Submission

Strengthened Aged Care Quality Standards Guidance Consultation

Submission by the **Australian Physiotherapy Association**

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Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples today.

About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (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 32,000 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.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Table of Contents

1. EXECUTIVE SUMMARY 5

2. APA'S RESPONSE TO THE CONSULTATION QUESTIONS 6

Q1 The structure of the draft guidance (i.e. separating the Outcomes for 'Governing body', 'Provider' and 'Worker' under their headings) makes it easy to understand. 6

Q2. The structure of the draft guidance provides me with the information I need 6

Q3. The draft guidance has the right level of detail to help me to deliver high quality care 6

The APA will respond to: 6

Strengthened Quality Standard 1: Clinical care 6

Strengthened Quality Standard 2: The Organisation 7

Strengthened Quality Standard 5: Clinical care 7

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

1. Executive Summary

The Australian Physiotherapy Association (APA) is pleased to provide feedback on the Strengthened Quality Standards Guidance and welcomes the opportunity to contribute further to any future consultations.

The APA advocacy has called for a system based on clear guidance and accountability for delivery of:

- safety, health, wellbeing and quality of life of older people;
- culturally safe care;
- dignity of risk;
- Access to reablement services and clinical healthcare that maintains quality of life;
- high quality, person-centred, multidisciplinary care;
- appropriate clinical assessment to inform autonomous decision-making and choice, and enable early and preventative intervention; and
- increased transparency and regulatory powers.

While overall the Quality Standards guidance materials do support the intention of the Quality Standards, further improvement could be achieved through specificity about healthcare professions' scope of practice and value and referral pathways.

We are concerned about the use of the terminology "provide access to" healthcare professionals instead of refer to.

The guidance materials would also benefit from inclusion of preventative and management strategies such as maintaining mobility, use of exercise strategies and proactive strategies to prevent pressure injuries.

That notwithstanding, it is positive to see recognition of the distinct value of allied health services however there appears to be a dearth of accountability measures to ensure they are delivered.

Physiotherapists work closely with other health profession, registered nurses and general practitioners as part of collaborative multi-disciplinary teams. In the case of physiotherapy, there are a number of distinct areas of scope that should be highlighted including allied health falls assessment, post fracture rehabilitation, pressure injury management and safe manual handling and falls prevention education.

We like to see a clear statement that physiotherapist assessment and physiotherapy services can only be provided by an Ahpra-registered physiotherapist.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

2. APA's response to the consultation questions

Q1 The structure of the draft guidance (i.e. separating the Outcomes for 'Governing body', 'Provider' and 'Worker' under their headings) makes it easy to understand

Agree. The APA supports the concept of separating the guidance for these individual groups of stakeholders. It could be further improved with the creation of individual documents for each group to enhance ease of use and engagement with the information relevant to each group. The previous Quality Standards were supported by an app and we support continued investment in this technology and an updating this product as clinicians have found it useful.

Q2. The structure of the draft guidance provides me with the information I need

Agree. We believe there are many points that require further specification. At present there is room for interpretation that could impact care, particularly in the areas of falls, pressure injuries exercise prescription and identification of risk factors for the person living with cognitive impairment. This lack of specificity does not best support accountability.

Q3. The draft guidance has the right level of detail to help me to deliver high quality care

Disagree. As above. Individual clinicians are aware of their roles and responsibilities. However, without clear referral guidance for aged care providers in regard to multidisciplinary assessment and care planning there is a risk that the the provision of care by the appropriate qualified healthcare professional may not be delivered. Process implementation must be supported by the appropriate multidisciplinary healthcare team. We would like see more specific and consistent use of language. At times, the words "monitor and facilitate access" are used. In other parts of the guidance, the wording is "clinical assessment and referral". It is important to guide referrers to the appropriate healthcare profession and intervention from the appropriately qualified healthcare profession to ensure needs-based care is delivered. Clause 5.5.4 on weight management provides an example of a more comprehensively and well worded piece of guidance that specifies the appropriate healthcare profession to be referred to.

The APA will respond to:

- [x] Strengthened Quality Standard 1: The Person
- [x] Strengthened Quality Standard 2: The Organisation
- [x] Strengthened Quality Standard 5: Clinical care

Strengthened Quality Standard 1: Clinical care

1.1 – person centred care

Suggested insertion in bold: Care and services are developed with, and tailored to, the older person, taking into account their clinically assessed needs, goals and preferences.

The dot point "This means care and services that: – Meets older people's needs, goals and preferences. – Optimises their quality of life. – Helps them do what they want to do. For example, if an older person wants to go for a daily walk but is having difficulty doing so due to their health, it needs to be clear how care can help the older person walk again."

Suggested insertion in bold: Consultation with a physiotherapist is required to ensure the older person exercises to their capacity and capability.

1.1.3 Quality of life

There is a lack of detail about how changes to quality of life are assessed – that is, the need for regular clinical review.

The guidance does not provide detail on the specific evidence-based quality of life assessment measures that must be used. It may be the case that the focus on process detracts from meaningful evidence-based care provision that improves and maintains quality of life for the older person.

The dot point "Find out when the changes to the older person's quality of life happens and record, monitor, and do something about is vague and not supported by clear actions and referral guidance.

Strengthened Quality Standard 2: The Organisation

2.8 – workforce

When providers are looking to recruit healthcare workers within aged care that they considers the skills competencies and interest in quality care and wanting to be there with older people.

Suggested insertions in bold: Processes **to identify the specific skills, qualifications and competencies needed of workers to** deliver safe and quality care and services to older people.

The skills, qualifications, and competencies need to be established with reference to what older people need and want. In particular, attention needs to be paid to understand older peoples' clinical needs (Outcome 5.4) and supports needed to eat and drink safely (Outcome 6.4) **to stay mobile, experience safe manual handling and dementia-informed care and support to maintain their continence**, so that the skills of workers are established based on this.

2.8.1- health and safety

The APA suggests further inclusions to address assessment of safe manual handling and that care plans must be be developed by physiotherapists to guide safe manual handling.

Suggested insertions in bold: If assessments uncover any issues or concerns, action **that supports quality of life and independence that is proportionate and does not detract from dignity of risk**. It needs to be taken in a timely manner to address these. For example, quality management systems may need to be modified and/or additional training may need to be provided to workers to make sure they understand how to perform their role safely **and how to defer to the advice of qualified health professionals such as physiotherapists.** You need to regularly review and improve your strategies to promote a healthy and safe workforce. You can use these monitoring activities to do that and report your findings to the governing body

Strengthened Quality Standard 5: Clinical care

Suggested insertion in bold: Allied health professionals such as physiotherapists have distinct roles in reablement and maintenance of an older person's functional capabilities.

Define which allied health professions deliver evidence-based reablement care.

5.1.3 "work within defined scope of practice-or role"

5.4.2 There is a need to insert another step in the process identifying support for general practitioners to make appropriate referrals to physiotherapists.

Suggested insertion in bold: The provider conducts a comprehensive clinical assessment on commencement of care, at regular intervals and when needs change, that includes: a) facilitating access to a comprehensive medical assessment **with a general practitioner b) identifying, documenting and planning for clinical risks, acute conditions and exacerbations of chronic conditions c) identifying an older person's level of clinical frailty and communication barriers and planning clinical care to optimise the older person's quality of life, independence, reablement and maintenance of function d)** *identifying and providing access* to the equipment, aids, devices and products required by the older person **as prescribed by a physiotherapist, occupational therapist or speech pathologist**.

5.4.3 "allied health roles who have distinct roles in reablement and maintenance of function"

The following paragraph would benefit from further refinement as it is open to interpretation.

In both residential and home care services, the provider implements processes for facilitating access to relevant health professionals to address the older person's needs. The extent of the activities expected of the provider in facilitating access will be proportionate to the composition of its workforce (including the scope of practice of health professionals), service type, the context where **services are delivered and any legislative or other provider obligations**.

It is unclear how the multidisciplinary teams achieve this if it is referral based. Clarity is needed about who refers and the difference between referral and access.

5.4.5 The following paragraph is focused on process but does not identify the clinical team of clinicians such as physiotherapists who understand deterioration and can identify and act upon it.

In both residential and home care services, the provider implements processes to monitor and respond to clinical deterioration. The level of monitoring is proportionate to the complexity of the older person's condition, the service type and the context where care is delivered.

Continence 5.5.3

Suggested insertion in bold: The provider implements processes for continence care by: a) optimising the older person's dignity, comfort, function and mobility b) ensuring safe and responsive assistance with toileting c) managing incontinence d) protecting the older person's skin integrity and minimising incontinence associated dermatitis.

Support the older person to maintain and improve their mobility and functional skills. This includes optimising the physical environment to support the maintenance of continence and independence. **Refer to a physiotherapist for assessment and treatment plan.**

Facilitate access **to relevant health professionals** to support continence care when required (Outcome 5.4). This may include assessment by a continence clinical nurse consultant and/or **referral to a physiotherapist specialised in continence maintenance**.

Falls 5.5.4

Suggested insertions in bold:

~~Facilitate access to~~ **Engage multidisciplinary teams when required, in consultation with the older person. This includes GPs, NPs, RNs and allied health professionals such as physiotherapists,**

occupational therapists, and podiatrists to conduct assessments, treatment, ongoing evaluation and monitoring of fall prevention strategies. • Ensure workers and health professionals are provided with training in fall prevention and preventing decline in an older person's mobility or functional capacities (Outcome 3.1-3.2) **delivered as per a treatment plan developed by an appropriately qualified healthcare professional such as a physiotherapist. Physiotherapists are well equipped to deliver fall prevention education.**

This paragraph does not sufficiently address the significant risks of and consequences of falls, which requires expert reablement interventions such as strength, mobility and balance programs delivered by appropriately healthcare professionals.

Routinely provide all older people with tailored multifactorial fall prevention interventions. This includes regularly reviewing personal and environmental risk factors and engaging with workers to develop targeted and individualised fall prevention plans **developed by physiotherapists, occupational therapists and exercise physiologists for the older person based on the findings of clinical fall risk assessments undertaken by those professionals.**

Provide tailored, supervised and ongoing exercise for older people who are willing and able to participate **delivered by appropriately qualified healthcare professionals such as physiotherapists.**

Discuss **and deliver** evidence-based options for reducing the risk of fall-related fractures, such as hip protectors and support the older person's choice (Outcome 1.3).

• Monitor the timeliness of access to health professionals **such as physiotherapists, occupational therapists and speech pathologists,** equipment and devices and address access barriers.

Exercise programs are designed and delivered by a health professional or appropriately trained instructor **under the supervision of a qualified healthcare professional such as a physiotherapist**. **For older people with increased risks, facilitate access to health professionals such as a physiotherapist for individualised programs, and an occupational therapist for home safety interventions and education.**

Falls incidence management is not really happening in community. Some clients only receive a call once a month from their case manager. No set standard of recording falls incidents/management.

In terms of home care services, who is managing the incident management systems? Providers should have an appropriate process and referral for post fall.

Weight loss

This paragraph is an example of a comprehensive guidance that specifies the appropriate health professional providing clarity for referral and we propose this approach be adapted throughout the document. We note it includes the word "referral" vs 'facilitate access" elsewhere.

Pressure injuries 5.5.9

It is positive that the guidance specifies referral to allied health when a pressure injury is identified. However, it does not specify which professions – in this case physiotherapy and occupation therapy - to refer to and there is an absence of guidance on a proactive approach to pressure injury prevention.

Suggested insertions in bold: Refer to qualified health professionals**, including physiotherapists and occupational therapists**, to prevent wounds occurring and to support wound healing

Ensure a physiotherapy or occupational therapy assessment from the outset to put in place strategies to prevent pressure injuries and provision of appropriate pressure care equipment and devices.

Further detail and insertions suggested (in bold below).

Monitor **(who does this?)**, review and improve processes to prevent and manage pressure injuries and wounds • Consider regular reviews of processes used to monitor and respond to pressure injuries and wounds. • Consider what effective, holistic **first time this word appears in guidance** and multidisciplinary pressure injury and wound prevention looks like in your service. • Consider how to ensure clinical interventions follow an evidence-based pathway for care of wounds and workers know what these are. • Consider how aids, such as specialist mattresses, if recommended by an OT, may be used to minimise risk of pressure injuries. • Consider the use of data collected in the service such as on incidents, quality indicator data, hospital admissions, trends in data related to pressure injuries and wounds, and feedback from older people on the management **consider the impact of immobility, reduced motivation and cognitive status to impact the likely development of pressure injuries.**

Cognitive impairment 5.6

Physiotherapists play a key role in modifying identifiable risk factors for the person living with cognitive impairment

- falls
- behaviour related to fear of falls
- behaviour related to loss of independence
- behaviour related to pain, and
- behaviour related to lack of meaningful engagement e.g. the active individual who Is limited in their desires to be active related to restrictive practices such as secure living.

Sensory impairment

Suggested insertion: Clarify which profession to refer to for aids prescription. Considering falls risk, walking aids warrant more detail guidance.

Implement processes to facilitate: – timely identification of decline in sensory function – ongoing monitoring of the older person's hearing, vision and balance to identify changes in sensory function and to ensure ongoing appropriateness of aids and devices – referral to specialist health professionals for management including diagnosis, treatment and management of devices and aids – access to assistive devices and aids such as hearing aids, walking aids and glasses and ongoing monitoring of their use – optimisation of the care environment using strategies such as noise management, lighting, colour contrast, signage, textures and design.