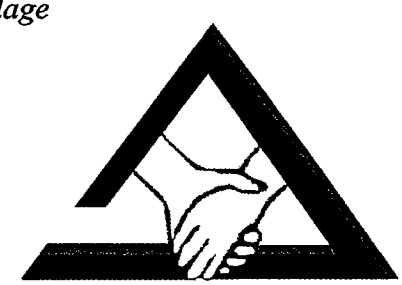
Tongala & District Memorial Aged Care Service Inc

Incorporating R. M. McHale Hostel,
Koraleigh Nursing Home & Deakin Village

Purdey Street, Tongala, Victoria 3621
Telephone: 03 5859 0800 • Facsimile: 03 5859 0983
Email: tacs@tongalas.own.net.au

Registration Number A001 6689L A.B.N. 91 330 198 828



Tongala and District Memorial Aged Care Service Inc.

Submission to the Productivity Commission Into Aged Care 2010

Introduction

This submission to the Productivity Commission Enquiry Into Aged Care is made by the Tongala and District Memorial Aged Care Service Inc. regarding the organizations operations, client community, achievements and challenges being confronted. The achievements are reflected in the Organizations reputation for providing quality person centered care and services. Financial viability is a constant and pervasive challenge.

Background

The Tongala and District Memorial Aged Care Service Inc (T&DMACS) is located in the small rural community of Tongala in the Shire of Campaspe in Northern Victoria. The Organization was established in the early 1920s and operated as a small Bush Nursing Hospital until 1990 when the Hospital closed and the R.M.McHale Hostel opened on a Greenfield site. The entity is a not-for-profit Incorporated Association governed by a twelve member Committee of Management. The Director of Nursing/Manager is the executive manager. The Organization operates the collocated residential care services of R.M.McHale Hostel (30'ageing in place' and 12 low care places) and Koraleigh Nursing Home (30 high care places), Deakin Village (15 unit low rental retirement village). Stage One of a 17 unit retirement village is currently being constructed on the main campus adjacent to the residential services. The service catchment is Tongala and District as well as the neighboring centers of Kyabram, Stanhope, Lockington, Rochester, Echuca/Moama, Tatura and Shepparton.

this year. The other is participation in a consortium in the second round of the Commonwealth Government funded 'Evidence Based Practice in Residential Aged Care' (EBPRAC) program. The consortium Lead is Dr Sam Davis of Flinders University (formerly of with Monash) and comprises ten members. It includes seven residential aged care services of which Tongala is the only non State organization. Participating in the project 'Addressing Behaviors of Concern in the Bush' using a person centered care approach and providing supportive social and physical living environments.

These projects have provided opportunity for organization wide training and participation in change. The Best Practice Champions will play an important role in sustaining the programs when the formal projects finish. The impediment will be the ability to afford the wages.

Partnerships

As well as participation in the two research consortiums Tongala Aged Care has other partnerships. The Tongala Community Bank has provided and maintains a small wheelchair accessible bus. The bus is used for resident outings and to transfer residents in wheelchairs to non emergency appointments. It is also used for a weekly 'dial-a-bus' service when volunteer drivers pick up aged persons living in the community and take them shopping. It is also used for transporting members of the Tongala RSL.

At the time when the Tongala community was experiencing the exceptional circumstances previously mentioned there was no community health centre in Tongala. The Tongala Aged Care made available a residential dwelling again at a nominal rent to Kyabram and District Health Services who now operate a community health service from the venue.

The Organization owns the local medical clinic facility which it leases to the Kyabram clinic at a nominal rent. This helps maintain medical services for the community and the residents of the Aged Care Service.

The Organization participated with the Kyabram community health service in a Commonwealth Government funded 'Dementia Community Grants Program' to improve dementia awareness in the community of Kyabram and its outlying centers such as Tongala and Stanhope. Early diagnosis of dementia including opportunity to make decisions, such as end of life wishes and Power of Attorney appointment is poorly addressed in our rural area.

The shared room was a problem and one the other resident vacated the room the second bed was removed ant the area set up as a sitting area for the resident and comfort and well being of the other frail aged residents. Additional staff were made available which included occasions when the registered nurse administrator on call being called in over night.

Considerable difficulty was still being experienced in managing the resident's behaviors of concern which escalated in mid April. A referral was made to the Aged Persons Mental Health Service on 20th April 2010 requesting an urgent assessment. The resident was visited by an Aged Persons Mental Health Nurse 14 days later on 4th May 2010. A psycho geriatrician visited the resident at the service on 26th June 2010. Plans were made for the resident was to be admitted to psycho geriatric assessment facility for inpatient assessment when a bed became available. The Organization was advised the resident was next on the waiting list for admission. The bed offer was not forthcoming as it was taken up by others. The resident's challenging behaviors continued especially over night. Eventually the resident was admitted for inpatient assessment on 14th July 2010. We were seen as managing the situation, but at what cost were we managing. Loss of income from a bed, additional staff as required to support other residents and staff as well as the resident and family costs that cannot be recouped.

Workforce Issues.

Tongala Aged Care service experiences many of the work force issues confronting aged care service providers. Whilst the Organization has a core of mature, competent and committed staff it does experience challenges relating to recruiting, maintaining and retaining appropriately prepared staff.

The organization has 106 employees the majority of whom live locally. The organizational structure is flat. The Director of Nursing/Manager is the executive manager and is supported by the Deputy Director of Nursing/Manager whose role is clinical care co-ordination and operational management. Accounting and payroll services are outsourced. Both are quality cost effective services. The organization is working toward a community or contemporary service model with scope of the division one nurses expanded and the roles of other staff developed. The model also has best practice champions who have undergone training specific, for example in dementia care, oral and dental care, foot care, falls prevention and skin care and are a resource for other staff.

resident doctor. Tongala Aged Care is very cognizant of the shortage rural doctors and the heavy workloads of the local doctors and value their services.

There is no reason that doctors visit residents at Tongala Aged Care other than their professional commitment. Two doctors left the Kyabram practice in June and another retires in March 2011.

General medical services are provided predominantly by three general practitioners from the neighboring town of Kyabram. Each Doctor visits weekly. The visits are coordinated with staff members preparing information on residents prior to the visit, forwarding this to the Doctor, accompanying and assisting the Doctor, contacting and providing feedback to families as required, informing other care staff on the visit and arranging appointments and investigations as ordered by the Doctor. The old adage that the registered nurse is the eyes and ears of the doctor in his/her absence is still very relevant today in rural residential aged care.

The approach helps assure optimal health and well being as well as minimizing the number of hospital admissions. Ten years ago one resident a week on average would have had an external appointment with a specialist of for investigations. The situation has changed considerably in recent years. It is not uncommon for up to ten residents a week to have an external appointment with a specialist or be visited on site. These also require considerable staff resources to coordinate including arranging appointments, transport and refreshments; following up on referrals and requisitions for investigations; writing a letter to provide additional information and obtain feedback; liaising with families and escorting the resident if there is no family member available to provide this support.

Maintaining access to general practitioner and specialist medical services is very resource intensive in rural as well as remote areas. Planning, communication and good resident support is critical but incurs costs that are not covered by care subsidies. Access to programs such as the proposed additional registered nurses for general practitioner clinics would reasonably compensate given the similarity in the work being undertaken.

Many residents do not have families or friends to accompany them to medical appointments to support the residents or to communicate with the health care professional. Transport can also be an issue. Relatives, who are often aged themselves, either do not drive or are not comfortable to take the resident. This

The Organization strives to provide quality care and services and actively pursues continuous improvement. The Aged Care Standards and Accreditation Agency on each survey and support contact since its inception has found Tongala Aged Care Service compliant in each of the expected outcomes of the aged care standards. Examples of continuous improvement activities include:

Case Management

A person centered case management approach is taken from the initial contact with residents and families through to end of life or discharge. All species take time to adjust to a change of environment and is undeniably the experience for frail aged humans who may be ill, have impaired mobility, sensory loses, be confused sad and frightened. Very few residents enter a residential aged care home by choice, they do so out of necessity. Hence Tongala Aged care considers the initial contact though to admission to be a critical time that influences quality of the residents and families experience for the length of time they live in the home.

Meetings are held with prospective residents and families prior to entry to provide information on care, services and the organization and emotional and practical support in the major life change being confronted and the complex and often overwhelming experiencing the process of entering residential aged care. In the week prior to admission a member of the care staff visits the resident and family either at their home, hospital or other care facility. An interim care plan is developed on information obtained from various sources. This enables the residents admission to be well prepared with staff informed on care needs; assuring required equipment is available; providing staff training as required and essentially assuring assisting the resident to settle into their new living environment is the central focus. A staff member is assigned to welcome the resident and help them settle in. The length of time varies according to the resident's individual needs. In most cases the time available due to financial constraints is insufficient especially for people living with dementia.

The initial contacts foster development of a rapport between residents, families and staff and promotes the concept of shared care relationships. Effective lines of communication are established enabling residents and families to be involved in decision making, service initiatives and to feel comfortable to express concerns and complaints. Positive examples of this approach include a family purchasing a laptop computer with wireless internet for the organization so residents can communicate with family living away through the email and skype. Another family purchased an attractive wall clock when a room was

community. Close monitoring of the demand and ability to supply community care services is imperative based on observations of family carers, often spouses, who provide twenty four hour a day care becoming overburdened tired and stressed. This is more evident in those caring for someone with dementia.

The Organization is constructing a new Retirement Village for residents who can afford to purchase a life lease. This will help stem retirees moving from Tongala who would be able to pay reasonably substantial accommodation payment if requiring residential aged care in the future. It will also increase the diversity of aged care and accommodation services available and give an opening to undertake community based services. Financial modeling indicates there will be some profits which may be used for cross subsidization of residential care services.

'Cherry picking' or selecting residents on the basis of income to be generated or complexity of care needs is both a benefit and cost to the Organization. For example, Tongala Aged Care is able to effectively care for low care insulin dependent diabetic residents or residents in their 50s or early sixties with acquired brain injury. The cost of caring for these residents is not adequately met within the ACFI funding arrangements. Residents with low care assessments but who do not attract a care subsidy and a fully supported resident create a dilemma for small rural approved providers such as Tongala Aged Care. The organization has an ethical responsibility to provide residential care for the person and has never found them to be self-caring. Indeed the resident often requires care for social reasons and may require considerable staff resources which are not reflected in the ACFI funding.

The Government is continually telling approved providers and the public how much money they are putting into aged care. Unfortunately they are also taking it away in hidden ways. For example the base rate of the daily care fee is currently $38, 65 a day yet some residents can only be charged $35.29 as protected residents due to rules regarding residents admitted pre September 2009. These people are supposedly given benefits yet they pay income tested fees of some at least $1.50 per day and some $9.00. There is no way for the Organization to raise the money yet the Government has the advantage by paying the Organization less because the resident has the funds to pay an income tested fee.

Capital Funding

Capital funding to maintain and upgrade building infrastructure is a major problem. Designated capital income is required to meet operating costs and hence capital works have to be delayed, alternative funding sought or

residents; inadequate for contemporary dementia care approaches and the clinical care domain is not accurately reflective of clinical care needs in residential aged care.

Enquiries into aged care funding have been regularly undertaken and include the Hogan Review (2002) the Grant Thornton Report (2008) and the Senate Enquiry (2009). All have identified issues that impact on the viability of residential aged care services in rural areas including recruiting, and retaining staff, succession planning, higher infra structure costs such as, utilities and transport costs; accessing medical services lower socio economic and health status and cost of capital development. Financial management is made more difficult as the COPO funding formula is said to be a poor method of indexation for funding residential care. It would be helpful to consumers, approved providers and the wider population if the real costs of providing quality evidence based residential care were established. Consumers would know what standard of services they are paying for and can rightly expect, approved providers would know the standard of service they are rightly expected to provide and the Australian Public would be more accurately informed.

Governments are forthcoming in how much extra funding they put into aged care. They are not so forthcoming in how much of each dollar gets to the resident and how much is spent on the burgeoning bureaucracy to administer the system or the proliferation of expert consultants advising the Government or assisting service providers (at a cost). An example of this was the implementation of ACFI. The Commonwealth is said to have allocated $1.6 million for the implementation of the new system. The funding was for the Department of Health and Ageing to roll out the new system. There was no additional financial support for service providers. Four staff from the Organization attended a training day. The presenter contracted to an interstate TAFE read from two manuals. Participants came away as ill informed as the presenter. Fortunately for Tongala Aged care staff had participated in an ACFI pilot project.

The social and economic importance of residential aged care services in rural communities has been well publicized. Tongala Aged Care Service is no exception. It is a key part of the community infrastructure, critical to the local economy and is one of the major employers the majority of whom are females. The effects on rural aged care service providers of forces such as economic downturns and changes in funding arrangements are not unprecedented. In 1989 the change from deficit to CAM/SAM funding was predicted to decimate some

The transition process from living at home is becoming more complex and requiring more staff resources for case management. Family carers are overburdened and tired. Completing and submitting financial details to Centrelink can be complex and overwhelming particularly with regard to our local situation. Recently considerable time was taken up in trying to contact the family of a resident admitted for respite care. Again this was an unprecedented experience for the Organization.

These local issues further compound issues that have been widely publicized as relating specifically to providing residential aged care services in rural areas, such as those relating to viability, workforce issues and poorer health status of people living in rural Australia.

Issues and Possible Solutions

Tongala Aged Care Service's mission is fundamentally to provide the best possible care for current and future aged persons from Tongala and surrounding areas. Inherent to this are two key concepts. One is developing and sustaining strong reciprocal relationships between, residents, families, staff, volunteers, the community, other service providers and the Committee of Management. The other is the Committee of Management's stewardship of this vital asset of the people of Tongala and District. Tongala Aged care is held in high regard with in the community and the wider aged care sector. Viability is the major threat the sustainability of the Organization. The situation has been deteriorating in recent years to a point it is now critical.

Viability Issues

Initially the introduction of the Aged Care Act 1997 and its reforms created great optimism of sustainable future. As the following table shows this was short lived. By 2002/03 achieving a surplus budget had again become difficult. One off payments in 2003 and 2004 by the Commonwealth Government served to guild the lily as they came with conditions attached. Conditional adjustment payments gave some relief but again were exactly that - they had conditions attached. Any funding increases have predominantly been taken up with the increased costs incurred from regulatory compliance and associated red tape, increasing physical frailty and clinical care needs of residents and the care and accommodation care needs of residents with dementia.