

Royal Commission into Aged Care Quality and Safety Investigation into Impact of COVID-19 on Aged Care

Submission by the
Australian Physiotherapy Association

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Executive Summary

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the Royal Commission into Aged Care Quality and Safety investigation into the impact of COVID-19 on aged care.

While well meaning, infection control measures taken by aged care providers have had the perverse effect of accelerating physical, mental and emotional decline in many cases.

In residential aged care facilities (RACF), 50 per cent of residents need the support of another person to be mobile and a further 35 per cent cannot mobilise at all.

The health of residents will decline because of restrictions on movement and the reduced support of aged care workers focused on infection control and with visitors refused access. For example, we expect to see a significant increase in life-threatening falls and pressure injuries and progression in pre-existing conditions.

While infection control is paramount, ongoing primary healthcare provision must be a high, if not equal, priority.

Infection control measures must be balanced with the human rights of older people, and specifically the Charter of Aged Care Rights¹, taking into account their right to safe and high quality care, human contact and participation in decisions about their safety.

In the community, fear of transmission has resulted in a 15 per cent decrease in the use of physiotherapy among home-care package recipients.

Many of these restrictions may not be necessary in the future if an organised system of coronavirus testing and an adequate supply of PPE is available for older people, aged care workers, healthcare providers and visitors in RACFs and the community.

The introduction of telehealth service delivery has opened a gateway to health care for many Australians who previously could not access treatment, including older Australians in the community referred to Chronic Disease Management plans. Technology may currently be a barrier for some, but not for all.

COVID-19 has demonstrated that video conferencing consultations are safe and cost effective, where clinically appropriate. Telehealth should be funded permanently and expanded post COVID-19 to keep access open to all Australians.

Mass cancellation of appointments have the potential to have a significant impact on the health of Australians whose conditions have remained untreated during COVID-19, or for those who developed new conditions during lockdown – therefore a strong, sustainable primary healthcare sector must be supported.

The fast-changing landscape of COVID-19 and the need for central coordination of allied health specific information, responses and consistency, has exposed the need to appoint a federal Chief Allied Health Officer.

Like counterparts in medicine, nursing and mental health (who have federal Chief Officers representing them), the allied health sector requires senior leadership to enhance the Federal Government's understanding of the sector and act as a conduit for its professions.

Summary of Recommendations

Recommendation 1

Apply a human rights approach to all future pandemic control measures in the aged care sector.

Recommendation 2

Acknowledge and address the significant impact that even the smallest restrictions to movement and human contact can have on the health and quality of life of older people. Establish emergency planning funds to introduce additional temporary programs or loosening existing provisions to enable greater flexibility of treatment.

Recommendation 3

Conduct wide scale virus testing and provision of PPE for aged care workers, health care workers, older people and their family and friends to enable access to RACFs.

Recommendation 4

Continue funding telehealth physiotherapy provision via MBS and DVA post COVID-19 to ensure older Australians in the community have timely access to safe and high quality care.

Recommendation 5

Disseminate clear messaging and education about which health services, including physiotherapy, are essential and the importance of not neglecting health during a pandemic.

Recommendation 6

Introduce initiatives to improve digital literacy and confidence among older Australians and enable them to access telehealth.

Recommendation 7

Appoint a federal Chief Allied Health Officer to:

- provide a centralised point of contact to provide urgent advice to ensure safe and compliant practice by allied health providers
- bring deep understanding of the allied health sector to government and ensure all essential services in the primary health care sector are considered in decision making
- promote the role of allied health in all settings, including ICU and pandemic response
- lead, coordinate and integrate a consistent approach among states and territories
- connect allied health and all jurisdictions to the Primary Health Care Network
- promote interdisciplinary coordination and messaging
- coordinate consistent messaging and information sharing to and among allied health professionals
- coordinate a consistent approach to training and upskilling within allied health

Introduction

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the Royal Commission into Aged Care Quality and Safety investigation into the impact of COVID-19 on aged care.

The physiotherapy profession is a fundamental provider of high quality, safe services for older Australians and it is important they are able to access it when and how they need it.

Physiotherapy is effective and provides economic value in treatment of Australians across their entire lifespan, from paediatrics to aged care, including:

- cardiorespiratory conditions
- maintaining and improving mobility
- pain management
- falls prevention and reduction and minimising harm from falls
- musculoskeletal injuries
- pelvic health conditions
- maintaining and improving continence
- behavioural and psychological symptoms of dementia
- improved functioning.

Physiotherapy improves pain management, continence, strength, balance and mobility in ageing Australians through individualised care and preventative programs.

The profession's broad scope also includes the management of fatigue, shortness of breath, exercise tolerance, oedema, deconditioning, frailty, contractures, sleep and rest, skin integrity, and more in the RACF and community care setting.

Impact of COVID-19 on residents of residential aged care facilities

Restricted movement and support to move

While well meaning, infection control measures taken by aged care providers have had the perverse effect of accelerating physical, mental and emotional decline in many cases.

Residents living in RACFs have had many restrictions on their physical activity during COVID-19 as a result of aged care providers' efforts to reduce transmission. These include:

- eating meals in their rooms removing important incremental exercise opportunities (walking to the dining room and three times a day)
- not being able to leave their rooms at all
- being denied access to other areas of the facilities normally available to them
- group exercises class cancellations
- quarantine in their rooms upon returning from external medical appointments and hospital visits

- regular health treatment, such as physiotherapy, denied during quarantine periods
- receiving less support time from care staff whose attention has been diverted to infection control
- receiving less support from other carers such as family and friends as a result of facility lockdowns.

While infection control is paramount, ongoing primary healthcare provision must be a high, if not equal, priority.

Infection control measures must be balanced with the human rights of older people, and specifically the Charter of Aged Care Rights², taking into account their right to safe and high quality care, human contact and participation in decisions about their safety.

Many of these restrictions may not be necessary in the future if an organised system of coronavirus testing and an adequate supply of PPE is available for older people, aged care workers, healthcare providers and visitors.

Effect of restrictions in RACFs

Mobility is a key factor in maintaining quality of life for older people. The lack of activity and exercise will have significantly impact residents' physical function – their mobility, strength and balance and their cognitive and mental health.

Mental health

We understand that appropriate exercise and activities are important for everyone and that includes those living in residential aged care facilities who are living with a range of co- and multi-morbidities, such as dementia, anxiety and depression. Exercise and encouraging mobility can aid relaxation, promote a sense of calm and reduce anxiety, stress and depression.³

For example, for mild depression, research suggests physical activity can be as effective as antidepressants or psychological treatments such as cognitive behavioural therapy. Regular exercise can help improve sleep, which in turn regulates mood.⁴

For older people in any setting:

“Research shows that being connected to others is important for physical and psychological wellbeing. Strong ties with family, friends and the community provide people with security, support, happiness and a sense of purpose.

“Social connections enable people to enjoy the benefits of relationships, including the ability to navigate life’s events and have access to practical help and support when needed.”⁵

Crucially, healthcare professionals understand that social connectedness:

“is key to healthy ageing. Studies have shown that older people who have close connections and relationships not only live longer, but also cope better with health conditions and experience less depression.”⁶

Falls and physical affects

We are concerned that the number of falls and fractures among older people in RACFs will increase when they return to pre-COVID-19 activities and exercise, for those who are able to return to pre-COVID functional abilities.

Anecdotally, physiotherapists are reporting increased falls among older people as high as 30 per cent. We are collecting comparative data to verify these early observations. For some older people, mobility has declined and they require greater levels of staff assistance and mechanical aid support.

Falls are the leading cause of preventable deaths in residential aged care facilities and occur three times more often than in the community setting, the recent Sunbeam Program trial centred on balance and strength revealed.⁷ Falls are often traumatic, including reduced independence or injury (including hospitalisation) and death.

Tailored physiotherapy-led exercise programs can significantly reduce the number of falls experienced by older people. Results of the aforementioned Sunbeam Program trial demonstrated a 55 per cent reduction in falls by older people living in residential aged care who participated in the exercise program.

With normal opportunities for incremental exercise restricted to most aged care residents, there was an absence of action to address this situation.

Physiotherapists, as part of multidisciplinary teams, assess capacity to move, and keep moving. They work with the older person, their advocates and the aged care workforce, to maximise independence, quality of life and dignity. The seemingly smallest and incremental of movement - for example, the walk to and fro the dining room three times a day - can positively affect the older person's physical, mental, emotional and social wellbeing.

In RACFs, 50 per cent of residents need the support of another person to be mobile and a further 35 per cent cannot mobilise at all.

Reduced support resulting from infection control measures will have a significant impact on the health of those who cannot walk get out of bed or walk without assistance.

Many residents who receive pain management physiotherapy funded by the Aged Care Funding Instrument, and their families and advocates have been frustrated by the inability to adapt the physiotherapy treatments they receive during this time to meet their changing quality of life and therapy goals. The ACFI does not allow residents to receive exercise and mobility physiotherapy aimed to improve balance, restore muscle strength and maintain joint range of movement.

The Aged Care Charter of Rights should be a top priority in decision-making about appropriate treatment, specifically “to have control over and make choices about my care.

We also expect to see a significant increase in pressure injuries resulting from factors such as reduced support provided to assist older people to adjust position in bed or while seated or to get out of bed; and reduced opportunities for mobility.

There is high level and consistent body of evidence that individuals with limited mobility, limited activity and a high potential for friction and shear are at risk of pressure injuries and guidelines have strong positive recommendations to address these risk factors.

A reluctance to hospitalise residents in a bid to reduce risk of infection is compounding poor health outcomes.

Access to healthcare providers

Early assumptions that RACF residents may refuse their regularly scheduled physiotherapy treatment due to fear of infection proved unfounded. There has been no notable decline in requests for treatment from aged care facility residents themselves.

The need for ongoing treatment and human contact in the face of facility lockdowns appears to have over-ridden fear of infection.

Most physiotherapists working in RACFs are employed by healthcare companies contracted by aged care providers to provide services. In normal circumstances, under these arrangements, several physiotherapists may service an individual facility and move between facilities.

In a bid to reduce infection risk, aged care providers have requested that only one physiotherapist attend each facility and that healthcare practitioners cease working across different sites.

Pain management treatment under ACFI provisions 12.4a and 12.4b have been maintained but hours to undertake assessment, care planning and other restorative work have been reduced.

Some facilities have ceased physiotherapists and other allied health providers from entering the facility and this has meant no physiotherapy and other service provision for several months.

Historically, there have always been a number of residents in RACFs who have chosen to supplement their on-site physiotherapy with privately engaged and funded physiotherapy services – usually to provide restorative and rehabilitation therapy that are not funded under ACFI.

There are still aged care facilities denying access to these visiting physio services.

About 5 per cent of residential aged care residents employ private physiotherapists directly. These private practitioners provide restorative and reablement, and rehabilitation programs that are currently not funded under the ACFI.

Recommendations

Apply a human rights approach to all future pandemic control measures in the aged care sector

Acknowledge and address the significant impact that even the smallest restrictions to movement and human contact can have on the health and quality of life of older people.

Establish emergency planning funds enabling additional temporary programs or loosening existing provisions

Conduct wide scale virus testing and provision of PPE for aged care workers, health care workers, older people and their family and friends to enable access to RACFs.

Impact of COVID-19 on the care of older people in the community

Older people in the community receive physiotherapy by self funding, Commonwealth Home Care packages, Commonwealth Home Support Program, the Department of Veterans Affairs or MBS.

During COVID-19, many discontinued care or had their care discontinued by providers due to fear of infection. Others chose not to attend to health needs in an effort to not overburden the health system as it dealt with the pandemic.

Mixed messaging about whether to attend non-urgent health appointments resulted in and confusion about physiotherapy's status as an essential service resulted in mass appointment cancellations.

Despite being declared an essential service, physiotherapists in the private sector were unable to access PPE from the National Medical Stockpile – essential to reassuring both patients and practitioners that every step had been taken to reduce risk.

Reports from physiotherapists indicate that up to 15 per cent of frail older Australians with home-care packages had their physiotherapy access decreased due to infection risks.

We expect to see this discontinuity of care have an impact on the health of those older people manifesting in increased falls, hospitalisations and premature admission to RACFs.

Similarly, reluctance to keep older people in hospital to reduce infection risks will have an impact on the health of those patients and may result in avoidable early admission to RACFs. For example, there have been cases in which older people who have been living at home have been deprived of essential rehabilitation following falls. This has resulted in admission to RACF that could have been avoided.

MBS funding of telehealth opened access to physiotherapy for older Australians in the community referred to Chronic Disease Management plans.

COVID-19 has demonstrated that video conferencing consultations are safe and cost effective, where clinically appropriate. We believe they should continue to be funded and expanded post COVID-19 to keep access open to all Australians.

However, telehealth is a barrier for many older people. We believe there is opportunity to further explore the safe and clinically effective use of telehealth with the older cohort of physiotherapy patients.

Enabling older people in the community, particularly those on home care packages, to access the technology and understand telehealth better is essential and investment in education is required.

Recommendations

Continue funding telehealth physiotherapy provision via MBS and DVA post COVID-19 to ensure older Australians in the community have timely access to safe and high quality care.

Disseminate clear messaging and education about which health services, including physiotherapy, are essential and the importance of not neglecting health during a pandemic.

Introduce initiatives to improve digital literacy and confidence among older Australians and enable them to access telehealth.

Other impact of COVID-19 on physiotherapists in aged care sector

Access to allied health specific information and leadership

Physiotherapists, like all allied health professionals, require clear, consistent and timely information about COVID-19 response measures and their impact on the professional practice.

This was evident in the large numbers of practitioners registering for Federal Government webinars for allied health professions.

In the age care sector, physiotherapists were receiving information from multiple sources including their employers, individual aged care providers and government.

There was a clear absence of an allied health specific contact within the Federal Government acting as a conduit for information and deeply understand the role of allied health in the sector.

This resulted in mixed messaging to consumers and practitioners about the necessity of continuing care, causing practitioners considerable angst as they attempted to assess the risk of transmission against a sense of obligation to remain open and provide care to a dwindling number of patients.

The APA worked with each state and territory Chief Allied Health Officers to clarify guidelines and COVID-19 requirements but had such officer to work with at a Federal level.

This lack of a central authority representing allied health puts allied health practitioners at risk of confusion and non-compliance.

Recommendations

Appoint a federal Chief Allied Health Officer to:

- provide a centralised point of contact to provide urgent advice to ensure safe and compliant practice by allied health providers
- bring deep understanding of the allied health sector to government and ensure all essential services in the primary health care sector are considered in decision making
- promote the role of allied health in all settings, including ICU and pandemic response
- lead, coordinate and integrate a consistent approach among state and territory Chief Allied Health Officers where possible
- connect allied health and all jurisdictions to the Primary health Care Network
- promote interdisciplinary coordination and messaging
- coordinate consistent messaging and information sharing to and among allied health professionals
- coordinate a consistent approach to training and upskilling within allied health.

Conclusion

The APA believes the Federal Government responded effectively to contain COVID-19 in the aged care sector. We have identified opportunities to improve future pandemic planning and to meet the health and wellbeing needs of older Australians more effectively.

Australian Physiotherapy Association

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. The APA represents more than 28,000 members who conduct more than 23 million consultations each year.

The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

References

¹ Aged Care Charter of Rights: <https://www.myagedcare.gov.au/sites/default/files/2019-11/charter-of-aged-care-rights-booklet-english.pdf>

² Aged Care Charter of Rights: <https://www.myagedcare.gov.au/sites/default/files/2019-11/charter-of-aged-care-rights-booklet-english.pdf>

³ <https://www.alzheimers.org.uk/get-support/daily-living/staying-healthy-exercise-mobility>

⁴ <https://www.betterhealth.vic.gov.au/health/healthyliving/exercise-and-mental-health>

⁵ <http://www.gvpcp.org.au/wp-content/uploads/2017/01/2016-Social-Connections-Toolkit.pdf>

⁶ <https://www.healthinaging.org/blog/social-connectedness-a-key-to-healthy-aging/>

⁷ Hewitt, J. (2018). Progressive Resistance and Balance Training for Falls Prevention in Long-Term Residential Aged Care: A Cluster Randomized Trial of the Sunbeam Program