PricewaterhouseCoopers

Development of National Aged Care Quality Indicators for Home Care

Occupational Therapy Australia submission

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Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to provide a written submission regarding the development of national aged care quality indicators (QI) for in-home aged care.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of September 2021, there were more than 25,300 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 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.

Primary Considerations

The proposal to apply the quality indicators from the residential aged care system to the home care system highlights the tension between intervention and dignity of care. There is a balance between a participant's freedom of choice and the minor role that aged care services might typically have in a participants' daily life on the one hand, and the more comprehensive scope of the Aged Care Quality Standards on the other.

Occupational therapists are highly skilled at providing high quality care to participants in their homes while still enabling participants to maintain their independence and make decisions about their care.

OTA endorses the proposed domains as essential to ensuring safe and effective, participant centred care. This is especially so since the physical, cognitive and mental aspects of care are so complex and interrelated that improvement in even one of these domains – such as Activities of Daily Living (ADLs) – has the capacity to influence quality of life in several others. Therefore, we recommend that improvement in each of the QIs be measured where possible, and that instances of adverse outcomes be measured where necessary.

Consumers would benefit from having access to information about which providers deliver services to improve the quality of life in each of these domains.

Activities of daily living

OTA recognises the importance of having ADLs as a key quality indicator in home care. We are concerned that there is general acceptance in the sector that decline in functioning and independence is a normal aspect of ageing. This attitude does a disservice to residents and

is not supported by occupational therapy practice. While it is possible for people who have low levels of functioning and independence to still have quality of life, it is far more common for an older person's quality of life to decline along with their functioning. This is especially true when their independence is integral to their identity. Therefore, we believe aged care services should have quality indicators that focus on supporting residents to maintain and improve their functioning and ADLs.

Occupational therapists are highly skilled in enabling older people to improve and maintain their functioning and independence. Denmark, for example, has offered reablement services that enable participants to maintain and improve the functioning of home care participants since 2010. Moreover, Winkel et. al. (2015) demonstrates that occupational therapy can aid older people in maintaining and improving their capacity even if they are already receiving care.

At the beginning of Winkel's study, an occupational therapist interviewed the participant to ascertain their goals and give them strategies to do as much as they can themselves, including the provision of assistive technology (2015, p. 1349). The home carer attended these interviews, but their role was not to provide therapy. Over the next 12 weeks the home carer supervised the participant doing tasks in a way that was safer and more independent and aided them in tasks that were too difficult. It was found that the participants' functioning improved over the course of the program, and they maintained the improvement when it was reviewed a year and 8 months later (Winkel et. al., 2015, p. 1352).

Participants should choose the ADLs and tasks to focus on, but it is important to highlight mobilisation as a key marker of capacity because it impacts many other aspects of daily life. Indeed, in a consultation with almost 5000 participants, the Commissioner for Senior Victorians found that 92% of them rated personal mobility as critical to health, social wellbeing and independence (Mansour, 2021, p. 8). For this reason alone, OTA emphasises the importance of using quality indicators to ensure residents have the equipment and services they need to fully participate in meaningful activities of daily living.

Participants would benefit from having access to information about which providers deliver services to improve quality of life, independence and functioning in ADLs.

Weight Loss, Malnutrition, and Dehydration

OTA recognises the importance of having weight loss, malnutrition and dehydration as a key quality indicator in home care to support quality improvement for in-home aged care services and to minimise the risk of adverse health outcomes. OTA agrees that monitoring the weight of participants regularly is essential in detecting weight changes and minimising the risk of adverse events or hospitalisation. We also recommend mechanisms for participants to self-report unintentional weight loss.

Obviously, the goal would be to minimise the number of participants with weight loss, malnutrition or dehydration, and providers have the capacity to influence these outcomes.

Occupational therapists have a pivotal role in identifying and preventing risks to food security.

Food security is affected by the capacity of participants to perform food related occupations, such as procuring food, preparing meals and feeding themselves. This is especially important as all these food related activities can by directly impacted by chronic illness and age related mobility limitations (Juckett & Robinson, 2019).

Procuring food generally requires the participant to participate in the community by travelling to the grocery store, carrying grocery items, communicating with others and handling money. All these activities rely on a level of functional mobility, cognitive capacity and psychological wellbeing; areas that are central to occupational therapy intervention. Assessment of meal preparation will also take into consideration a person's volition, skills, and cognitive capacity. The set up of the kitchen can also be altered to ensure that all the necessary tools are accessible at waist and shoulder level, or specific aids and equipment can be used to enable people to address their physical limitations. Additionally, tech based approaches can also be successfully used to support older Australians. Alarms to remind someone to maintain hydration during the day might be considered, along with online shopping as an option for those with limitations in community access.

Home care providers can address the risk of weight loss, malnutrition and dehydration by making occupational therapy services available to participants. Moreover, information about services that can minimise these adverse health risks would be valuable for participants when choosing a provider.

Falls

OTA recognises the importance of having falls as a key quality indicator in home care to support quality improvement for in-home aged care services and minimise the risk of adverse health outcomes.

Falls among older Australians are common and potentially life threatening. Even in less severe cases, falls can impair an older person's long-term mobility and independence. Given these serious consequences, OTA supports the inclusion of falls in the QI program. OTA is a strong proponent of falls prevention, and emphasises that care providers can help prevent falls and major injuries by making occupational therapy available to their participants. Falls may be difficult for providers to measure since participants may not want them to be reported, or they may choose not to report them themselves, because of concerns around the fall being seen as an indication of functional decline or as the catalyst for a move to residential care.

Occupational therapists can assess the person's environment and occupations and implement routine falls risk reduction strategies. Assessments such as the Falls Risk for Older People Living in the Community (FRop-Com) or the Falls Risk Assessment Tool can help identify key areas for intervention and trigger referrals to other services. These tools also recognise the importance of monitoring 'near misses' as a predictive factor for future falls.

Occupational therapy interventions will work across the many factors that impact the falls risk profile of an older Australian. Strategies might include home and environmental modifications, prescription of aids to facilitate safe functional mobility and transfers, and education on strategies to build balance and reduce fatigue. Occupational therapists will also ensure the right referrals are made to disciplines to prevent future falls. These other disciplines can include physiotherapy, podiatry, and community nursing through to specialist programs like falls and balance clinics, movement disorder clinics, and specialist medical professionals.

Knowing that there are providers and services that can reduce falls risk and prevent falls would certainly be worthwhile information for participants choosing a care provider. Moreover, knowing they have access to services that can minimise falls risk may encourage them to ask for help when they have had a fall.

Hospitalisations

OTA endorses the inclusion of hospitalisations in the QI program and recommends that it measure emergency department presentation within 30 days of discharge from hospital. Providers can reduce the number of readmissions to hospital by making occupational therapists available to participants immediately after they are discharged from hospital, if not before. Occupational therapists will assess whether it is safe for the participant to return home and, if not, they will implement interventions to support a safe return to the home.

After presenting to an ED after a fall, a participant may have an x-ray and be kept under observation until they are deemed by the nursing staff to be safe. Regrettably, they are often then sent home within 24 hours and the participant, family members or carers may have limited insight into what precipitated the fall or what can be done about it. If, however, participants are referred to an occupational therapist who can perform the assessments and interventions outlined above, this may prevent a falls related readmission.

Occupational therapists are highly skilled in reducing the risk of readmission for other health issues common to older people, such as heart failure, pneumonia, and acute myocardial infarction (Rogers et. al. 2017). Rogers et. al. (2017) found:

> The geriatric population is particularly vulnerable to the effects of immobility associated with acute hospitalisation… such as a decline in body mass, bone density and cardiopulmonary function. They are also more prone to venous thromboembolism, pressure sores, depression, and confusion. By focusing on patient immobility and its consequences, OT may play an important role in reducing readmissions (672).

Occupational therapists are trained to recognise other issues that might increase the risk of readmission. By closely monitoring and observing changes in daily activities such as meal preparation, medication management, personal care or functional mobility, an occupational therapist can work with a person's care and medical team to intervene before an acute event

occurs. Therefore, by referring home based participants to an occupational therapist, aged care providers can actively limit the risk of hospitalisations and prevent readmissions.

Participants would benefit from knowing that their aged care provider has taken steps to reduce the risk of readmission to hospital.

Continence

OTA recognises the importance of having continence as a key quality indicator, and highlights the importance of setting criteria that take into account all contributing factors and all management strategies. Continence is a private and often embarrassing topic for many to discuss. However, the consequence of poor management can lead to adverse consequences such as infection, pressure and skin damage, and loss of dignity. Measuring the prevalence and frequency of incontinence would enable providers to put measures in place to improve continence. This may include practical strategies such as improving mobility or adapting the environment to enable participants to perform their own continence care.

With a focus on occupational engagement in daily living activities, occupational therapists support individuals in ensuring they can maintain their personal care, including toileting and continence. This may be through the design of occupationally conducive environments that enable safe access to bathroom facilities such as toileting aids and equipment like commodes and over toilet frames. Equally, the design of dementia friendly spaces through lighting and highlighted toileting equipment (coloured toilet seats and grabrails) can support people living with cognitive deficits to still engage in their personal care.

Occupational therapists can also support the review of functional mobility and safety for specific activities. Tasks like dressing and undressing, essential in the occupation of toileting and use of continence aids, are regularly undertaken by occupational therapists and can support the development of care plans and treatment strategies for the management of continence. Likewise, occupational therapists can review a participant's personal functional mobility and transfers, like bed and toilet transfers, to support staff and individuals in designing strategies to support ongoing engagement and the management of continence.

Participants would benefit from knowing that their aged care provider has taken steps to support them in maintaining their independence in this crucial aspect of daily life.

Pressure Injuries

OTA endorses the inclusion of pressure injuries as a key quality indicator in home care. Pressure injuries are often the consequence of lack of support with ADLs and poor continence management. Providers can prevent the incidence of pressure injuries by supporting them in their ADLs, continence management, and by making occupational therapy services available to participants. Therefore, the incidence of skin ulcers ought to be included in the QI program.

Occupational therapists have a vital role in supporting the pressure and skin care needs of older Australians living at home. Occupational therapists can assess the risk of pressure injuries and prevent them through the prescription of assistive technology, the design of pressure relieving strategies and the review of high risk environments and situations. Moreover, equipment such as specialised cushions and mattresses help not only to minimise the risk of pressure injuries, but support healing and recovery from existing injuries.

Occupational therapists also work closely with their allied health and medical/nursing peers to actively monitor and manage skin integrity and pressure care. Regular assessment and timely intervention are essential in preventing the development of serious pressure injuries and their significant consequences. Pressure injury risk can be significantly reduced by ensuring older Australians living at home have regular access to occupational therapy services.

Participants would benefit from being able to choose an aged care provider that has shown they can prevent pressure injuries.

Pain management

OTA endorses the inclusion of pain as a domain for the QI program, especially since it can impact other domains such as ADLs, depression, participation and quality of life. We note that providers can support effective pain management by making occupational therapy services available to participants. Therefore, we believe that providers should measure reduction in clients' pain.

Pain is a highly complex and multi-faceted phenomenon. Occupational therapists have an important role in assessing, monitoring, and managing pain in collaboration with other allied health and medical professionals. Incentivising the implementation of strategies to reduce or improve pain would hopefully support providers in identifying the key triggers and factors behind it, and better direct pain management support in a timely manner.

Occupational therapists receive training in the assessment and management of pain as part of undergraduate and graduate entry curricula. The occupational therapist's management of pain may involve modalities common to other disciplines (such as relaxation, massage, time management, cognitive strategies and environmental adaptation). However, the unique contribution of occupational therapy to pain management is the occupational analysis and occupational adaptation approach. It is a person-centred evaluation of goals, tasks or occupations, and environments, with judicious use of a range of modalities to work towards occupational engagement. Additionally, pain in older people, particularly those with dementia, is complex to assess and treat, and requires a multidisciplinary and multifaceted response.

Quite often individuals do not display overt signs of pain. In situations such as these, the skillset of an occupational therapist may be required to assess their care needs. This can reduce the likelihood of chronic pain and reduce hospital admissions. Individuals should have access to specialist medical reviews with geriatricians to support holistic and comprehensive assessment of pain and to optimise their analgesia regime.

By making occupational therapy services available to participants, providers have the capacity to improve and reduce their clients' pain. The availability of these services would be useful information for participants.

Service delivery and care plans

OTA welcomes the emphasis placed on the independence of participants and the steps taken to identify their goals and involve them in the decision making process, as this is integral to people's independence and quality of life. Therefore, we especially support A.1 'clients involved in developing their home care plan' and D.1 'clients with care plans that identify how their personal priorities and outcomes will be met' (PwC, 2021, p. 8).

One of the key principles of occupational therapy is that the first step is always to ascertain the person's goals in order to recommend strategies that might achieve them. However, service delivery and care plans is an area that may carry significant tensions between quality care principles and independence of choice. This is because some participants may choose not to disclose issues or adverse events for fear of being sent into residential care. The frequency and nature of the assessment can be determined by the individual's health, ageing and care needs. Key events, such as falls or pressure injuries, may warrant a more frequent assessment cycle. Carrying out these assessments will ensure that providers always have reliable information on the needs of their participants, and will also increase the chances of preventing adverse events.

However, it is also crucial to foster trust between aged care services and participants. By ensuring the individual has a voice in their care planning and delivery, and reassuring them that they are indeed in control of their lives, aged care services will ensure a truly client centred approach to care. Care providers and services providers can also foster a better understanding of the purpose of home-based care services, and the realisation that adverse events like falls, whilst undesirable, may not warrant premature admission to residential care.

Participants would benefit from being able to choose providers that will involve them in their care while reducing the risk of adverse events.

Workforce

OTA endorses the inclusion of the workforce domain in the QI program. Continuity of care is essential to building a rapport between care giver and participant, so processes to ensure a consistent team of workers for each client should be measured, as should staff retention. Due to the shortage of workers across the aged care industry, this could be largely unachievable for aged care providers. However, this should not prevent this QI from being monitored, as it may highlight the need for improved funding to attract and retain aged care workers.

It should also be noted that measuring and improving QIs in these domains often requires expertise beyond the scope of aged care workers. Occupational therapists work across all the aged care quality standards and indicators. Accordingly, OTA recommends there be a concerted effort to incentivise providers, assessors, GPs and nurses to refer participants to occupational therapists. This will lead to a marked improvement across all the proposed domains.

Given Australia's ageing population, and the life enhancing role occupational therapists play in aged care, OTA is working to raise the profile of occupational therapy in the sector and is proposing means of making it a desirable place for our members to work. There is a need for improved funding and governance pathways that align with what is being offered in other sectors to incentivise aged care as a career path. This ranges from the provision of engaging and supportive student placements through to the availability of advanced scope of practice roles across aged care settings, and governance and funding levels in line with sectors such as disability.

Only a genuinely multidisciplinary workforce will lead to improvements across all these domains, while a consistent team of carers is crucial for building a rapport between participant and carer.

Participants would benefit from having access to information about the care staff and other disciplines available through their aged care provider.

Consumer experience and daily life

OTA strongly supports QI measures that place emphasis on the consumer experience and enable consumers to influence the quality of care they receive. Any survey used to determine consumer experience and quality of life should be mapped to the Aged Care Quality Standards (Quality Standards). The Quality Standards are centred around a participant’s goals, decisions and independence, along with their care needs. The independence that comes from ageing at home should not be at the expense of quality care. Occupational therapists are highly experienced in reconciling this tension, and in providing care for people in their homes that simultaneously enhances their safety and independence.

OTA endorses all the proposed domains, as they each have the potential to enhance quality of life for home care residents, and to address needs that may be unmet in the current system.

Conclusion

OTA thanks PwC for the opportunity to comment on the development of Quality Indicators for in home aged care. Please note that representatives of OTA would gladly meet with PwC to expand on any of the matters raised in this submission.

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