

Department of Health and Aged Care

***Establishment of a
National Aged Care Mandatory
Quality Indicator Program
for in-home aged care services***

Occupational Therapy Australia

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Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to provide feedback on the draft positions for a National Aged Care Mandatory Quality Indicator Program (QI Program) for in-home aged care.

Occupational Therapists in Aged Care

OTA is the professional association and peak representative body for occupational therapists in Australia. There are more than 30,000 registered occupational therapists working across the government, non-government, private and community sectors in Australia¹. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

Occupational therapy services are fundamental to aged care as they enable independence, prevent functional decline, increase quality of life, and reduce care needs. Occupational therapy is key to enabling older Australians to remain at home longer and facilitate a full and meaningful ageing experience in residential care settings.

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.

Executive Summary

OTA welcomes the commitment of the Government to establish a Quality Indicator program for people receiving aged care services in their home.

These QIs will be an important mechanism in supporting the Government's commitment to maintaining independence and quality of life for older people. To achieve this the indicators must support and link to the Aged Care Quality Standards, and thereby contribute to the delivery of high quality services and to the achievement of the goals and needs of older people receiving these services.

We appreciate the draft indicators as a valuable starting point to ensure high quality services and supports are delivered to older people to enable them to enjoy a good quality of life and maintain their independence and welcome the level of scrutiny these indicators will bring to home care. However, we hold some concerns, and make several recommendations to support improved quality of care and outcomes for older people, including the development of additional indicators.

OTA has identified the following issues that should be addressed to provide effective indicators:

- Greater synergy between the indicators and the quality standards is required. We welcome the intention of the QIs to enable providers to improve the quality of care, however OTA has

concerns that the indicators may not adequately support achievement of the intended aims of the Quality Standards.

- Re-ablement and restorative care should be reflected and monitored through the indicators. The indicators don't currently reflect commitment to these approaches in the proposed home care QIs as recommended by the Royal Commission.
- There should be more explicit links to care plans and goals and support their implementation and improvement.
- Greater recognition of the essential role of OTs and other allied health professionals is required. Most of the domains include 'Allied health and other therapy services' as home care service types the domain 'could' apply to. This terminology is too vague and increases the risk that allied health assistants and other supplementary or support workforces will be captured as 'allied health' under these indicators. OTs and other allied health professionals should be acknowledged as AHPRA or self-regulated degree qualified professionals that have the essential expertise and skills to improve the outcomes for older people using home care services.

Proposed approach to implementation

The consultation paper outlines a phased approach for the implementation of the Home Care Quality Indicators. OTA believes this approach could risk more emphasis being seen to be given to some aspects of care than others, resulting greater attention being paid to these areas by providers than the full range of support and care required by an older person receiving services.

OTA suggests that rather than a phased approach, all the indicators be introduced concurrently with a grace period for providers to adjust and bed down their processes for reporting.

In addition, we raise the issues of reporting on the QIs, and the next steps in the establishment of the QI Program for in-home aged care. While the consultation paper indicates the QIs will help older people and their families and carers find information about the quality of care, there is no indication of how the results from the indicators will be reported, or how this information be provided or accessible to older people and their families to enable them to determine the right service for them. And despite outlining the proposed Implementation Strategy and its timing, no information is provided on the next steps in the development of the Qis or what consultation process will be undertaken for the development of guidelines for the QIs. OTA suggests that these issues should be clarified in further communications with the sector and older people and their families and carers.

OTA response to Draft Priority Quality Indicators

1.Consumer Experience

- OTA is concerned about the methodology that will be utilised for this QI.
- We strongly argue that surveys need to be undertaken by an independent external party. Consumers have indicated they fear reprisals for voicing their concerns, and we believe that the validity of survey results may be undermined if conducted by in-house staff members.
- We would also like to understand how the various mechanisms for measuring consumer experience being adopted by the Department, such as the surveys for Star Ratings, are

being cross-referenced or working together to support improvements in consumer experience and quality of care. We see this as an important aspect of the indicators in supporting the delivery of high-quality services and achieving the goals and quality of life sought by older people who use them.

2. Quality of Life

- While the indicators identify some important aspects of quality-of-life, OTA suggests there needs to be greater recognition of the range of factors that impact on quality of life, and greater attention given to the individual's perception of what contributes to their quality of life.
- We suggest that this QI should reflect the older person's goals and preferences and enable providers to better support the development of plans and achievement of goals and should therefore be more closely linked to the Consumer Experience indicators.
- In addition, OTA suggests that the indicators in this domain should link to, and be cross-referenced with, the Function quality indicator as these factors also impact on quality of life and achievement of the older person's goals.
- There is a lack of reference to the mental health needs of the older person in this quality indicator. The acknowledgement of isolation and loneliness is appropriate but needs to be complimented with recognition of existing or emerging mental health illness such as anxiety and depression which is common in older Australians^{2,3}.
- Occupational therapists are specialists in the delivery of mental health services through the administration of focused psychological strategies that address existing and emerging mental illness and support independence and occupational performance.
- Occupational therapists are also skilled in the review of other factors impacting a person's wellbeing including cognitive changes, sensory and behavioural issues, and grief and loss.

3. Function

- In general OTA supports the indicators identified under this domain, however, we suggest that this domain should be more explicit about the important role of allied health clinicians and their engagement to address the areas identified. This domain should recognise, and support, the essential role of OTs in mitigating decline, unplanned hospitalisations, and falls through the indicators.
- OTA suggests there needs to be greater emphasis on the assessed needs of the older person informing intervention. The indicators should not simply identify a deficit but should also identify the implementation of effective and evidence-based interventions/strategies to address the deficit.
- Occupational therapists are skilled in the assessment of functional performance and are experts in designing strategies to address functional decline. It should therefore be highlighted that identification of a functional decline in the performance of ADLs trigger a referral to an occupational therapist.
- Occupational therapists work comprehensively with a broader multidisciplinary team and will often collaborate and refer across to other disciplines in situations of functional decline. As

such, a referral to an occupational therapist would be a positive step towards the development of a multidisciplinary approach in this area.

- As identified in our previous comments, OTA also suggests that the indicators should more clearly work together especially in relation to ensuring plans and goals of older person are being met.
- Equally, we recommend the inclusion of an indicator that identifies reassessment in response to key events/triggers such as significant health changes, falls and falls related injury, loss of function or cognition, changes in pain or behaviour, or unplanned hospitalisations.

4. Service delivery/care planning

- The current indicators under this domain measure whether the client has a care plan that identifies how personal priorities/outcomes will be met. OTA argues that for the indicators to be meaningful and support quality care and achievement of the goals of older people they should measure if the identified priorities are met.
- Any strategies related to supporting an older person to do what is important to them should be recognised in the context of a reablement approach to care, as endorsed by the Royal Commission into Aged Care. This is an approach that is core to the occupational therapy aged care practice.
- Time between re-assessments is too rigid to indicate issues/changes that require re-assessment
- As recommended above (see section 3), the indicators under this program should ensure that care plans are reviewed and updated when key events occur, such as significant health changes, if the older person sustains an injury, loses function or cognition, begins to experience pain or changed behaviour, or if they are hospitalised.
- Furthermore, equipment and environmental adaptations may be required to support the older person to engage in their preferred activities. This requirement may arise ad hoc or after a care plan has been established. As such changing care needs associated with these requirements need to also trigger a care plan review to ensure assessment and prescription by a suitably qualified health professional like an occupational therapist.

5. Workforce

- While the indicators under this domain recognise the need for a workforce with appropriate staffing levels, skills mix and training, it doesn't adequately recognise the full workforce supporting people to live in the community and specifically the ability and the importance of the allied health workforce to achieve this through reablement and restorative care approaches.
- Allied health, including occupational therapy, should be identified as the core workforce required to optimise the older person's quality of life and should be considered essential.
- OTA strongly argues that the QIs should provide more than a number count focussed on the measurement of the number of older people who saw an allied health professional, and how many times.

- To achieve the identified aims, and support the Aged Care Standards, it is essential that the QIs measure whether services identified under a care plan based on assessed need have been delivered, i.e. has the person been referred to an OT to address the need outlined in their care plan and has the intervention/therapy been delivered to meet that need.
- Furthermore, this indicator should aim to replicate the work that is currently being conducted to expand the existing Quality Indicators in residential aged care. By not using the knowledge and learnings from the work being done within the residential aged care QI program to consider a broader range of workforce indicators like allied health, the home-based QI program appears to fall short and fails to recognise the of important role of allied health professionals in home care.

6. Weight loss/nutrition

- It is essential that OTs, and other allied health professionals, are recognised as having an important role under this domain.
- It should be acknowledged through the indicators in this domain that weight loss has a strong link to function. There should not be a simple view of identification of nutritional needs and weight, as is the case with the current indicators, particularly in home settings.
- Re-ablement and restorative care, as provided by OTs, are an important aspect of nutrition and there needs to be a recognition of the importance of maintaining and building capacity to prepare food and undertake tasks associated with meals and having good health.
- Occupational therapists work collaboratively in multi-disciplinary teams with other clinicians such as dietitians and speech pathologists to address the many factors that impact a person's nutrition and weight loss.
- In the home setting, an older person's nutrition is greater than their intake of nutritionally beneficial food. Factors such as the person's ability to access food (eg attend the shops), or their ability to stand at a counter to prepare the meal or hold utensils or kitchen items due to limited strength or balance, all contribute to a person's nutrition. Occupational therapists work with older people in their home to address these and many other functional and environmental factors that can hinder a person's ability to attend to the creation of nutritional meals.
- In addition, OTs have an important role in supporting people's food intake and mealtime experience when there is a cognitive deficit due to dementia or neurodegenerative disorders.
- OTA recommends that additional indicators be included under this domain for referral to an appropriate allied health professional, including OTs, for assessment and implementation of strategies to support health and nutrition and prevent weight loss.

7. Falls/fractures/injury

- As highlighted earlier in this submission, OTA believes this indicator should go further than identifying a fall or fall related injury but also measure all falls that generated a referral to an

allied health professional and the delivery of evidence-based interventions to mitigate further risk of falls.

- Occupational therapists work collaboratively with their allied health peers like physiotherapists, exercise physiologists and the broader care team to actively address the range of factors that place an older person living at home at risk of falls.
- Recent research has shown the most effective intervention for older people living in the home environment to reduce the rate of falls was a home hazard assessment conducted by an occupational therapist⁴.
- As identified above (see sections 4 and 5) a significant event such as a fall needs to trigger a review of care plan and service delivery to ensure these evidence based services are included and delivered by a suitably qualified professional like an occupational therapist.

Conclusion

OTA thanks the Department of Health and Aged Care for the opportunity to comment on the draft positions for a National Aged Care Mandatory Quality Indicator Program for in-home aged care. OTA welcomes this initiative as an important step in supporting older people to maintain their independence and continue to live at home and in their communities for as long as possible.

OTA would be happy to speak to representatives of the Department about these issues and contribute to further development of the QIs for home care. In particular we seek clarification on what consultation will be undertaken for the development of guidelines for the QIs, and request that we be included in this process.

For further discussions please contact OTA at policy@otaus.com.au

References

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