



Australian Government

Australian Government response to the Senate Community Affairs Committee report for the Inquiry into the effectiveness of the aged care quality assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised.

June 2020

Introduction

The Australian Government welcomes the report of the Senate Community Affairs Committee for the *Inquiry into the effectiveness of the aged care quality assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised*.

The Australian Government thanks the Committee for its work, and notes the wide range of matters covered in the submissions and evidence from individuals and organisations with an interest in the quality of care delivered in residential aged care.

Since the Minister for Health and Sport, the Hon Greg Hunt MP, referred the *Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia* to the Committee on 6 December 2017, as acknowledged in the Report, there have been substantial reforms progressed regarding the provision of quality of care in aged care services, including the 2018-19 *Better Quality of Care* and the 2018-19 and 2019-20 *More Choices for a Longer Life* Budget measures. These include the following initiatives:

- the introduction of unannounced audits for re-accreditation;
- the establishment of the Aged Care Quality and Safety Commission on 1 January 2019 incorporating quality and complaints, and from 1 January 2020, compliance and functions relating to the approval of aged care providers;
- the introduction of the National Aged Care Mandatory Quality Indicator Program and the development of two additional quality indicators under the program;
- the establishment of a process to publicly name providers who obstruct the resolution of complaints;
- the introduction of new Aged Care Quality Standards and support to providers to assist with transition;
- a new Single Charter of Aged Care Rights;
- legislation to reduce inappropriate use of physical and chemical restraint;
- the publication of open disclosure and clinical governance frameworks;
- the development of measures to improve the use of medicines in aged care including the use of psychotropic medicines;
- funding to improve medication management programs to reduce the use of medication as a chemical restraint on aged care residents and at home;
- new restrictions and education for prescribers on the use of medication as a chemical restraint;
- the provision of funding for an expanded trial of embedded pharmacists in residential aged care within the ACT;
- preparatory work to develop a Serious Incident Response Scheme;
- improved access to psychological services in Residential Aged Care Facilities;
- additional dementia training and support for aged care workers and providers, including to reduce the use of chemical restraint;
- the Aged Care System Navigator trial to provide new ways to help older Australians who have difficulty engaging and understanding the aged care system; and
- a pilot of innovative technologies to improve care for people living with dementia.

The Government has continued to deliver increases in funding for older Australians of \$21.7 billion in 2019-20, growing to an estimated \$25.4 billion in 2022-23, up from \$13.3 billion in 2012-13. The Government has also invested in a range of other measures to provide additional support to elderly citizens living in their own home. For example, additional Commonwealth Home Support Programme Services and additional home care packages. Since Budget 2018-19, the Government has announced \$2.7 billion in funding for an additional 44,000 home care packages. In 2022-23 there will be more than 157,000 home care packages available to senior Australians.

The Royal Commission into Aged Care Quality and Safety

The Government established the Royal Commission into Aged Care Quality and Safety on 8 October 2018 to determine the full extent of the problems in aged care and to understand how the challenges and the opportunities of delivering aged care services now and into the future can be met. It is also about helping to build a national culture of respect for ageing and our senior Australians.

The Royal Commission released its Interim Report on 31 October 2019. The Report found that the aged care system is failing to meet the needs of its older, vulnerable, citizens. Commissioners identified three areas where there is a need for urgent action: providing more home care packages to reduce wait times for higher level care; responding to the significant over-reliance on chemical restraint in aged care; and stopping the flow of younger people with disabilities going into residential aged care and speeding up the process of getting out those younger people who are already in residential aged care.

The Government responded to the Interim Report on 25 November 2019, announcing a \$537 million package across the identified three priority areas, including:

- investing \$496.3 million for an additional 10,000 home care packages;
- providing \$25.5 million to improve medication management programs to reduce the use of medication as a chemical restraint on aged care residents and at home, and new restrictions and education for prescribers on the use of medication as a chemical restraint;
- delivering \$10 million for additional dementia training and support for aged care workers and providers, including to reduce the use of chemical restraint; and
- investing \$4.7 million to help meet new targets to remove younger people with disabilities from residential aged care.

The Government's 2019-20 MYEFO, announced in December 2019, provided further funding, in addition to the \$537 million package, for additional targeted investments to continue to improve the quality of care provided to senior Australians, including:

- \$21.9 million to continue to support the My Aged Care System improvements while consideration is given to how it may be further enhanced;
- \$31.5 million to support transition arrangements for the implementation of the new aged care national assessment framework and workforce;
- \$11 million to strengthen compliance activities – with \$9.2 million of this to go to the independent Aged Care Quality and Safety Commission;
- \$1.9 million to strengthen prudential risk capability that will allow more active identification, monitoring and work to respond to individual provider risks;
- \$13.6 million to ensure the Department of Health and the Aged Care Quality and Safety Commission continue to remain responsive to Royal Commission requests; and
- \$5.9 million to support continued development of a potential funding model for residential aged care facilities that would replace the existing Aged Care Funding Instrument.

Recommendation 1

The Committee recommends the Australian Government release its consolidated response to all recommendations in key reports made in the past decade to improve aged care service delivery and regulation, and its interaction with the primary health and acute care sectors.

The Australian Government **supports in-principle** this recommendation.

The Government has responded to reports either by way of formal responses and/or by funding some or all of the recommended actions. A consolidated list of responses to Parliamentary inquiries relevant to the Department of Health (the Department) can be found at: <https://www.health.gov.au/about-us/corporate-reporting/responses-to-government-inquiries>

Tables listing the implementation progress, as at February 2019, to the recommendations from the Carnell-Paterson *Review of the National Aged Care Quality Regulatory Processes* and Tune *Legislated Review of Aged Care 2017* can be found at:

<https://agedcare.royalcommission.gov.au/hearings/Documents/exhibits-2019/18-february/CTH.0001.1000.4510.pdf>

<https://agedcare.royalcommission.gov.au/hearings/Documents/exhibits-2019/18-february/CTH.0001.1000.4506.pdf>

An update on progress, as at August 2019, of the implementation of the Carnell-Paterson Review recommendations was provided as part of further statements to the Royal Commission can be found at:

<https://agedcare.royalcommission.gov.au/hearings/Documents/exhibits-2019/8-august/WIT.0282.0001.0001.pdf>

An update on progress, as at 4 October 2019, of the implementation of the Tune Review recommendations was provided as part of further statements to the Royal Commission and can be found at: <https://agedcare.royalcommission.gov.au/hearings/Documents/exhibits-2019/9-october/WIT.0427.0001.0001.pdf>

Information regarding the Department's progress in addressing the 14 strategic actions, outlined in *A Matter of Care: Australian's Aged Care Workforce Strategy*, was provided to the Royal Commission on 15 November 2019, and can be found at:

<https://agedcare.royalcommission.gov.au/hearings/Documents/post-hearing-submissions/melbourne-3/RCD.0012.0033.0016.pdf>

Recommendation 2

The Committee recommends that the Australian Government clarify that residential aged care providers ultimately hold a duty of care to all residents.

The Australian Government **notes** this recommendation, and provides the following points of clarification.

As acknowledged in Committee's report, recent changes to the aged care regulatory framework emphasise responsibilities of residential care providers to provide quality care that ensures the safety, health and wellbeing of the care recipients for whom they are responsible.

Providers have a number of responsibilities under the *Aged Care Act 1997* including compliance with the new Aged Care Quality Standards (the Quality Standards) set out in the *Quality of Care Principles 2014*. The Quality Standards have been significantly revised, with effect from 1 July 2019, to focus on consumer needs, expectations and outcomes. Under Standard 3, aged care providers must demonstrate that each consumer gets safe and effective personal and clinical care which is best practice, tailored to their needs and optimises their

health and well-being. Under Standard 8, providers are accountable for the delivery of safe and quality care and services.

In addition to these legislated quality of care responsibilities, the Government notes that approved providers of aged care are also subject to obligations under the general law, including legislation and case law.

Medical and allied health professionals operating in aged care facilities must also comply with relevant state and territory laws, including medicines and poisons legislation, which governs the prescribing, dispensing and administration of scheduled medicines. In addition, such professionals are subject to codes of conduct that apply to medical practitioners and nurse practitioners, and are regulated by the relevant professional boards.

Recommendation 3

The Committee recommends that the Australian Government implement a clearly articulated principle that the duty of care for the regulation of all care within the aged care residential setting ultimately rests with the Aged Care Quality and Safety Commission.

The Australian Government **notes** this recommendation.

The Aged Care Quality and Safety Commission (the Commission) was established as the national regulator of quality and safety in aged care from 1 January 2019, centralising the accreditation, quality review, monitoring of quality of care and services, complaints handling and other functions.

The second stage of regulatory reform took place from 1 January 2020 when matters relating to the approval of aged care providers and compliance were transferred to the Commission. Consequently, the Commission is now responsible for all aspects of the regulation of the quality of aged care.

The transfer of these additional functions to the Commission and their integration into existing functions, legislates that the Commission is the independent regulator of Commonwealth subsidised aged care providers. The Commission is empowered to monitor aged care providers' compliance across the responsibilities under the *Aged Care Act 1997* (including compliance with the Quality Standards). The Commission will continue to resolve complaints and promulgate best practice models of consumer engagement as well as accrediting and quality reviewing aged care services to support providers to continuously improve.

Recommendation 4

The Committee recommends the Australian Government establish a body with responsibility for aged care research.

The Australian Government **supports in-principle** this recommendation.

The Government is investing \$185 million from 2018-19 to 2028-29 for a research mission focused on ageing, aged care and dementia. The Ageing, Aged Care and Dementia Mission is funded until June 2029 through the Medical Research Future Fund (MRFF). In 2019, an Expert Advisory Panel was formed to support the setting of priorities for this Mission.

Consistent with Strategic Action 12 made by the Aged Care Workforce Strategy Taskforce and reported in *A Matter of Care – Australia's Aged Care Workforce Strategy* that an Aged Care Centre for Growth and Translational Research (CGTR) be established, the Prime Minister announced on 1 May 2019 that \$34 million would be provided for the establishment of an Aged Care Workforce Research Centre. It was proposed that the centre would examine new ways to deliver care for older Australians, and training and education for aged care

providers, drawing on the world's best practice. Preparations are underway for establishing the CGTR.

The Australian Government also funds the Australian Institute of Health and Welfare (AIHW), which uses data and information to produce high-quality reports and other information products which are used to improve the delivery of health and welfare for Australians. It maintains the dedicated aged care website, GEN. The AIHW is working with both the Department and the Commission to improve quality of aged care data and reporting.

Recommendation 5

The Committee recommends the Australian Government continue work to expand the role of the Aged Care Quality and Safety Commission, in consultation with aged care stakeholders, to drive continuous improvement in levels of quality and safety in aged care.

The Australian Government **supports** this recommendation.

The Commission is established under the *Aged Care Quality and Safety Commission Act 2018* (Commission Act) and its operations are further defined in the [Aged Care Quality and Safety Commission Rules 2018](#) (Commission Rules).

The Commission seeks to promote an aged care system that develops safer systems of care, encourages a culture of safety and quality, and learns from mistakes, while providing the oversight that can reassure the community that aged care services are operating as they should, including working on continuous improvement.

Key functions as set out in the Commission Act include:

- protecting and enhancing the safety, health, wellbeing and quality of life of consumers;
- the function of approving providers of aged care
- imposing sanctions on approved providers and lifting sanctions;
- ensuring compliance with the aged care responsibilities of approved providers and provisions of the Commission Act and the Aged Care Act;
- promoting the provision of quality of care and services by approved providers of aged care services and service providers of Commonwealth-funded aged care services;
- consumer engagement functions;
- complaints functions;
- regulatory functions;
- education functions; and
- reconsidering and reviewing certain decisions made under the Commission Act.

These complementary functions work together to enable the Commission to help manage risks in the aged care sector, respond appropriately to incidents and departures from expected performance or outcomes and to promote continuous improvement in the quality of care and services.

Providers are responsible for meeting the Quality Standards and other requirements of the Aged Care Act and Commission Act, and to have effective governance systems in place to assess, monitor and drive improvement in the quality and safety of the care and services they provide.

The Commission is interested in the extent to which the organisation has the culture and systems to prevent and manage its own risk, apply better practice, learn from mistakes, monitor its effectiveness and solve its own quality problems to improve outcomes for consumers.

Under the Commission Rules, providers must have a written Plan for Continuous Improvement (PCI). The PCI must explain how they will assess, monitor and improve their quality of care and services, measured against the Quality Standards.

If the Commission requests a copy of the approved provider's PCI, the provider must comply with the request. The Commission may also direct a provider to revise their PCI to address areas of improvement required to comply with the Quality Standards. The provider must comply with the direction.

In addition, the Government commissioned the Inquiry into *Events at Earle Haven*, led by Ms Kate Carnell AO following the collapse of the provision of services at the Earle Haven Retirement Village. The report, released on 11 November 2019, recommended a greater regulatory oversight of approved providers and their commercial arrangements. The Government has taken action on many of the report's recommendations, including progressing structural reform to give further regulatory powers to the Commission.

Further, since 1 January 2020, aged care compliance responsibilities and functions relating to the approval of aged care providers lie with the Commission. The Minister for Aged Care and Senior Australians has also written to the Chair of the Aged Care Quality and Safety Advisory Council seeking consideration of what additional powers the Commission should have.

Recommendation 6

The Committee recommends that the Aged Care Quality and Safety Commission work collaboratively with the Department of Health, the Australian Commission on Safety and Quality in Health Care and aged care stakeholders to develop an industry model of care. This model of care should incorporate a model clinical governance framework which clearly defines the scope of personal and clinical care.

The Australian Government **supports in-principle** this recommendation.

The aged care system must be able to provide safe and high quality care that meets the individual needs - personal and clinical care - of senior Australians. However, there may be different models of care to achieve this.

Commonwealth-subsidised residential care services are funded to provide care and services. Schedule 1 of the *Quality of Care Principles 2014* sets out in law the care and services that a residential aged care service must provide to all care recipients who need them, and when fees may apply. These include provision of the following clinical care and services:

- appropriate nursing services;
- treatments and procedures; and
- individual therapy programs designed by health professionals.

Additionally, the Quality Standards provide a framework of core requirements for quality and safety under the Aged Care Act. They set the expectations for the delivery of care and services but do not prescribe a model of care. For example, they address: partnerships with consumers, ongoing assessment and planning; provision of best practice clinical care; management of high impact and high prevalence risks; timely and appropriate referrals; infection control; documentation and communication; and workforce, as well as the requirement for services delivering clinical care to have a clinical governance framework.

Under the Quality Standards, where services involve the delivery of clinical care, a clinical governance framework is required. The Commission has consulted with the Department, aged care stakeholders and the Australian Commission on Safety and Quality in Health Care to develop a range of resources to support aged care providers to implement a clinical governance framework.

Recommendation 7

The Committee recommends that the requirements for a model of care and clinical governance framework be more clearly articulated within the Single Aged Care Quality Framework, including clearly defined service outcomes expected from those frameworks.

The Australian Government **notes** this recommendation.

The Australian Government recognises that, consistent with the Quality Standards, care should be kind, caring and respectful and meet best practice as outlined in the Standards. The governing body of the aged care service is accountable for the quality and safety of clinical care to ensure that all consumers receive consistently safe and high-quality clinical care. Where services involve the delivery of clinical care, a clinical governance framework is required.

The Commission, in collaboration with the Department, the Australian Commission on Safety and Quality in Health Care and other aged care stakeholders, has developed resources to support aged care providers to implement clinical governance. These include Organisational Self-Assessment Tools and a *Clinical Governance Framework Guide Toolkit*, a Clinical Governance Guide with a structure and suggested content for a Clinical Governance Framework that can be used by an aged care service. The resources will assist aged care providers understand the key concepts of clinical governance and consider how they can be applied in their service. Further resources may be developed over time.

The Government is continuing to clarify and articulate expectations of service providers in regard to the quality of clinical care and clinical governance. The Department has developed resources to assist aged care providers meet their responsibilities for ensuring the quality and safety of clinical care including: *Guiding principles on medication management in residential aged care facilities*; *Decision-Making Tools: Supporting a Restraint Free Environment in Residential Aged Care*, and *Gastro-Info Gastroenteritis Kit for Aged Care*.

The Commission's Chief Clinical Advisor will support, through the Commission's functions, increased awareness of clinical issues and areas of high risk in aged care, and promote better practice.

To further improve clinical care, all Australian Government funded residential aged care providers must comply with the National Aged Care Mandatory Quality Indicator Program from 1 July 2019, requiring residential aged care providers to collect data against three quality indicators: physical restraint, unplanned weight loss and pressure injuries¹. In parallel, the Department will consult with the sector on an expanded set of indicators including on falls and fractures and medication management.

¹ The new requirements are contained in the *Aged Care Legislation Amendment (Quality Indicator Program) Principles 2019*.

Recommendation 8

The Committee recommends that the Aged Care Quality and Safety Commission work collaboratively with the Department of Health, the Australian Commission on Safety and Quality in Health Care and aged care stakeholders to develop benchmarks for staffing levels and skills mix, which includes the requirement to roster a Registered Nurse on duty at all times, to assist residential aged care providers in staff planning and aged care assessors in regulating safe and appropriate staffing.

The Australian Government **notes** this recommendation.

The Australian Government acknowledges the importance of adequate, skilled staff in residential aged care and that further work needs to occur in collaboration.

On 18 September 2018, the Government released the *Aged Care Workforce Strategy* (the Strategy) developed by an independent Taskforce (the Taskforce). The Strategy identified 14 strategic actions designed to grow and sustain the aged care workforce, one of which was to establish an Aged Care Workforce Industry Council (the Council).

The Council is an independent body, which will work with Industry to facilitate and enhance the capacity of the aged care sector to respond to the strategic actions. Government is working with the Council to identify the different responsibilities across the 14 strategic actions and to ensure clarity between the roles of the Council, the aged care sector and Government. The Department has already committed funding to implementing a number of strategic actions.

The Government is supporting industry-led implementation of the Strategy. Funding of \$2.4 million was provided in the 2018-19 Mid-Year Economic and Fiscal Outlook to support the Council to lead the Strategy's implementation. The 2019-20 Budget provides additional funding for secretariat support for the Council.

Recommendation 9

The Committee recommends the Australian Government take action, as a matter of urgency, to ensure the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector is extended to cover the aged care sector.

The Australian Government **notes** this recommendation.

The Australian Government's position is that the use of restraint in residential aged care must always be a last resort. In November 2019, the Government enacted new legislation to further strengthen the regulation to reduce the use of restraints in residential aged care. This new legislation is supplemented by recent actions taken by the Government to respond to the Interim Report of the Royal Commission to minimise the use of physical and chemical restraint in residential aged care. This includes funding for: Dementia Training for aged care workers and health sector staff; Dementia Behaviour Management Advisory Service and Severe Behaviour Response Team services; and to improve medication management and safety for older Australians living in residential aged care facilities and at home.

To minimise the inappropriate use of restraint, the Government has:

- Increased funding over two years (2019-20 to 2020-21) of:
 - \$5.7 million for the Dementia Behaviour Management Advisory Service and Severe Behaviour Response Teams
 - \$4.3 million for the Dementia Training Program to increase the availability of dementia training for aged care workers and health sector staff; and

- Delivered \$25.5 million to improve medication management and safety for older Australians living in residential aged facilities and at home, including introducing up to two follow up reviews for both residential medication management reviews and home medicines reviews.

These reforms follow amendments made whereby, from 1 July 2019, approved providers have specific responsibilities in the *Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019 (Cth)* (2019 Restraint Principles) which put new explicit obligations on residential aged care providers in respect of the use of restraint to minimise its use.

Residential care providers must satisfy a number of conditions before restraint can be used, including assessment by an approved health practitioner (for physical restraint) or assessment by a medical practitioner or nurse practitioner who has prescribed the medication (for chemical restraint). The aged care provider must also have the informed consent of the consumer or their representative before using physical restraint, unless restraint is necessary in an emergency, for example to protect the safety of consumers and/or staff.

In all cases of restraint, the aged care service will also be required to document the alternative options to restraint that have been used. Any use of restraint must also be regularly monitored.

As part of the Australian Government's commitment to minimising the use of restraint in residential aged care, a review of the effectiveness of the legislative provisions regarding restraint between 1 July 2019 to 30 June 2020 will occur. Among other things, the review will consider the arrangements in other sectors, such as the Disability Service Sector. The review will be completed by 31 December 2020. A written report of the review will be prepared and a copy of the report published on the internet, as well as tabled in each House of Parliament.

The Quality Standards, also implemented on 1 July 2019, require clinical care to be best practice and supported by a clinical governance framework that minimises the use of restraint.

In addition, the Quality Standards also require that there are effective organisational wide governance systems for regulatory compliance, including requirements under the Principles on minimising the use of restraints. The Standards Guidance and Resource material includes the Decision-Making Tool; *Supporting a Restraint-free Environment in Residential Aged Care* and aims to assist aged care services to implement and maintain compliance with the Quality Standards including that restraint is only used as a last resort.

The Commission's current regulatory functions give it authority to assess providers' performance against the Quality Standards, including clinical governance and the use of restrictive practices; make findings of non-compliance; and take compliance action in response to the performance assessment or the compliance findings.

Minimising the use of restraint in residential aged care requires a multi-pronged approach. Regulatory and compliance measures are only part of the solution and cultural change and effective clinical governance is needed to drive reform.

The Australian Government's Chief Medical Officer is chairing an Aged Care Clinical Advisory Committee. The purpose of the Committee is to consider and advise on the implementation of non-regulatory activities to reduce the inappropriate use of chemical restraint in residential aged care.

A program of work is underway to strengthen arrangements and reduce the inappropriate use of chemical restraint in aged care, including:

- establishing an additional Pharmaceutical Benefits Scheme (PBS) authority code for repeat prescriptions of risperidone after an initial 12-week period. From 1 January 2020, the PBS listings for risperidone for the treatment of Behavioural and Psychological Symptoms of Dementia (BPSD) of the Alzheimer type will change. This change involves the addition of a new ‘continuing’ listing that will require prescribers to seek a telephone authority from the Department of Human Services prior to prescribing risperidone beyond 12 weeks of ‘initial’ therapy, when appropriate;
- awareness raising activities for prescribers of antipsychotics and benzodiazepines in residential aged care and targeted letters to high prescribers. In December 2019, the Chief Medical Officer wrote to all prescribers who have been identified as prescribing PBS medications to residents of a residential aged care home between 1 April 2018 and 31 March 2019. The letter and accompanying factsheet *Six steps for safe prescribing* provided information and resources that support the appropriate management of dementia in a residential aged care setting;
- development of education messaging about the appropriate use of antipsychotic medications and benzodiazepines in residential aged care for doctors and other prescribers; pharmacists; nurses and personal care workers; and families and decision makers;
- workforce training initiatives addressing: continuing professional development for doctors, nurses and other prescribers; piloting train-the-trainer programs for nurses and personal care workers; and nurse champions in residential aged care; and
- expanding a trial of embedded pharmacists to all residential aged care homes in the Australian Capital Territory. Funding has been provided to the ACT Primary Health Network who will partner with the University of Canberra to conduct the trial. It is anticipated that the first cohort of pharmacists will be in aged care homes by February 2020.

Finally, from 1 July 2019, the collection of the three quality indicators, including an indicator on the use of physical restraint, was mandated for all Commonwealth subsidised residential aged care providers, which is also expected to reduce the use of physical restraint in residential aged care over time.

Recommendation 10

The Committee recommends the Australian Government investigate, as a matter of urgency, changes to ensure that the use of antipsychotic medications in residential aged care facilities must be approved by the Chief Clinical Advisor of the Aged Care Quality and Safety Commission.

The Australian Government **notes** this recommendation.

The Australian Government is committed to delivering safe, high quality care for senior Australians and consider this is a priority for Government and the entire Australian community.

The Commission Act established the Commission and gives the Commissioner the function of seeking and considering clinical advice (under paragraph 16(1)(h)). Section 35A of the Commission Act also requires the Commissioner to appoint a Chief Clinical Advisor to support the Commissioner in the performance of her functions.

On 10 May 2019, Dr Melanie Wroth was appointed as the Commission’s Chief Clinical Advisor. Dr Wroth has a broad range of clinical, clinical teaching and management experience in geriatric medicine.

The role of the Chief Clinical Adviser is to provide, or make available to the Commissioner, expert clinical advice to support the functions of the Commission. This includes supporting the Commissioner's education function, through promoting awareness amongst aged care providers, health professionals and consumers about decision-making tools and educational resources available, to limit the use of restrictive practices in residential aged care facilities and improve medication management in residential aged care facilities.

It should be noted the role of the Chief Clinical Advisor is not a substitute for clinical decisions made by primary practitioners, as the Chief Clinical Advisor has no knowledge of individual care needs. The primary medical officer who manages care for individual consumers is best placed to approve the use of antipsychotic medications in residential aged care facilities.

Following the development of the 2019 Restraint Principles, the Commission wrote to all residential aged care providers in June 2019 regarding the new Principles providing a self-assessment tool for identifying those consumers receiving psychotropic medications and reviewing practices to minimise its use for each consumer. The self-assessment tool and guidance is available on the Commission's website. A regulatory bulletin and scenarios on restraint have also been published by the Commission.

Additionally, the Australian Government's Chief Medical Officer convened an Aged Care Clinical Advisory Committee in February and March 2019 to consider options to reduce the inappropriate use of chemical restraint in residential aged care. The Committee includes a range of clinicians with expertise in their fields in aged care, including GPs, psychiatrists, nurse practitioners, pharmacists and geriatricians; as well as the Australian Commission in Safety and Quality in Health Care. The Department is now working to progress all of the Committee's recommendations for implementation.

Recommendation 11

Recommendation 11

The Committee recommends that the Aged Care Quality and Safety Commission develop a regulatory model to oversee medications management in residential aged care facilities.

The Australian Government **supports in-principle** this recommendation.

The prescription, supply and administration of medicines is strictly regulated for individual and public safety and quality of care. Each state and territory has legislation governing the prescribing, dispensing and administration of scheduled medicines. In addition, the Australian Government has responded to the Royal Commission's Interim Report in relation to the use of antipsychotics in residential aged care facilities and declared the Quality Use of Medicines and Medicines Safety a National Health Priority. Aged care law² notes the professional codes of practice that apply to medical practitioners for obtaining informed consent before prescribing medicines use for chemical restraint. Regulatory changes on the use of chemical restraints develop stronger safeguards around prescribing medication used as a chemical restraint.

Under the Quality Standards, residential care providers must ensure that clinical care is best practice and they must have a clinical governance framework. In addition, providers must demonstrate regulatory compliance. This includes having regulatory compliance systems and processes that make sure the organisation complies with the requirements of their specific state and territory laws, such as for all treatments and procedures, including medication.

² Note 2 to subsection 15G(1) of the *Quality of Care Principles 2014*.

The Commission has developed resources to help aged care providers meet their clinical care responsibilities. These resources will help aged care providers understand the key concepts of clinical governance (which includes medication management) and consider how they can be applied in their service. A toolkit has also been developed to help aged care providers develop their own clinical governance framework that fits their service, which may include medication management.

The National Medicines Policy (NMP) is a well-established endorsed framework that is available to aged care providers, based on partnerships between governments (Commonwealth, states and territories), health educators, health practitioners, other health care providers and suppliers, the medicines industry, health care consumers, and the media, working together to bring about better health outcomes for all Australians, including older Australians, focusing especially on people's access to, and wise use of, medicines. Quality Use of Medicines (QUM) is one of the central objectives of Australia's National Medicines Policy.

Other strategies and resources to assist managers and staff of residential aged care services and other health professionals to effectively manage medications include:

- the [*Guiding principles for medication management in residential aged care facilities*](#) distributed to all residential aged care services and which support implementation of the Standards - these guidelines support Australia's National Medicines Policy.
- the [*Decision-Making Tool Kit - Supporting a restraint free environment in Residential Aged Care*](#), that includes guidance on minimising the use of restraint, including use of antipsychotics.
- the [*Medical care of older persons in residential aged care facilities*](#) booklet that aims to support general practitioners, and other health professionals, including residential aged care nurses, to deliver quality health care in residential aged care service.
- the [*Australian Medicines Handbook \(AMH\)*](#) and the [*AMH Aged Care Companion*](#) developed for services and health practitioners to support the quality use of medicines.
- resources available on the Commission's website, that include:
 - Regulatory Bulletin - Regulation of physical and chemical restraint
 - Scenarios involving physical and/or chemical restraint website
 - Self-assessment tool for recording consumers receiving psychotropic medications.

In 2014, the Department made available the National Residential Medication Chart (NRMC) for the residential aged care sector. The NRMC aims to improve the safety of medication management in residential aged care facilities through standardised medication charting and improved medication management practice, ensuring that all relevant information is available to prescribers at the time of prescribing. The NRMC enables users to prescribe, supply and claim most Pharmaceutical Benefits Scheme subsidised medicines for residential aged care facility residents directly from the NRMC without the need for a separate prescription to be written. The Department is also currently trialling and evaluating three electronic NRMC systems in a small number of aged care facilities to ascertain associated workflow improvements, medication safety improvements and transition requirements, costs and barriers.

In addition, Residential Medication Management Reviews (RMMR), funded under the *Sixth Community Pharmacy Agreement*, are designed to enhance the QUM for consumers in aged care services.

Recommendation 12

The Committee recommends that the Aged Care Quality and Safety Commission work with the Department of Health and aged care stakeholders to improve the palliative care environment in residential aged care facilities.

The Australian Government **supports** this recommendation.

The Government supports the provision of high quality person-centred palliative care through investment in education and training programs, research, workforce and service development, community awareness and engagement and evidence-based information provision.

Approved providers of aged care are required to meet the Quality Standards to ensure quality of care and services (including palliative care) are provided to all care recipients. Under the Quality Standards, providers are required to demonstrate that assessment and planning identifies and addresses the consumer's current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. Additionally, providers are required to demonstrate that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. It is expected that communication with the consumer and a care and services plan that reflects their needs, goals and preferences will support this requirement.

More broadly, the Government provides national palliative care policy leadership in accordance with the National Palliative Care Strategy 2018 (2018 Strategy) which was developed by the Australian Government in consultation with the states and territories, and endorsed by all Australian Health Ministers in December 2018. An Implementation Plan for the National Palliative Care Strategy has been drafted in consultation between the Australian Government and state and territory governments. Although not aged care specific, the Implementation Plan articulates a shared direction for the continual improvement and investment for palliative care in Australia.

The 2018 Strategy aims to ensure investments of all governments are directed towards the same priorities, strengthening communication, collaboration and partnership between governments, and improving transition of care including by enhancing care pathways and shared care arrangements across all settings. Policies and programs to support investment in palliative care include:

- End of Life Directions for Aged Care (ELDAC) program to improve the palliative care skills and advance care planning expertise of aged care providers and GPs providing health care for recipients of aged care services.
- PalliAGED website to provide evidence-based information about the practice of palliative care in aged care for all healthcare workers, including evidence and research, guides for GPs, PalliAGED Apps and eHealth resources.
- The Palliative Care Education and Training Collaborative (the Collaborative) delivers the Program of Experience in the Palliative Approach (PEPA), which provides education and training for healthcare workers across primary, secondary and tertiary settings. The Collaborative also promotes palliative care education as an integral part of all medical, nursing, and allied health undergraduate training, vocational training and ongoing professional development through the Palliative Care Curriculum for Undergraduates (PCC4U) project.
- The Comprehensive Palliative Care in Aged Care 2018-19 Budget measure will provide \$57.2 million over six years from 2018-19 to facilitate the development and implementation of innovative models of palliative care in aged care facilities, and will:

- increase the availability of community-based palliative care to support older Australians to die in their place of residence; and
- strengthen national efforts to improve access to quality palliative care as a key component of an integrated health-aged care system.

Recommendation 13

The Committee recommends that the Aged Care Quality and Safety Commission work with the Department of Health to develop mechanisms to increase the focus on wellness and reablement in residential aged care facilities.

The Australian Government **supports** the recommendation, and **notes** that wellness and reablement are being considered in the broader context of streamlined assessment processes.

In recognition of the importance of wellness and reablement in aged care, the Quality Standards make the focus on optimising health and well-being a mainstream concern for all Commonwealth funded aged care services, using a person centred approach and emphasising outcomes for consumers. This includes a requirement that services provide safe and effective care and services that optimise each consumer's health and wellbeing in accordance with the consumer's needs, goals and preference. In addition, supports for daily living must optimise the consumer's independence, health, wellbeing and quality of life.

Under the Quality Standards, it is expected that organisations work in partnership with the consumer to understand what is important to them and that consumers have opportunities for participation in their community within and outside the organisation's service environment.

In addition, Schedule 1 of the *Quality of Care Principles 2014* specifies the care and services, which must be provided by all residential aged care homes to all residents who need them. This includes that residential aged care services must provide care and services which support the wellbeing and enablement of consumers by maintaining and improving their health, functional capacity and independence of daily living. Aged care homes are required to implement programs to encourage consumers to take part in social activities and to provide emotional support and recreational activities. Consumers are also to be provided with daily living assistance, personal assistance and goods to assist them to move themselves, and therapy to maintain or restore their levels of independence.

To further support this recommendation, the *Better Ageing – Promoting Independent Living* 2018-2019 Budget measure has been established to trial innovative approaches to support senior Australians to stay living in their own home for longer. This will be achieved through wellness and reablement approaches to aged care in the community (encompassing assessment, Commonwealth Home Support Programme service providers, and consumers). The trial is being concurrently evaluated to provide a progressive evidence base to support the development of future policy directions in aged care.

Recommendation 14

The Committee recommends the Department of Health work collaboratively with the Aged Care Quality and Safety Commission, the Australian Commission on Safety and Quality in Health Care, Primary Health Networks, residential aged care providers and medical stakeholders to achieve better integration of the aged care environment with the primary health and acute care sectors.

The Australian Government **supports** this recommendation.

Better co-ordination of care and sharing of information across the aged care and primary health and acute care sectors will support the delivery of high quality of care to aged care recipients.

Both the Quality Standards and the health service Standards place specific requirements on aged care service providers and health service organisations respectively, with regard to the coordination of care and communication between those involved in the person's care. For example, the Quality Standards require:

- assessment and planning to include other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer;
- information about the consumer's condition, needs and preferences must be documented and communicated with others where responsibility for care is shared; and
- referrals to individuals, other organisations and providers of other care and services must be timely and appropriate.

The Aged Care Workforce Strategy Taskforce noted poor integration of health and aged care services impedes timely access to aged care supports and identified actions to strengthen the interface between aged, primary and acute care. The 2019-20 Budget included a measure to support implementation of the Aged Care Workforce Strategy including an activity to define critical barriers for workforces managing these transitions of care.

The Australian Government is developing the Primary Health Care 10 Year Plan (10 Year Plan) to drive reform of the primary health care system in Australia over the next decade. In developing and implementing the 10 Year Plan, the Department is engaging with the aged care sector to identify innovative strategies and solutions to facilitate enhanced integration, and build partnerships to make it more person-centred.

A key centrepiece of the 10 Year Plan is voluntary patient enrolment. From 1 July 2020, eligible patients aged 70 years and older will be able to enrol with their usual GPs to receive enhanced primary health care. This includes people living in residential aged care facilities. Enrolled patients will receive more flexible care, improved access to providers, and streamlined administration for example e-referrals, e-scripts and shared care planning, leading to improved health outcomes.

Additionally, Primary Health Networks (PHNs) address the wellbeing of older Australians, along with other sectors of the general community, through the enhancement of primary care services in their jurisdictions.

Aged care is one of the seven key priority areas identified by the Australian Government to guide the work of PHNs. PHNs are uniquely placed to develop partnerships that bring together different health providers, state and territory-based health authorities, and Local Hospital Networks, to create a more holistic system of care and are able to influence and support aged care providers through their regional approach to primary care.

Many PHNs are actively engaged in activities specifically targeted towards addressing the identified regional needs of older Australians, whether residents of aged care facilities (RACFs) or in the community. Current activities broadly fall into four categories:

- Activities aimed directly at residents in aged care services such as the Australian Capital Territory PHN's Geriatric Rapid Acute Care Evaluation (GRACE) model to identify unwell or deteriorating residents and to improve outcomes for acutely unwell residents of aged care facilities by facilitating clinical care as close to the point of residence as possible

- Activities to improve and support services essential to the care of older people such as the Brisbane North PHN's program to improve capacity of service providers to increase access to quality, coordinated and integrated palliative care and end of life care systems, targeted at nurses in community and primary care who provide palliative care, older people aged 65 years and over who require palliative care, their carers and families.
- Activities specifically targeted towards an identified vulnerable group, including Aboriginal and Torres Strait Islander people, such as Western Sydney PHN's program to improve integrated care for older people, targeted at people over 65 years of age and Aboriginal and Torres Strait Islander people over 50 years of age.
- Activities for the treatment of conditions more prevalent among older people e.g. dementia, chronic wounds and other chronic conditions, such as Brisbane North PHN's program to improve integrated management and build capacity for chronic wound care.

As part of its terms of reference, the Royal Commission is examining the interface between aged care and other services required by people receiving aged care services, such as primary health care services, acute care and disability services, and relevant regulatory systems. This is expected to take into account how people transition from other care environments or between aged care settings.

The Government will carefully consider any findings or recommendations made by the Royal Commission on these matters.