

CONCLUSION

The provision of aged care in New South Wales is currently undergoing major change. This Inquiry has been conducted in a highly volatile policy environment, with potential transfer of responsibility for aged care to the States, as part of the COAG negotiations, and the implementation of the *Commonwealth Aged Care Act, 1997* with its reforms to residential aged care services (the details of which are still emerging). It is a concern of the Committee that these significant changes to aged care are occurring in the absence of an over-riding set of principles to provide a holistic approach to the provision of accommodation, care and support for older people.

The Committee believes there is a clear need for a national strategy which ensures older people have equitable access to quality, affordable and appropriate aged care nationally. A similar framework to guide the policy, planning and delivery of services in New South Wales is needed so that the necessary linkages with related services older people use, such as health, transport and accommodation, can be developed.

Without a clearly articulated and agreed set of principles to guide the provision of aged care, the Committee believes that the rights of people who need those services will continue to be at risk of being compromised. In particular, the Committee is concerned about the rights of people to live with dignity and autonomy. To that end, the Committee strongly believes that the delivery of aged care should be focussed on maintaining older people where they most choose to live: in the community. To do this effectively requires governments to shift the balance of funding, as well as care, into the community.

The Committee notes that recent reforms to aged care services require consumers to contribute financially to their care needs. The Committee recognises that there are older people who can afford, and should be required, to pay for their care. However, the Committee is concerned that those who can least afford to pay may be disadvantaged by new arrangements. For these reasons the Committee emphasises yet again the importance of ongoing monitoring and evaluation of the changed arrangements.

The Committee strongly believes that there is a need to explore alternative methods of financing aged care. The debate about sustainable financing options for long term care has commenced in other countries; with the rapidly increasing population of older Australians this is a debate which we also urgently need to have.

The Committee reasserts its belief that older people are valued members of our society, and this needs to be reflected in the services and systems we have in place to support those who need them.

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SUBMISSIONS RECEIVED

THE COMMITTEE RECEIVED SUBMISSIONS FROM

91 ORGANISATIONS/INDIVIDUALS

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1	Mr J Turner
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4	Anglican Retirement Villages, Mr J Longley
5	Ms M Prince, Mr B Thompson, Bossley Park
6	Lachlan Lodge Hostel, Mr A Vagg
7	Grey Power NSW, Ms M Jones
8	Ms P Tremlett
9	NSW Clustering Service, Ms G Lee
10	Community Health Services & Programmes, South Eastern Sydney Area Health Service, Dr J Ward, FRACP
11	Yeoval Multi Purpose Health Centre, Mr C Francis
12	Teloca House - Narrandera, Mr A Reichelt
13	Co.As.It., Italian Association of Assistance, Ms C Riccio
14	Georgian Villages, The Uniting Church in Australia, Mr Noel Andrews
15	Australian Nursing Homes and Extended Care Association Limited, Ms Sue Macri, Mr Warren Bennett
16	Sir Leslie Morshead War Veterans' Home, Mr John Lambie
17	Ms T Holland
18	Confidential Submission
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37	Ms B Gorman
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39	A Allan
40	Henry Kendall Village Pty Ltd, Mr P Wilde
41	Manning Valley Senior Citizens' Homes Ltd., D J Hawkins
42	Lutheran Aged Care, Ms S Joss
43	Agecare Group, Mr C Young
44	Matrix Guild NSW Inc., Ms M Hounslow
45	St Michael's Parish Nelson Bay, Ms C Norman, Ms E Maguire
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51	Ms D Lewis

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61	Manilla Shire Council, Mr J Hunt
62	Ms L McNabb-White
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64	Baptist Community Services - NSW & ACT, Ms J Heinrich
65	Ethnic Communities' Council of NSW Inc., Ms A Chan
66	Aged Services Association of NSW & ACT Inc., Ms I Freat
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68	Geriacton, Ms P Pallister
69	Country Women's Association of N.S.W., Mrs P Keill
70	Health Care Complaints Commission, Ms M Walton
71	Combined Pensioners and Superannuants Association of New South Wales Inc., Ms N McGuire
72	Confidential Submission
73	Confidential Submission
74	Confidential Submission
75	Confidential Submission
76	Confidential Submission

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80	Ms J Turner
81	Council of Social Service of New South Wales (NCOSS), Mr G Moore
82	NSW Aged Care Alliance, Mr G Moore
83	Confidential Submission
84	Confidential Submission
85	The Australian Podiatry Association (NSW), Ms K Robinson
86	Confidential Submission
87	Guardianship Board of NSW, Mr N O'Neill, President
88	New South Wales Nurses' Association, Ms S Moait, General Secretary
89	Ageing and Disability Department, Ms J Woodruff, Director General
90	The Aged-Care Rights Service Inc., Ms W Fisher, Solicitor
91	NSW Health, Health Services Policy Branch, Ms R Dewar

APPENDIX TWO

WITNESSES AT HEARINGS

THURSDAY, 6 FEBRUARY 1997 .

MONDAY, 21 APRIL 1997 .

MONDAY, 28 APRIL 1997 .

MONDAY, 5 MAY 1997 .

MONDAY, 12 MAY 1997 .

MONDAY, 8 SEPTEMBER 1997 .

WITNESSES AT HEARINGS

THURSDAY, 6 FEBRUARY 1997:

MR GARY MOORE	Council of Social Service of New South Wales (NCOSS)
MS CATHY MOORE	Council of Social Service of New South Wales (NCOSS)
MS NATASHA CHADWICK	National Association of Nursing Homes and Private Hospitals.

MONDAY, 21 APRIL 1997:

MS JOAN SIMMS	Alzheimer's Disease and Related Disorders Association of NSW Inc.
PROFESSOR HENRY BRODATY	Alzheimer's Disease and Related Disorders Association of NSW Inc.
MS EVELINE ILBERY	Alzheimer's Disease and Related Disorders Association of NSW Inc.
REVEREND HARRY HERBERT	Uniting Church in Australia - NSW Synod, Board for Social Responsibility
MR LES MACDONALD	Uniting Church in Australia - NSW Synod, Uniting Ministry with the Ageing
MS HEATHER JOHNSON	Council on the Ageing.

MONDAY, 28 APRIL 1997:

PROFESSOR JOHN BRAITHWAITE	Australian National University, Faculty of Law
MS ISOBEL FREAN	Aged Services Association of NSW and ACT
MR JOHN IRELAND	Aged Services Association of NSW and ACT.

MONDAY, 5 MAY 1997:

MR CONOR KING	Commonwealth Department of Health and Family Services, Accountability and Quality Assurance Branch
MR PAUL McMAHON	Commonwealth Department of Health and Family Services, NSW Office
MS SANDRA MOAIT	NSW Nurses' Association
MS SUE MACRI	Australian Nursing Homes and Extended Care Association
MR WARREN BENNETT	Australian Nursing Homes and Extended Care Association.

MONDAY, 12 MAY 1997:

MS PATRICIA BENSON	Combined Pensioners & Superannuants Association of NSW Inc.
MS CAROL BUNT	Combined Pensioners & Superannuants Association of NSW Inc.
MS LESLEY MAHER	Combined Pensioners & Superannuants Association of NSW Inc.
MS WENDY FISHER	The Accommodation Rights Service
MS ANN CLARK	The Spastic Centre
MS MARIKA KINTELLIS	The Spastic Centre
MS IRENE McMINN	Yuranna House, Pennant Hills Nursing Home
MR JOHN JACOBSEN	NSW Council for Intellectual Disabilities
DR ANDREW WILSON	NSW Health Department, Public Health Division
MR ROBERT LAGAIDA	NSW Health Department, Performance Management Division.

MONDAY, 8 SEPTEMBER 1997:

DR RICHARD ROSEWARNE	Monash University, Senior Research Fellow
REVEREND HARRY HERBERT	Uniting Church in Australia - NSW Synod, Board for Social Responsibility
MS CATHY MOORE	Council of Social Service of New South Wales (NCOSS)
MS WENDY FISHER	Aged Care Rights Service
MS JANE WOODRUFF	Ageing and Disability Department
MS GILLIAN MCFEE	Ageing and Disability Department.

APPENDIX THREE

COMMITTEE BRIEFINGS

NEW SOUTH WALES

SYDNEY - 12 DECEMBER 1997 .

INTERSTATE

MELBOURNE - 2 MAY 1997 .

COMMITTEE BRIEFINGS

PARLIAMENT HOUSE, SYDNEY

THURSDAY, 12 DECEMBER 1996:

Ms Jane Woodruff	Department of Ageing and Disability
Ms Gillian McPhee	Department of Ageing and Disability
Ms Betty Johnson	Older Women's Network Australia
Ms Mary Banfield	Australian Pensioners and Superannuants Federation
Ms Sarah Halton	Commonwealth Department of Health and Family Services, Aged and Community Care Division
Mr Paul McMahon	Commonwealth Department of Health and Family Services, NSW Office.

PARLIAMENT HOUSE, MELBOURNE

FRIDAY, 2 MAY 1997:

Ms Jill Clutterbuck	Australian Nursing Federation (Vic)
Ms Anne-Marie Scully	Australian Nursing Federation (Vic)
Ms Mary Lyttle	Residential Care Rights
Ms Sue Healy	Older Persons' Action Centre
Ms Edith Morgan	Older Person's Action Centre
Mr Alan Hall	Department of Human Services, Aged Care.

APPENDIX FOUR

VISITS OF INSPECTION

INTERSTATE

WUDINNA, SOUTH AUSTRALIA .

ELLISTON, SOUTH AUSTRALIA .

NEW SOUTH WALES

CESSNOCK .

WAVERLEY .

SUMMER HILL .

BARADINE, WARREN, TRANGIE, WALGETT .

VISITS OF INSPECTION

Thursday, 1 May 1997	Wudinna Multi Purpose Service (MPS), South Australia
Thursday, 1 May 1997	Elliston Multi Purpose Service (MPS), South Australia
Friday, 9 May 1997	Allandale Nursing Home, Cessnock
Friday, 23 May 1997	Illowra Hostel, Waverley
Friday, 23 May 1997	Edith Cavell Nursing Home, Summer Hill
Thursday, 24 July 1997	Macquarie Area Health Service including: <ul style="list-style-type: none">• Baradine Multi Purpose Service (MPS);• Calara House Hostel, Warren;• Kurrajong Court Hostel, Trangie; and• relevant health professionals, Walgett. <p>Committee Members were accompanied by Mr Ray Fairweather, Area Chief Executive Officer.</p>

APPENDIX FIVE

REPORT OF THE NEW SOUTH WALES

MINISTERIAL TASKFORCE ON

PSYCHOTROPIC MEDICATION USE

IN NURSING HOMES

RECOMMENDATIONS

MAY 1997

EDUCATION AND TRAINING RECOMMENDATIONS:

That the Best Practice Model for the Use of Psychotropic Drugs in Residential Aged Care Facilities developed by the Guidelines Working Party of this Taskforce be accepted by NSW Health and promoted and distributed to all aged care facilities, other relevant services and general practitioners.

That a Resource Package be developed and evaluated for use as an adjunct to the Best Practice Model. The model and the Resource Package would be available for all staff and persons responsible for residents in residential aged care facilities.

That both the Best Practice Model and this Resource Package be distributed to all general practitioners, other relevant services and nursing homes through the Royal College of General Practitioners, NSW College of Nursing and industry organisations. The Package could be prepared for release to the private sector at a recovery cost fee.

That NSW Health should bring to the attention of the current training provider for National Action Plan for Dementia Care the education and training needs of staff. The current providers are the Hammond Care Group (Western and Southern New South Wales) and Mr Bob Price (Northern New South Wales). Given the high turn over of staff in the industry, any education and training must be ongoing. The availability of training should be included in the Best Practice circular.

That NSW Health accept the guidelines in the Report for the Use of Restraint in Nursing Homes provided by the Restraint Working Party which oblige nursing homes to provide restraint free environments to their residents wherever possible.

That NSW Health promotes relevant recommendations of this Taskforce by writing to other Departments who have a monitoring role with regard to residential care, drawing their attention to the Best Practice Model for Use of Psychotropic Medication and the possibility of the application of the model to other residential care situations regardless of occupancy arrangements.

PATIENT REVIEW RECOMMENDATIONS:

This Taskforce supports the recommendations by the Australian Pharmaceutical Advisory Council that each nursing home should institute a Medication Advisory Committee (MAC) to "develop, promote, monitor and evaluate activities which foster the Quality Use of Medicines in Residential Aged Care Facilities" through existing QA programs prescribed by the Regulations. Although one focus of the MACs would be the development in each nursing home of general policies, procedures and practices concerning medication, it also recommended that MACs establish a mechanism for the review of resident medications in the context of overall treatment/care.

It is recommended that NSW Health writes to the Urban and Rural Coordinating Units for the New South Wales Divisions of General Practice suggesting they apply for Commonwealth project funding to facilitate the implementation of a general practice peer review process to review general practitioner prescribing patterns in nursing homes.

- Clinical Indicators could be used in the peer review process.
- NSW Health request RACGP (NSW) to initiate the development of the clinical indicators mentioned in the above point which could be included in the Resource Package.

RESOURCE RECOMMENDATIONS:

That NSW Health recommends to the Commonwealth that the accommodation and resource needs of different resident groups in nursing homes be identified and that the issues relating to staff numbers and skills mix be examined.

That NSW Health Senior Executive Forum considers the need for further development of Area Mental Health Services for Older People through:

- determining appropriate services, such as specialist management on-site and counselling for nursing home residents referred to them;
- identifying the support and education needs of staff;
- reviewing the need for psychogeriatric beds for acute assessment and management of nursing home and community patients requiring such services;
- review the need for appropriate alternative accommodation for those people whose behaviours are unmanageable in mainstream nursing homes.

That NSW Health (Director, Centre for Mental Health and Director, Centre for Clinical Policy and Practice) examine mechanisms for the promotion and implementation of non-pharmacological strategies.

That NSW Health recommends that the Commonwealth review the level of remuneration for general practitioners who have patients in nursing homes. This should reflect the amount of time required for collaborative, multidisciplinary team work for optimal care including involvement in medication review committees and the higher administrative requirement.

LEGISLATION RECOMMENDATIONS:

That NSW Health accepts the recommendation to amend the *Nursing Homes Regulation* to:

- require Directors of Nursing to advise the Director-General of NSW Health within seven days of the failure of a medical practitioner to comply with the requirements of cls 44 and 45 of the *Nursing Home Regulation*;
- require medical practitioners to write reasons for prescribing medications in the nursing home clinical records;
- vary the requirements of cl 45 from requiring that all medications be reviewed every three months to no later than every three months, depending upon the duration of the treatment and the purpose for which the drug is being used;
- cross reference the provisions of the *Poisons and Therapeutic Goods Act* concerning the emergency ordering of medications by medical practitioners and dentists;
- amend cl 17(2) to provide for the adoption of guidelines concerning the use of restraint and of psychotropic medications;
- include a provision that the licensee must ensure compliance with all written policies and guidelines required to be in place by the regulation. Without such a requirement little value is achieved in having written policies or guidelines.

RESEARCH RECOMMENDATIONS:

That New South Wales recommends that the Commonwealth consider the provision of funding for research into the comparative costs and outcomes for caring for people in nursing homes, acute hospitals and acute psychogeriatric services to better understand the resource requirements of caring for older people requiring psychotropic and/or associated non-pharmacological therapy. This would include the impact of increasing complexity of illness and functional dependency of residents in nursing homes on clinical practice, resourcing and resident outcomes.

That a wider trial of the consultant pharmacist and nurse education as an intervention be undertaken to examine its broader applicability.

OTHER RECOMMENDATIONS:

That, as many recommendations impact on the Commonwealth's role in funding of aged care, a copy of this Report should be forwarded to the Commonwealth for their consideration and action.

INTEGRATED BEST PRACTICE MODEL

FOR MEDICATION MANAGEMENT IN

RESIDENTIAL AGED CARE FACILITIES

AUSTRALIAN PHARMACEUTICAL ADVISORY COUNCIL

FEBRUARY 1997

MEDICATION ADVISORY COMMITTEES

Each residential aged care facility should establish, or have direct access to and utilise the services of, a Medication Advisory Committee to facilitate the quality use of medicines.

MEDICATION CHARTS

- a) All residents in residential aged care facilities, including respite as well as longer-term residents, should have a chart for recording administered drugs. Residents who self-medicate should receive a pharmacy-provided list of their medications, which must be updated whenever there is a change to the medication regimen. This could be in the form of a medication record chart.
- b) The medication chart for use in the residential aged care facility should comply with the following requirements:
 - the design must be adequate to enable certification of administration of the medication
 - provision of a mechanism to indicate that review of medication has occurred by both prescriber and pharmacist
 - provision of sections for PRN medications and once only doses
 - provision of a section for nurse-initiated medication
 - documentation of known adverse drug reactions
 - provision of a mechanism to record telephone orders
 - be rewritten by the prescriber at least every three months
 - any other issues necessary to comply with relevant Commonwealth and State/Territory legislation.

MEDICATION REVIEW

A formal medication review should be undertaken in cooperation between the prescriber and an accredited pharmacist at least every six weeks. Confirmation that the review has occurred should be made on the medication chart.

ADMINISTRATION OF MEDICINE

1. A resident may choose to administer his or her own medication where it has been assessed by the medical practitioner that medication administration can safely be carried out by that individual.
2. For residents who are not self-administering, medication administration should be undertaken by a registered nurse. If a registered nurse is not available, it is recommended that the facility provide medications in dose administration aids. In all cases, medication should only be administered by adequately trained or qualified staff.
3. Standing Orders for the administration of a new medication in response to a resident's changed clinical state should not be used in residential aged care facilities.
4. The administration of nurse-initiated medication in residential aged care facilities should be:
 - with the prior agreement of the medical practitioner
 - from a defined list of drugs selected by and in accordance with protocols developed by the Medication Advisory Committee
 - reviewed at least six monthly
 - in line with State and Commonwealth legislation and guidelines.

**CHARTER OF RESIDENTS' RIGHTS
AND RESPONSIBILITIES**

THE RESIDENTIAL CARE MANUAL

DEPARTMENT OF HEALTH AND FAMILY SERVICES

12 SEPTEMBER 1997

CHARTER OF RESIDENTS' RIGHTS AND RESPONSIBILITIES

A. Each Resident of a residential care services has the right:

- to full and effective use of his or her personal, civil, legal and consumer rights
- to quality care which is appropriate to his or her needs
- to full information about his or her own state of health and about available treatments
- to be treated with dignity and respect, and to live without exploitation, abuse or neglect
- to live without discrimination or victimisation, and without being obliged to feel grateful to those providing his or her care and accommodation
- to personal privacy
- to live in a safe, secure and homelike environment, and to move freely both within and outside the residential care service without undue restriction
- to be treated and accepted as an individual, and to have his or her individual preferences taken into account and treated with respect
- to continue his or her cultural and religious practices and to retain the language of his or her choice, without discrimination
- to select and maintain social and personal relationships with any other person without fear, criticism or restriction
- to freedom of speech
- to maintain his or her personal independence, which includes a recognition of personal responsibility for his or her own actions and choices, even though some actions may involve an element of risk which the resident has the right to accept, and that should then not be used to prevent or restrict those actions

- to maintain control over, and to continue making decisions about the personal aspects of his or her daily life, his or her financial affairs and possessions
- to be involved in the activities, associations and friendships of his or her choice, both within and outside the residential care service
- to have access to services and activities which are available generally in the community
- to be consulted on, and to choose to have input into, decisions about the living arrangements of the residential care service
- to have access to information about his or her rights, care, accommodation, and any other information which relates to him or her personally
- to complain and to take action to resolve disputes
- to have access to advocates and other avenues of redress
- to be free of reprisal, or a well-founded fear of reprisal, in any form for taking action to enforce his or her rights.

B. Each Resident of a residential care service has the responsibility:

- to respect the rights and needs to other people within the residential care service, and to respect the needs of the residential care service community as a whole
- to respect the rights of staff and the proprietor to work in an environment which is free from harassment
- to care for his or her own health and well-being, as far as he or she is capable
- to inform his or her medical practitioner, as far as he or she is able, about his or her relevant medical history and his or her current state of health.