

Submission to the Senate Community Affairs Reference Committee

INQUIRY INTO AGED CARE

FRAGMENTATION OF COMMUNITY BASED SERVICES – A MAZE OF BITS AND PIECES

One of the major problems in aged care in the community from my perspective is the fragmentation of services. Our organization's role is to assist people to remain in their own homes (The Sunshine Coast Queensland). In the name of competition the HACC programs are being divided into smaller and smaller lots, so that infrastructure has to be duplicated by each funded organization and navigating to access services for our clients is wastefully time-consuming and complex. It has taken me 3 years in domiciliary nursing to have an understanding of the services elderly people are entitled to, how to access them and which one is funded in a particular period. One cannot keep this amount of information in one's head. There is no electronic or hard copy regional guide to all services for elderly people either for customers or professional service providers.

VERTICAL INTEGRATION OF SERVICES - A SOLUTION

I would suggest greater vertical integration of services. Where services are well established and have the necessary infrastructure, a range of services for a particular geographical area should be under the one roof. I provide nursing to mostly elderly people in their own homes and usually make referrals for personal care, respite care, occupational therapy, physiotherapy, continence advice, domestic assistance, medical assessments, ACAT assessments and, for DVA clients, falls prevention home alterations.

HACC clients are clearly disadvantaged compared with DVA clients. HACC clients often have to be put on a waiting list as our organization is inadequately funded for personal care.

As a registered nurse I provide primary care to clients in their own homes and retain overall responsibility for any care which I delegate to unregulated care providers. If our organization is unable to provide personal care services (inadequate funding), the client is referred to another organization for this service, most of which do not employ registered nurses. The personal care may involve assisting with hygiene, dressing, grooming, medicines or respite care however my role becomes ambiguous and inefficient as there is no obligation for the other service provider to work in a coordinated collegial fashion. If organizations are competing for the same dollar then it does not encourage communication and team work, but rather competition and secrecy. This is particularly problematic when our client/s suffer from dementia. It is inappropriate to have an unregulated care provider giving medicines to such a client.

REVAMPING THE ROLE OF AGED CARE ASSESSMENT TEAMS

The ACAT is crucial in accessing more care for the elderly, yet their functioning at present, leaves great gaps in comprehensive and coordinated care. They are the gatekeepers for aged people in moving from their own homes to residential care whether short or long term or for approving CACPS packages to support people to stay at home. In our area I find that there is little communication between our organization and ACAT. Moreover their potential brokerage role, much needed to assist clients and their families to negotiate the quagmire of gaining a place in a residential facility, is unfulfilled. I have found poor communication from ACAT locally in my professional role and in Launceston for my own parent to be frustrating and disempowering.

PLANNING AND PAYING

Comprehensive clearly articulated regional planning in aged care is called for. A mix of public and private services should be encouraged. HACC standards should be applied to all services, based on their role and function and relationships to other services. Funding should be based on a planned approach and evaluation of effective and efficient services.

Workers in these areas should be paid at a reasonable and standard rate across public and private areas. Many of these workers are middle aged women; it is hidden but vital work. Ask yourself how you would like your own parent or yourself to be cared for as an aged person? How much is this care worth to our society. It is said that the mark of a successful society is how it cares for its aged and disabled – I would add that Australia seems to be heading down the wrong track.

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