Australian Government
Department of Health

Improving Choice in Residential Aged Care – ACAR Discontinuation

Occupational Therapy Australia submission

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Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to provide a written submission to the Department of Health on the proposal for a new consumer-driven, competitive and innovative system for Residential Aged Care Facilities (RACFs).

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 (AHPRA, 2021). 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. Thus, occupational therapists can enable meaningful engagement in the RACF environment, and provide residents with an enhanced sense of identity, greater purpose and improved wellbeing.

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 a new, consumer driven, competitive and innovative residential care system. This submission highlights the parallels between Quality Standards and occupational therapy supports, and makes the case that every RACF should be required and incentivised to engage the services of a multidisciplinary health team, including occupational therapists, to guarantee the maintenance of the Quality Standards.

Occupational therapy and the Quality Standards in RACFs

Occupational therapists have a history of practice in RACFs dating back to the late 1960s (Dancewicz and Bissett, 2020), and the current Quality Standards present new opportunities for their enhanced involvement in RACFs. Occupational therapy is centred on, and aimed at, maintaining and facilitating the independence, the engagement and the capacity of residents in RACFs. These all align with the Quality Standards.

Standards relating to the independence, choice, and capacity of individuals

Upon meeting a client an occupational therapist will interview them to discern their goals, interests and capabilities, thereby satisfying Standard 2(3) (b) of the Quality Standards, that 'assessment and planning identifies and addresses the consumer's current needs, goals and preferences' (ACQSC, 2019, p. 1). In an RACF, occupational therapists would interview each new resident upon admission and be available for follow up assessments if the resident's condition changed.

The availability of occupational therapists satisfies Standard 3(3) (d) that the 'deterioration or change of a consumer's mental health, cognitive function, capacity or condition is recognised and responded to in a timely manner,' and Standard 4(3) (e), that there be 'timely and appropriate referrals to individuals, other organisations and providers of other care and services.' (ACQSC, 2019, p. 2).

Occupational therapists recommend and provide interventions designed to address poor mental health and loss of physical capacity. This is especially important in RACFs because changes in residents' physical capacity can impact their mental health, just as cognitive decline can make it more difficult for nurses and personal care attendants (PCAs) to assist with their activities of daily life (ADLs).

Moving to an RACF is often accompanied by loss, perhaps of a loved one, but also of the life they led before they entered care, including their house and their independence. Having to rely on other people for daily tasks is often a source of shame and depression for older people. They can also experience anxiety through a loss of self-confidence and their capacity to function within their surroundings.

An occupational therapist can help address these mental health issues while helping the resident develop strategies to maintain their physical capacity for as long as possible. These include, for example, modified crockery and cutlery which will help them feed themselves for longer, and modified commodes and wheelchairs which delay the transition to being lifted using a hoist machine for transfers. Maintaining a level of physical capacity may also enable the residents to experience a greater sense of control.

Occupational therapists can also assist older people who experience loss of cognitive function. Significantly, when the serious behaviours response team (SBRT) is called upon, they often refer the resident to an occupational therapist, who will analyse the situation from the point of view of the client, to determine what triggered the event.

People with dementia often experience heightened sensory input as a result of their neurological changes. Residents may present with challenging behaviours or aggression that is out of character. This can occur during the delivery of care and may place the resident or staff attending at risk. An occupational therapist can provide staff with strategies to modify their own behaviour and the environment around the resident to minimise their distress.

Not only can occupational therapists minimise the need for SBRT services and the distress of residents in RACFs, they also support other care staff by enabling them to understand and minimise adverse events.

Standards relating the service environment and community

Standard 5(3) (c) states that the 'service environment is welcoming and easy to understand, and optimises each consumer's sense of belonging, independence, interaction and function' (ACQSC, 2019). Occupational therapists are highly skilled at ensuring the environment facilitates optimal engagement in meaningful activities in a safe and practical way. For people with dementia, occupational therapists might label the doors to their bedroom and

bathroom in big, bold letters. Moreover, the requirement to ensure that the environment optimises each consumer's sense of belonging, independence interaction and function recognises that 'even [at] the most aesthetically pleasing' RACFs, providers must invest in creating a supportive social environment (Andrews and Everts, 2020).

Standard 4(3) (c) requires that 'services and supports for daily living assist each consumer to … do the things of interest to them' (ACQSC, 2019). Participation in meaningful activity is core to the role of occupational therapy. Occupational therapists adopt a person-centred, strengths based approach to truly optimise purposeful engagement. In residential care settings, occupational therapists will build opportunities for residents to engage in activities that will help maintain existing skills and develop new ones. Moreover, the occupational therapist will closely monitor the appropriateness of these engagement opportunities and can tailor them to support the changing needs of the residents.

Standard 4 (3) (c) also requires that residents are enabled to 'participate in their community within and outside the organisation's service environment' (ACQSC, 2019). Occupational therapists might facilitate community groups such as intergenerational groups and library groups or arrange for guest speakers to visit. They can also enable residents to perform volunteer roles within the community, such as serving in knitting for charity groups.

One OTA member enables a woman with moderate to advanced dementia to participate in an intergenerational community garden. Before this, the resident had not participated in community groups or handled money for several years. The resident's engagement in this garden project is particularly meaningful. She can:

> *Recall how much she enjoys going to this activity and spending time with the mothers and young children, she has also commented that she feels so good about giving her donation of $10 each week, as it is helping this program and the garden to be looked after… the photos of her engaging in this activity have been just beautiful seeing her look so happy.*

Every resident of an RACF should have the opportunity to participate in such meaningful opportunities. Requiring each facility to engage the services of an occupational therapist is the first step.

Standards relating to compliance

Standard 7(3) (d) requires that providers have a workforce that is recruited, trained, equipped and supported to deliver the outcomes required by these new standards, while Standard 8 requires that 'the organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.' Given the synergy with occupational therapy and the quality standards, we believe that this standard can only be met if every RACF is required to engage the services of an occupational therapist.

Recommendation 1: Aged care facilities should be required to invest in consumer-focused aged care teams that include allied health professionals such as

occupational therapists. This would ensure that the Quality Standards are met and would encourage a truly consumer driven aged care system.

Recommendation 2: Facilities should have the funding necessary to engage the services of occupational therapists and other allied health professionals, and they should be rewarded for meeting and exceeding the Quality Standards. This would give providers an incentive to be truly innovative and competitive.

Responses to the questions in the consultation paper

5: Are there any additional measures or information needed to support informed choice?

The My Aged Care portal should have a comprehensive database on all the RACFs available in the country. This database should have:

1. Current staffing to resident ratios.
2. Services and resources available at the facility, including any multi-disciplinary clinical and non-clinical services that are onsite or affiliated with the facility.
3. Capacity to deliver tailored care for support needs in a timely manner.
4. Risk ratings that capture the frequency and severity of incidences.
5. Extra facilities available such as gym and swimming pool access, cafés, the ability to move from independent living type residences into more supported residential care wards, etc.
6. A balanced consumer feedback system for other older people and their families to review when considering RACFs. This would need to be independently monitored so that feedback is not skewed by the provider or other stakeholders.
7. Their capacity to provide tailored care to support any older person's specific cultural, language and identity needs.
8. An outline of their lifestyle program, including meaningful activities and any opportunities to participate in the community.

This data should enable consumers to choose the facilities that provide the balance of services that best meets their needs.

Family members are generally considered to be the lead decision makers when choosing a facility, so although they are not receiving the care, they play a critical role in supporting consumers when selecting their RACF. Proximity to their own homes is a top priority for decision makers (Andrews and Everts 2020, 25). However, Hefele et al. (2016) interviewed 105 family members of residents in RACFs and 24 of respondents cited the presence of a leisure and recreation programme as a deciding factor for choosing an RACF (p. 1173). Family members also criticised RACFs where residents were 'just sitting there all day' and 'staring off into space' (Andrews and Everts 2020, 24). It was also mentioned that the variety of engagement opportunities was important because not everyone enjoyed the same thing (Andrews and Everts 2020, 25). Therefore, every RACF should outline the variety of ways they can support their residents to participate in meaningful activities both onsite and in the community. Information like this supports the ability of all consumers to easily identify and access a quality RACF offering a range of services that best meets their care and engagement needs.

While the Non-Compliance Register names the sanctioned providers, it could also identify highly compliant RACFs. Indeed, by effectively becoming a ranking system, the register could serve to inject a healthy competitiveness into the residential aged care sector.

The National Aged Care Quality Indicator Program focuses on pressure injuries, physical restraint, unplanned weight loss, falls and medication management. While consumers need information about which RACFs to avoid, they also need information that will enable them to choose facilities that truly adhere to the Quality Standards.

Likewise, the star rating system will be based on the Quality Indicators and staffing levels. Any decent facility will have appropriate staffing levels and avoid events in contravention of the quality indicators. The service compliance ratings will be included in the star rating system as well, but they have the same issue. When 4 dots is 'no areas for improvement in the most recent quality assessment' (DOH, 2020), there is no space for rewarding quality care.

Awards for excellence based on a genuine commitment to the Quality Standards would provide consumers with important information about facilities while also encouraging competition and innovation among providers. Those providers which employ occupational therapists, and enable them to work to their full scope of practice, would outperform those that don't.

9: What information do providers need to help support decision making?

The Quality Standards complement the role of occupational therapy so neatly, that employing an occupational therapist and enabling them to work to their full scope will clearly help providers avoid being sanctioned.

When a provider is sanctioned for failing to comply with the Quality Standards, they can be liable for expenses of up to $1.5 million. With around 60% of aged care facilities working at a deficit, and the other 40% making only a slight profit, such sanctions are likely to prove ruinous. While sanctions don't always carry such an onerous financial burden, they do involve listing on the Non-Compliance Register. Moreover, the impact of being on the register is likely to become more burdensome as consumer awareness of the register grows.

Finally, in a truly competitive and innovative residential care system, providers should know that merely avoiding sanctions isn't enough. If awards for excellence are introduced, providers will realise that to be competitive they need to engage the services of allied health teams and enable these professionals to work to their full scope.

Conclusion

OTA thanks the Department of Health for the opportunity to comment on its proposal for a new consumer-driven, competitive, and innovative system for RACFs. Please note that representatives of OTA would gladly meet with the Department of Health to expand on any of the matters raised in this submission.

References

Aged Care Quality and Safety Commission. (ACQSC) (2021). *Aged Care Quality Standards fact sheet.* Australian Government, Canberra. https://www.agedcarequality.gov.au/resources/aged-care-quality-standards-fact-sheet

Andrews, A. & Everts, C. (2020). Occupational and environmental factors considered by family members prior to placing a relative in residential aged care. *New Zealand Journal of Occupational Therapy, 67*(1), 24-30.

Australian Health Practitioner Regulation Authority (AHPRA). (2021). *Occupational therapy board of Australia – registration data.* Melbourne. https://www.occupationaltherapyboard.gov.au/About/Statistics.aspx

Dancewicz, E. A. & Bissett, M. (2020). Occupational therapy interventions and outcomes measured in residential care: a scoping review. *Physical & Occupational Therapy in Geriatrics*, *38*(3), 230-249. https://doi.org/10.1080/02703181.2020.1719272

Department of Health (DOH). (2020). *Service compliance ratings: information for residential aged care service providers*. Australian Government, Canberra.

Hefele, J. G., Acevedo, A., Nsiah, J. L., Bishop, C., Abbas, Y., Damien, E., & Nsiah-Jefferson, L. (2016). Choosing a nursing home: What do consumers want to know, and do preferences vary across race/ethnicity? *Health Services Research, 51,* 1167–1187. https://doi-org.op.idm.oclc.org/10.1111/1475-6773.12457