



AUSTRALIAN MEDICAL  
ASSOCIATION  
ABN 37 008 426 793

T | 61 2 6270 5400  
F | 61 2 6270 5499  
E | info@ama.com.au  
W | www.ama.com.au

42 Macquarie St Barton ACT 2600  
PO Box 6090 Kingston ACT 2604

08/27

Ms Christine McDonald  
Secretary  
Senate Finance and Public Administration Committee  
Parliament House  
Canberra ACT 2600

Dear Ms McDonald

The Australian Medical Association (AMA) welcomes the opportunity to provide a submission to the Committee's inquiry into Residential and Community Aged Care in Australia.

The terms of reference for the inquiry include an examination of whether current funding levels are sufficient to meet the expected quality service provision outcomes.

The AMA is very concerned that older Australians living in residential aged care facilities do not have access to medical care equal to the standard enjoyed by the rest of the population. We believe residential aged care providers have an inherent responsibility to guarantee residents access to ongoing medical care and supervision.

Under current aged care funding and accreditation arrangements, there is no specific requirement on residential aged care providers to responsibly manage the medical care of their residents. As the funder of aged care, the Australian Government should provide specific funding to approved aged care providers to enable them to secure appropriate medical care and supervision on an ongoing basis for their residents.

The AMA's submission is attached. We would be pleased to attend a public hearing if the Committee wishes to discuss this matter further.

Yours sincerely

Mr Francis Sullivan  
Secretary General

18 November 2008

fs:sc

## **Australian Medical Association**

### **Submission to the Senate Finance and Public Administration Committee**

#### **Inquiry into Residential and Community Aged Care in Australia**

#### **Quality service provision outcomes**

The AMA makes this submission in respect of the terms of reference regarding quality service provision outcomes.

#### **Background**

All Australians have a right to medical care when and where they need it. For older Australians living in residential aged care, access to ongoing medical care and supervision is fundamental to maintaining their quality of care and quality of life.

As people live longer, the prevalence of disability and illness also increases. Consequently, the medical care of older people becomes more complex. Today, the residential aged care sector is meeting the needs of a progressively more dependent group of people. At 30 June 2007, 70 per cent of residents had high-care needs compared to 58 per cent of residents who required high level care in 1998.<sup>1</sup>

With this increase in care needs, it is imperative that residential aged care providers guarantee and facilitate residents' access to appropriate medical and nursing assessment, care and management to meet their changing health care needs. This in turn will prevent unnecessary admissions to emergency departments or acute care for elderly Australians who live in residential aged care.

#### **The case for improving medical care**

Residents of aged care facilities are not as able to visit their general practitioner (GP) at the surgery as the rest of the population. Therefore it is incumbent on residential aged care providers in providing quality aged care service to ensure residents have ongoing access to medical care and supervision within the facility.

We know there are many barriers faced by GPs in providing medical care to residents in aged care facilities. A survey of AMA GP members in May 2008 revealed that one of the most common reasons for GPs decreasing visits to residents in residential aged care facilities (RACF) was because the facility offered insufficient support for doctors to provide medical services. This includes access to treatment facilities and information technology, aids and appliances, and access to nurses and other health professionals.

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<sup>1</sup> Residential aged care in Australia 2006-07: A statistical overview. p46. Australian Institute of Health and Welfare. June 2008

Providers should have in place management practices which guarantee residents timely access to ongoing medical care, and which support doctors to provide that care. Where these are absent or poorly administered, residents are less likely to have access to the standard of medical care enjoyed by the rest of the population.

Further, our members tell us that many aged care facilities do not have an adequate number of appropriately skilled nurses to ensure that residents who require medical attention from a doctor are identified quickly. Over the past year, reports that aged care residents have been poorly managed in terms of nutrition, hydration, wound management, pain management and clinical care have appeared in the media all too frequently.

More recently (3 November 2008) the Federal Government imposed sanctions on a Melbourne nursing home after it was found that inadequate medical care and inadequate meals posed a serious risk to its residents. Currently, there are 14 nursing homes under similar sanctions. We cannot let this situation continue. The aged care accreditation standards must require approved aged care providers to guarantee residents' access to ongoing medical care and supervision. Specific funding must be provided to aged care providers to enable them to secure appropriate medical care and supervision on an ongoing basis for their residents.

### **An aged care accreditation standard for medical care for quality aged care outcomes**

There are currently few reporting obligations in the aged care standards that require approved providers to have systems in place to ensure access to timely and high quality medical care and supervision for all residents on an ongoing basis.

Currently, the accreditation standards, as set out in the *Quality of Care Principles 1997*, intertwine medical care with other expected outcomes and the assessment of care provided by other health professionals.

The AMA proposes that the *Quality of Care Principles 1997* include a specific indicator for *Medical care* just as it does for *Specialised nursing care needs (Item 2.5)* and *Oral and dental care (Item 2.15)*.

The AMA believes that a specific indicator for medical care will ensure that access to medical care is sufficiently monitored and scrutinised under the accreditation process like other important quality, service and care requirements.

### **Funding approved providers to arrange ongoing access to medical care**

The AMA recommends that the Australian Government provide specific funding to approved providers to guarantee residents access to medical care. Approved providers would use this financial support to:

1. provide appropriate settings for medical care to be delivered; and
2. recruit and retain medical practitioners to provide medical services to RACFs through a variety of arrangements.

Agreements could, for example, include, but would not be limited to:

- a lump sum payment for a doctor to provide medical care and supervision to residents on an ongoing basis over an agreed period of time;
- a payment made to a doctor when agreed services are provided;
- an additional service payment paid by the RACF on behalf of its residents for each service that is provided to a resident of the facility over and above the MBS payment for that service; and
- a longitudinal payment that is made when an individual doctor has provided services to residents of the facility over a period of time.

These should be voluntary local agreements negotiated on a case-by-case basis between doctors or practices and individual approved providers. They would not be between the Government and a doctor. Importantly, they would be over and above the MBS fee for service payments which would continue to be claimed for each medical service provided to a resident in a residential aged care facility.

### **The provision of adequately equipped clinical treatment rooms**

Very few RACFs provide an adequately equipped clinical treatment room that affords patient privacy and contains appropriate stocks of essential medical equipment and supplies such as catheters, sterile gloves, wound dressing materials, as well as good information technology for patient records and medication management. This is clearly inadequate given the complexity of medical care required by older people living in residential aged care.

The AMA proposes that the *Quality of Care Principles 1997* include a specific indicator for *adequately equipped clinical treatment rooms* to ensure that a RACF provides appropriate physical infrastructure for medical care to be provided on site. The AMA acknowledges that there are very old facilities that would not be able to provide a separate treatment room. However, it is appropriate that the accreditation criteria require that all RACFs provide alternative physical infrastructure for appropriate medical care to be provided on site. Approved providers should also receive specific funding from the Australian Government to ensure they meet this standard.

### **More registered nurses in residential aged care**

The AMA believes it is also necessary for the accreditation standards to specify a minimum acceptable staff ratio of skilled registered nurses to patients in aged care facilities. Funding must be sufficient to allow approved providers to employ appropriate numbers of qualified nursing staff in aged care facilities to make certain that residents' health is properly monitored, residents requiring medical attention from a doctor are identified quickly and that doctors can provide the most efficient and effective ongoing medical management of the resident, working with nursing staff in the facility. Good medical care under this model will also reduce the number of instances of hospital admission by residents of aged care facilities.

## **In conclusion**

We must ensure our older Australians living in residential aged care facilities have access to appropriate and ongoing medical care and supervision. Aged care providers are caring for an increasing number of residents who have high care needs. The Australian Government must adequately fund providers to ensure that appropriate medical care is provided.

The AMA recommends that access to ongoing medical care and supervision of residents in aged care is enhanced through:

- accreditation requirements and monitoring processes that guarantee aged care residents receive medical care and supervision on an ongoing basis;
- specific funding to approved residential aged care providers to allow them to enter into local agreements with medical practitioners to provide ongoing medical care;
- accreditation standards to require RACFs to provide adequately equipped clinical treatment areas that afford patient privacy and information technology to enable access to medical records and to improve medication management;
- sufficient funding to ensure a minimum registered nurse to patient ratios to ensure there are sufficient registered nurses to monitor, assess and care for residents and liaise with doctors.