

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

14 August 2020

PDR Number: IQ20-000487

Improvements implemented from the Royal Commission on Aged Care

Spoken

Hansard Page number: 20

Senator: Katy Gallagher

Question:

CHAIR: That's a good change. Professor Murphy, I started—and this is where I'll finish—with some of the comments at the royal commission. Do you accept any of the criticism levelled by counsel assisting at the Australian government's response to COVID-19?

Prof. Murphy: We will obviously be considering the senior counsel assisting's comments, and we'll be responding—

CHAIR: But you've heard them. Do you accept any of them?

Prof. Murphy: No I haven't. I haven't heard his closing comments. I was there giving evidence. I haven't studied his closing comments, so it would be inappropriate for me to comment on that. But we always would accept and consider the reports, comments and summations from the royal commission and make an appropriate response. We're very respectful of that process. But I have not read or—

CHAIR: His closing comments were, as you said earlier, I think, similar to the ones that you heard—

Prof. Murphy: Elements of them were quoted to me today, but I have not seen them in full.

CHAIR: What about the criticisms he tested with you when you appeared. Is there anything—

Prof. Murphy: Unfortunately, we didn't get into much beyond whether a document was a plan and the statistics. But, clearly, as I said before, we accept that there are always things that we could have done better, and we will be reviewing our response. We're certainly open to criticism. But I really can't comment on his closing statement.

CHAIR: Okay. Well, can you tell me what you think you could have improved?

Prof. Murphy: I think I'd need to take that on notice and make a considered response.

CHAIR: Really?

Prof. Murphy: Yes, I do. I think these are really complex issues, and at the moment we're focusing on saving lives in Victoria and responding to it. But we will obviously be doing more and more analysis of our response. I'm happy to take that on notice.

Answer:

Since this hearing of the Senate Select Committee on COVID-19, the Royal Commission into Aged Care Quality and Safety's special report on COVID-19 has been delivered, and was tabled in Parliament on 1 October 2020. The Government has accepted all six of the recommendations, and has already made substantial progress on four of them. The Australian Government will report to Parliament by no later than 1 December 2020 on implementation of the Royal Commission's recommendations.

The Australian Government has been continuously building and adapting the response to COVID-19 in aged care since January 2020, with the aged care sector, state and territory governments, and health authorities, incorporating lessons learned domestically and from other countries. For example, on 21 August National Cabinet endorsed the *Commonwealth, State and Territory Plan to Boost Aged Care Preparedness for a Rapid Emergency Response to COVID-19 (Plan)* including a *Guide to the Establishment of Aged Care Health Emergency Response Operations Centres*.

This Plan strengthens our national preparedness, and outlines Commonwealth and jurisdictional actions, including areas of focus that we will need to come together on, to respond to any future escalation of COVID-19 in aged care. In particular:

- ongoing assessment of the preparedness of aged care providers by the Aged Care Quality and Safety Commission to inform emergency response planning in all states and territories
- auditing of state and territory emergency response capabilities to support the establishment of a joint aged care emergency response
- additional face to face infection prevention and control training for aged care providers and their workforce.

Each state and territory is establishing emergency response centres following endorsement by the Australian Health Protection Principal Committee (AHPPC) on advice from its Aged Care Advisory Group. Within each jurisdiction's public health response structure, a dedicated aged care emergency response team has been established and key personnel identified at the state and Commonwealth level.

The AHPPC Aged Care Advisory Group (ACAG), which brings together a broad range of critical expertise about the aged care sector, infection control and emergency preparedness, and public health response, will be made permanent in response to Recommendation 4 of the Royal Commission's report.

The independent reviews of the outbreaks at Newmarch House and Dorothy Henderson Lodge in New South Wales have provided valuable insight into how we can better manage outbreaks in residential aged care facilities and have supported decision making on outbreak response approaches. Reviews have also recently commenced on the COVID-19 outbreaks in two of the most severely affected aged care facilities in Victoria to identify further areas for improvement.

Core learnings from outbreaks in aged care facilities to date, which have informed the Government's response include:

Approved Provider Leadership

Strong facility leadership and clarity of the roles of all parties is paramount in an outbreak.

Where leadership is not exercised, the Australian Government is making early decisions to bring

in necessary support or to use regulatory action to bring in independent advisers or new leaders.

Early and repeated testing

The Australian Government also recognised there is value in early and repeated testing for COVID-19 and engaged a dedicated pathology service for rapid sample collection and testing for suspected cases of COVID-19 in residential aged care facilities.

Specialist infection prevention control advice

In recognition that specialist infection prevention control (IPC) advice is required to assist facilities to control and limit the spread of COVID-19, which is of a different order to managing outbreaks of influenza and gastroenteritis, the Australian Government has augmented the online foundation IPC training and nine aged care training modules, with practical advice on outbreak management and PPE use.

In addition, on 31 August 2020, the Australian Government announced an extension of the COVID supplement paid in June 2020. One of the specific requirements of this second payment, to be made in October 2020, is that every aged care facility must engage an onsite clinical lead to provide leadership and increase capacity in relation to IPC. The ACAG will undertake work on the specific IPC qualifications required.

These measures will support the implementation of Recommendation 5 of the Royal Commission's report.

Workforce pressures

There is a need for workforce surge strategies beyond levels advised in initial guidelines. The Australian Government has subsequently funded a surge workforce strategy to assist services replace furloughed staff, including by increasing the number of surge workforce providers, utilising Australian Defence Force clinical teams, and pairing local private hospital and in-reach services with aged care services as required. The number of Commonwealth funded surge staff that have been deployed to Victorian aged care services exceeds 1000.

Cohorting

Early cohorting residents within facilities and/or transferring residents to hospital (either COVID positive or negative) has been found to be effective in preventing ongoing transmission. For example, in Victoria, the Australian and state governments have used the National Private Hospital COVID-19 Agreement to transfer residents to hospital to maintain safe levels of care in facilities affected by outbreaks. Hospital in-reach services are also being used to maintain care. As at 11 September 2020, 493 residents from Victorian aged care homes have been transferred to private hospitals.

Communication with families

Communication with families also needs to be maintained throughout an outbreak. To support providers in this regard, the Australian Government Department of Health has provided media and communications specialists to help develop communication templates and provide media advice to providers. The Department also engages the Older Persons Advocacy Network at all outbreak sites to help ensure communication between residents and their nominated family contacts.