
Australia

Highlights from

A Good Life in Old Age? Monitoring and Improving Quality in Long-Term Care, OECD Publishing, 2013.

- Australia expenditure on long-term care as a share of GDP is relatively small (0.04%) due to exclusion of all expenditure for residential aged care facilities in welfare (social) services. This figure is expected to at double, and could even triple, by 2050, in line with projections for most other OECD countries.
- Australia has 45 LTC workers in institutions per 1000 people aged 65 years old and over; and 25 LTC workers in home care settings (2007). Personal care workers made up 75% of the total LTC workforce in 2007 (OECD Health Data 2012). This is above the OECD average of 61%. The demand for LTC workers as a share of the working population is set to increase by 140% by 2050.
- While Australia has national educational requirements linked with vocational training for LTC workers and managers and training duration of care workers in Australia is longer than many other OECD countries (e.g. 430 hours for ancillary care worker), there is an urgent need to raise skills of long-term care workers, especially for care workers at home, to ensure high standards of quality of care. This should be supported by the action plans to strengthen the aged care workforce, as part of Australian Government's April 2012's aged care reform package.
- Australia is one among few other OECD countries that requires all nursing homes as well as home care providers to be formally accredited, like Japan (where however this requirement does not extend to home care providers). This is also a condition in order to receive public funding. The accreditation process involves a prior internal evaluation on specific performance items. The standards set for accreditation cover not only structural inputs but also quality of life and dignity of older people, similarly to the Netherlands and the United States.
- Although Australia has a comprehensive accreditation and auditing process which also incorporates the collection of data in various areas (e.g. structural and safety), the government has recently announced a plan to develop and report quality indicators along with ratings for residential care and for home care services in the *My Aged Care* website. This is similar to what is done in the United States, where the web-based Nursing Home Compare provides LTC recipients and their families with information to compare across care provider. On the other hand, a similar rating system has been discontinued in England in 2010 because a new registration system was introduced.
- The Australian government provides accountability reports providing a comprehensive national overview of service standards and quality in (nursing homes and community care settings). Similar accountability reports have been used in Germany and Ireland.
- Avoidable hospital admissions for people aged over 80 years provide a picture of how well primary care and LTC services manage chronic conditions. There were 2 014 cases of COPD (chronic obstructive pulmonary disease) hospital admissions per 100 000 population aged 80 and over in 2009 in Australia, the second highest in the OECD countries. Conversely, there were only 9.1 cases of uncontrolled diabetes hospital admissions per 100 000 population aged 80 and over, the lowest of the OECD countries (OECD Health Data 2011).

Australia

- Australia provides good services to help identify cases of elderly abuse. The Aged Care Complaints Investigation Scheme (CIS) is a free service that enables people to submit open, anonymous or confidential complaints about the quality of care and/or the services being provided in residential or community care setting. This is similar to what other countries such as the United States set up. On the other hand, Australia could learn from the experience of Ireland that has established specific training of care workers to prevent, identify and respond to cases of abuse.

Key facts

- In 2012, 14% of the Australian population was aged 65 or over (OECD average 15% in 2010) and 3.8% of the population was aged 80 or over (OECD average 4% in 2010). By 2050, 22% of the Australian population is projected to be aged 65 or over and about 8% of the population to be aged 80 or over (OECD Historical Population Data and Projections Database, 2013).
- LTC spending on long-term care in hospitals in Australia was 0.04% of GDP in 2010, due to exclusion of all expenditure for residential aged care facilities in welfare (social) services. (OECD Health Data, 2012). The rate of growth in public expenditure on long-term care from 2000 to 2010 was 6% in real term, similar to the case of Norway, Japan and Portugal.
- In 2010, about 7.3% of the population over the age of 65 received long-term care in institutions (4% OECD average) while 7.4% of the population over the age of 65 received care at home care at home (OECD average 7.9%). The rate of home care users increased by 10 percent between 2008 and 2010 (OECD Health Data 2012).

Background

Australia is a federation comprised of six states and two territories. The federal government has primary responsibility in financing and designing LTC for people aged 65 or over, while the states and territories are responsible for planning and service delivery oversight. Australia's LTC system is governed by the *Aged Care Act* of 1997 (the Act). The Act and the *Quality of Care Principles* (1997) set out the quality assurance framework for the provision of care and the approval of service providers. Government supports these services through a number of programmes, subject to different regulatory arrangements, a result of the evolution of different levels of government in the provision of health services, welfare services and income support (Government of Australia, 2012a).

The Australian Productivity Commission, the Australian Government's independent research and advisory body was requested by the Government of Australia to develop options for redesigning the country's aged care system. The Commission's report, published in June 2011, recommends developing a new quality assurance framework and quality indicators with greater focus on outcomes than on minimum standards. The government's aged care reform package provides a plan to develop and report in the *My Aged Care* website national aged-care quality indicators (QIs) and a rating system based on QIs for residential care from mid- 2014 and national aged-care QIs for home care services from mid-2016 (Government of Australia, 2012a,b).

Accreditation and auditing

The Australian Aged Care Quality Agency manages accreditation. According to Aged Care Act of 1997, all services, with the exception of the 11 multipurpose services, are required to be accredited. This arrangement is intended to verify that nursing homes provide quality care services for residents. In order to receive Australian

Australia

Government subsidies, providers of residential, community and flexible LTC services are required to seek approved provider status. The Australian government further monitors the delivery of quality care through the Charter of Rights and Responsibilities of Community Care, established under the User Rights Principles 1997.

Residential care. The Aged Care Standards and Accreditation Agency is responsible for managing the accreditation process and for the ongoing monitoring of residential care services. The Agency assesses the performance of residential aged-care homes against a set of legislated standards into four main areas, which consists of a total of 44 expected outcomes related to management systems, health and personal care, resident lifestyle, and physical environment and safe systems. The requirements proposed do not override the building and fire safety regulations within each state and territory, which sets the minimum community standard for safety, health and amenity of buildings, through the Building Code of Australia. Facilities found to be non-compliant are given a period to improve standards (Australian Government, 2011).

Home care services: the Quality of Care Principles 1997 establishes the community care standards. Performance against these standards is monitored through the Community Care Quality Reporting Programme. In order to integrate and standardise accreditation for community care services (up until recently, the quality of services varied across jurisdictions), a set of common community care standards have been implemented by most jurisdictions from 2011. There are 18 indicators and associated expected outcomes covering effectiveness management, appropriate access and service delivery; and service user rights and responsibilities. Australia requires that all community care providers undergo a quality review every three years.

Auditing

A self-assessment tool in Australia is used by an aged care provider to assess their own performance against the residential and/or community care standards. This information may be used by the assessment body to guide further assessment processes. The tool is not used by LTC users and their families. The Australian Charters' of Rights and Responsibility for residential and community care provide information for LTC users and their families to understand what to expect from care services.

Financial incentives are provided through the Aged Care Standards and Accreditation Agency which runs annual Better Practice Awards for best projects, initiatives or programmes that act as exemplars for other aged care homes to assist and encourage improvement to care and services for residents.

Qualification and certification of workforce

According to data from the Netherlands, Australia, and the United States, between 17% and 60% of care workers lack the relevant qualifications, especially in home settings (Colombo et al., 2011). Australia has national training curriculums for LTC workers. Training contents and duration differ for different job categories. For example, Ancillary Worker is required to complete 430 hours or five weeks in practical and theoretical training and Residential Aged Care Worker are required to complete 555 hours/8 to 16 weeks of practical and theoretical courses. The Government is putting emphasis on the development of skills in LTC, for example by providing financial incentives to aged care workers undertaking training.

Needs assessment, care planning

The Aged Care Assessment Program (ACAP) is responsible for conducting a holistic assessment of the patients' care needs, so as to assist them in choosing the most appropriate services to meet their needs. It takes into account the physical, medical, psychiatric and social needs of frail older people, including their rehabilitation potential. The assessment of the level of care dependency is conducted using an eight-level Residential Classification Scale (RCS). The ACAP is jointly funded by the Australian Government and the states and territories. In 2007, there

Australia

were 130 regionally-based, multi-disciplinary Aged Care Assessment Teams (ACATs) and their sub-ACATs across Australia.

Assessment and approval by an ACAT is mandatory for admission to residential and respite care, as well as to receive assistance from Community Aged Care Packages (CACPs) or a range of flexible care options (e.g., the Extended Aged Care in the Home (EACH) packages, Extended Aged Care in the Home Dementia (EACH Dementia) packages and Transition Care). ACATs also refer people to community services. ACATs operations and composition may vary across States and Territories, as is set out by the Commonwealth Guidelines (National Data Repository Annual Report, 2009).

The subsidy that federal governments give to LTC workers is based on the overall individual needs of the elderly clients receiving institutional or home care. For this purpose, the so-called Aged Care Funding Instrument is used, which has components measuring activities of daily living, behaviour and complex health care needs.

Complaints processes and tools to protect elder abuse

The Aged Care Act and the Charter of Residents Rights and Responsibilities state that people living in aged care homes have the right to be treated with dignity and respect, and to live without exploitation, abuse or neglect. To protect against abuses, Australia has a compulsory reporting of assaults in residential aged care facilities, legislated resident rights to make complaints, and an Aged Care Complaints Scheme. The Aged Care Complaints Investigation Scheme (CIS) is a free service that enables people to submit open, anonymous or confidential complaints about the quality of care and/or the services being provided in residential or community care setting. The CIS has the authority to conduct investigations and issue Notices of Required Action where an Approved Provider of aged care is found not to follow its responsibilities under the Act. An Office of the Aged Care Commissioner (OACC) has been established independently of the Department of Health, which reviews decisions and examines complaints about CIS processes (Australian Government, 2011).

Quality indicators, public reporting and grading

Information related to long-term care is available through the website of the Aged Care Standards and Accreditation Agency and reports are accessible at each facility (Department of Health and Ageing, 2011). Although Australia has a comprehensive accreditation and auditing process which also incorporates the collection of data in various areas (e.g. structural and safety), the government has only recently announced a plan to develop and report quality indicators along with ratings for residential care and for home care services in the *My Aged Care* website (Government of Australia, 2012a). The Federal Department of Health and Ageing will operate the website, along with a call centre for those who cannot access the internet. It aims to give older Australians greater control, informed choice and confidence in the quality of aged care services.

A recent report *Dementia in Australia* provides a comprehensive national overview drawing from a wide range of administrative and clinical databases, periodic national surveys, research and targeted longitudinal studies, and ad hoc surveys. Among others, the report considers various data sources and discusses implications for assessing the quality of services and the quality of life of people with dementia.

Integration and co-ordination policies

Lack of continuum of care and care coordination at the interface between the aged care and health sectors and between residential and community care pose great risks to wellbeing of frail older people in need of care. Similar to other OECD countries, care services in Australia are provided under different programmes, with diverse cost structures and eligibility requirements and limited portability of information. The Government has responded to the challenge by providing 80.2 million AUD over five years to enable better links between aged care and the

Australia

health system, in areas such as: palliative care and advance care planning advisory services for aged care providers and GPs; the expansion of the existing Program of Experience in the Palliative Approach (PEPA); and projects with a focus on prevention of hospitalisation for older Australians (Government of Australia, 2012).

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