Joint statement to clarify the roles and responsibilities for the delivery of health care for people receiving aged care services

Preamble

In 2021, the Royal Commission into Aged Care Quality and Safety recommended a need for *clarification of roles and responsibilities for delivery of health care to people receiving aged care* (recommendation 69) and improve the access to state and territory health services by people receiving aged care (recommendation 70).

This document is a statement to clarify the roles and responsibilities to deliver health care for older people receiving aged care and to provide policy guidance for aged care and health providers. There are a number of other aged care reforms underway that impact funding, workforce development and improving quality of care.

The **roles and responsibilities of the Australian Government, state and territory governments** in the health system, and at the interface between the health and aged care systems, are set out in the *Addendum to National Health Reform Agreement (NHRA) 2020-2025*[1].

The four strategic priorities of the NHRA are:

- improving efficiency and ensuring financial sustainability of the health system
- delivering safe, high-quality care in the right place at the right time
- prioritising prevention and helping people manage their health across their lifetime
- driving best practice and performance using data and research.

In addition, Schedule F13 of the NHRA states:

The Parties recognise that issues may arise at the interface between the health, primary care, aged care and disability systems from time to time. To appropriately identify and understand such issues, Parties agree to:

a) monitor and report on the effect of any policy or significant service change in one system, on services in other systems
b) support the health, primary care, aged care and disability systems to operate together effectively
c) monitor and analyse interface performance using performance indicators and data developed and collected under clause F12 to identify new issues and manage known issues
d) proactively address identified service gaps in a timely manner that minimises risk to individuals
e) measure effectiveness of system and interface improvement strategies.

The **roles and responsibilities of aged care providers** are set out in the *Aged Care Act 1997*, and the various Principles made under section 96-1 of the Aged Care Act, in particular Schedule 1 of the Quality-of-Care Principles 2014[2] (the Schedule). Strengthened Aged Care Quality Standards (ACQS) will be implemented with the introduction of the new Aged Care Act, including a new standard for clinical care.[3]

The above referenced agreement, legislation, and regulations, however, do not articulate and specify the level of clinical care governments and providers must provide. To achieve further clarity and provide a succinct summary of responsibilities, this clarification statement outlines:

---

[1] Australian Government Department of Health and Aged Care, *Addendum to National Health Reform Agreement 2020-2025*, Accessed 11 January 2024 at www.health.gov.au/our-work/2020-25-national-health-reform-agreement-nhra
[2] Quality of Care Principles 2014 (legislation.gov.au)
[3] Australian Government Department of Health and Aged Care, *Review of the Aged Care Quality Standards*, accessed 11 January 2024 at www.health.gov.au/topics/aged-care/aged-care-reforms-and-reviews/royal-commission-into-aged-care-quality-and-safety/review-of-the-aged-care-quality-standards.

- the key **Principles** informing roles and responsibilities of governments and providers, informed by the NHRA, Medicare Principles[4], the Schedule and the ACQS
- the practical application of those Principles through **delineation of clinical care,** by outlining when care provided to an older person is predominantly the role of the Commonwealth, States and Territories, or an aged care provider.

It is important to acknowledge that clear delineation is not always possible or desirable, as service providers and funders have many overlapping roles and responsibilities.

Purpose

The purpose of this document is to increase clarity among the health and aged care sectors and identify roles and responsibilities for the delivery of health and aged care services across the interface. This document aims to:

- improve the health outcomes for people receiving aged care through timely access and appropriate health care services
- support system stewards to understand responsibilities and coordinate their services to maximise the benefit to the community
- ensure the respective and joint roles and responsibilities of system leaders and service providers are clearly defined, to support effective clinical health care for people receiving aged care
- support future reform and transformation of health and aged care service provision for older people
- recognise the increasing complexity of care delivery that is evolving through increased life expectancy
- support other instruments (including but not limited to, standards, regulation, and reporting) to drive accountability for the delivery of healthcare for older people.

This document reflects how the roles and responsibilities are captured in other agreements, legislation, and regulations. While it does not have any legal or enforceable authority, it will complement existing powers in these instruments.

Key Principles

The following principles underpin the delivery of clinical health care for people receiving aged care services:

1. The Commonwealth's responsibility for aged care includes funding to support the delivery of aged care services consistent with the Quality Standards and Principles. This includes where there is an interface with the health services provided by State and Territory governments.
2. The Commonwealth's regulation of aged care ensures people receive quality and safe aged care assessments and services that meet their individual needs.
3. The States and Territories are responsible for system management of public hospitals including system-wide public hospital service planning and performance. This includes where there is an interface with aged care services funded by the Commonwealth.
4. The delivery of health and wellbeing services to older people is a shared responsibility across all jurisdictions as the Commonwealth and States and Territories are collective stewards of a complex system. This includes:

    a) the Commonwealth's stewardship of the aged care system through Government funding to providers of aged care services.

[4] *Addendum to National Health Reform Agreement 2020-2025 - **Medicare principles***: States and Territories will provide health and emergency services through the public hospital system, based on the following Medicare principles: a. Eligible persons must be given the choice to receive public hospitals services free of charge as public patients;
b. access to public hospitals is to be on the basis of clinical need and within a clinically appropriate period; and c. arrangements are to be in place to ensure equitable access to such services for all eligible persons, regardless of their geographic location.

b) the Commonwealth's stewardship and funding of primary health care, including Pharmaceutical Benefits Scheme and Medicare Benefits Schedule, recognising the fundamental role of primary care in prevention and early intervention, such as screening, treatment and management of health conditions and medications, and preventing unnecessary hospitalisations or entry into permanent residential aged care.
c) the Commonwealth's funding of Primary Health Networks, who play a critical linkage role in the community along with their assessment and planning for the needs of the community, and other essential services for daily living.
d) d. 'the States' and 'Territories' management of the public hospital system, and commitment to recognising the right of older people under the Medicare Principles to receive public hospital services free of charge as public patients on the basis of clinical need and within a clinically appropriate time. Older people receiving residential aged care services must have equitable access to emergency, hospital and other health services.

5. Older people receiving aged care services may also require access to other complex care supports and programs provided by both Commonwealth and States and Territories, such as mental health care, memory clinics, palliative care, disability supports and behaviour supports. These services must be coordinated across the health and aged care systems.
6. The Commonwealth and States and Territories share responsibility to ensure systems work together effectively and efficiently.
7. Timely and accurate clinical handover across care transition is a critical component in supporting care continuity. It is a shared responsibility of all clinical care providers to support transitions between systems and ensure best outcomes for the individual. These care transitions include responsibilities for care and treatment plans, diagnosis, information transfer and discharge planning[5].
8. Clinical staff providing aged care services must work to their full scope of practice within the appropriate legislative framework, including providing older people with access to clinically necessary nursing and allied health services such as clinical assessment, comprehensive care planning and review, treatments and procedures within clinical scope of practice or delivered under instruction, where this is safe to do so.
9. A core responsibility of aged care providers is to coordinate care for people receiving aged care and to respond to deterioration and change in a person's health, including cognitive function, wellbeing and quality of life, and to appropriately escalate care to other service providers as required, in accordance with the goals and preferences of the older person and/or their support people.
10. Aged care providers must support all older people to access and receive the co-ordinated clinical care they need, including primary preventative, early intervention and specialist care in accordance with the goals and preferences of the older person and/or their support people.
11. Access to palliative care and end of life care is a shared responsibility of the aged care provider, primary care providers and state health system.

    a) Aged care service providers have staffing and capability to provide and facilitate access to meet older people's needs for palliative care, end of life care, and advance care planning services
    b) Primary care providers can support access and referral to specialist palliative care services across all settings
    c) Older people with palliative care needs that cannot be safely delivered by primary care providers or aged care service providers, must have the same access to state specialist palliative care services as the general population. Older people and their families can nominate their preferences for palliative care, including referral to specialist palliative care services and other end of life choices.
    d) Access to Voluntary Assisted Dying must be supported (where legislated) for eligible older people if this is their choice and preference.

[5] Multiple tools and standards are applicable to clinical handover and care transitions, including ISOBAR protocols, and National Safety and Quality Health Service (NSQHS) Standards (communicating for safety standard)

12. Older people have the same right to choose to receive public hospital services free of charge as public patients, as the general population. Receiving assistance through the aged care system must not prevent older people from also accessing public hospital services on the basis of clinical need, within a clinically appropriate period.
13. Recognising the rights of older people to choose to receive public hospital services free of charge as public patients, aged care providers must undertake to provide any care they can safely and reasonably provide before directing older people to emergency departments, including referral to alternative services where appropriate.
14. Aged care, primary care, primary health networks, community-based health service providers and hospital service providers will work collaboratively to provide access to culturally safe health and aged care services for all people, including, but not limited to Aboriginal and Torres Strait Islander People. Equitable access must also be provided to older people who are from Culturally and Linguistically Diverse backgrounds, LGBTIQ+, or living in rural and remote regions.

Delineation of clinical roles and responsibilities – Commonwealth

Supporting provision of clinical services through:

a) Aged care system (see aged care provider roles below), including assessment and service provision
b) Medicare Benefits Schedule (MBS) including:
    - primary care (both face to face and telehealth/virtual care), such as:
        - General Practice including nurse practitioners/GP clinic nurses
        - allied health
        - pathology
        - advance care planning and care at the end of life discussions
    - specialist medical care including mental health services.
c) Primary health care support for older people commissioned by Primary Health Networks, to address equity and diverse needs of older people
d) Commonwealth funded behaviour management advisory services
e) Pharmaceutical Benefits Scheme (PBS) and community pharmacy (including Residential Medication Management Reviews and Quality Use of Medicines)

Delineation of clinical roles and responsibilities – States and Territories

Provision of clinical services[6] through:

a) Public hospital system management, including providing older people with access to all public hospital services, emergency and non-admitted services such as post-acute care and rehabilitation and sub-acute care
b) Health and aged care support for older people in Multi-Purpose Services
c) Specialist health support for people in Specialist Dementia Care Program units, including care planning
d) Other care not generally expected to be provided by primary care or aged care for older people such as:
    - specialist allied health care, such as high-risk foot service
    - specialist nursing health care, such as management of PICC lines, oversight of implantable infusion pumps and insulin infusion pumps
    - specialist palliative care to support dignity at end of life
    - specialist behavioural or clinical issues requiring assessment by a geriatrician/ psychogeriatrician /Older People's Mental Health Services (OPMH) (including for facilitated discharge from hospital to Aged Care Services)
    - specialist support for chronic and complex care needs (including specialist clinics and services to facilitate early discharge or avoid unnecessary hospital presentation)
e) State and territory led public health activity, including but not limited to, receipt of infectious diseases notifications and supporting outbreaks and emergency preparedness and response activities within established protocol.

[6] While system management and clinical care delivery responsibilities for public hospital services are held by States and Territories, funding and stewardship is also contributed by the Commonwealth government.

Delineation of clinical roles and responsibilities – Residential Aged Care Services

Aged care approved providers must regularly review their clinical governance frameworks to maintain and improve the reliability, safety and quality of clinical care, and to improve outcomes for older people[7]

Clinical care (provided directly or sub-contracted as needed), with clinical staff recognising, responding to deterioration and escalating appropriately:

a) Nursing care and procedures including but not limited to:
   - injections
   - tracheostomy care
   - oxygen therapy & suctioning airways
   - continuous positive airways pressure management
   - delivering enteral feeding
   - continence care and catheter management
   - stoma management
   - wound management
   - insertion, care and maintenance of tubes, including intravenous and naso-gastric tubes
   - enema administration
   - insertion of suppositories
   - blood glucose monitoring
   - pain management
   - regular observations for peritoneal dialysis

b) assist with or provide personal hygiene support including oral health management and considerations for bariatric care needs
c) Wound and pressure injury prevention and management including appropriate escalation for medical care and specialist wound consultation where such care is required, such as infection, or complex wounds including those requiring negative pressure wound devices
d) Enabling older people to develop an advance care directive or co-develop an advance care plan with residents and their families to clarify the goals of care
e) Care plan reviews to occur regularly along with reassessment when changes in condition occur, including any post-acute episode or deterioration, (readmission from any external care settings or post hospitalisation), and ensuring the right staff are involved to support changed care needs
f) Providing palliative care to support resident's care and dignity at end of life, including measures for comfort under the direction/supervision of a doctor or specialist palliative care service
g) Medication management and administration (including Schedule 8) and pain management consistent with quality use of medicines guidelines[8]
h) Prevention, identification and response to clinical deterioration[9] and other risks to wellbeing, including but not limited to:
   - falls and mobility
   - continence
   - pressure injury and wounds
   - oral health
   - weight loss
   - malnutrition and dehydration
   - confusion and delirium
   - medication adverse effects
   - cognitive decline

[7] A clinical governance framework is a requirement under the Aged Care Quality Standards (standard 8).
[8] Further guidelines are provided on the Aged Care Quality and Safety Commission website
[9] NSQHS Standards – Recognising and responding to acute deterioration standard

- mental and emotional health
- difficulties with speech, choking and swallowing
- pain and distress

i) Providing care for people living with all stages of dementia that supports their comfort and dignity, including managing behavioural and psychological symptoms of dementia using non-pharmacological and pharmacological methods (where required).
j) Replacement of medical devices[10] including but not limited to:

- urinary catheter
- percutaneous feeding tube
- simple and complex wound management including management of negative pressure devices

k) Provide access to medical consultation and intervention, including organising of transport to appointments, including but not limited to

- resident's regular GP
- treating specialist
- dentist
- regular medical or diagnostic appointments.

l) Provide an allied health therapy program designed to maintain and/or restore a resident's ability to perform daily tasks for themselves. This excludes post-acute care rehabilitation.
m) Provide assistance in accessing other allied health care which does not form part of the resident's therapy program.
n) Ensure all staff are trained in Infection Prevention and Control (IPC) and a lead[11] is appointed to oversee the IPC program and its continuous implementation
o) Provision of fit-for-purpose aids and equipment that meets a resident's assessed care needs, excluding motorised wheelchairs and custom-made mobility aids.
p) Undertake health promotion activities, including providing information on diet, exercise and vaccinations, and condition specific prevention (for example, to reduce drug and alcohol misuse and smoking).
q) Enable lifestyle enhancements and participation to ensure quality of life and psychosocial wellbeing is maintained.

[10] Replacement of medical devices and other procedures that require specialist expertise are all subject to nursing and other staff being appropriately trained and working within their scope of practice, as required by Aged Care Quality Standards, and professional codes of conduct.
[11] IPC lead requirement introduced in 2020: https://www.health.gov.au/our-work/infection-prevention-and-control-leads

Delineation of clinical roles and responsibilities – Community aged care providers12

Clinical care provided or access provided by community aged care services, with clinical staff proactively recognising and responding to deterioration and changing needs or circumstances and escalating according to protocols.

Below are the types of clinical care provided by community aged care providers.

a) Non-acute care not requiring intervention from acute care systems
b) Provide nursing services carried out by a nurse practitioner, registered nurse, clinical nurse consultants or enrolled nurse acting within their scope of practice.
c) Nutrition, hydration, meal preparation and diet related care and support
d) Management of skin integrity including wound prevention and management
e) Continence management
f) Safe and quality use of medicines
g) Mobility and falls prevention and management (including clinical assessment for home modifications)
h) Replacement of medical devices13 (urinary catheter, percutaneous feeding tube, complex wound management including management of negative pressure devices)
i) Organising access and referral to other health practitioners, including transport to clinical services which are not already provided under another system
j) Provision of goods, equipment and Assistive Technology
k) Restorative care and reablement and maintenance care
l) Psychosocial supports, occupational therapy, social work, physiotherapy, psychology interventions, dietetics and speech pathology
m) Dementia care and management
n) Generalist palliative care (complementary and in addition to any specialist palliative care interventions provided by other services)
o) Care for clients with bariatric support needs.

[12] These responsibilities pertain to clinical care provided by community aged care providers, distinct from other support services delivered to people receiving aged care in the community, and other community services. These include Commonwealth Home Support Program, Home Care Packages, transition care, and short-term restorative care.
[13] Noting that this may be above the scope of some community providers and community aged care services are complemented by other community-based health services.

Glossary of terms

Term	Meaning
Advanced care directive	A document completed and signed by a competent consumer who still has decision-making capacity regarding their future care and preferences for end-of-life care. In Australia, advance care directives are recognised by specific legislation or common law. Advance care directives can record the person's preferences for future care and/or appoint a substitute decision-maker to make decisions about the person's health care.
Aged care approved provider	As defined in the Aged Care Quality and Safety Commission Act 2018 a person or body is an approved provider if: a) the person or body: i. has been approved as a provider of aged care under section 63D of the Commission Act; or ii. is taken, under paragraph 63F(2)(a), to be an approved provider; and b) the approval of the person or body is in effect. Approved providers may also be referred to as service providers or providers or aged care providers.
Aged care provider	An entity which has been approved to provide residential care, home and/or flexible care. Approved providers receive government subsidies for the delivery of care to consumers. A provider might also be referred to as: • an approved provider • a service provider • an organisation.
Aged Care Quality and Safety Commission	The national end to end regulator of aged care services, and the primary point of contact for consumers and providers in relation to quality and safety in aged care in Australia.
Carer	A person who provides personal care, support and help to a consumer. This does not include members of the organisation's workforce, or people the organisation contracts or pays to provide those services, or people who provide the services as a volunteer. This definition is in line with the Carer Recognition Act 2010.
Clinical care	Health care that encompasses the prevention, treatment and management of illness or injury, as well as the maintenance of psychosocial, mental and physical well-being. It includes care provided by doctors, nurses, pharmacists, allied health professionals and other regulated health practitioners. Organisations providing clinical care are expected to make sure it is evidence-based, meets the consumer's needs, and optimises the consumer's health and well-being. Support workers also assist the provision of care, supervised by health practitioners.
Community aged care	Australian Government subsidised aged care services to support older people who need assistance to keep living independently at home and in their community. Commonwealth Home Support Programme is the entry-level programme for those who need a low level of support. Home Care Packages are available for those with greater or more complex needs.
Consumer	A person approved under the Aged Care Act 1997 as a recipient of aged care or a person receiving services under the Commonwealth Home Support Program. Also known as a care recipient or a client. It is inferred that where there are ongoing references to consumers, it should be interpreted to also mean the authorised representative for the consumer (family and carers).

Term	Meaning
Older person	The person who receives aged care services subsidised by the Australian Government under the Aged Care Act 1997.

Residential care	Defined under the *Aged Care Act 1997* as personal or nursing care, or both personal and nursing care, that:
	• is provided to a person in a residential care facility in which the person is also provided with accommodation that includes:
	  ○ appropriate staffing to meet the nursing and personal care needs of the person
	  ○ meals and cleaning services, and
	  ○ furnishings, furniture and equipment for the provision of that care and accommodation, and
	• meets any other requirements specified in the Subsidy Principles 2014.