediate and targeted allied health referrals we fail to include the steps necessary to comprehensively achieve this standard and at the same time undermine the achievement of Standard 5: Clinical Care.

For example, action statement 3.1.1 of Standard 3 fails to highlight the importance of clinician input in the process of assessment and care planning. Following risk identification, which may require clinical assessment and review, there is no consideration of clinical referral pathways to address identified risks. Allied health referral and input is also lacking should deterioration of a person's capacity or condition be noted (Action statement 3.1.5).

In Standard 3.2, despite acknowledging the need to receive timely and appropriate referrals to other services there is no clarity around who this might include. There is no acknowledgement of the need to bring in allied health input when caring for someone with dementia (3.2.4), to minimise the use of restrictive practices (3.2.5) or to support older people's communication (3.2.7).

Occupational therapists offer a range of skills and expertise that can support the care of people living with dementia, deliver sensory modulation and behaviour management interventions that can minimise the use of restrictive practices in older people, and offer specialist knowledge to support communication through strategies and aids. The lack of attention to the involvement of clinicians like occupational therapists in the care of these consumers is a significant oversight of these standards.

Standard 4: The Environment

The need to assess a consumer's environment needs to be clearly outlined based on the purpose for assessment. As outlined in Action 4.1.1. there is a requirement to assess the property to meet the safety of the workers in the home setting. This assessment should be conducted as part of the workplace health and safety requirements of any employer deploying staff and should be considered under the requirements of the organisation as outlined in Standard 2.

The need to assess the environment for the functional performance, safety and independence of the consumer is quite separate and should be done by suitably qualified professionals using evidence based, best practice approaches. This assessment should form part of the assessment of care needs conducted by allied health professionals like occupational therapists. It should inform the care planning and coordination of care to meet identified needs and risks as per the expectations set out in Standard 3 and Standard 5.

Occupational therapists may be asked to perform environmental assessments to address the safety of workers or carers attending to older people. This approach, however, is always with a clinical and a therapeutic focus and with the consumer at the centre of the assessment. It may involve reviewing the environmental set up to best manage care or prescription of equipment to aid with safe manual handling or care delivery. These are all features of comprehensive clinical care management and should be considered as part of the actions outlined in Standards 3 and 5.

The wording in Action 4.1.2 fails to consider that providers are not typically the suppliers of aids and equipment. Consumers can source their own aids and equipment in home based settings, which makes them the owners responsible for the items. Consumers may choose to purchase items with their own funds or through home care package funds, source their equipment through the National CHSP aids and equipment provider GEAT2Go or through state government, philanthropic or charitable funding.

Furthermore, modifications required to ensure the environment meets the care and safety needs of the consumer may rely on Federal or State Government funding schemes, often with lengthy waitlists. Modifications required to mitigate assessed risks, as suggested in this Standard, may be severely hindered by these external funding sources or by lack of suitable resources or services. Currently, this action doesn’t accurately reflect the home based aged care landscape and we recommend further consideration be put into the wording of this action and its inclusion in the final standards.

Standard 5: Clinical Care

All aged care services should be required and incentivised to engage the services of a multidisciplinary health team, including occupational therapists, in the delivery of clinical care. Aligned with this is the need for accountability measures and evidence based guidelines that embed allied health professionals through multi-disciplinary and specialist clinical responses. Without these measures to ensure compliance it is nearly impossible to determine if Standard 5 will be fit for purpose.

For example, in action 5.1.2 b) the intention to provide trauma aware and culturally informed practice is commendable but fails to acknowledge that this requires specific knowledge and training to be effectively delivered. Not all aged care workers will have the requisite skills to deliver a trauma informed approach. Clinicians like occupational therapists can offer these services as part of their holistic approach to care. The need for robust referral pathways to ensure clinicians with the right skills are involved is required.

Action 5.1.2 c) requires workers to adopt evidence based best practice in the delivery of clinical care, a requirement already set out for many allied health professionals, like occupational therapists as part of their AHPRA Code of Conduct. Frameworks for the

delivery of contemporary, evidence based care across a range of conditions exists in the form of national best practice guidelines. These guidelines recognise the value of clinical pathways that integrate a variety of professionals in the delivery of care. These standards must reference evidence based, best practice guidelines and measure against them to be truly effective.

Outcome 5.3 – Medication Management

Action 5.3.6 lacks any recognition of clinical interventions that build the capacity of consumers to administer their own medication. In home based settings, occupational therapists are often involved in supporting older people with the safe use of medicines. They do this through the prescription of aids, design and delivery of cognitive strategies, and through environmental adaptations. Occupational therapists also work closely with carers when building consumer capacity as they are often integral in the monitoring of safe administration.

Whilst many of these practices are typically adopted in the home setting, they can be applied within the residential care setting when assessed as suitable. This standard needs to acknowledge the role of professionals like occupational therapists by creating defined actions prioritising allied health and restorative care pathways.

Outcome 5.4 – Comprehensive Care

Actions outlined under 5.4.1a) and b) fail to acknowledge the importance of clinical risk identification, assessment and care planning being done by the right professionals. Timely referral to an appropriate health professional to support a comprehensive care assessment is central to the successful management of complex and multi-faceted clinical needs, like those outlined in 5.4.5 to 5.4.16.

Only some of the complex care areas listed stipulate the need for ‘early recognition, referral and management’ (Action 5.4.8 a)) or timely referral to an appropriate health professional’ (Action 5.4.11 a)). Wording must be amended to ensure early access to allied health is consistently listed as an action under all the complex care areas outlined in 5.4.

OTA believe that an additional area of clinical care should be included under Action 5.4.2 addressing changes in ability to perform basic activities of daily living (ADLs). The revised quality indicators have identified ADLs as a new measure. ADLs can be used to measure people’s ability to move and care for themselves, and changes in ADL performance are often early indicators of functional decline. The comprehensive care standard must not just include the need to identify changes in ADL performance but also stipulate timely input from suitably qualified professionals. With a strong focus on participation in occupation and meaningful activities, occupational therapists have a valuable role in supporting older people to maintain their ADLs and prevent, or reverse, functional decline.

Comprehensive care requires a broad but shared approach. It also requires centralised and shared clinical assessment and care planning resources. The lack of reference to these essential components within the actions and the use of broad terms like ‘systems’ (5.4.3) undermines assessment of compliance.

The lack of consumer voice is noted throughout this standard, with no focus on restorative care. Comprehensive care approaches that maximise independence and build capacity should be prioritised, and these approaches must be delivered as part of a multidisciplinary care plan.

Not only should these standards aim to “facilitate access to expert advice and support, and referral when clinical care needs are beyond the service context” (Action 5.4.3 c), they must also support ongoing care delivered by allied health professionals. Allied health professionals may then delegate the direct care to support workers or allied health assistants. Some providers recognise the expertise of the allied health professionals, support workers and allied health assistants. These standards must ensure a quality system that supports and rewards providers who understand the importance of allied health professionals and their delegates.

Standard 6: Food and Nutrition

OTA recognises the importance of defining the need for standards around food and nutrition to address the recommendations of the Royal Commission. There are, however, opportunities to bolster this standard to improve the food and nutrition experience of older Australians.

Outcome 6.1 must acknowledge the role of partnering with allied health professionals like occupational therapists to meet the mealtime needs of older people. Occupational therapists work with the older person to optimise their mealtime experience by reviewing upper body functional performance and mobility, environmental set up, comfort and seated posture. Through adjustments to these parameters, and with the provision of aids and equipment, older people can experience a higher quality mealtime experience.

To facilitate this, actions around the referral for independent expert assessments of the mealtime experience should be embedded across all the outcomes of this standard. The actions must acknowledge the importance of a multi-disciplinary approach provided by clinicians like occupational therapists, dietitians, and speech pathologists with a focus on restorative care. This will not only support independence with mealtime activities but will facilitate dignity and quality of life, and aid in the prevention of functional decline.

Standard 7: The Residential Community

OTA welcomes the actions outlined in Outcome 7.1. However, generic statements around older people ‘getting the supports and services for daily living’ don’t go far enough. There must be greater emphasis on the responsibility of the provider to ensure residents have access to the right allied health professionals to support the older person with their specific needs. The standards must ensure clinicians like occupational therapists can be made available to conduct individualised assessments of a resident’s functional performance to support their involvement in daily living and to guide the care staff involved in the best approaches.

To truly achieve its outcome statement, Action 7.1.1 should stipulate the need for referral to clinicians like occupational therapists. Occupational therapists can take a holistic and person centred approach to their assessment of functional performance, emotional wellbeing and

occupational engagement and use this to help tailor solutions and care plans that will address all the actions outlined in 7.1.1. Equally, occupational therapistsC can consider the environmental and community factors that may support a person's engagement in meaningful occupation and work to mitigate any risk factors or barriers to participation.

Occupational therapists also take a restorative approach to their interventions wherever possible. Tailored solutions and strategies are often created with the intention of working with the strengths of the person, fostering, and maintaining capacity and preventing decline. This is an important, but often overlooked approach in residential care and must be emphasised more throughout this standard.

Contact

OTA would welcome further consultation, particularly in areas that specifically impact occupational therapy and allied health practice. For further information please contact:

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