



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

SUBMISSION TO THE INQUIRY INTO AGED CARE

Presented to the Senate Community Affairs References Committee

Prepared by the

Australian Physiotherapy Association

July 2004

Authorised by

APA President, Katie Mickel

Australian Physiotherapy Association
3/201 Fitzroy Street
St Kilda Vic 3182
Tel: (03) 9534 9400
Fax: (03) 9534 9199
Email: national.office@physiotherapy.asn.au

www.physiotherapy.asn.au

PHYSIOTHERAPY AND AGED CARE

Physiotherapists play a vital role in the care of the elderly in all work settings and their potential contribution in respect of preventive care is largely unrecognised. Current proposals do not adequately reflect the importance of physiotherapists in the provision of care for aged and ageing Australians.

Maintaining mobility is crucial to the quality of life of older Australians. Mobility factors are often critical in determining whether a person can remain at home or have to live in a residential care facility. Likewise, mobility is important in determining the level of funding an aged care facility receives for a resident. Mobility is also critical to quality of life and independence. Physiotherapists are the experts in maintaining and restoring mobility.

Falls prevention is an increasingly important activity in care of the elderly. Physiotherapists have a key role to play in the identification of those at risk of falls and developing and delivering recommended interventions to reduce the risk of falls. The Australian Physiotherapy Association (APA) is currently preparing a referenced falls prevention position statement detailing the evidence supporting the role of physiotherapists. A second statement is being prepared on physiotherapy in residential aged care. The statements will not be completed by the closing date for this enquiry.

The APA has over 10,000 members and around 550 of these are members of our Gerontology Special Group. These members have expertise not only in care of the aged but also a range of issues associated with aged care. These members were consulted in the preparation of this submission. The time frame for preparation of this submission was insufficient for the preparation of a research evidence based document. Recorded below are the responses of Gerontology Group members to the terms of reference. The APA would be pleased to provide further information and evidence on request.

TERMS OF REFERENCE

Workforce shortages and training

The recent National Aged Care Workforce Strategy did not examine the role of the physiotherapy workforce and is therefore deficient. This feedback was provided by a range of groups during the consultation phase but was dismissed.

Successive Department of Employment and Workplace Relations Labour Market Ratings have indicated that employers experience major difficulties recruiting physiotherapists to work in aged care. APA members' experiences reflect this fact. Members also report that access to services in some regions is severely limited because of a shortage of physiotherapists.

There is no research specifically addressing barriers to physiotherapists working in aged care. Theories abound, and the APA could proffer many, but hard evidence is severely lacking. Solutions could be simple but this will remain unknown until the physiotherapy workforce is included in studies of the aged care workforce.

There are not enough physiotherapists working in aged care. There are recruitment difficulties, which are actually compounded by the lack of funding for physiotherapy care in the sector. The lack of funding places enormous pressure on physiotherapists providing care in the sector making the job more stressful and less rewarding, and perpetuating the recruitment problems. As an example, one member says:

I have been working mainly with patients with dementia for the past three years and find the lack of time to set up specific programs for these people very wearing. It is hard to find specific help, for example for falls prevention, for these people, so we require greater staffing but this does not happen.

To get physios to work in gerontology we need more time with residents and less filling out forms

The APA contends that no aged care workforce initiative can be fully effective unless it takes account of the physiotherapy workforce.

There is little or no training support for physiotherapists working in gerontology. It is an increasingly specialised field and it is now generally regarded as necessary to complete postgraduate physiotherapy qualifications in order to provide the highest quality of care. Not only is there no support for physiotherapists undertaking such courses of study, there is no financial reward for doing so either. It is a commitment to patients and quality of care that leads physiotherapists to undertake further study and their dedication is presently unrecognised and unrewarded.

Aged Care Standards and Accreditation Agency

The APA is concerned that the Aged Care Standards and Accreditation Agency places insufficient emphasis on ensuring the presence of preventive programs and that therapy is properly provided. Assessment panels generally lack the detailed knowledge required to investigate the provision of treatment and preventive health care. The APA contends the either panels should be required to include a physiotherapist or panel members should receive further education regarding physical issues and treatment outcomes.

The APA has been advised that there are aged care facilities that advertise a comprehensive physiotherapy service but do not employ enough physiotherapists to provide a comprehensive service. The Accreditation Agency appears to be unwilling or unable to address these concerns. The APA believes that facilities should be required to provide the level of service

they advertise, and that the Accreditation Agency should be empowered to intervene where there is a discrepancy. A facility that advertises a physiotherapy service in circumstances where that service is not carried out by a registered physiotherapist is likely to be in breach of the relevant State or Territory Physiotherapists Registration Act.

Members report that the agency generally does not acknowledge the role of physiotherapists as educators in health and safety nor does it acknowledge the role of physiotherapy in preventive care.

Accommodating young people with disabilities in residential aged care facilities

Physiotherapists experience specific difficulties in managing the physical needs of people with dementia from different age groups when they are accommodated in the same facility. The physical needs of an 80 year old with dementia are completely different from those of a 50 year old. Difference in gait, speed of movement, and ability are all compounding factors. In some cases, a younger person with dementia can be a danger to a frail person with dementia because they are unaware of their physical ability and capacity to injure a frail person unintentionally.

APA members believe that it is inappropriate that younger people with physical disabilities are accommodated in aged care facilities. Their physical needs are the only factor they have in common with older residents and the environment does not meet their other needs, or those of their families/carers. Community residential units should be fitted out appropriately and staffed to meet all the needs of younger people with physical disabilities so that they are not accommodated in aged care facilities.

Home and Community Care

HACC programs are under-funded and difficult to access. Members in some regions, such as northern Sydney, report that HACC is almost impossible to access. Members also report that there is a growing need for HACC workers from cultural and linguistically diverse (CALD) backgrounds.

Poor funding of the HACC program also affects the timely manner in which physiotherapy services can be provided. Many community health physiotherapists working with the aged population report several month waiting lists for initial appointments. One physiotherapist comments:

I consistently have a two to three month waiting list for initial appointments for clients referred to the HACC funded physiotherapy service at my centre. If an older person is at risk of falling or hospital admission in the community – a two to three month wait is just not acceptable. Unfortunately, there is just more demand for the service than we can provide with the funding allocated.

The HACC program would be improved if funding was available to teach people strategies to minimise the risk of injury at home. For example, where an aid of some kind is installed by a HACC worker, it would be helpful if there was funding available for a physiotherapist to teach the person how to most effectively utilise the aid.

Transition from acute settings to aged care settings

There is a need for more widespread education regarding dementia. Often people with dementia are able to function in hostels physically yet hostel staff are not trained in strategies to deal with their psychological state. As those with dementia do not cope well with environmental change, it is better for them to be able to age in the same place rather than be relocated to a dementia specific facility. Increased access to services such as PGAT (Psycho Geriatric Assessment Team) would be beneficial because they are able to go into residential aged settings to develop care plans to optimise behaviour. Often this would prevent admission to acute hospitals and would be more beneficial to the client who would otherwise have to change environment to receive this care (which adds to the problem of confusion).

APA members perceive a range of problems associated with transition between acute hospitals and residential aged care facilities. Listed below are some specific concerns raised by members of the Gerontology Group.

1. Often people from nursing homes are sent back to the nursing home, if medically stable, seven days post hip surgery. At this early stage increased physiotherapy services would be beneficial to monitor/rehabilitate such patients post-surgery. Physiotherapy care could maintain or improve the patient's level of function and prevent further physical deterioration. Unfortunately, such increased physiotherapy input in the residential aged care system is not funded at this time.
2. Most facilities do not have a physiotherapist on staff so organising physiotherapy follow up post-surgery is very difficult. If the person is a veteran, they can access private physiotherapy in low level care facilities, but public patients and veterans in high care facilities only have access to the facility physiotherapist who is usually under-funded and can not provide sub-acute rehabilitation services in this setting.
3. For older adults living in the community, they have access to programs such as post-acute care (PAC) but these are short-term programs (six visits maximum) that frequently do not meet the patient's needs. If the person is able to travel (which is often difficult due to impaired mobility), they can attend Community Rehabilitation Centre/Community Health Centres but, the waiting times are often greater than six weeks. Therapy in the facility provided under the Medicare Allied Health Initiative should be great initiative to bridge this gap.

4. As a consequence of the limitations in availability of rapid response physiotherapy, clients often re-present to hospital for conditions that could have been prevented if increased physiotherapy could have been provided in the facility/community.
5. Often patients' mobility deteriorates in the low-level care settings. Staff in such settings are generally not trained to monitor this deterioration. As a consequence, a significant number of patients are admitted to acute hospitals with deteriorating mobility as the low-level care facilities can no longer cope with the burden of care. These people, even when medically stable, must remain in the acute hospitals until a high-level care placement becomes vacant. The APA contends that physiotherapists could prevent this inappropriate use of acute hospital resources by:
 - Either educating staff or individually assessing patients and providing plans for their care eg: if mobility is deteriorating and the physiotherapist feels that the situation is unlikely to improve, high-level care assessment could be sought and the process of looking for a different facility could occur early and proactively.
 - Providing appropriate aids and educating staff about how to care for clients with more limited mobility.
 - Providing physiotherapy treatment to individual patients to prevent mobility from deteriorating.
 - Funding physiotherapists to act as a resource for care staff, for example establishing a phone service so that staff could contact a physiotherapist when they notice that particular patient's are deteriorating.

One of the most common blocks to discharge from hospital is mobility. Aged care facilities are frequently reluctant to take resident's back once acute medical issues have been resolved because the resident's mobility has declined. The key to this problem is physiotherapy.

Physical function in the elderly declines rapidly while patients remain in hospital. The decline delays patients' discharge and increases their likelihood of nosocomial complications. Members report that an excellent model to address this problem is now available. The *Functional Conditioning Program* (utilised at a range of facilities such as the Austin and Alfred Hospitals and the Caulfield General Medical Centre) is an initiative undertaken by physiotherapists with outstanding results. Early results show evidence of reduced falls and that with better physiotherapy staffing, patients have better outcomes.

CONCLUSION

The time frame for comment to this inquiry was too short to allow for the preparation of a research evidence-based submission. The submission above reflects the experiences of APA members who provide care to older Australians. Their experience is vast and their input considered and valuable.

Though all communications with physiotherapists working in aged care, two themes are abundantly clear:

- There is insufficient funding for physiotherapy services in the aged care sector; and
- The potential for physiotherapists to generate costs savings through the provision of preventive care is not recognised.

The APA would be pleased to provide further information to the inquiry on these points.