

## Aged Care Quality Standards Survey Response

Submission by the  
Australian Physiotherapy Association

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## Executive Summary

The Australian Physiotherapy Association (APA) is pleased to provide feedback to the Department of Health and Aged Care (the Department) and the Australian Commission on Safety and Quality in Health Care (ACSQHC) survey on the revised Quality Standards for Aged Care (the Standards).

We welcome the intention to strengthen the revised Quality Standards and ensure the Standards are easier to understand and implement.

It is right to enshrine the voice of the older person and their decision-making within the aged care system and the Standards themselves. The person-centred approach and the outcome statements give a voice to the older Australian and impact how their care will be affected by the implementation of each standard.

However, to be effective, an approach based on self-determination must be strongly underpinned by informed consent and education with measurable outcomes to ensure the older person fully understands how their needs will be met by a provider of aged care services.

How care is provided, if there is access to health and wellbeing services, and how a person's independence can be maintained or improved can only truly be achieved with access to objective evidence-based advice from experts. Highly qualified healthcare practitioners, such as physiotherapists, are critical to meeting the needs of older people based on comprehensive health assessments, reviews and multi-disciplinary care planning.

The APA is supportive of access to physiotherapists who are trained in understanding the needs of older Australians. The provision of aged care services must include the ability to offer plain language information about access to health services within the aged care setting with resources in multiple formats - that are critical to informed needs-based decision-making by older people.

We support the standards facilitating referral to the most appropriate, evidence based health care such as physiotherapy, when it is required, as set out in the Aged Care Act. The APA believes comprehensive assessment, planning and care delivered by a multidisciplinary team is the model to optimise wellness, health and quality of life.

We are concerned about a lack of connection to the new Aged Care Act, and how the standards will be linked to the proposed Star Rating System. There is currently no specific methods for measuring and reporting allied health provision under this system. It is difficult to provide meaningful feedback on the Quality Standards in isolation without connection to other critical reforms.

Creating and enhancing multidisciplinary teams should be a priority in healthcare to address the complex and broad needs of older people that exceed the scope of any one health profession. Further specificity about scope of practice and responsibility of aged care providers to facilitate access to appropriately qualified expert healthcare professions is lacking within the Standards.

The development of notes defining multidisciplinary care, scope of practice and evidence-based care is recommended. Similarly, more explicit outcome measures to ensure key areas of care including dementia, falls and mobility are delivered should be included. The role of allied health professionals, such as physiotherapists, includes assessment, monitoring, ordering and implementation of equipment, and training other members of the care team. This must be highlighted within the provision of human resources and workforce.

The APA is available to provide the Department and ACSQHC further information to expand on our submission.

## Survey responses

<p>How satisfied are you that the revised Quality Standards will set the right expectations for safe and quality care and services for older people in the future?</p>	<p>Neutral</p>
<p>Do you think the expectation statements for older people are right?</p>	<p>No.</p> <p>The use of the “voice” of the older person – reflecting the language used by older people - creates an expectation that the management of their care is with the individual, not the aged care service provider and that the older person has choice and control. However, the statements do not specifically address the needs of the older person and how they will access the information required to fully understand their needs.</p> <p><b>Standard 1 The Person: Expectation Statement:</b></p> <p>This statement omits healthcare and wellbeing. The APA recommends the insertion of the following italicised words:</p> <p>I have the right to be treated with dignity and respect and to live free from any form of discrimination. <i>I have access to healthcare professionals and information that help me understand my health needs.</i> I make decisions about my <i>health, wellbeing,</i> care and services, with support when I want it. My identity, culture and diversity are valued and supported, and I have the right to live the life I choose. My provider understands who I am and what is important to me, and this determines the way my care and services are delivered.</p> <p><b>Standard 2 The Organisation Expectation Statement:</b></p> <p>This statement does not recognise healthcare professionals. The APA recommends the insertion of the following italicised words:</p> <p>The organisation is well run. I can contribute to improvements to care and services. My provider, workers and <i>healthcare professionals</i> listen and respond to my feedback and concerns. I get care and services from workers who are knowledgeable, competent, capable and caring.</p> <p><b>Standard 3 Care and Services Expectation Statement</b></p> <p>This statement omits specific reference to the health of older people and the need to ensure aged care workers and professionals work</p>

	<p>with their scope of practice and are appropriately qualified. The APA recommends the insertion of the following italicised words:</p> <p>The care and services I receive:</p> <ul style="list-style-type: none"> <li>• are <i>based on evidence</i>, safe and effective</li> <li>• <i>delivered by workers and healthcare professionals qualified to meet my needs</i></li> <li>• optimise my <i>health</i>, well-being and quality of life</li> <li>• meet my current needs, goals and preferences</li> <li>• are well planned and coordinated.</li> </ul> <p><b>Standard 4 The Environment Expectation Statement</b></p> <p>This statement focuses on the basics of human needs but omits mental health and the natural environment. The APA recommends the insertion of the following italicised words:</p> <p>I feel safe when receiving care and services. Where I receive care and services through a service environment, the environment is clean, safe and comfortable and enables me to move around freely. <i>It is pleasant, has access to nature and designed to enhance my mental health and mood.</i> Precautions are taken to prevent the spread of infections.</p> <p><b>Standard 5 Clinical Care Expectation Statement</b></p> <p>I receive <i>evidence-based</i>, safe, effective, person-centred clinical care from <i>qualified healthcare professionals</i> which meets my needs.</p>
<p>Do you think the outcome statements and actions are clear and readily understood?</p>	<p>No.</p> <p>There is specification of clinical areas that needs to be addressed. The statements do not specify who assesses or delivers care or how it's measured. It is important that all aged care workers and professionals work within their scope of practice and current wording does not specify who is qualified to deliver what care.</p> <p>The Clinical Care does not identify other key aspects of care such as mobility and falls prevention. There is no way to measure the outcomes, no built in assessments to determine outcomes. The outcome is informed by an assessment by a qualified health practitioner and measured against the goals identified within care plans.</p>
<p>How satisfied are you with the outcome statements and actions set by the revised</p>	<p><b>Valuing diversity and caring for people with diverse backgrounds:</b> Satisfied</p> <p>The APA recommends the following addition (italicised):</p>

Quality Standards will improve outcomes for:

1.1.2c deliver care that is right for older people with specific needs and diverse backgrounds, including Aboriginal and Torres Strait Islander peoples, *LGBTIQ+ people* and people living with dementia.

**Supporting people living with dementia: Dissatisfied**

The Standards do not address the complexity of caring for people living with dementia. Some of these standards are hard to apply in the case of people living with dementia, many of whom cannot express their needs and goals. There needs to be greater recognition of the role of family and friend carers in decision-making and developing care plans. The importance of maintaining connection to specialist dementia care services must be explicit.

Given the prevalence of dementia among older people, the APA recommends consideration be given to the development of a separate standard in dementia care that includes recognition of the need for early intervention and assessment by a physiotherapist or allied health professional and the importance of maintenance of physical condition as well as cognition.

**Clinical Care Standard 5: Dissatisfied.**

We would like to see more explicit support for proactive, preventative evidence-informed multidisciplinary approaches. We note the inclusion of a specification of technical nursing (of 5.4.4 Technical nursing) but the absence of a similar specification of allied health, including physiotherapy.

We recommend the following inclusions (*italicised*):

3.2 Delivery of care and services. *Maximising independence and supporting restorative approaches as per a multidisciplinary plan that includes allied healthcare.*

3.2.3 Insures timely and appropriate referrals to other service providers *and facilitates access to those services.*

5.4.3 *Expert assessment and prescription and provision of equipment and products to manage clinical risks.*

5.4.10 Falls and mobility: Provider implements *evidence-based* processes. [There needs to be qualified health professionals assessing and supervising appropriately trained staff.]

5.4.14 Pain: Provider implements *evidence-based* processes to recognise, monitor, record and manage.

*Insert additional 5.4.14C: a multidisciplinary approach is implemented to manage an older person's pain.*

5.4.15 Pressure injuries: including wording *evidence-based multidisciplinary approach.*

	<p>5.4.16 Sensory impairment. Must include reference to sourcing, supplying and notes/definitions about multi-disciplinary care and what scope of practice.</p> <p><b>Food and nutrition (Standard 6): Neutral</b></p> <p>The APA recommends the following inclusion (italicised):</p> <p>6.3.4 Older people can safely access drinks and snacks at all times. This extends to health care to ensure older people have the capability. <i>Maintaining ability of older people</i> to access hydration themselves, for example through dexterity, mobility and posture, is critical and reduces incidence of urinary tract infections and delirium.</p>
<p>Do you think the revised Quality Standards apply well to care and services being provided to older people in the context of residential aged care?</p>	<p>Yes.</p> <p>However, it is important that the Standards include informed consent – that the older person has access to comprehensive, user friendly information around evidence-based practice so they can make informed choices about their health based on comprehensive clinical assessment and care planning and GP referral. Good care requires links to qualified healthcare practitioners who can advise older people about their options.</p> <p>7.2.1 Continuing of care, engage in decision about their transfers: Plan transitions – information being passed on from setting to another must be highlighted. Multidisciplinary care team involvement in reassessment and care planning when people are transitioning between services is not specified in this clause.</p>
<p>Do you think the revised Quality Standards apply well to care and services being provided to older people in the context of in-home care?</p>	<p>No.</p> <p>The standards are more applicable to residential aged care. These are aspirational for home care where substantial support is required for package providers to establish robust systems and processes, detailed reporting and accountability to be able to meet the Standards.</p>
<p>Are there opportunities to make the revised Quality Standards more meaningful and empowering for older people?</p>	<p>Yes.</p> <p>As previously stated, specific accountability for ensuring access to expert healthcare professionals and information/resources to fully understand need and appropriate care to address need would empower older people to make informed decisions about the health and wellbeing.</p>

## Conclusion

The physiotherapy profession is committed to delivering safe, evidence-based and high quality of care to older Australians. We look forward to working with the Commonwealth on future reform to ensure access to high quality, needs-based healthcare for all older Australians.

## Australian Physiotherapy Association

The APA's 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 31,000 members. 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.