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IN THIS ISSUE

- ▶ Innovation in Australia a stand-out
- ▶ What should an additional services program look like?
- ▶ Why regional communities need more resources for aged care
- ▶ New training opportunities to boost capacity in your workforce
- ▶ Prepare for the new Aged Care Act
- ▶ Multi-million dollar retirement living development for central Queensland

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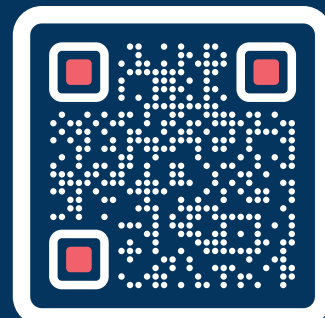
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EDITOR'S NOTE

Welcome to our winter 2024 issue of *Aged Care Today* – the official magazine of the Aged & Community Care Providers Association (ACCPA).

With the federal budget handed down in May, the industry has had time to gather its thoughts, with the health and aged care interface attracting attention.

While workforce remains a challenge, there are many training offerings available to improve capability and enhance retention strategies.

With the new Aged Care Act on the horizon, there's a lot providers can do to get prepared and on the finance front, there are savings to be made.

Technology never ceases to advance and it's up to providers to transform their operations and stay ahead.

We're proud to feature a new development by ACCPA member Benevolent Living in Rockhampton – showcasing what's possible in regional areas.

Our You Are ACE! Contribution comes from Melbourne's Brotherhood of St Laurance as they support older men at risk of homelessness and we look forward to the You Are ACE! winners being announced this Aged Care Employee Day 2024.

Thanks to our fabulous contributors for providing engaging, relevant and insightful content for the aged care services industry.

Linda Baracioli, Editor

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Cover shot:

Eighty-eight year-old Sue Yui Chan is a resident at the Australia Nursing Home Foundation's Huang Ying Jung Nursing Home in Sydney, which has been internationally recognised for its boxing program. (See story on page 65.)

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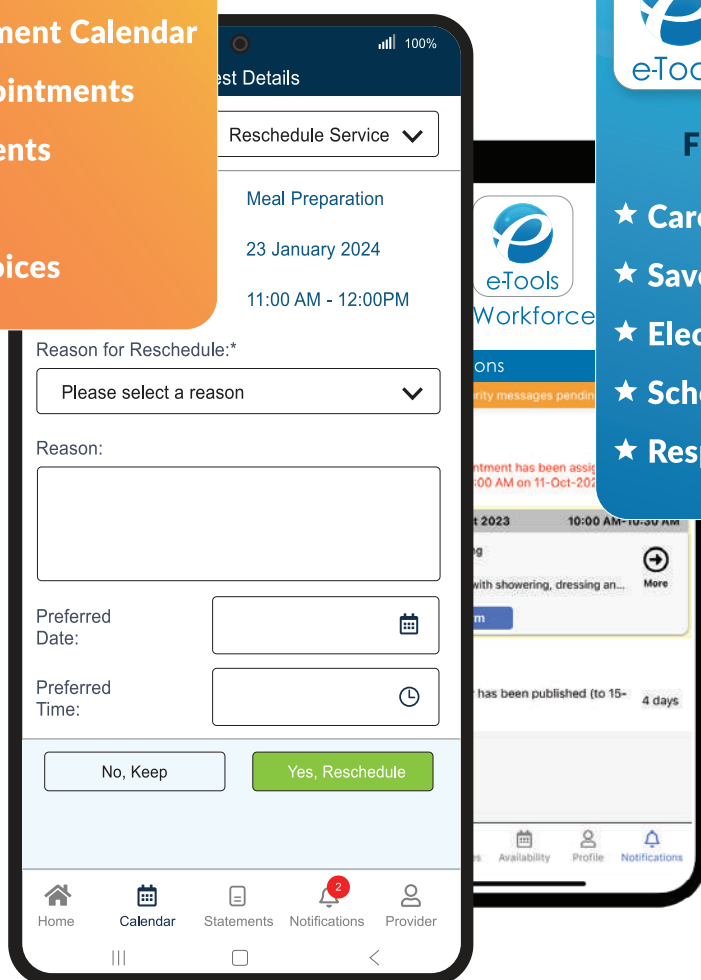
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It's time to amplify our collective voice

Celebrating the achievements of our dedicated team



With winter now upon us, the first half of 2024 has been exceptionally busy for sector leaders as they absorbed further change.

While the introduction of the new Aged Care Act has been delayed, further details and discussions around its practical implementation will be the dominant discourse.

Australia's rapidly ageing population poses both challenges and opportunities. Remaining united and speaking with one voice to reinforce our collective strength and commitment is crucial.

Our dedicated policy and advocacy and member support teams have worked diligently assisting members while bringing our concerns to the forefront of government policy and planning.

ACCPA has provided invaluable analysis of the impacts and implications of the 2024-25 Federal Budget and the release of the Aged Care Taskforce Report.

Special thanks to the whole team for their excellent work preparing ACCPA's pre-Budget submission for the new Aged Care Act. The quick and comprehensive analysis of the 2024-25 Budget has given our members the information they need to know.

The federal budget members' webinar proved very popular providing insights into key announcements for aged care with members keenly asking questions.

The federal budget also indicated that the introduction of the new Aged Care Act would be delayed from 1 July 2024 until 1 July 2025 – a decision broadly welcomed by our members who appreciate more detail and time to respond.

In the areas of workforce recognition, attraction, retention and professional development, ACCPA has been campaigning strongly while providing support.

We have several key education and recognition campaigns which are highlighting the many dedicated aged and community care workers throughout Australia.

In July, You are ACE! recognition campaign nominations close with finalists collated and the winners announced on 7 August in conjunction with Aged Care Employee Day. On the same day, the ACCPA Excellence Awards winners will be announced.

I encourage all members to take part in the celebrations for this year's Aged Care Employee Day.

Another key area of activity has been ACCPA's state conferences held in Tasmania, South Australia, Queensland, Western Australia, Victoria and New South Wales from March through to June. We've had over 2,000 registrations across these events.

Pleasingly, each conference has seen an increase in registrations from last year.

It's wonderful to see sector leaders gathering in an environment where they can support and learn from each other.

In May, I announced the re-appointment of two ACCPA Board directors effective from 19 November for three-year terms.



The ACCPA state conferences gave aged care providers a fantastic opportunity to network and gain valuable insights into the industry. (Image from the ACCPA NSW/ACT Conference in June 2024.)

Join ACCPA - Australia's national industry association for aged care providers.

We exist to unite aged care providers under a shared vision to enhance the wellbeing of older Australians, and support our members to provide high quality care and services.

Get in touch with our membership team to find out more.

 **1300 222 721**
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ACCPA
Aged & Community Care Providers Association

Dr Linda Mellors (Multi State Director) and Sue Peden AM (Independent Director) were reappointed. Both have been directors of ACCPA since its establishment in May 2022.

Dr Mellors is the CEO of Regis Aged Care, one of Australia's largest providers of aged care services. She has drawn on her extensive executive experience in health and aged care to make a significant contribution to the ACCPA Board.

With three Independent Director positions on the Board appointed for their specific skills, attributes and experience, Ms Peden brings a unique marketing and corporate branding skill set, drawing external optics to front of mind.

I personally look forward to continuing working with both directors in the lead up to my retirement as ACCPA Chairman immediately following the 2024 AGM, and I know the new Chairperson will benefit from their skills and expertise.

As we navigate ongoing uncertainty and impending legislative changes, the importance of a single unified voice is essential.

Let's amplify our collective voice to support our sector through these challenges.

**Dr Graeme Blackman AO FTSE FAICD, Chairman,
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A vision for aged care in Australia

Innovation is important, but action is vital



In May I had the pleasure of attending the World Ageing Festival in Singapore, where Australian providers showed they are truly leading the way in innovation in aged care.

Hosted by Ageing Asia, this global ageing event gathered more than 5,000 participants, 100 notable speakers and 100 diverse exhibitors. It united representatives from 50 countries to explore the latest innovations and industry showcases.

I was proud to be on the judging panel for the 12th Annual Eldercare Innovation Awards, where Australian aged care providers featured prominently. Well done!

Among them, Ryman Healthcare Australia won four awards including Operator of the Year for 'Ageing-in-Place' and 'Assisted Living', while Bolton Clarke was awarded the Operator of the Year title for 'Active Ageing' and Innovation of the Year for 'Employee Wellbeing'.

I was also honoured and humbled to be one of 10 recipients of the Global Ageing Influencer Award.

Ahead of the awards I was asked to reflect on my vision for aged care in Australia, so I will share it here.

My vision is to enhance the wellbeing of older Australians through a high performing, trusted and sustainable aged care sector. This is a vision shared by providers across the continuum of aged care in Australia.

Australia's population is ageing, and our aged care sector must grow and adapt to meet that challenge.

To achieve this, we must keep people at the heart of aged care. We need to give older Australians more choice and control, enabling people to live at home safely, for as long as they can.

With this shared vision in focus, we can build a caring, vibrant and thriving system that supports all Australians as they age.



ACCPA CEO Tom Symondson was honoured to receive a Global Ageing Influencer Award, presented by Dr The Honourable Lam Ching-choi, SBS, JP, Member of the Executive Council, Hong Kong Special Administrative Region, The People's Republic of China, CEO, Haven of Hope Christian Service, Hong Kong SAR China.

Many of the keys that will help us unlock this vision can be found in the final report of the Aged Care Taskforce.

The report offers the blueprint for change, but it will need the support of all sides of politics, all aged care providers and the public.

By now, every corner of parliament must be aware of the immense challenges facing aged care in this country.

Our providers have proven themselves to be resilient, innovative leaders – but innovation isn't enough on its own. We need action.

We're calling on all sides of politics to do what they can to support the sustainability of the aged care system to ensure viability both now and into the future – because aged care will affect every Australian, at some point in their lives.

Australia needs to urgently modernise its aged care funding model.

This is critical given Australia's population is projected to significantly age over the next two decades.

At the same time older Australians are calling for, and deserve, more choice and higher levels of care.

The unavoidable truth is aged care needs far greater investment to deliver the services the Royal Commission challenged us to provide and to meet community expectations.

The Taskforce gathered economists, leaders in finance, unions, industry leaders and aged care experts. I was proud to be part of this important group.

Together, we came up with solutions to our industry's challenges – and we now eagerly await the government's response so that, collectively, we can act on them.

Tom Symondson
Chief Executive Officer
Aged & Community Care Providers Association

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A budget to give dignity to older Australians

How the Albanese Government is continuing its support for the aged care sector



Older Australians have worked hard their whole lives, they've paid their taxes, contributed to their communities and deserve dignity in their senior years.

That's why the Albanese Labor Government has worked hard to improve the quality of life for older Australians.

We're setting the aged care system on a strong and sustainable path that puts the rights, dignity and quality of life of older people at the centre of service delivery.

We know older Australians prefer to stay at home longer.

That's why in the recent federal budget, the government announced \$2.2 billion in funding in service of three goals: strengthening the links between aged care and the rest of the health system; reducing the wait time for older people seeking Home Care Packages; and preparing for the next significant phase of reforms by ensuring the people and agencies who will deliver them have the resources they need.

This is in addition to the over 30 per cent increase in overall investment in aged care since the October 2022-2023 budget.

When we came into office the aged care system was in disarray.

Ten years of cuts and neglect coupled with ever-increasing demand had created a legacy of diminished capacity, diminished living conditions and diminished quality of life for care recipients.

This was not a system fitting for Australia and that is why the Prime Minister made restoring dignity to aged care a key election commitment.

We have worked hard over the past few years to improve the quality of life for older people in our aged care system.

Aged care residents now receive an additional 3.6 million minutes of direct care every single day, an average of 20 minutes per person.

Across the sector registered nurses are now onsite almost 99 per cent of the time.



Minister Butler says supporting a strong and sustainable aged care sector is a priority for the Albanese Government.

We have put nurses back into aged care homes, given residents more time with their carers, an \$11.3 billion investment to deliver the largest one-off increase to aged care workers, and improved transparency and accountability through initiatives like Star Ratings and Dollars to Care.

Even with this investment, there is only so much that we can do within the constraints of the existing legislation.

That is why this budget includes measures to position the system for the next big item on our reform agenda: the rights-based Aged Care Act.

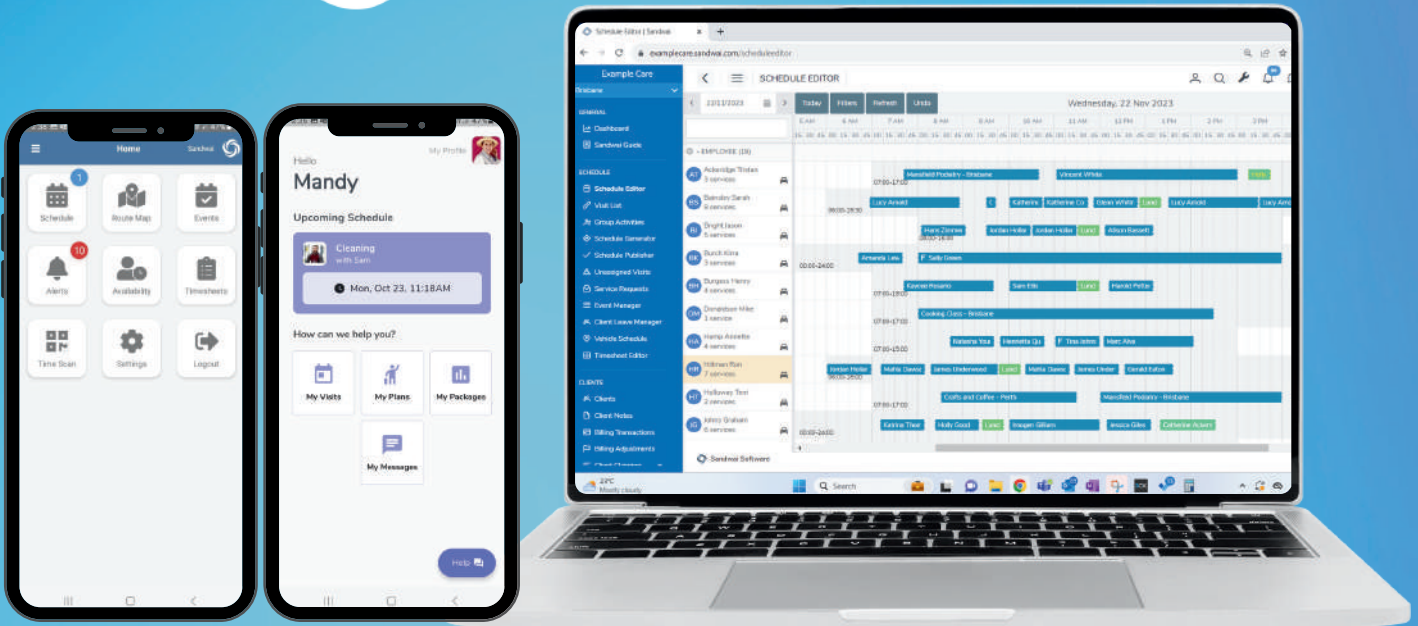
The new Act is a once-in-a-generation reform that will put older people at the centre of the aged care system and ensure those who access government-funded aged care services are treated with respect and have the quality of life they deserve.

It will also support the government's response to the Aged Care Taskforce.



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Consultation is continuing on the details of the Act and the Taskforce response.

Improving the lives of older people means approaching things from a variety of angles.

That's why we are enhancing the capability of the Aged Care Quality and Safety Commission to safeguard the welfare and rights of older Australians.

We are also investing in programs to attract and retain a dedicated workforce, and maintaining and upgrading technology systems and infrastructure.

Following the pandemic, we have been experiencing unprecedented pressure on our hospital systems, which is why we are expanding the options for older Australians to receive care in the community and aged care homes.

We are further integrating residential aged care with public hospitals, general practice, community pharmacies and other primary care environments to support older people with their health needs.

As part of the Strengthening Medicare package, older people will get the healthcare and support they need more comfortably by using hospital outreach services and virtual care services to avoid unnecessary hospital admissions and receive clinical care in the comfort of residential aged care, or in short-term care when recovering from a hospital stay.

This package brings the needs of older Australians to the forefront.

We're funding higher level dementia care needs for patients who are not able to be cared for in a standard aged care home; readying the health system for new diagnostic and treatment advances; funding states and territories to upskill their residential aged care workforces; and funding residential aged care homes to have a pharmacist on site to provide advice and medication reviews.

Our investments in the 2024–25 budget reinforce the foundations and connections that underpin quality aged care, with more Home Care Packages, more workforce support, a regulator with enhanced capabilities, and stronger links between aged care and the rest of the health system.

We are continuing to reform the aged care sector because we know older people deserve better. Sometimes that means implementing grand and sweeping changes to fundamentally change how things are done, and sometimes that means doing the groundwork to ensure agencies, providers and governments are ready to take the next step.

The measures in the budget are all about improving the lives of older Australians and laying the groundwork for the next steps as we work to create the world class aged care system that they deserve.

The Hon Mark Butler MP
Minister for Health and Aged Care



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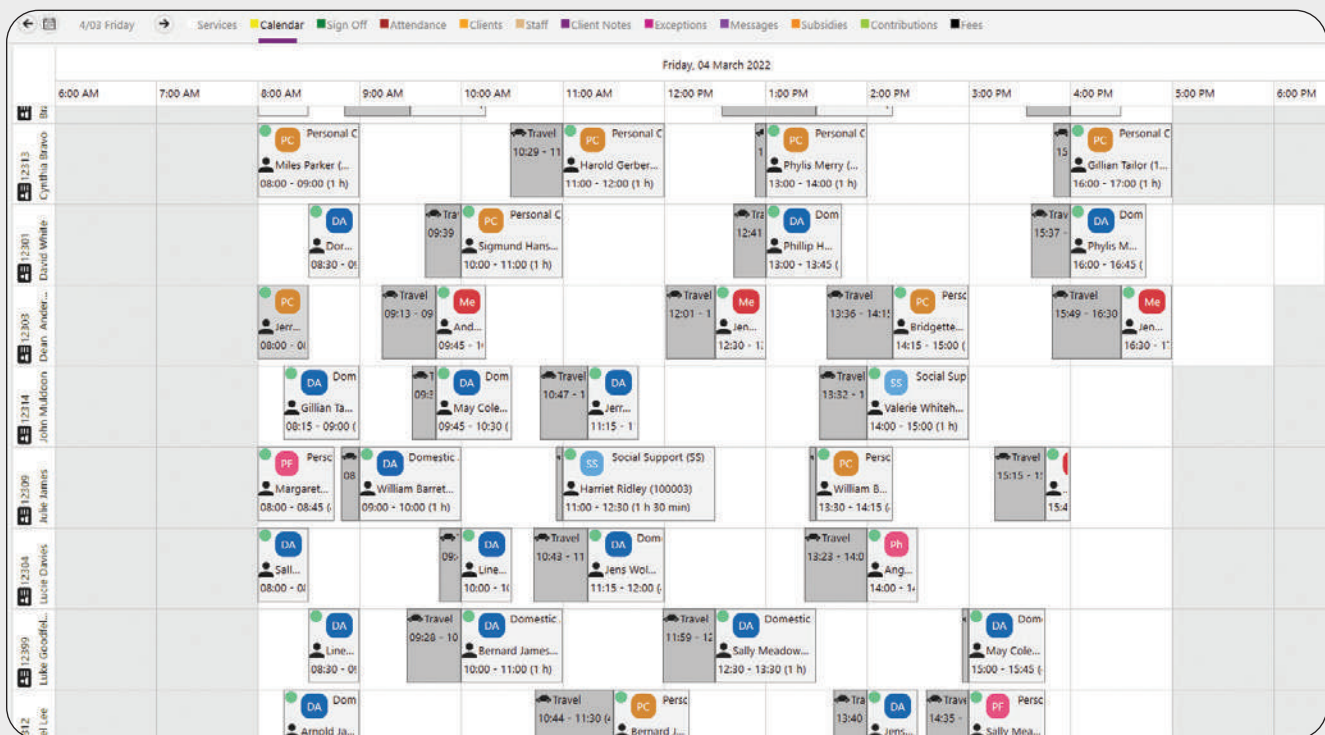
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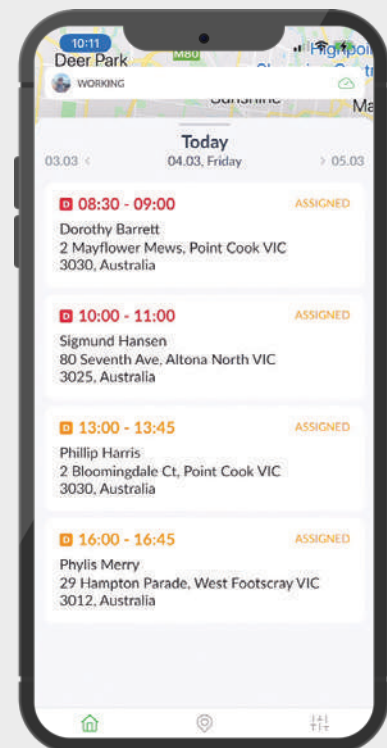
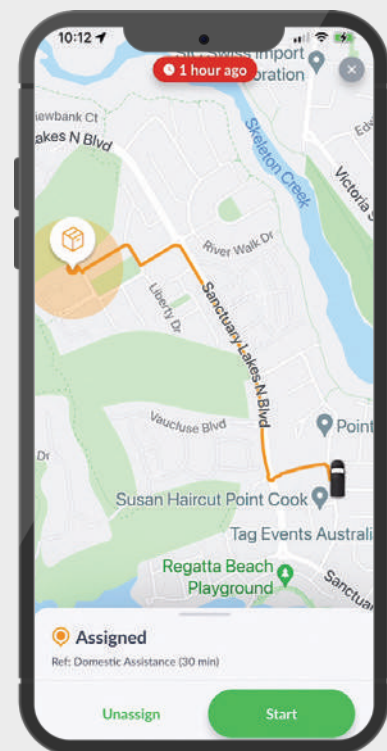
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Aged care leaders talk federal budget

What does the sector think?

With another federal budget under our collective belt and a month to think it over, *Aged Care Today* asked industry leaders and stakeholders if the government hit the mark, or didn't go far enough.

The reviews are a mixed bag, with many calling for more.

It's clear there are additional areas of need yet to be funded, as Australia forges a new and improved aged care system – but we're moving in the right direction.

The Aged & Community Care Providers Association (ACCPA) looks forward to continuing to work with the government and industry as we advance our advocacy for providers and users of aged care services.



"We need to see this critical reform, which is fully supported by the sector, introduced as soon as possible, to give providers and older people confidence. We need to see the government's response and we need all sides of politics to get behind these reforms. Only bi-partisan support can ensure that they stand the test of time. The number one priority for aged care providers is improving the lives of older Australians. They need and deserve higher levels of care and support, and we want to be able to provide it to them."

Tom Symondson, CEO, ACCPA

"The budget did not include any funding initiatives to improve the financial sustainability of the sector. This exclusion appears to confirm the government's commitment to fully or partially implement the Aged Care Taskforce recommendations to increase the funding envelope, and in particular through increased consumer contributions for everyday living and accommodation services."

Grant Corderoy, Senior Partner, StewartBrown



"It was reassuring to see the government's commitment to fund Stage 3 of the Work Value Case. I'm looking forward to more discussions with the Department of Health and Aged Care about implementation of the additional funding, and to the Fair Work Commission handing down its final decision on award wage rates and classification structures."

Claire Bailey, Head of Workplace Relations, ACCPA



"We called for 80,000 new home care packages in our pre-budget submission to clear the national queue, meet expected demand over 2024-25, and flex up for the Support at Home Program. However, we only saw 24,100 packages announced and not enough funding for the Commonwealth Home Support Programme. We know that demand for home and community care is going to continue to increase. So, clearly, there's more work to be done here and we need to see increased packages and funding over the coming year."

Roald Versteeg, General Manager Policy & Advocacy, ACCPA



"If we do not properly fund aged care innovation, we are risking the quality of care we can provide to older Australians, particularly in regional, rural and remote communities. This problem cannot be kicked down the road, the government must address the funding shortfalls which are threatening the sustainability of the sector."

Sue Thomson, CEO, McLean Care

“The only commitment in the budget for the regions was \$7.8 million over two years to transition to the AN-ACC funding model. With 21 per cent of residential aged care and 25 per cent of homecare in rural, remote or very remote areas (MM4-7) and more than 600,000 people moving to the regions since COVID-19, it’s crucial we continue to fund and support these areas. The current Modified Monash Model for funding in aged care is obsolete. This budget was an opportunity for the government to look after our regions by changing the funding mechanism for regional and remote communities. Our regions need more strategic support, such as tax incentives to attract workers and investment incentives to promote renewal and expansion.”

Chris Mamarelis, CEO, Whiddon



“Occupational Therapy Australia is disappointed that none of the \$2.2 billion to implement recommendations from the Royal Commission into Aged Care Quality and Safety has been allocated to the improvement of allied health services in aged care, a key recommendation of the Royal Commission. The government must step up its efforts to ensure that all residential aged care residents receive access to allied health including occupational therapy.”

Sam Hunter, CEO, Occupational Therapy Australia



“We need sustained funding to safeguard quality end-of-life experiences for all Australians amid the challenges of an ageing population. There is a critical need for continued investment in palliative care to help people die with dignity and choice. Ensuring compassionate end-of-life care should be a priority, not an option.”

Professor Kelly Rogerson, Chair, Palliative Care Victoria



“It is essential that we continue to invest in programs and models of care that can support people in the long term. This includes crucial infrastructure planning, assistive technology to support people to live in their home safely and independently, wellness and re-ablement programs to improve health outcomes, as well as dementia and palliative care programs. While the budget measures provide initial investment, we urge the government to work closely with the sector to implement the Aged Care Taskforce recommendations in a considered and sequenced way, to create a system that can support all Australians in the future.”

Sandra Hills OAM, CEO, Benetas



“We welcome the continuing progress made by the Albanese Government in keeping dementia at the forefront by addressing key recommendations of the Royal Commission into Aged Care Quality and Safety. We acknowledge the government’s recognition of the need for a health system that can accommodate developments in biomarkers and disease-modifying therapies for dementia. Given there are more than 421,000 people living with all forms of dementia in Australia, we need to ensure the experiences of people impacted by dementia remain central to the design and roll out of these and future aged care reforms.”

Dr Kaele Stokes, Executive Director Services, Advocacy & Research, Dementia Australia



“We are disappointed by the lack of funding allocated to reducing wait times for entry level support in the aged care system, given that this model will continue until at least late 2027. Early intervention is key. Providing older people with low cost, high-impact services – such as domestic assistance, community transport and meals – enables them to maintain their independence and social connections and keeps them functioning in the community for longer.”

Craig Gear, CEO, Older Persons Advocacy Network



Dementia Respite Education and Mentoring (DREAM)

Boosting the capability of the aged care workforce to deliver quality dementia respite care

Led by the Wicking Dementia Research and Education centre, in collaboration with Dementia Support Australia, **Dementia Respite Education and Mentoring (DREAM)** is a national project that aims to improve dementia respite care. Through a dedicated portal, DREAM provides the aged care workforce with online access to education, a dynamic community of practice and coaching tailored to individual and organisational needs.



Education

DREAM education consists of five modules: Unpacking dementia, Knowing the person, Relationships and communication, Navigating behaviours, and Planning for success. Each is supplemented by additional resources and a downloadable infographic to support ongoing learning. Equip Aged Care Learning Packages and the On-Demand Understanding Dementia MOOC can also be accessed through the DREAM portal providing a comprehensive suite of education for anyone providing dementia respite care.



Community

The DREAM community of practice is a dynamic platform where participants can interact with their peers and dementia respite experts. Participants can ask questions, share their experiences, and contribute to discussions. Features include discussion boards, blogs, member and practice spotlights, frequently asked questions, and resources to help promote best practice dementia respite care.



Coaching

DREAM coaching helps participants translate knowledge into action: bridging the divide between the learning and work environment. Nine dementia support coaches are available Australia wide to work with staff to identify strengths, address challenges, and develop tailored approaches for a good respite care experience. Through coaching, participants will gain skills and confidence to connect meaningfully with people living with dementia and their carers, ease transitions between settings, and work towards contemporary best practice in behaviour support. Coaching can occur over the phone, in a virtual training session or may include an on-site visit.

Why DREAM?

DREAM is funded by the Commonwealth Department of Health and Aged Care under the *Improving respite care for people with dementia and their carers* grant opportunity.

The Wicking Centre has a long history of excellence in online education, including Massive Open Online Courses, award courses such as the Diploma of Dementia Care and Master of Dementia Program and Equip Aged Care Learning, an online educational program for the aged care sector. Comprising targeted modules on 14 priority learning areas, Equip Learning has been undertaken by over 25,000 participants to date.

Equip taught us that the workforce appreciates short, targeted videos supplemented with infographics for easy access to education. Building on this concept, DREAM takes this two steps further by providing participants a platform to reflect and engage with peers in a community of practice, and by providing coaching to support the application of learning into practice.

How DREAM can help you

DREAM is a free online platform, flexible to individual or organisational needs. Whether you are new to working in aged care or have many years of experience, an individual or a provider, DREAM is for you.

Register for DREAM at dream.utas.edu.au

- Upskill yourself and your workforce with quality education designed for respite care.
- Connect with the broader dementia respite community through the community of practice which spotlights dementia respite roles, share innovative practice ideas, and celebrate delivery of quality dementia respite care.
- Book a coaching session where you can ask questions and get the support you need to provide empathetic, supportive, and enabling experiences for people living with dementia.

The wait is almost over

DREAM will be officially launched by the Assistant Minister for Health and Aged Care, the Hon Ged Kearney, on the 30 July 2024 at the Wicking Dementia Research and Education Centre, University of Tasmania.

The Assistant Minister will provide an update on the Government's work to increase support to informal and family carers of older Australians, particularly for those caring for a person living with dementia.

To receive an invitation to the launch, sign up to DREAM via the website dream.utas.edu.au or QR code below.

Members of the DREAM team, including one of our dementia support coaches, will be attending the NSW/ACCPA State Conference on the 19–21 June 2024. We would be delighted to speak with you about the project and how we can best support you, to support those living with dementia and their carers.

Sarah Bascomb

DREAM Project Manager
Wicking Dementia Research and Education Centre

Scan or visit dream.utas.edu.au for more information and to register





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- Additionally, these services can be used to provide coaching, and mentoring should you identify a team member who needs support to step into a more senior role, or who has skills gained in a non-aged care setting.



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Health and aged care interface the budget winner

Improving accessibility and supporting wellbeing through better integration of services

Some might say the latest federal budget doesn't go far enough, particularly when it comes to holistic measures to support health and wellbeing in older people – but when you take a closer look, the boost to the health and aged care interface presents significant benefits.

The \$2.2 billion investment in aged care, in addition to the Australian Government's commitment to funding the Fair Work Commission's Stage 3 decision, is being distributed to several important areas of need, including workforce, an additional 24,100 home care packages and the improvement of digital systems.

But what hasn't received much attention is the portion of total funding – \$810.4 million over four years from 2024-25 – directed to the states and territories to invest in initiatives that address unnecessary long-stay hospital admissions for older patients.

Another \$190 million over three years from 2025-26 has been allocated to the extension and redesign of the Commonwealth's Transition Care Programme to provide short-term care of up to 12 weeks for older people following hospital discharge.

"The health and aged care interface has been a source of concern for some time," said Anne Liddell, Head of Policy, Aged & Community Care Providers Association (ACCPA).

"We know that without the right post-hospital care, there are risks of declining health and a greater chance older people will be forced to transition to permanent residential aged care before they intended, particularly if they are living alone.

"In other cases, where a patient is ready for discharge but requires a period of extended personal or clinical care for full recovery, it is often difficult to source an appropriate level of Home Care Package or suitable accommodation in a local aged care home.

"This can create dependency and poor health instead of encouraging rehabilitation and reablement.

"Initiatives that support timely transition out of hospitals into dedicated short-term care are a win-win – freeing up vital hospital beds while giving older people the best chance to regain their health and independence.

"We're pleased the government has recognised this critical area of need in our health and aged care systems."

Focusing on better care for people living with dementia, \$56.8 million over five years from 2023–24 has been set aside for the expansion of the Commonwealth's Acute to Residential Care Transition Service dementia program, aimed at transitioning long-stay patients with behavioural psychological symptoms of dementia from hospital to a residential aged care home.

In addition, as part of the \$1.2 billion Strengthening Medicare package in the budget, states and territories will be funded \$882.2 million to deliver programs that help older patients avoid unnecessary hospital admissions, provide hospital outreach services in the community as well as virtual care services, and training to upskill residential aged care workers to care for older people with cognitive decline and complex needs.

"Hospitals have a distinct function as acute or subacute care services, which are generally not equipped to support patients with rehabilitation or reablement, particularly those with complex needs," said Moe Mahat, ACCPA's Senior Policy Advisor.

"We need to ensure people living with dementia have access to services with the capabilities to understand their needs and appropriately manage associated behavioural and psychological symptoms.

"ACCPA has been advocating for better access to hospital outreach and virtual care services, and we are pleased that more funding will be available to deliver these services.

"We also welcome the government's expansion of the Acute to Residential Care Transition Service, but it is vital that the ongoing costs of supporting residents with dementia are adequately funded under the AN-ACC model so that services can provide the level of care such residents need while remaining financially viable."

The budget also addresses the needs of people living in rural, regional and remote Australia, with \$73.8 million over three years from 2024-25 to support the Royal Flying Doctor Service and \$47.5 million over four years from 2024-25 (and \$14.1 million per year ongoing) to expand Healthdirect Australia.

"We know access to healthcare services for people living outside major urban centres is an ongoing issue, and we welcome investment that will allow more Australians to receive primary care and dental health services," said Anne.

"Older people who have lived and worked in their communities for their whole lives are often forced to move to unfamiliar locations to find better healthcare as they age, so the extra supports for virtual health services as well as the Royal Flying Doctor Service will allow them more choice."

Linda Baracioli,
Aged Care Today Editor and Communications Advisor,
Aged & Community Care Providers Association
www.accpa.asn.au

Making governance administration easier

ACCPA Governance Portal delivers help where it's needed

Governance requirements have been changing in the aged care sector for some time, with key changes introduced in 2022 and 2023 to strengthen the role of governing bodies in order to provide better care for consumers of aged care services.

Strengthening provider governance is a key pillar of the aged care reform agenda and the Aged & Community Care Providers Association (ACCPA) is committed to building capability in the sector to achieve good governance outcomes.

From 1 December 2022, all providers must:

- assess the suitability of key personnel at least once a year
- submit material changes, including commencement or departure and suitability of key personnel, within 14 days
- submit their completed annual Provider Operations Report to the Department of Health and Aged Care by 31 October each year.

From 1 December 2023, all providers must:

- ensure their governing body has a majority of independent non-executive members and at least one member with experience in providing clinical care
- set up and continue operating a quality care advisory body
- offer to set up a consumer advisory body each year
- prioritise older Australians if the organisation is a wholly owned subsidiary

- ensure their staff have the appropriate qualifications, skills and experience.

With so many reforms taking place, it makes sense for providers to adopt tools that help them maintain compliance, while reducing some of the workload.

Our new ACCPA Governance Portal is specifically designed to support good governance by bringing a new level of sophistication and ease to fulfilling your responsibilities.

Developed specifically for the aged care sector – from residential and home care to retirement living – the portal is a private and secure online hub to help you manage governing body and committee meetings efficiently and effectively.

Powered by Convene, it supports a range of functions including scheduling meetings with an in-built conflict checker; storing, sharing and collaborating on important files; managing updates to documents; assisting with voting; and creating minutes.

The portal can track actions and updates, alerting the user with notifications, plus it includes high-level encryption and 24-hour support for added peace of mind.

“Our aim when developing the ACCPA Governance Portal was to make it easier for providers to achieve good governance,” said Amanda Allen, ACCPA’s Head of Services.

“The tool helps providers manage governance meetings in a very efficient, effective and transparent manner, and the feedback we’re getting from early adopters of this new technology is fantastic.”



The portal comes on the back of a suite of resources which ACCPA has developed to help providers understand their responsibilities and implement strategies in relation to good governance.

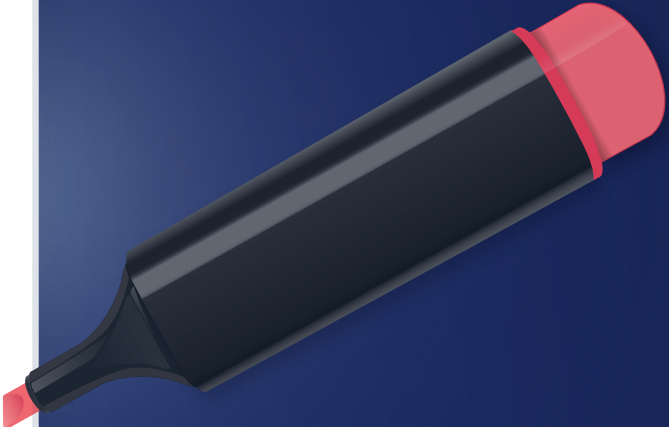
Additionally, ACCPA’s two quality systems offer policies, processes, best practice guides and assessments to support governance practice.

ACCPA members who require more individualised support can access the help they need as part of their member benefits, and we also offer bespoke training and mentoring to governing bodies.

The ACCPA Governance Portal can be secured as an annual subscription with pricing based on the number of anticipated users. ACCPA members receive a 20 per cent discount with a further discount available for rural or remote providers and users of other ACCPA subscription services.

Contact quality@accpa.asn.au for more information or to arrange an obligation-free demonstration.

Linda Baracioli,
Aged Care Today Editor and
Communications Advisor,
Aged & Community Care
Providers Association
www.accpa.asn.au/governance-portal



■ Std 1:	2 Resources
■ Std 2:	0 Resources
■ Std 3:	1 Resource
■ Std 4:	1 Resource
■ Std 5:	0 Resources
■ Std 6:	0 Resources
■ Std 7:	2 Resources

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'Just in time' professional development customised for provider needs

Boost your ability to stay ahead

No matter how you approach reform – with a 'growth mindset' or through the lens of 'enforced change' – the current aged care reform agenda can feel like an impossible task, particularly in the face of workforce shortages.

But despite significant challenges, there is also a green field of opportunity to build a sustainable sector into the future.

The Aged & Community Care Providers Association's Learning & Professional Development offers a suite of programs, workshops, bootcamps and webinars to support providers to attract, recruit and retain a skilled workforce and to build capacity from boards to frontline, to meet reform expectations.

A selection of existing products is available as 'on demand' delivered exclusively for your organisation. Customisation of training or 'bespoke' is also available by consultation.

Both options enable organisations to address key areas of professional development, building their teams with 'just in time' learning opportunities.

Tailored professional development enables organisations to review and reinforce their current policies and procedures, as well as identify and address areas of concerns in a confidential setting.

Our facilitators are highly respected and experienced, selected for their areas of expertise.

Providers can explore both online and face-to-face delivery options, which are subject to participant numbers and the availability of the facilitator. Added expenses may be incurred to cover flights and accommodation if delivered in a face-to-face modality.

Professional development options include quality (standards and compliance), leadership (executive, clinical, managerial, change management), workforce planning, workforce retention (peer support), governance (board and clinical), care management and funding regulation.

Leadership programs

Since the inaugural program in 2021, the Leadership Accelerator Program has been accessed by 154 organisations and 467 participants, of which a third have engaged in a tailor-made program.

Leadership exclusive programs can be either 'public access' or 'on demand', customised to suit organisational needs.

Customisation includes program delivery modality and timeframe, focused areas of growth capability and the unpacking of case studies that relate to specific organisational challenges.

For Laura Gay, Manager Talent and Capability at Suncare Community Services, partnering with ACCPA to deliver a Leadership Accelerator Program has proved to be a "game-changer".

"The comprehensive modules, interactive discussions, team collaboration, hands-on customised workshops and expert guidance helped boost our leadership training offering significantly," she said.

"Our people leaders now feel more confident and skilled, thanks to the training and resource toolkit support."

Kate Olson, Connection Support Manager at Includes (Brisbane North Public Health Networks), also has only good things to say.

"This training program is brilliant. It takes modern leadership into a reality, with great skills, methods and lots of additional resources provided. The facilitator is kind, relatable and very knowledgeable on this topic," said Kate.

Governance workshops

Board governance workshops are available 'on demand' for providers keen to prepare themselves for current and impending changes required of board members.

A forensic lens into the expectations of board members under the revised quality standards, once finalised, will ensure organisations are better placed to respond to these changes.

Organisations can add to the set content to customise their program, for both the board and the executive team. This improves alignment with service provision and reporting to meet organisational compliance.

"ACCPA's presentation to the board on the role of the governing body and the requirements surrounding aged care reform was informative and well-received," said Amanda Birkin, CEO, St. Anna's Residential Care Facility and Home Care Packages.

"The workshop offered a comprehensive overview providing valuable insights for the board into key areas such as consumer engagement, leadership, culture and risk management. The facilitator's emphasis on transparency and accountability resonated deeply.

"The expertise and ability of the facilitator to distil complex policies into accountable insights has equipped the Board with the knowledge needed to navigate the evolving regulatory landscape."

Peer support workshops

Our 'Embedding a Peer Support Culture' workshop and associated implementation framework is available as



an 'on demand' option for providers ready to maximise the leadership capacity and knowledge of their existing workforce, by creating effective supportive relationships between new employees or those new to the role, and seasoned front line care workers.

Tegan Roberts,
Manager Learning & Professional Development,
Aged & Community Care Providers Association
www.accpa.asn.au/professional-development;
training@accpa.asn.au

Riz Teng, Training Lead at Settlement Services International said, "Embedding a Peer Support Culture was very insightful, and providers would do well to extend this training to their staff to support industry retention."

For Linda Wakley from People and Culture at Community Services #1, the peer support program was helpful as they look to implement a traineeship program.

"As the organisation is looking to implement a traineeship program, we felt it was important that we set the trainees up for success by having a peer support network. This program captures the essence of what a peer support program is and is not, offers strategies for implementation to ensure success," said Linda.

For more information about our training offerings that suit your needs and budget, please reach out to ACCPA.

Building capability from boards to the frontline

ACCPA training for all your needs – the way you want

At the Aged & Community Care Providers Association (ACCPA), we work hard to ease your burden and give you what you need for success.

Our Learning & Professional Development products are designed to build capacity in your team – from executive leaders to the direct care workforce.

We offer 'public access' programs, workshops, bootcamps and webinars, as well as 'on demand' exclusive training for your organisation or customised to suit your organisational needs – delivered the way you want.

Reach out to us today to find out how we can help you boost your ability to stay ahead of reforms and maximise your capabilities.



Professional development opportunities

- Quality (standards and compliance)
- Leadership (executive, clinical, managerial, change management)
- Workforce planning
- Workforce retention (peer support)
- Governance (board and clinical)
- Care management
- Funding regulation

Workshops in July and August 2024

- Change management and navigating transitions
- Workforce planning
- Clinical governance
- Board governance
- Care management
- Peer support
- Art of retirement management
- Quality review

Discounts for ACCPA members

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Building nursing capacity in the bush

ACCPA Nursing Transition to Practice program filling a gap

Attracting and retaining sufficient nurses to provide adequate aged care services for residents of rural and remote areas is a significant issue in the sector.

With one in four Australians in the aged care target population living in rural or remote communities (GEN Aged Care Data 2019-20), the current shortage of nurses can threaten the access these communities have to adequate aged care services.

Tailored support including mentorship and professional development programs can help improve retention rates of nursing staff in rural areas – and the Aged & Community Care Providers Association (ACCPA) is working hard to fill the gap, through the Nursing Transition to Practice Program.

Running nationally since February 2022, the program is proving an important way rural and remote providers can leverage their ability to attract, retain and upskill their nursing workforce – with specific training in aged care for newly graduated registered nurses or enrolled nurses in their first two years of work, as well as registered nurses with prior experience who are new to the sector.

By supporting organisations, providing professional development opportunities and nursing mentorship, the program is helping providers overcome some of the barriers to recruitment and retention of aged care nurses in rural areas while building capacity in Australia's fastest growing industry.

Registered Nurse Amber Ferguson is enrolled in the ACCPA Nursing Transition to Practice program through her employer Quirindi Care Services, which operates in regional New South Wales.

Quirindi is a small town with a population of 2,602 (at the time of the 2021 census), located approximately 45 minutes south of Tamworth and four hours north of Sydney – and is an example of the small communities spread across Australia that are in dire need of skilled aged care nurses.

Quirindi Care Services was able to secure Amber by supporting her career progression through seamlessly transitioning from her role as a member of care staff to a registered nurse after completing her qualifications while working part-time.

The aged care provider supported Amber with her career goals, providing study leave while undertaking her Bachelor of Nursing.

“My manager and colleagues were understanding and flexible and this contributed to me being able to complete my studies, graduate and then transition to the role of Registered Nurse,” said Amber.



Registered Nurse Amber Ferguson is enrolled in the ACCPA Nursing Transition to Practice program through her employer Quirindi Care Services and says the support from her employer and ACCPA has been invaluable in her aged care career.

“It is very reassuring that not only am I supported in my workplace but also externally by ACCPA.

“The weekly professional development sessions are fantastic as they deliver information specific to the aged care sector, presented by knowledgeable professionals.

“The topics covered are based on everything we deal with in the aged care sector, and the sessions are also recorded so you can access the information at any time.

“This makes the content very relatable and achievable, and makes it easy for me to apply the learning in my role.”

Kim Riley, General Manager and Quirindi Care Services says the ACCPA Nursing Transition to Practice program has reinforced and embedded Amber's knowledge and helped build her confidence as a registered nurse.

“Amber is an integral and determined member of our team who continues to excel in her role, while playing a mentor role and providing ongoing support to her colleagues.

“This program is a win for everyone involved – for our nursing staff, our clients and our rural community.”

Amber will endeavour to complete further study in dementia and palliative care as she continues her learning journey in a challenging but rewarding career.

Alexandra Harrison,
Marketing & Communications Advisor (Programs),
Aged & Community Care Providers Association
www.accpa.asn.au/nursing

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Tackling incontinence with free training

ACCPA partners with the Queensland Government

The Aged and Community Care Providers Association (ACCPA) is partnering with the Queensland Government to supply free incontinence training to nurses, care workers and job seekers in Queensland, as part of the Incontinence Micro-Credential Program.

While sometimes an embarrassing subject that older people might not want to discuss, appropriate and compassionate management of incontinence is vital for older people, to support their independence and quality of life.

With 70.9 per cent of older Australians in residential aged care living with incontinence (Continence Foundation of Australia, 2019) and rates expected to grow with an ageing population, an increase in nurse and care worker capability will provide significant benefits.

The Incontinence Micro-Credential Program has been designed to enhance prevention and management of incontinence and reduce the risks and associated costs of adverse events.

ACCPA CEO Tom Symondson said the training is crucial for those working in the aged and community care sector.

“Upskilling workers in this area will directly benefit older Australians whose quality of life and autonomy are affected by incontinence,” said Tom.

“Everyone wins by having a registered nurse or care worker complete this free training program.

“Older Australians win by having dedicated care in this vital area. Care providers win by improving productivity and having experts on staff. Finally, the sector wins by enhancing the standard of care for older Australians.”

With less than 500 GPs and nurses with specific continence training in Australia, the Incontinence Micro-Credential Program will help relieve the strain of workforce shortages and help aged care residents in Queensland get the care they need.

Transferable Australia-wide, ACCPA developed the program to bridge the current knowledge gap and offer a standardised, industry-specific approach to incontinence management.

Participants will learn:

- comprehensive strategies for effective continence management

- an understanding of incontinence types and causes
- best-practice assessment and care planning for continence management
- how to establish care routines crucial for preventing Incontinence-Associated Dermatitis and related complications.

Enriched with expertise from TENA, the worldwide leader in incontinence care, ACCPA's micro-credential modules offer unmatched quality and knowledge in the field of continence management education.

With flexible learning options, participants can choose to complete individual micro-credentials or the entire series, with tailored pathways available for both registered nurses and care workers.

Delivered online, it means learners can incorporate the training into their busy schedules in the way that suits them best.

Since March, 223 aged care workers have enrolled in the program in Queensland, with 75 per cent of registered nurses who have completed the course indicating the content was ‘very relevant’ and ‘easy to navigate’, according to their survey responses.

In addition, all registered nurse learners agreed the micro-credential ‘met their learning expectations’, while all personal care workers felt ‘completing the micro-credential will have a positive impact on their employment opportunities’.

The free eLearning will also provide learners with a digital badge to acknowledge their credentials, ensuring the authenticity and value of their achievements are easily recognised.

The Incontinence Micro-Credential Program is part of the Queensland Government's ‘Good people. Good jobs: Queensland Workforce Strategy 2022–2032’.

Residential and community care providers, as well as individuals living in Queensland who are seeking employment or wishing to upskill can register for the program here: www.employment.agedservicesworkforce.com.au/incontinence

Alexandra Harrison,
Marketing & Communications Advisor (Programs),
Aged & Community Care Providers Association
www.accpa.asn.au; www.qld.gov.au/workforcestrategy

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ACCPA InnovAGEING program empowers change

What does innovation look like in the aged care sector?

The landscape of aged care is changing as we enter a technological revolution that promises to redefine how care is optimised and delivered.

With an ageing population, our sector must grow and adapt to support the continued delivery of high-quality care for older Australians.

From innovative business and workforce models to digital health records enhancing the efficiency and accuracy of care, and AI-driven diagnostics and personalised care plans, the possibilities are encouragingly endless.

At a time of significant reform, purposeful implementation of innovation and technology solutions within aged and community care is creating a capable and scalable sector that fosters continuous improvement.

Doing its part, the Aged & Community Care Providers Association (ACCPA) is championing the innovation and technology transformation agenda by encouraging big picture thinking and showcasing best-practice advancements through the InnovAGEING program.

Dedicated to Australian innovation, ACCPA InnovAGEING aims to promote the continued delivery of person-centred care, by supporting transformative technology and innovation.

On a global scale, ACCPA InnovAGEING aims to share, develop and define leading practices to shape the delivery and future of care in collaboration with the sector.

“At ACCPA, we’re dedicated to securing opportunities that support innovation at every stage, from inception to maturity, on matters that have the most impact,” said ACCPA Senior Manager Innovation Julie Anderson.

“Through ACCPA InnovAGEING we intend to expand those opportunities and build strong foundations for the sector, create better pathways for providers, support system and process

development, and facilitate learnings and uptake of evidence-based solutions.”

Innovation was showcased at the 2024 World Ageing Festival, hosted by Ageing Asia in Singapore during May, where Australian examples of excellence were acknowledged in the 12th Annual Asia Pacific Eldercare Innovation Awards.

In fact, Australian aged care providers and suppliers took out 46 finalist places at the awards and 14 separate winner awards across 10 categories.

The winning Australian innovators were Ryman Healthcare Australia, Bolton Clarke, Mark Moran Group, Rockpool Pelican Waters, The Pure Food Co, Kradal Flooring, McLean Care with iAgeHealth, mCare Digital, Kalyra and the Australian Nursing Home Foundation (ANHF).

Ryman Healthcare Australia won four separate award titles, while Bolton Clarke won two.

Ryman’s CEO Cameron Holland said Ryman’s success at the awards was recognition of the expertise and passion of teams right across the business.

“As a business we’re constantly looking for innovative solutions to enhance freedom, connection and wellbeing for people as we grow older.

“While innovation comes in many different forms, the best innovations are always simple and intuitive, and have people at their heart.

“Ryman villages are successful because they’re built and operated to cater for the unique lifestyle and health needs of each resident so they can live their best lives wherever they are on their ageing journey.”

The ANHF won the ‘Innovation of the Year - Rehabilitation Program’ for their Senior Boxing and Technology Enhanced Exercising Program, a service offered in metropolitan Sydney which combines culturally specific exercises with a motion sensor VR system. (You can read more about this program on page 65.)

Not-for-profit McLean Care’s, iAgeHealth scored the ‘Innovation of the Year – Smart Care Technology’ for its global healthcare workforce solution. This revolutionary initiative has been selected as an ACCPA InnovAGEING case study, which you find [online](#).

Meanwhile, Kalyra in Adelaide was recognised with the ‘Innovation of the Year – Intergenerational Social Engagement’ for its focus on fostering relationships between generations, from weekly playgroups with younger children through to visits from high school students, as well as a middle school co-located with Kalyra’s Woodcroft Aged Care home.

“There is an enormous breadth of talent and passion for innovation in aged care in Australia, and we’re proud to see so many Australia-based finalists and winners at the Ageing Asia innovation awards,” said Julie.

“We’re aiming to expand our ACCPA InnovAGEING network to work with all aged care providers, suppliers, innovators and stakeholders to establish collaboration and innovation pathways in the pursuit of excellence and digital maturity for our sector.

“As we continue to develop a suite of opportunities to support innovation in aged care, we would be delighted to hear from anyone interested in being part of the ACCPA InnovAGEING network.

“Ultimately it’s about empowering the sector to innovate for better ageing for all Australians, encouraging transformation and leaving a legacy for those who follow.”

If you are a provider, vendor, supplier or researcher and would like to share your case study or get involved with ACCPA InnovAGEING please email innovAGEING@accpa.asn.au.

Linda Baraciolli, *Aged Care Today* Editor and Communications Advisor, and Sharon Wilkinson, Senior Marketing and Communications Advisor, Aged & Community Care Providers Association
www.accpa.asn.au/innovageing

For a full list of all winners and finalists of the 12th Annual Asia Pacific Eldercare Innovation Awards please visit www.ageingasia.com/12th-asia-pacific-eldercare-innovation-awards-2024

Get ready for ACED 2024!

Celebrate your staff on 7 August



Aged Care Employee Day

Thanks for caring

Wednesday 7 August 2024

It's that time of year again when we put a spotlight on the tireless efforts of Australia's amazing aged care staff – from managers carrying the burden of responsibility to frontline workers providing companionship and excellence in care.

Aged Care Employee Day (ACED) on 7 August – hosted by the Aged & Community Care Providers Association (ACCPA) – gives aged care employers and the wider community an opportunity to say 'thanks for caring'.

Now in its sixth year, ACED celebrates the more than 370,000 aged and community care staff who provide support to over 1.5 million older and ageing Australians.

Considered the unsung heroes of our community, aged care workers devote their careers to improving the health and wellbeing of our elders – our mums, dads, grandparents and great grandparents.

Australians are well known for our nomadic lifestyles – we move between cities, states and sometimes countries – taking us away from our elders geographically, and with the cost of living, staying home to care for a parent is no longer viable for many of us who live locally.

As a community, we're fortunate to have aged care workers – the health professionals, allied health professionals, wellbeing staff and personal carers – step into the gap when we can't.

Whether they are helping older people maintain their independence at home, caring for the frail or cognitively impaired in residential care, or supporting a dynamic retirement village atmosphere, staff play a vital role.

Let's not forget the service staff – the back office team, cleaners, chefs, cooks, maintenance workers and gardeners – without whom aged care sites wouldn't be able to operate.

For providers, a great team isn't just about the essential ingredient of quality care, but it's about how that reflects on the business and impacts its reputation, viability and longevity.

While bricks and mortar have an important role to play, one of the most attractive things about an aged care offering, is the way staff make clients feel.

Some providers mark ACED by giving staff cards or gifts, some organise lunch or morning tea, while others use the occasion as an opportunity to recognise excellence in their team.

Whatever you do as a provider on 7 August, remember ACED is all about them – your team that works around the clock in many instances, to support the dignity of older people.

For ACCPA, it's another opportunity to highlight the valuable and important role of the aged care sector in Australia – and why appropriate investment in the industry is vital.

We'll be ramping up our promotion of good news stories and our team will be lining up media opportunities with providers that are going above and beyond, in relation to the work they are doing.

We'll also be sharing your stories on our social media channels across Facebook, LinkedIn and X.

Please let ACCPA know if there's something newsworthy you'd like us to help you share, by emailing media@accpa.asn.au.

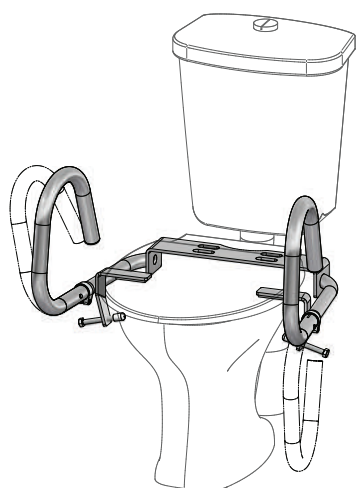
ACED will also be the day when we announce the recipients of the prestigious ACCPA Excellence Awards 2024.

We look forward to celebrating the achievements of individuals, teams and organisations, and acknowledging their efforts to improve the lives of older Australians – thanks for caring!

**Linda Baracioli, Aged Care Today Editor
and Communications Advisor,
Aged & Community Care Providers Association
www.accpa.asn.au**

3-in-1 Rail

- Standard
- Splayed
- Fold-Down



The functions of the 'Standard', 'Splayed' and 'Fold Down' rails have been incorporated into the '3-in-1', making it the most convenient toilet support system on the market.

The benefits of the **Throne Accessories '3-in-1' Rail System** include:

- This rail replaces the previous three models
- Simplified ordering... etc

The new **Throne Accessories '3-in-1' Rail System** will be of great advantage for:

- Equipment loan departments in hospitals, schools, respite care and hospice facilities
- Nursing homes and retirement villages
- Hotels, motels, hostels, residential and other accommodation outlets



CHILDREN'S RAIL AND STEP

The children's rails assist them with their safety and independence. The step attaches to the rail and in many cases the child is able to get off the toilet without any assistance. The step can fold up against the bowl when other people wish to use the toilet. Throne Accessories also produce a range of smaller rails to fit infant toilets used in pre-schools and kindergartens. The step is suitable for any of the Throne Support Rails.

DIGNITY, INDEPENDENCE AND CONFIDENCE FOR EVERYONE

THRONE SPACER

THE ULTIMATE AND MOST VERSATILE
TOILET SEAT RAISER

The Throne Spacer has been developed to add height without changing the appearance of a standard toilet and toilet seat, and offers comfort and safety.

*Two sizes!
50mm & 80mm
heights*

*The best option
OT's could
hope for!*



- Use with or without Throne Rails
- The Throne Spacer fits under the toilet seat
- Unobtrusively integrates with the bathroom decor
- Raises the height of toilet seats and electronic bidets
- Easily installed and conveniently transportable
- Spacers and rails are available from reputable healthcare suppliers

BARIATRIC TOILET SUPPORT RAIL

This particular Bariatric Rail model meets the needs of the larger built person. The handgrips are supported by adjustable legs that are firmly positioned to the side of the toilet by rubber-capped feet to prevent tripping. The Bariatric model comes in polished stainless steel.



The perfect
Standard 6 recipe,
thanks to the secret
ingredient...
SOFTWARE.

SoupedUp's catering software streamlines resident dietary and menu management and reduces risks associated with food service delivery.



It's easy to create an enjoyable food, drink and dining experience for residents with a streamlined digital platform. From developing and reviewing menus, through to safely offering more choice and capturing resident feedback, SoupedUp is a key tool for compliance.



Recognising the outstanding individuals, teams and organisations who make the retirement living, aged and community care sectors shine.

From homeless to thriving

Melbourne aged care home making a difference

As a silent epidemic of homelessness among our older population sweeps across Australia, Melbourne's Brotherhood of St Laurence is pitching in to make a difference.

With the nation experiencing a housing affordability crisis and the tightest rental market on record, no one knows the true number of homeless Australians – last estimated in the 2021 Census to be more than 122,000 people.

What we do know is that older women are one of the fastest growing groups at risk of becoming homeless and many older men are sleeping rough.

Eighty-three-year-old Ron Anderson counts himself lucky to be making the best of his twilight years in a Melbourne aged care home instead of living in unsuitable temporary housing.

He had been living in temporary accommodation with stairs until he suffered a fall which required a hip replacement. His GP recommended aged care and helped him with the paperwork.

Ron is now living at Clifton Hill Aged Care, which has been nominated for the Aged and Community Care Providers Association (ACCPA) You are ACE! recognition awards, in the 'Making a Difference' category.

"I wanted to find a nice place where I can walk to the park and talk to the birds and trees. So, I have this beautiful park here where they do take the residents out. I go out to the park every day if I can," Ron said.

Ron describes his accommodation as "very good". He is particularly impressed that his washing and room is cleaned daily.

"The staff are very good; they are from all the different countries. I have no complaints," he said.

Long-time Clifton Hill resident Barry McPhail, 75, who has called Clifton Hill his home for the past eight years, said staff are extremely competent.

"They do great work. The food is excellent all round and the place is extremely well run. They are extremely patient and diligent in their work and hardworking, passionate and skilled," said Barry.

"It's a very tolerant community and the staff are from all walks of life. A fair percentage of us are from welfare and working-class backgrounds and other quite wealthy people come here too. We are all well cared for."

The men represent the more than 50 per cent of socially disadvantaged, at risk and homeless residents who call Clifton Hill Aged Care their home.

Residents are thriving with the dedicated nursing and medical care, which is invaluable to people who are of limited means.

ACCPA CEO Tom Symondson said homelessness, insecure and unsuitable housing among older Australians could worsen existing health issues, increase the risk of social isolation and compromise wellbeing.

"By securing stable housing arrangements, aged care providers promote better health outcomes for older people," he said.

"Having a safe and comfortable place to call home enables older people to maintain their independence, retain their sense of identity and stay connected.

"We congratulate the Brotherhood of St Laurence team at Clifton Hill for their commitment to helping at-risk older people.

"Everyone has the right to a dignified life."

Clifton Hill uses an innovative nurse-led staffing model that fosters greater connections between carers and residents to improve the quality of care for residents.

Manager Milly Kuranage said individual management plans were developed in consultation with the disadvantaged resident and the medical team.

"This provides continuity of relationships with staff for residents and aligns well with the Royal Commission's recommendations and age care reforms by placing senior Australians first, improving quality, safety and choice in aged care," she said.

Debbie Everett, Media Advisor, Aged & Community Care Providers Association
www.agedcare.bsl.org.au/residential_aged_care;
www.accpa.asn.au/ace



Clifton Hill Head of Residential Care
Milly Kuranage
with resident
Barry McPhail.

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-  **Financial Transparency**
Residents gain a clear understanding of their financial assets and income, fostering transparency and trust. This transparency is crucial for informed decision-making and helps residents plan for their future.
-  **Enhanced Resident Satisfaction**
Residents experience peace of mind and increased satisfaction knowing that their financial well-being is being proactively managed. This positive experience contributes to a better quality of life within the aged care facility.

Elder Wealth Insite by Quality INSITE offers a comprehensive financial management service tailored for both residents and residential aged care providers, providing numerous benefits.

www.qualityinsite.com

What should an additional services program look like?

More than just a way to recover costs

Additional services programs are under the spotlight of the Aged Care Quality and Safety Commission, and it is our belief that the regulator will continue to focus on this going forward – so why not make them your competitive edge?

A growing area of complaints to the Commission, residents and their families are increasingly concerned that additional services agreed upon were not provided or not accessible.

As a significant revenue source for the industry, the Commission is aware that there must be value provided in line with the expectations of an additional services program already laid down to the industry.

Based on reviews we have conducted many programs do not meet compliance or expectations due to multiple factors – but they could be the jewel in provider care rather than just a way to recover some costs.

Minimum requirements

According to the Quality of Care Principles 2014, an additional services program must meet the following criteria:

- The resident must agree to pay the additional service fee before entry to care.
- An additional service item must be either distinct from or substantially better than the specified care and services the provider must provide by law.
- The resident is able to access the care or service and to derive a benefit from it.
- Costs are not covered by payment elsewhere in the legislation or Quality of Care Principles.

- Costs are not those expected to be covered by the provider (e.g. asset replacement costs or capital refurbishment).
- Charges must be itemised in accounts given to the resident including individual components of any bundled additional service package.
- The resident's ability to access and derive a benefit from an additional service must be reviewed regularly or when their status changes.
- If access and derived benefit changes, the provider must reduce additional service fees or replace the service with one of similar value that does provide access and derived benefit for the client.

Standard offerings

An additional services program should not include elements that families would consider standard offerings or part of business as usual (BAU).

On the chopping block for us would be:

- Food items unless significantly different and better. For example, an a-la carte waiter service instead of the normal meal service, or an on-site barista coffee instead of instant coffee, biscuits and fruit on-hand.
- Anything that cannot be specifically costed and separated on an item-by-item basis, so anything that would not be able to be itemised as being available, offered and accepted or declined would fail.
- Outings or entertainment that is not significantly better and different to the standard offerings, such as regular trips to the theatre.

If you have to develop lengthy explanations for why something is significantly better or different to BAU

then our view is it is not different and therefore not an additional service.

Ideal add-ons

When Quality INSITE is invited to help providers redesign or develop and implement an additional services program, we include services provided through vendors that are:

- clearly beneficial
- available
- itemised on monthly invoices
- substitutable for other service as cognitive ability changes.

Some reputable add-ons include:

- Elder Wealth Insite, a financial resource service and pensions update service.
- Synapse, an active minds program that encourages brain training.
- Nostalgitab and other digital solutions offerings.
- Digital Concierge, a communications and activity tracking hub which communicates activities and events with families and allows interaction with all parties and records all aspects of the program so that everything can be shared and reported on.

These add-ons deliver a benefit, are accessible and provide value to residents and their families.

The providers we work with have made to additional services programs as a way to provide the additional support and significant benefit to residents and their families.

When you tie this with the culture of a provider, you can create a very unique offering that not only enhances care but provides a competitive edge.

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This product is indicated for measuring interstitial fluid glucose levels in people (age 4 and older) with insulin-requiring diabetes.

*Glucose readings are automatically displayed in the FreeStyle LibreLink app when the sensor has been started with the app, and the smartphone and sensor are connected and in range. Finger pricks are required if glucose readings and alarms do not match symptoms or expectations. ^The FreeStyle LibreLink app is only compatible with certain mobile devices and operating systems. Please check www.freestylelibre.com.au/compatibility for more information about device compatibility before using the app. Use of FreeStyle LibreLink requires registration with LibreView ±At HbA1c ~7% or higher. †The FreeStyle Libre 2 '\$15 Trial Offer' is a special offer and is only valid in Australia for a limited time. Limit of one \$15 sensor per customer. Only available to new FreeStyle Libre 2 customers. Users must be registered and logged into their [FreeStyleLibre.com.au](https://www.FreeStyleLibre.com.au) account. For full T&Cs, visit www.freestylelibre.com.au/freestylelibre2-trial-terms-and-conditions.

1. Evans M. et al. Diabetes Ther. 2022; 13(6): 1175-85.

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How providers can support oral health

It's all about care plans and the right training

Oral health and oral healthcare can be overlooked by nurses and personal care assistants in the aged and home care sectors, but the data show that this is common across all age cohorts – something that needs to be addressed to support quality care.

In 2021-22, only one in two Australians aged 15 years and over saw a dental practitioner in the last 12 months. Some people have a dental check-up every six months while others have not been for decades, and others only go when they have a toothache.

Some people have negative thoughts about dentists, dental treatment and the look of their teeth and gums. Indeed, some of these people have had negative experiences of dental treatment or have been told horror dental stories by their family members or friends.

Other factors that affect negative feelings about dentistry include the high cost of dental treatment, the difficulty of getting transport to dental clinics, the inability to find a mobile dental practitioner, and long waiting lists for dental treatment in the public sector. Unfortunately, Medicare covers the whole body except for the mouth.

In other circumstances, persons who have had traumatic life experiences can feel very vulnerable and re-traumatised when undergoing dental treatment. For these reasons, a trauma-informed approach to dental treatment is preferred as a more empathetic and supportive approach to dental treatment for these patients.

At the same time, older persons are living longer, they are retaining more natural teeth, and have undergone more complex dental procedures (e.g. root treatments, implants, crown and bridgework, orthodontics, partial dentures and implant-over-dentures) than previous generations.

In line with the Strengthened Aged Care Standards (January 2024) and the Aged Care Quality and Safety Commission's oral health resources for providers, staff and residents (May 2023), it is an opportune time for providers to update their policies and guidelines.

Dental practitioners are now equipped with a wide range of dental aids and products to assist and support older people with a range of medical, neurological, physical and neurodiverse conditions – and with trauma-informed approaches, dental care is better than ever before.

Care plan considerations

Individualised oral health assessments and care plans should be prepared for each person receiving residential aged care.

The plans should state that oral healthcare be performed twice daily, with support from an appropriately trained staff member if required.

Plans should include the following items:

- small soft-headed toothbrushes
- a high fluoride toothpaste (1450 ppm) for those with natural teeth
- denture brushes and soap or denture gel for people with partial or full dentures
- containers with lids for denture storage (dentures should be removed at night and stored in a dry, covered container)
- products for those with dry mouths.

A trauma-informed approach

A trauma-informed approach is considered best-practice when training registered nurses, enrolled nurses, assistants in nursing and personal care assistants in how to perform best-practice oral healthcare.

Unless nurses and carers value oral health – and are not scared by it – they won't be inclined to perform oral healthcare activities for residents or support them in their twice daily oral health needs.

Building capacity in carers

Providers need to ensure all nurses and carers have appropriate training in oral health, particularly those who are new or who may not have had training previously. This is especially important for older people with cognitive decline.



Seniors Dental Care Australia

are dental practitioners who offer oral health training and education for health workers in the aged, home and disability sectors.

In keeping with the Strengthened Aged Care Quality Standards (2024), we train workers to have the knowledge and skills in delivering oral hygiene (including assisted brushing) and supporting older people with complex needs or behaviours to maintain their oral health and prevent decline. We also update oral health policies and procedures for service providers.

Training can be conducted:

- face-to-face onsite
- live virtual offsite
- face-to-face Train-the-Trainer
- online oral health screening, advice, support, and referral



<https://seniorsdentalcareaustralia.com.au>

info@sdcaust.com.au +61 407 694 874

All carers should know things like how to hold dentures so that they won't break while cleaning them, how to clean teeth properly at a 45° angle towards the gumline, how to apply dry mouth gel, and how to use an Oralieve 360° mouth brush to clean a person's soft tissues and mouth.

Learning when, how and to whom to refer an older person for dental treatment is also important. Choices for referral these days include private dental practices, mobile dental providers, public dental clinics, university or TAFE dental clinics, fixed-cost dental practices (Dental99) and digital screening services (Smilo.ai).

Dedicated training is available

Seniors Dental Care Australia has developed a specific training program for aged care staff.

Our program teaches a trauma-informed approach based on behavioural management techniques designed to care for older persons with cognitive decline and psycho-social behaviours.

Our training techniques are best demonstrated and tried in a face-to-face setting with a hands-on approach, which offers the best kind of learning for oral healthcare.

Many dental practitioners like me are committed to providing better care for our patients and would be only too happy to support providers in relation to the oral health of your residents.

Leonie M. Short,
Dental Practitioner,
Seniors Dental Care Australia
www.seniorsdentalcareaustralia.com.au



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- ➔ Dementia and incontinence
- ➔ Faecal incontinence
- ➔ Incontinence associated dermatitis
- ➔ Maintaining continence in older age
- ➔ Stroke and incontinence
- ➔ Undertaking a continence assessment
- ➔ Urinary tract infections



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June 2024

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- Water quality sampling and monitoring
- Roof and gutter repairs and installation
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- Backflow prevention device testing and repair
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Advisory Group**

Speech pathology and the strengthened Aged Care Quality Standards

Why it's so important for quality care

The Strengthened Quality Standards framework highlights the importance of choice and independence for older people living in residential aged care – and the vital role played by speech pathologists should not be overlooked.

Speech pathologists work with older people to support their communication and swallowing abilities (dysphagia), and help them make choices relating to their swallowing – including the food they eat, and how they want to be supported at mealtimes.

Dysphagia and choking management

Dysphagia can prevent or limit the intake of food and fluids, which makes swallowing unsafe and uncomfortable, increasing an older person's risk of choking – the second most common cause of preventable death in residential aged care, and a high impact and high prevalence clinical care risk.

Standard 5 reinforces that providers are required to deliver safe, high quality clinical care to older people including those with swallowing difficulties.

Knowing how to support people with dysphagia is crucial in preventing choking – a critical part of delivery quality care.

All food and drinks must meet the International Dysphagia Diet Standardisation Initiative (IDDSI) framework, which specifies criteria for food textures and drink thickness, including the softness and particle size of food.

If a person is provided with food that is harder or larger than what they have been prescribed, they are at increased risk of choking on that food.

Speech pathologists support this by:

- completing swallowing assessments when change is identified (e.g. observed changes in swallowing or new residents)
- establishing clear referral pathways for people as their swallow changes
- providing education for staff about dysphagia and choking, ensuring staff are aware of the increased risk for those residents who:
 - require texture modified diets or fluids
 - require assistance with mealtimes
 - have poor oral health or dentition
 - are left alone in their rooms for mealtimes
 - have poor positioning during mealtimes



- providing education about IDDSI for hospitality and clinical teams
- implementing processes to facilitate decision making regarding Eating and Drinking with Acknowledged Risk (EDAR).

Texture modified diets and thickened fluids

Standard 6 reinforces the need for providers to offer enjoyable food, beverages and dining experiences for all residents, including those on texture modified diets.

Speech pathologists support this by:

- providing suggestions around how to incorporate texture modified meals into seasonal menus and by ensuring the

menu provides choice and options for people requiring modified diets

- menu reviews and recommendations around modification of food items or removal of food items if they do not meet the IDDSI framework
- supporting your hospitality teams to ensure texture modified meals are presented in a way that is appealing
- providing recommendations to support better understanding of documents including menus (e.g. modifying menus to Easy English or incorporating pictures for those with communication, cognitive or visual difficulties).

Resident choice and EDAR

Many older people live with a communication disorder or hearing impairment which can impact their ability to inform others of their choices.

Standard 1 reinforces the right of people to make informed choices and to be supported to communicate decisions and participate in discussions that affect their lives, and to take risks, including those that relate to eating and drinking. These may include:

- when and where to eat
- what to eat and drink

- how much to eat and drink
- whether assistance is provided.

The speech pathologist can support discussions relating to EDAR, such as dysphagia and choking risk, to educate the resident and their family to understand and consider risk, discomfort, quality of life, and enjoyment of foods and beverages.

These discussions must also be held in conjunction with the clinical team and should result in a personalised management plan and options for reassessment or changes to risk.

Speech pathologists support this by:

- providing education on dysphagia, including the risks
- ensuring all recommendations are consumer focused and well documented
- supporting residents with communication difficulties to make their wishes and choices known.

For further guidance on how speech pathology can support your facility with the upcoming strengthened Aged Care Quality Standards, please reach out to the Food Solutions team.

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Protein power

Fuelling vitality in ageing Australians

Understanding the multifaceted benefits of protein for older people is not just a matter of nutrition science, but an essential requirement to sustain vitality and quality of life among Australia's ageing population.

Within the realm of ensuring adequate food and nutrition for an ageing population, the significance of protein cannot be overstated.

Beyond mere sustenance, protein plays a pivotal role in maintaining muscle mass, bone density and prevention of chronic disease.

Protein inadequacy increases risk of sarcopenia, low bone mass, falls, fractures, infection and non-healing ulcers, contributing to increased mortality and care costs.

For aged care providers and healthcare professionals, a strong focus on protein is imperative to support optimal ageing and preserve functional independence.

Protein requirements in older people

Older adults aged over 65 require a protein intake of 1 to 1.2 grams per kilogram of body mass per day to optimise muscle health and function.

People in residential aged care often have multiple acute or chronic illnesses that would require additional dietary protein to offset inflammatory and catabolic conditions with protein intakes of 1.2 to 1.5 grams per kilogram of body mass per day recommended.

However, a recent survey of 572 residents from 60 aged care homes in Australia found that average protein intakes are much lower, at around 0.8g per kilogram of body mass per day.

Without muscle people lose function, and without function they are more dependent on others.

How to increase protein intake

Increasing the amount of food provided to residents to achieve protein

adequacy is unlikely feasible given low appetites and capacity to consume large amounts of food.

Adequate daily protein intake should therefore be achieved by distributing protein evenly across daily meals and snacks, as muscle protein synthesis (MPS) can be stimulated by providing 25 to 30 grams of high quality protein at each meal.

The type of protein is important as essential amino acids, especially the branched chain amino acids such as leucine, are potent stimulators of MPS, and can help combat age-related muscle loss.

In designing diets to support MPS in older people, a combination of high quality animal and plant protein sources can offer a diverse array of nutrients and ensures a comprehensive spectrum of essential amino acids for optimal muscle health.

Think about protein diversity

While sufficient consumption of foods from the meat and dairy food groups is often associated with protein adequacy, menu planning for residential aged care should consider the role of plant-based proteins that provide additional nutrients such as fibre, micronutrients and unsaturated fat.

Although historically some plant-based proteins possessed a lower protein quality than animal-derived proteins due to lower digestibility and deficiencies in some essential amino acids, food processing innovation has significantly improved the quality of plant-based proteins, and a recent systematic review of randomised controlled trials concluded that plant proteins may be beneficial in older adults to maintain muscle mass.

The Harvest B range of complementary proteins offers a diverse range of versatile, sustainable and complete protein food solutions that meets aged care nutritional benchmarks.



Harvest B's chicken-style veggie soup with extra protein supports optimal health in older people.

With growing interest in flexitarian-style diets – which are centred on plant food with limited or occasional inclusion of meat – innovative complementary protein products offer food service professionals and chefs versatility to create simple, highly nutritious meals that contribute to both physical wellbeing and cultural appreciation in an ageing population.

The Harvest B proteins are neutrally flavoured and can be easily added into a range of vegetarian or non-vegetarian meals suitable for residential aged care, such as a chicken-style veggie soup or a boosted 'mac n cheese'. Offering over 20 grams of high quality protein and 1.5 grams of leucine per serve (to support optimal muscle protein synthesis), these complementary protein options help ensure higher protein needs are met within a smaller volume of food, without affecting taste or texture.

Within the current context of the Aged Care Quality Standards, this is the optimal time for reform to menu guidelines to include high-protein alternatives and protein enrichment of regularly consumed menu items, to promote protein adequacy of older adults in residential aged care homes.

Teri Lichtenstein,
Accredited Practising Dietitian
and nutrition consultant for Harvest B
www.harvestb.io



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Purpose-built gyms in retirement villages

Embracing a culture of active ageing

The benefits of exercise are well established – from preventing chronic disease to improving physical function, and enhancing mental health and wellbeing – but it becomes increasingly important as we age.

While we lose muscle at the rate of 8 per cent over our 50s, it begins to decline rapidly as we reach our 70s, making it even more important that we meet the physical activity guidelines set by the World Health Organisation (WHO).

The WHO recommends adults aged over 65 undertake at least 150 to 300 minutes of moderate-intensity aerobic physical activity or at least 75 to 150 minutes of vigorous intensity aerobic physical activity (or an equivalent combination of both) each week.

Older adults should also do varied multicomponent physical activity focusing on functional balance and strength training at moderate or greater intensity, on three or more days per week, to enhance functional capacity and prevent falls.

Community demand

Greater awareness about the health benefits of an active lifestyle can be seen in the increasing number of gyms catering specifically for people over 50, with specific equipment and services, and an age-appropriate culture.

A recent report on fitness industry data from 2023 showed the cohort of people aged over 65 is now the second largest gym user group, after the 25 to 34 year olds.

With the trend of active ageing gaining momentum, most retirement villages are including this health and wellness concept in their offerings to meet demand.

Support for everyone

When planning a health and wellness centre for a retirement village, it's important to plan for all users.

Rather than fitting a gym with the traditional treadmill, bike and a few dumbbells, it's worthwhile looking at options that also cater for the novice users, as well as those with mobility issues.

If people aren't used to regular exercise, it's important to encourage them to start with small amounts of exercise and gradually increase the frequency, intensity and duration over time, relative to their level of fitness.

While many users opt for independent use, engaging fitness professionals or allied health practitioners at your centre will maximise the benefits of training, reduce incidents related to inappropriate use of equipment and give your retirement village a competitive edge.



L-R: Aura by Livewell Village Manager Georgia Jurkovic, resident Graham Denton and Exercise Physiologist Courtney Kennett testing HUR equipment at the village gym.

Active ageing culture

When analysing the success of gyms at retirement villages, one theme comes out as the clear driver behind high usage – culture.

When the active ageing culture is facilitated by the site's offerings and nurtured by the staff (village managers, lifestyle coordinators, fitness and allied health staff), it is more likely to get uptake.

At many sites, the gym becomes the social club filled with laughter, and the outdoor activities engage everyone to join in.

Aura by Livewell

A great example of an active retirement resort is Aura by Livewell in Findon, South Australia.

Livewell communities aim to inspire healthier and safer communities and have based their design and services to create retirement resorts that connect all residents.

At their new Aura resort, health and wellness is seen as a high priority. The site includes a pool and a gym fitted with HUR Smart touch strength training equipment, also hosting wide-range cardio equipment, as well as a Senso platform for balance and cognitive training.

While the gym is open to everyone to train independently, the residents are also supported by an in-house exercise physiologist who is on-site three days per week to provide assistance and run exercise classes.

The change from an external provider to in-house staff saw a rapid increase in use as the support became part of the resort's wellness culture.

Today almost 50 per cent of Aura residents are actively exercising and the number of gym visits has quadrupled in less than a year – demonstrating clear demand and the reason why all retirement villages should consider how they can support healthy ageing at their sites.

Dr Tuire Karaharju-Huisman,
Physiotherapist, Accredited Exercise Physiologist
www.huraustralia.com.au; www.aurabylivewell.com.au

Preventing falls in older people living at home

Juniper joins forces with UWA

An innovative community falls prevention project which aims to educate older people about preventing the risks of falls at home is currently being rolled out to more than 100 Juniper Home Care customers in Western Australia.

Funded by the HCF Research Foundation, the TrEdEx ('Training Education Exercise') project uses a 'train the trainer' model, with a team of researchers from the University of Western Australia (UWA) working alongside Juniper staff to deliver the program.

Juniper was thrilled to be involved in the research project which supports the work already being done by the home care team.

As part of the project, Juniper has selected two Falls Champions to coordinate training to its home care staff – Juniper Clinical Team Leader Physiotherapy Bernie Wong and Clinical Team Leader Occupational Therapy Kesha Logan – together with UWA project manager Vanessa Jessup.

Bernie, Kesha and three Juniper physiotherapists will be the first to receive the initial training, and they will then share this knowledge with staff who have a direct care role with home care customers.

"As Falls Champions we will train the Therapy Assistants and the Community Support Workers, and they will be the ones who will carry out the education, exercises and different recommendations with the customers," Bernie said.

"Not only does the program complement what we already do really well through our home care services, but it also reinforces the importance of providing falls prevention education to our customers who are still living at home.

"We want to keep our customers at home for as long as possible, and programs like this aim to support them to maintain their independence, while also keeping them safe, in the community."

At Juniper, a focus on reablement forms a crucial part of delivering home care support to customers.

This approach empowers older people to not only maintain or improve their overall mental and physical wellbeing, but promotes functional ability and maximises their independence so that they can continue living at home.

UWA Lead Researcher Dr Jacqueline Francis-Coad said a significant concern is the risk of falls that can lead to serious injuries, resulting in reduced mobility and a loss of



L-R: Bernie Wong, Vanessa Jessup and Kesha Logan from the falls prevention project being rolled out to Juniper customers.

independence which, for some older people, results in a move to long-term residential aged care.

"We've worked with older adults and staff in a range of health care settings and found that preventing falls is not always well understood," she said.

"Providing personalised education and exercise programs that can be delivered by trained staff to older people in the comfort of their own homes is a great alternative to videos, posters and booklets.

"Training community therapy assistants and home care support workers to deliver the programs means they could be included as part of usual home visits."

The program, which was co-designed with Juniper customers, was rolled out in April and will continue until late 2025 – with outcomes to inform the work of home care providers Australia-wide.

The project is one of six Australian studies to receive funding from HCF Foundation's 2023 Translation Research Grant in a bid to address crucial health and wellbeing concerns among older people.

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Words don't come easy

The power of music therapy

As a registered music therapist there are several questions I hear almost daily. Things like, who is music therapy for? What do you do? Does it work? What are the benefits?

Firstly, I want to point out that every music therapy experience – facilitated by a trained Registered Music Therapist – is evidence-based, personalised and goal-oriented. The answers can be very individual, but the benefits are always profound.

But my favourite way to respond, is to share real stories. This one is about Michael (Mike), a man in his early 70s who is living with young onset dementia. Mike sings, plays instruments, moves his body, writes songs, and listens to live and recorded music.

For him, music therapy was a “godsend” and the benefits ranged from improved cognition, sleep, mood and relationships, to reduced hallucinations, distress and agitation.

But this therapy came about indirectly, through an experience with his wife, Vicki.

One morning when doing the dishes in the kitchen with Vicki, a song came on the radio and Mike said very clearly, “I remember that day. I was in the kitchen doing the dishes with dad and it was announced that JFK was assassinated.” The song triggered the memory.

It was in that moment that Vicki realised the power of music. She began to explore music therapy and decided to give it a try using Mike’s Home Care Package, given music therapy is an allied health profession that can support people’s wellbeing and independence.



Hayley and Mike enjoying the drums.

Soon after, I met Mike, his wife, two stepdaughters and beloved dog, which was about eight years after he received his diagnosis of young onset dementia.

Their shared approach was to “live well with dementia”, maintain interests and an active social life and to challenge the dominant narrative that encourages people to stop living when they receive a diagnosis of dementia and simply get their affairs in order.

Living well implies a personalised rehabilitative and reablement approach that empowers individuals to continue living a rich a full life. That is the core of what we offer at Attuned Health and exactly what music therapy provided for Mike.

I worked regularly with Mike for almost two years. When I first started working with him, he told me he wanted to “stay sharp” (cognitively). Initially our sessions involved structured drumming and percussion instrument play to enhance attention, executive functions and improve multi-tasking – skills which his wife reported improved outside the sessions too.

However, working long-term in therapy is a journey. As Mike’s arousal, alertness and needs shifted over the days and weeks, so did our therapy goals and shared music experiences.

We used song parodies to improve autobiographical recall; musical improvisation to challenge inhibition, encourage initiation and improve mental flexibility; purposeful playlists to aid sleep, reduce night hallucinations and

provide a resource for self-soothing when he felt stressed, frustrated, or upset; and therapeutic song writing as an outlet for life review and expressing his experience of living with dementia.

On days when “the dark cloud” (dementia) was on his shoulders, live music recreation of his favourite songs matched to his mood provided an emotional outlet, and aided in regulating and lifting his mood.

On days when words didn’t come easy, Mike simply let the French musician F.R. David speak for him. As soon I arrived he would play *Words Don’t Come Easy* to me on my iPad. I would know that was a hard day.

But even on the hard days, by the end of the music therapy session his speech and language skills would be more organised thanks to the power of music, and he would be communicating verbally again.

For Mike, music therapy was a personalised support that leveraged his interests to holistically enhance his mental and physical health – and for me, it was an absolute pleasure to help him until eventually he transitioned to residential aged care.

For many older adults living with dementia, Parkinson’s disease, acquired brain injury, depression or loneliness, music therapy is their everything. It gives purpose, confidence, functioning and joy.

Hayley Antipas,
Registered Music Therapist,
Neurological Music Therapist
and Director, Attuned Health
www.attunedhealth.com.au

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Reviving spirits through dance

How aged care providers can help residents rediscover joy

A transformation is underway. The melodies of familiar tunes echo down the corridors of an IRT Group aged care home on the southern coast of New South Wales. In this beautiful setting, seniors are reclaiming their joy and vitality through the power of dance.

Led by a dedicated staff member trained in the DanceWise program, residents gather to embark on a journey of movement and self-expression. With music ranging from the classics of Doris Day to the rock 'n' roll beats of Elvis Presley, Johnny Cash and Nancy Sinatra, the group is transported, their spirits lifted by the rhythm and melody.

"We need a bigger room," says Alex Reed, Group Head of Operations at IRT Group. "Our staff keep telling us so many residents love this activity, the program is so popular."

Another IRT Group aged care home in Queensland used to get 10 people for exercise classes, and now they get 25 for DanceWise. According to feedback, "The residents love it; they just seem to come alive when that playlist fills the room. It changes the residents' mood for the rest of the day."

DanceWise is one of two programs offered by Sydney-based not-for-profit Dance Health Alliance. Established in 2015, the organisation has created therapeutic dance for older people based on evidence-based advancements used in Europe, particularly Holland.

Former ballet dancer and Dance Health Alliance CEO and founder Gwen Korebrits says, "At Dance Health Alliance, we advocate for a holistic approach to wellbeing that encompasses physical health and mental, spiritual and creative fulfilment.

"Dance is a potent means of achieving this balance, with proven benefits for both body and mind.

"Through our work over the past nine years, we're slowly changing perspectives on the value of a dance-based therapeutic program, and we now have more studies that show its benefits in a cost-effective way."

Dance Health Alliance programs are in 172 aged care homes across New South Wales, Victoria and Queensland – reaching remote areas like Lightning Ridge and Bourke, bringing the joy of movement to all.

DanceWise is a 30-minute seated movement program, which targets strength, balance, flexibility, memory and neurological challenges, while DanceMoves is a 45-minute program that begins seated, transitions to standing movements behind the chair and culminates in independent dancing.

The Dance Health Alliance programs use the train-the-trainer model, with 379 movement practitioners trained to date, who are now delivering the programs in residential aged care settings.

There are also 10 qualified Dance Health Alliance staff who run the program for aged care homes in Sydney, as well as four qualified trainers who deliver the movement practitioner training.

Training has also been conducted for NSW Health, with allied health professionals like occupational therapists and physiotherapists now running the program in community settings.

The two-day training for staff and volunteers has two delivery modes: online or onsite at participating residential care homes. Once certified, movement practitioners can run programs as often as the lifestyle timetable allows, without the need to source an external contractor.

Karn Nelson, Executive General Manager of Strategy & Innovation at The Whiddon Group, which also uses the program, highlights the significance of programs like DanceWise in aged care settings, saying, "By empowering staff to



Julie Jameson enjoying one of the community-based Dance Health Alliance programs.

lead such initiatives, organisations can ensure sustainability and accessibility, regardless of geographic location."

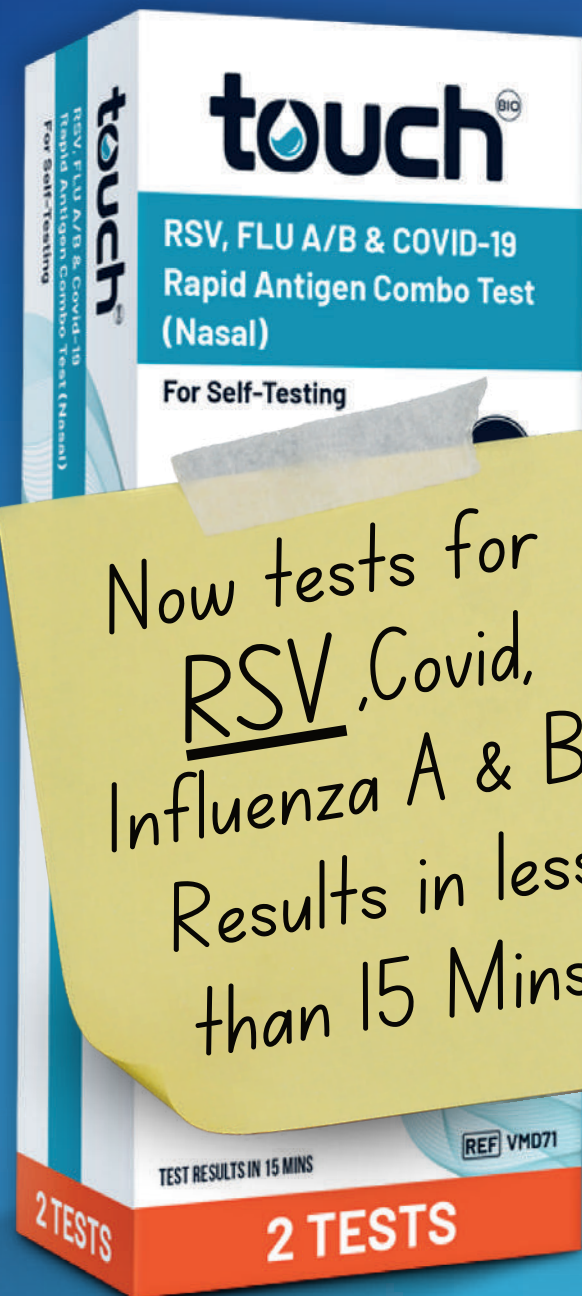
Therapeutic dance also has particular benefits for those with cognitive decline or limited mobility.

Joyce, a resident confined to a wheelchair, used to be reluctant to join group activities, but DanceWise has become a source of liberation for her. She speaks of feeling a renewed sense of connection to her body, believing that the rhythm and movement might even help her regain mobility.

Benefiting facilitators as well as participants, a DanceWise movement practitioner said she used to dance regularly up to the age of 18, but when she started full-time work she let that pursuit go. Now she is thrilled to reignite her passion for dance alongside her love for her work environment.

Through the simple act of dancing, individuals find community, vitality and a renewed zest for life. As the music plays on, the hallways of the aged care home reverberate with laughter, joy and the timeless rhythm of the human spirit – a cost-effective evidence-based way to support health and wellbeing.

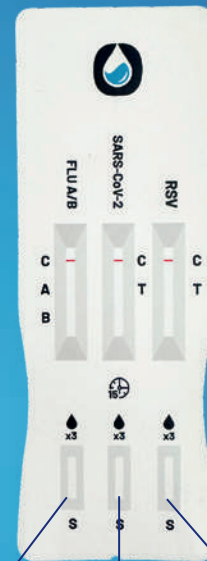
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Winter brings onslaught of respiratory infections

Help stop the spread

The latest Australian Respiratory Surveillance Report reveals the number of nationally notified COVID-19, influenza and respiratory syncytial virus (RSV) cases has been steadily increasing as we enter winter.

Nationally, there were 17,538 COVID-19 notifications with a diagnosis date during the fortnight of 6-19 May, as compared to 11,656 notifications for the previous fortnight, with the highest notification rates in New South Wales and Queensland.

For influenza, the reported notifications rose nationally from 6,557 to 10,619, with the Northern Territory recording the highest number of cases, though cases also increased in the Australian Capital Territory, New South Wales, South Australia, Tasmania and Victoria.

RSV national notifications also rose from 11,015 to 12,277, with 72,061 notifications reported in the year to date – almost twice the number of cases for the same period in 2023.

COVID-19 has claimed the highest number of lives in the year to date with 755 deaths, followed by 58 deaths attributed to influenza and 23 RSV-associated deaths.

“These figures are all the more evidence of why we should all do what we can to help reduce the spread of respiratory pathogens,” said Daniel Seldon from Aussie Pharma Direct.

“We know that aged care homes prioritise the health and wellbeing of their residents and staff, and we have certainly seen strong demand for our various health products, in particular, our rapid antigen tests, with many of the

larger aged care groups stocking up on the essentials.

“One of our newest and most popular products is the TouchBio combination RAT that tests not only for COVID-19 and influenza A and B, but also for RSV, and we also have the Australian-made HA Tech combo RAT as well.”

While most cases of RSV are mild, it can lead to serious illness for young children, older people and immunocompromised individuals.

Symptoms of RSV

The symptoms of RSV are runny nose, fever, coughing, wheezing or difficulty breathing, and chest infections that can lead to bronchiolitis, bronchitis and pneumonia.

Sometimes RSV also causes ear infections and it can worsen asthma symptoms.

RSV symptoms generally last for about two weeks but the cough associated with the virus can last for up to four weeks.

It is generally contagious for about three to eight days after symptoms appear but this period can be longer for someone with a weakened immune system.

The adults most at risk of severe RSV

Those most at risk of developing severe RSV include adults with an underlying medical condition such as chronic metabolic disorders, chronic respiratory, cardiac and neurological conditions, immunocompromising conditions or chronic kidney disease.

The risk increases with age, with the risk greater from the age of 75 for non-First Nations adults, and age 60 for First Nations adults and those with a medical condition.

The spread of RSV

RSV is spread the same as many other viruses – by inhaling droplets from an infected person via sneezing, coughing or talking. It is also spread by touching infected surfaces then touching your eyes, nose or mouth.

This is where the importance of personal hygiene comes to the fore. You can protect yourself by regularly washing your hands, using hand sanitiser, coughing or sneezing into your elbow and wearing a quality face mask when around an infected person or in crowded places and high-risk settings like aged care homes and hospitals.

RSV vaccination

As we age, our natural immunity starts to diminish, so for those at risk, it may be worth considering getting a vaccination.

In Australia, there are two non-live vaccines for RSV that are currently registered and approved for use in people aged 60 and over.

Prevention is better than cure

Since the government is no longer providing free rapid antigen tests (RATs) to aged care homes, it's up to providers and individuals to stay on top of symptoms and testing to try to minimise the spread of various respiratory infections throughout the winter season.

“It's easy to get complacent, but the figures don't lie, and we are now facing the headwinds of respiratory infections on the rise,” said Daniel.

“Remaining on the front foot and being prepared with necessary items at the ready, like rapid antigen tests, will help to keep everyone safe and healthy.”

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Unlocking Organisational Agility Through Aged Care Software

Does your organisation have the best-in-class software to achieve agility?

Agile organisations are those that take a creative, collaborative and people-centred approach towards achieving an organisation's vision and mission.

In dynamic markets, such as the Australian aged care sector, agility is crucial for organisations that aspire to deliver the highest quality care to their community. In 2024 and beyond, true agile requires the right aged care software. But what constitutes 'the right aged care software'?

The answer lies in a considered assessment across key evaluation criteria specific to your organisation. To help you develop your evaluation criteria, here are seven categories (7 Cs) that Australian aged care organisations should deeply assess their software solutions against:

- Client-centred
- Compliant
- Customised
- Connected
- Collaborative
- Contextualised
- Cyber-secure

We unpack each category in Epicor's latest eBook, **The 2024 Guide to Agile Aged Care**. In this article, we introduce some of the key considerations covered in each of the 7 Cs.

◆ Client-centred

If your clients don't receive a quality of care that meets their expectations, they will likely transition to a provider that will. Therefore, your client's experience should be at the centre of everything your organisation does, which means your software needs to be developed with a view to the entire care recipient journey.

◆ Compliant

Maintaining compliance with a broad suite of obligations will put your organisation under pressure unless you receive support. For the most part, software can facilitate this support, particularly when your vendor commits that their software will stay current with changes to the Australian legislative environment and meet the industry's extensive governance requirements.

◆ Customised

Your software evaluation should include assessing whether the vendor provides customer support and product development from a team of knowledgeable staff who deeply understand the gravity of your challenges and can, therefore, provide prompt and truly helpful assistance.

◆ Connected

Today, best-in-class aged care software applications can provide your business with a fully functioning, scalable, and end-to-end enterprise resource planning (ERP) software solution. Such software should provide all the required functionality to manage your aged care organisation's marketing, administration, client, procurement, document management, and financial aspects.

◆ Collaborative

The aged care organisations that achieve true agility will be those that align their team towards a future consistent with the organisation's mission and culture, a better tomorrow for all their stakeholders. In such an approach, organisations look to free their team up to focus on delivering the highest possible standard of care for their clients by leveraging technology.

◆ Contextualised

Aged care providers need a 360-degree view of client profiles where all information lives in a truly integrated system, providing a single source of truth. Moreover, as the market adapts to the transition from the Aged Care Approvals Round (ACAR), organisations won't have the luxury of time to analyse large quantities of raw data.

◆ Cyber-secure

The financial cost of a cyber-attack for healthcare organisations is more than double the global industry average, highlighting the need for providers to take proactive measures to protect all stakeholders who would otherwise be affected by attacks on their data. To adopt best-in-class security, aged care organisations need services including complex encryption, single sign-on (SSO), intrusion detection and redundancy.

If unlocking organisational agility through software is important to your organisation, this eBook will provide valuable insights to guide your decision-making.

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Regional postcodes dividing families

Why we need funding reform for our towns

Your 86-year-old mother needs to move into an aged care home. She's had a fall, lost mobility and now requires specialised aged care services. You tunnel your way through the web of necessary paperwork and administrative processes and mum is finally approved for care and accepted into a home.

There's only one problem. The home is a two-hour drive from the community you have grown up in, where mum's family and friends reside and where every restaurant, club and social hub she has known and enjoyed for a lifetime, exist.

This wouldn't happen in large cities, however for families living in regional towns, it's a reality that extends beyond aged care to other health services.

More than a third of older Australians live in rural and remote locations, while more than 600,000 additional people moved to the regions following the pandemic – and all of them need a broad spectrum of services and related infrastructure.

For regional care providers like Whiddon, we experience first-hand the demands on ageing infrastructure and specialised aged care services. As a not-for-profit aged care provider, our commitment ensures that our elders are cared for in the communities they know and love, surrounded by familiar faces (and this often extends to the employees in our homes).

However, it takes more than the goodwill of a not-for-profit organisation to keep operating homes in regional Australia. There is a premium that comes with running homes in the regions, and whether that's attached to the cost of labour, skilled trades or even freight on basic stock items, it means these homes don't always generate viable commercial returns.

While the Australian Government's viability supplements exist to support these challenges, gaps still exist. This has a compounding effect on investment and the expansion or redevelopment of aged care services within the regions.

Government grants and alternative funding models are required if we are serious about meeting the demand in the regions, which ultimately means keeping families and communities connected – and providing equitable access to care services across Australia.

Compounding this, Australia requires another 3,500 aged care beds and another 2,500 home care support packages in the next decade to support people in remote areas.

One key strategy to better care for our regional communities is a multi-pronged approach between state and federal governments, working cooperatively with providers towards a collective goal.

We saw the positive impact of joint strategies on the war against COVID-19, so we know that when a challenge exists, we can bring these powers together.

In the health and aged care setting, it's not overly complicated. Our regional hospitals and aged care homes both require care staff, nurses and allied health professionals. To support our operations, we both require kitchens, laundries and maintenance teams.

Yet, in the face of some of the toughest workforce challenges we have ever experienced, we continue to compete for skilled workers in these regions, rather than develop a joint strategy. In fact, drawing on the resources of state treasury, regional hospitals offer incentives of up to \$20,000 to sign on nurses. These hospitals, are often co-located with aged care homes, serving the same community, yet aged care doesn't get the same incentives.

The irony is that federally-funded aged care and our state-run health services share the same objective: to provide high-level, holistic care to the communities we serve.

Recently, NSW Health announced the \$80 million redevelopment of Temora Hospital, a move that will transform public health in the Riverina. It is vital that the aged care sector is brought along on this journey.

We made a pre-budget funding submission for the redevelopment of our own Whiddon Temora home. These plans envisioned expanding and extending our specialised care services to meet the growing needs of the region. In just seven years, it's expected the Temora population aged 75 and over will increase to 13.3 per cent, with an extra 50 aged care beds needed to meet more immediate demand.

Whiddon has and will always aim to pull its weight to address the specific needs of the regions. In April, we announced our completed upgraded works projects totalling \$13 million across homes in Wingham, Narrabri and Bourke. More than half of this much-needed funding was directed to homes located in regional and remote parts of NSW classified as medium rural towns (MM4) and very remote communities (MM7).

We now have an opportunity to pilot an integrated approach, combining the redevelopment of the Temora Shire Hospital with the upgrade of Whiddon's aged care service, to deliver a truly holistic care service to this region.

These innovative approaches must become the norm, ensuring that that your postcode doesn't disadvantage you.

Chris Mamarelis, CEO, Whiddon
www.whiddon.com.au

Reshaping aged care in an age of increasing diversity

Culturally competent communication is the first step

If we know anything about Australia's population it's that we're getting older and living longer, and we're more culturally and linguistically diverse than ever before.

So, we need to bear these things in mind as we reshape Australia's aged care system in the wake of the final report of the Aged Care Taskforce, delivered late last year.

Nowadays, around one in five Australians over 65 was born overseas and a third of us have at least one parent born overseas.

In 2022, 40,000 Australians from diverse cultural backgrounds were in some form of aged care and this number is expected to grow to 160,000 in the next 30 years, according to the Scanlon Foundation.

The Foundation also says around 28 per cent of people using home care are from multicultural backgrounds, although the Australian Institute of Health and Welfare (AIHW) suggests this proportion may be even higher.

Since 2020-21, across all mainstream aged care services, about 33 per cent of people were born overseas, of whom 66 per cent were born in non-English-speaking countries.

These figures paint a picture of the rich tapestry of cultural backgrounds among Australia's older population – with those aged over 85 projected to double by 2045.

This evolving cultural and linguistic landscape is becoming a critical consideration for aged care providers.

The projections highlight the need for aged care services to adapt and

increasingly cater to the nuanced needs of culturally and linguistically diverse (CALD) communities.

A significant proportion of aged care users, particularly those over 65 who were born overseas, may face language barriers, with fewer than a third speaking English proficiently, according to data from the AIHW.

We also know that people from non-English speaking backgrounds often revert to their first language as they age.

But the challenges faced by individuals from CALD backgrounds extend beyond language barriers.

Limited digital literacy, smaller social networks and historical experiences of marginalisation can contribute to feelings of loneliness and isolation among these populations, exacerbating the complexities of ageing.

Indigenous Australians also confront unique challenges stemming from historical trauma, cultural disparities and geographical isolation, which impede their engagement with aged care services.

These issues can affect the ability of older adults to access essential support and services that can improve their quality of life and contribute to better quality of life.

Leaving aside issues around cultural diversity, the prevalence of dementia and cognitive impairment among elderly populations also significantly impacts aged care needs.

Dementia not only affects cognitive function but also requires specialised care and support tailored to individual needs.



AMES Australia CEO Cath Scarth says recruiting staff from CALD backgrounds will be important for Australia's ageing CALD communities.

From memory loss to difficulties with communication and daily activities, dementia can profoundly affect an individual's ability to live independently, necessitating comprehensive and person-centred aged care services.

Recently, I heard the story of Ellie, an elderly migrant woman who was struggling with dementia. Ellie was reverting to first language, struggling to look after herself and hadn't left the home she shared with her son for five years.

My organisation was able to match Ellie with a carer with appropriate language skills and set up a care plan. Six weeks later, Ellie was again able to access community services and attend a Christmas party.

Ellie's case shows that understanding the nuanced demographics and needs of ageing populations within service areas is imperative for delivering tailored, relevant and sensitive aged care assessments.

Across Australia, regions exhibit distinct demographic compositions and care requirements, necessitating customised approaches to service provision.

For instance, regions within Victoria's reveal varying proportions of CALD populations, ranging from higher concentrations some places to significant Indigenous representation in others.

Looking at this data, it's obvious that Australia's aged care needs are

multifaceted and dynamic, requiring a paradigm shift towards culturally competent and community-centric, client-led care models.

Our experience at AMES Australia – a migrant and refugee settlement agency supporting older people and those with a disability working with multicultural

communities across the country – shows us that culturally competent communication is the first step in removing some of difficulties and barriers.

Including members of CALD communities in our aged care workforce, while also providing cultural competency training and resources to them, will also help.

Adopting an aged care framework that recognises that individuals flourish when they are connected to family, to co-ethnic groups, and to the broader community, provides a significant opportunity to improve the wellbeing and outcomes of older Australians from non-European-Australian backgrounds.

By embracing diversity as a cornerstone of aged care provision and by fostering inclusive and responsive services, Australia can navigate the complexities of an ageing population while honouring the diverse cultural identities and experiences of its older citizens.

Cath Scarth, CEO, AMES Australia
www.ames.net.au



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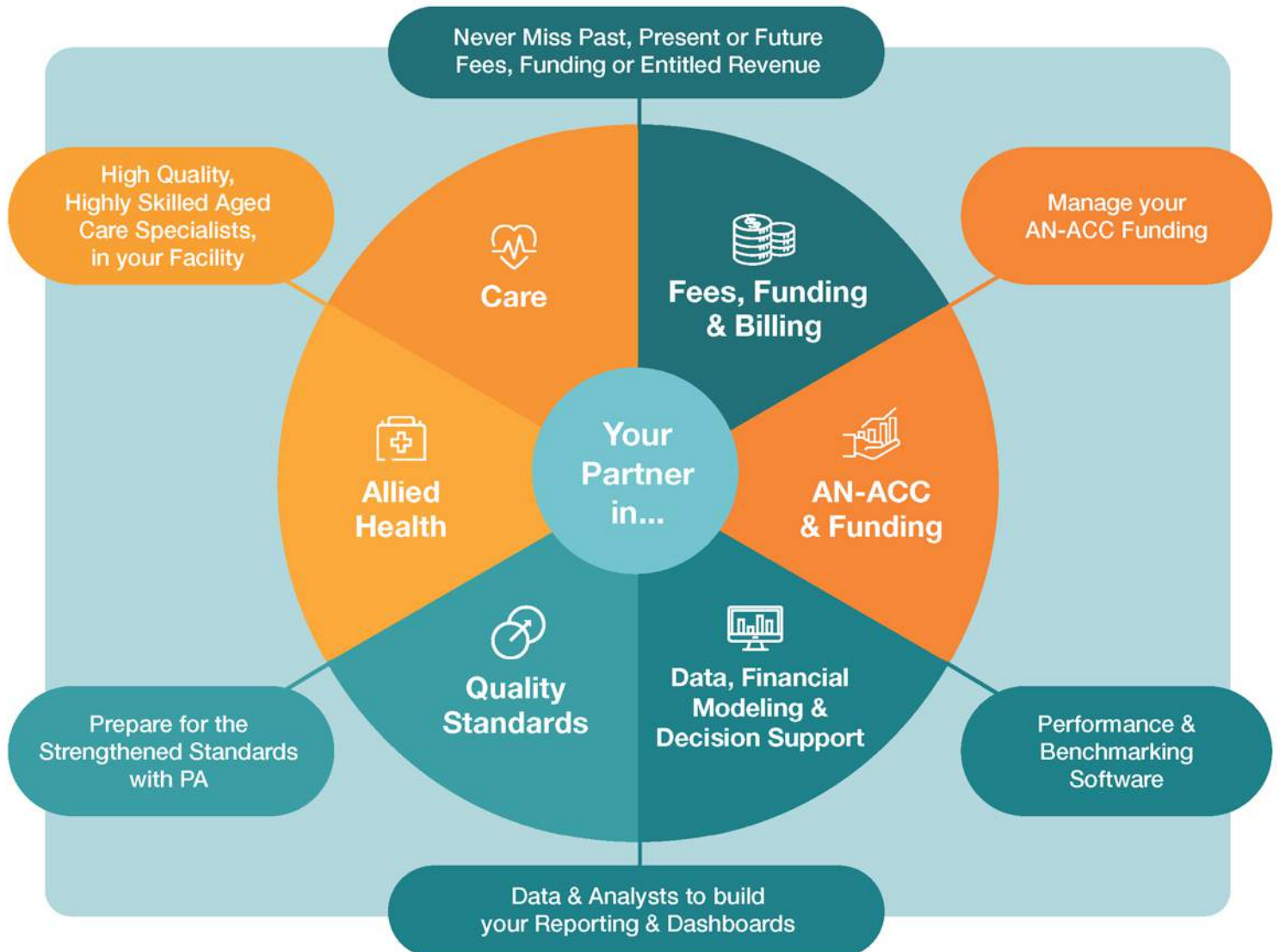
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Ageing the Finnish way

Sharing the secret of happiness

When we think of Finland, we often think of the happiest nation, as ranked seven years in a row in the United Nations Happiness Report. There are many reasons for this, but the core is trust throughout Finnish society, allowing everyone to feel safe and relaxed, reflected in wellbeing, freedom and equality.

The core of a Finn is in our 'sisu' – a combination of grit, resilience, determination and the drive to do things well. Add pristine landscapes and the ubiquitous sauna (a place of peace and relaxation), and you start to understand the Finnish mind.

While the first Finn arrived in Australia in 1770 as part of James Cook's scientific team, the first major migrant wave didn't start until the 1920s. After World War II, 22,000 Finns travelled to Australia, with close to half settling permanently. Today, when including second and third generations, an estimated 20,000 people have Finnish origin.

As with every multicultural group, there is a need to provide care services that support culturally responsive and appropriate services for older generations. In Australia, one organisation provides aged care for the Australian Finnish community: FinnCare.

Located in Thornlands, Queensland, it was established in 1975 as a 'home away from home' for older Finnish people. Today, FinnCare proudly offers a 61-bed residential home with a customised HUR FinnGym, 23 retirement villa units, and community care to over 300 clients.

Alexandra Faull, FinnCare CEO, says, "The success of FinnCare reflects the determination and 'sisu' of the residents, consumers, staff and wider Finnish community to make FinnCare the best

place to live and work, after all Finns are the happiest people in the world.

"Happiness comes from shared language, celebrating tradition and history, remaining active within the community and a sense of belonging."

In Melbourne, Hobsons Bay has been the centre for the Finns since the Finnish Hall in Altona officially opened in 1974. This heritage-listed building, located next to the council offices, is also the office for the Finnish Friendly Visiting Service (FFVS), a Commonwealth Home Support Programme (CHSP), and the Home and Community Care (HACC) social support service which was founded in 1996 for the Finnish population.

The social service offers a weekly activity and social connection group at the hall, as well as other sites in Victoria. The service offers activities that promote positive ageing and holistic wellbeing, while alleviating feelings of loneliness and isolation. The purpose is to support independence, allowing every Finn to stay at home for as long as possible.

In 2023, Hobsons Bay became an example of Finnish innovation in the active ageing space with installations of HUR strength and balance training equipment at the Avanti Health Centre, and Lappset seniors' exercise park equipment at Donald McLean Reserve.

In April, the council celebrated 'Active Ageing the Finnish Way in Hobsons Bay', with the support of His Excellency, Ambassador of Finland, Arto Haapea. "Finland has one of the oldest and most rapidly ageing populations in Europe," he said. "As a society, we are taking action to promote and improve the functional ability of our ageing citizens so that they might continue to live independently and actively participate in their communities."



Ambassador of Finland Arto Haapea tries out Finnish HUR equipment, with Aussie Finn Dr Tuire Karaharju-Huisman and Avanti Health Centre CEO Darryl Grundy at the Avanti Health Centre, Spotswood.

"We are delighted to see that as far away as Australia, Finnish health technology such as the equipment supplied by HUR and Lappset are being deployed to support active ageing in local communities.

"Better still, we are proud to see that it is the local Finnish communities such as FinnCare and the FFVS, that have led the way in exemplifying this concept of active ageing."

Mayor of Hobsons Bay, Cr Matt Tyler, is pleased Hobsons Bay is one of the 18 locations for the seniors' exercise parks in Victoria. "The park in Spotswood is invaluable, providing a free space for older adults to exercise, with equipment that is specifically designed to improve strength and balance," said Matt. "Not only is this a place to exercise, but it is a place where people come together to socialise and improve their health in all aspects."

Despite being one of the smaller multicultural groups in Australia, it's great to see services for older people in the Finnish language, with Finnish cultural components and Finnish innovations benefiting the wider community.

Dr Tuire Karaharju-Huisman,
Physiotherapist,
Accredited Exercise Physiologist
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Culture meets innovation

State-of-the-art aged care home wins Asia-Pacific Innovation Award

The Australia Nursing Home Foundation (ANHF) has once again risen above the competition, snagging the 'Innovation of the Year - Rehabilitation Programme' title at the 12th Asia Pacific Eldercare Innovation Awards – one of several Australian providers to be recognised.

Operating in New South Wales, the ANHF offers culturally specific residential care and community support to over 1,500 seniors and their families, most of whom have Chinese heritage.

This year's award is a nod toward the provider's innovative approach, combining exercise with culturally specific elements in the 'Senior Boxing and Technology Enhanced Exercising Programme' at the Huang Ying Jung Nursing Home in Sydney.

The aged care home is no stranger to awards, having been honoured with a 'Gold Award' at the Sydney Design Awards 2023 and receiving the 'Best Interior Design of the Year' accolade at the 11th Asia Pacific Eldercare Innovation Awards 2023.

"Innovation is deeply ingrained in our organisation's culture and operations, supporting a person-centered approach to service delivery in a culturally sensitive way," said ANHF CEO Ada Cheng.

"By combining traditional exercises with innovation and modern technology, the in-house rehabilitation programs at the ANHF Huang Ying Jung Nursing Home have improved the wellbeing and experiences of our residents.

"This accolade has reaffirmed the efficacy of seniors boxing and technology-enhanced exercise."

One of the devices used in the program is Silvermove – a motion sensor VR exercising system developed in Hong Kong – which empowers users to

assume diverse personas, from animals to virtual characters, during the VR rehabilitation training.

Hong Kong street sceneries are used as backgrounds in the system, so that the Chinese residents will find it familiar and interesting.

After an assessment by the aged care home's therapist, residents are being prescribed a variation of the program with outcome-focused goals set by and meaningful to the person receiving support.

The aim is for each resident to receive at least three training sessions a week, with 12 out of the total of 84 residents having tried the program to date.

As the system is portable, staff can bring it to the residents' rooms to conduct the training one-to-one if necessary.

Feedback from families and residents has been very positive and there has been a lot of interest in the new technology.

Besides Silvermove, residents can also practice boxing in the aged care home's gymnasium.

While some family members may have had reservations at the beginning, thinking boxing is not suitable for older people, after noticing the positive impact and enjoyment their parents are getting, they are happy for them to continue with the training program.

Apart from boxing and Silvermove, the ANHF has also introduced an immersive VR cave.

Packaged with Chinese element VR games, such as dragon boat racing and lion dancing, the cave includes sensors attached to props so that users can imitate the action of these Chinese cultural activities in the immersive environment.

"Life in aged care homes is often perceived as inactive and dull. However,



ANHF CEO Ada Cheng pictured with the 'Innovation of the Year - Rehabilitation Programme' trophy along with ACCPA CEO Tom Symondson.

innovation and technology can change this perception," said Ada.

"Our fresh perspective injects vibrancy into the training routine, erasing any traces of monotony.

"Our residents are viewed as active participants – regardless of their health conditions, frailty or disability, everyone gets the opportunity to exercise according to their ability, because we know this is important for their overall health and wellbeing.

"Our staff are the powerhouse for innovation and they are trained within a person-centred approach to support our customers in a fun-loving way.

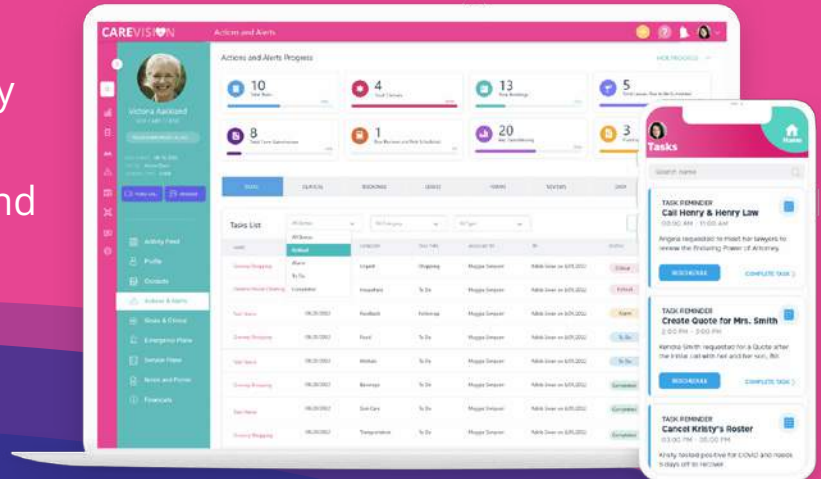
"Our achievements are a testament to the dedication and hard work of the ANHF staff, and the enthusiasm of our residents and their families – it's a win for everyone."

Australia Nursing Home Foundation
www.anhf.org.au

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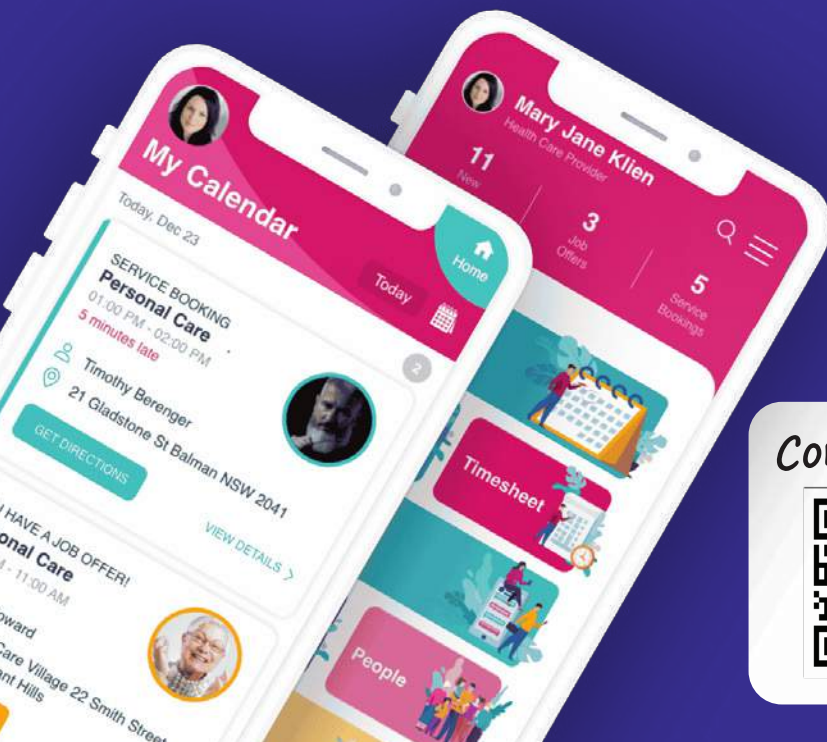
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Promoting inclusive palliative care for LGBTIQ+ people

Why new eLearning program is a must

Discrimination drives many LGBTIQ+ people to avoid disclosing their diverse bodies, sexual orientations or genders in healthcare, which has a direct impact on their end-of-life planning.

Fears of homophobia, transphobia and elder abuse can be highly distressing and re-traumatising to older people who have faced these challenges in the past.

As such, there is an urgent need for the aged care and primary care sectors to address the unique challenges faced by LGBTIQ+ people when accessing palliative care services.

Inclusive palliative care for older LGBTIQ+ people is a crucial yet under-researched area, with many in the palliative care sector lacking awareness about it.

With only 12 per cent of LGBTIQ+ people having an advance care directive, the need for the aged care services industry to address these unique challenges is all the more significant.

Unfortunately, many people in our community are uninformed about the need for a power of attorney or advance care plan, they often haven't designated decision-makers or outlined their preferences legally, resulting in a lack of legal support when decisions need to be made on their behalf.

This is especially important for LGBTIQ+ people, who may not have clear next-of-kin pathways, making the appointment of a legal guardian vital.

Healthcare providers can play an important role in encouraging their LGBTIQ+ patients to consider their options for documentation to ensure their wishes are known and upheld toward the end of their lives.

Additionally, we need to note that many LGBTIQ+ people lack contact with

their families of origin or don't have children, relying instead on families of choice for support. Unfortunately, these chosen families aren't always welcomed by care providers, who often lack understanding of their histories of abuse or marginalisation.

Recently, Dr Fiona Ann Papps, in collaboration with Jason Petrides (an Australian College of Applied Psychology honours student) and LGBTIQ+ Health Australia (LHA), conducted a study to better understand the needs and experiences of gender and sexuality diverse people in accessing palliative care services.

In addition to the lack of recognition of relationships and acknowledgement of chosen families within palliative care services, the study highlighted the hesitation that many LGBTIQ+ people have in seeking care at palliative care services run by religious institutions.

Historical persecution of people on the basis of their diverse sexuality or gender identity by many religious bodies and individuals generates considerable fear and reluctance to engage, unless services can make it very clear that they are accepting and welcoming.

These circumstances highlight the many challenges faced by LGBTIQ+ people which are often overlooked or understated. However, all these barriers can be overcome to ensure inclusive palliative care for LGBTIQ+ people.

Further education within the healthcare sector would improve awareness of issues unique to LGBTIQ+ patients.

Encouragement of LGBTIQ+ people by healthcare providers to discuss their preferred decision makers and establish an advance care directive will also likely have a ripple effect throughout LGBTIQ+ communities, leading to better preparation for end-of-life scenarios.



Dr Ruth McNair says LGBTIQ+ people need greater understanding when it comes to palliative care.

LHA has recently launched a four-module eLearning program, accessible at no cost to those in palliative care or interested in the field.

This was developed by LGBTIQ+ health experts drawing from the recent LHA study and using realistic case study examples.

These learning opportunities are centred on providing safe, inclusive palliative care that respects and supports LGBTIQ+ people, ensuring they can access care free from discrimination.

Acknowledging the specific needs of LGBTIQ+ people is essential. It's not enough to treat them like everyone else, as their experiences and challenges are unique and require tailored approaches.

By ensuring healthcare providers undergo comprehensive training and education, they can gain the understanding of the complexities faced by older LGBTIQ+ people and equip themselves with the skills necessary to create safer environments.

Ultimately, this not only fosters inclusivity, but also sends a powerful message to the community: It's okay to be open about your identity and needs, and you deserve to receive knowledgeable and culturally responsive care and support.

Dr Ruth McNair, General Practitioner and Honorary Associate Professor at the University of Melbourne.
www.lgbtiqhealth.org.au/palliative_care

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Dementia Australia launches new VR de-escalation training workshops

Supporting everyone's safety in aged care

Aged care staff are crucial to the wellbeing of people living with dementia.

Staff continue to be there to support those who need them most, making a difference each and every shift, in ways that can often go unnoticed or underappreciated.

To provide the best possible dementia care, staff need to be supported, not only through adequate pay and conditions, but equally through comprehensive education and training to best equip them to provide safe, person-centred care. De-escalation training for a behavioural emergency in aged care is critical.

We know that dementia can change people's behaviour. Sometimes, people living with dementia may feel anxious, fearful, distressed and confused. They may also be in pain or disorientated – visually or spatially. Often, they are unable to communicate how they feel or what they are experiencing in the usual ways.

As a result, people living with dementia may become agitated and display noticeably changed behaviours. They might get upset, pace, scream, shout or make threats, and become physically violent towards themselves or others.

Once agitation and violence occur, behavioural emergencies and occupational violence in aged care are time-critical situations that need to be appropriately responded to. In these situations, each decision can be critical.

In these emergencies, aged care providers with effectively trained and supported staff to help guide the response of staff are much more equipped to de-escalate the situation and prevent or reduce the risk of further incidents. This leads to better outcomes for both the person living with dementia as well as improved working environments for staff.

Proactive approach to changed behaviours

Data from the Serious Incident Response Scheme (SIRS) shows that since reporting began in 2021 to 30 June 2022, more than 39,000 incidents were reported in care homes. This scheme helps to strengthen aged care systems, build providers' skills so they can better respond to serious incidents and ensure people receiving aged care have the support they need.

Proactive approaches like SIRS are needed to educate staff, monitor and manage the cognitive and behavioural needs of people living with dementia, allowing for safe provision of care and empathetic de-escalation.

Quality and regulatory processes that support the minimisation of restraint in people with dementia, as well

as the provision of mandatory dementia education, are imperative to ensure the delivery of quality dementia care in which the use of restraint is a very last resort. We know that managing such behaviours with restrictive practices such as physical or pharmacological restraint is often ineffectual or can make the situation worse.

All individuals living with dementia experience unique and varying behavioural and psychosocial symptoms of dementia. It is important that behaviour assessments and care plans are modified as needed when current strategies to address changed behaviours are found to be ineffective.

Staff are encouraged to intervene before an incident takes place, using interventions that reduce the everyday risk of aggression, as well as those that are implemented when aggression is perceived to be imminent. However, for this to be implemented in a meaningful way, staff must be equipped with the knowledge, skills, and resources to intervene in ways that are respectful and effective.

Dementia Australia's de-escalation training resource

Dementia Australia has recently launched D-Esc, a new innovative virtual reality (VR) training workshop for assisting staff to de-escalate a behavioural emergency in a care setting.

D-Esc provides an immersive simulation, designed for frontline and health care professionals to use an interactive approach to de-escalation training. Participants will build empathy and understanding towards people with dementia, with the aim to reduce the use of restrictive practices in care.

Dementia Australia will provide the training in an in-person three-hour workshop, with up to 15 participants, at your location.

At the completion of the D-Esc workshop participants will be able to recognise emotional and physical signs of behaviour escalation; understand how increased stress impacts a person with dementia; apply person centred de-escalation skills; better contribute to debriefing; and reduce overall risk of harm.

The initial delivery of the program to 6,500 people is funded by Dementia Training Australia until June 2025. To confirm the eligibility of your staff please visit dementia.org.au/d-esc or contact development@dementia.org.au.

If this story has prompted any questions or concerns, please call the National Dementia Helpline 1800 100 500, with support available 24 hours a day, seven days a week.

Dr David Sykes
Director Centre for Dementia Learning

The role of migration and aged care labour agreements

New pathways to address workforce shortages

The Australian aged care sector is at a critical juncture, facing significant workforce shortages that threaten the quality of care for the Australian ageing population.

Now, recent developments in immigration policy – specifically the Aged Care Industry Labour Agreement and the introduction in late 2024 of the Core Skills and Essential Skills visas – offer a renewed approach to bridging the gap between supply and demand for skilled aged care workers.

The Aged Care Industry Labour Agreement

We all know that comprehensive policies and initiatives to deal with the ramifications of our ageing population and decline in workforce should have been planned for many years ago, in part due to our declining birth rate and greater life expectancy, which will drive future demand.

According to celebrity demographer Bernard Salt of The Demographics Group, Australia's 2021 census was a watershed moment in the care industry, revealing a "tectonic shift" in the workforce toward aged care, disability and childcare, with an expected demand for aged care support to peak in 2027.

The Aged Care Industry Labour Agreement (ACILA) is one instrument that the Australian Government has rolled out to assist with a solution to streamline recruitment of qualified direct care workers from overseas.

This agreement allows aged care providers to sponsor overseas workers for key direct care occupations, such as Nursing Support Worker, Personal Care Assistant and Aged or Disabled Carer, under the Temporary Skill Shortage (subclass 482) visa and Employer Nomination Scheme (subclass 186) visa.

The attraction to the permanent residency pathway for new migrants working in this sector can act as a retention tool for many years.

New visa pathways

Complementing the ACILA, in late 2024 the Australian Government will be rolling out a refreshed employer sponsored program, to be known as Australia's Skills in Demand Visa.

This will include a Core Skills Pathway, targeting occupations in high demand and aligning skilled immigrants with the country's job market needs.



Christina Lien says the new pathways to recruit overseas workers should be embraced by aged care providers.

Another option is the Essential Skills Pathway. This is still under development by the Australian Government but is planned to focus on critical sectors like aged care, potentially offering a solution for lower-paid but essential occupations.

Synergies for aged care recruitment

The combination of the ACILA and the new visa pathways is likely to create a complementary workforce pool for the aged care sector. By facilitating the entry of overseas workers through these streamlined processes, aged care providers can mitigate the impact of local skill shortages.

With the ACILA provides a foundation for bringing in overseas talent, the Core Skills Pathway and Essential Skills Pathway visas will help ensure the talent pool is aligned with the specific needs of the industry.

The ACILA and the new visa pathways offer a promising avenue for attracting and retaining the skilled care workers necessary to provide high-quality care.

Next steps for providers

To capitalise on these opportunities, aged care providers should engage in strategic planning and targeted recruitment efforts, in preparation for the ongoing demand in services.

Providers should seek to understand and navigate the requirements of the ACILA and the new visa pathways to help build a robust and skilled workforce. Expert advice will help you understand how criteria apply specifically to your operations, and engaging with other providers that are already accessing the ACILA may also be helpful.

The aged care sector's workforce shortage is a complex issue that requires a multifaceted approach, but through collaboration and strategic action, the aged care sector can overcome workforce challenges and ensure a sustainable future for aged care in Australia.

Christina Lien, Immigration Lawyer,
Visa Executive Pty Ltd
www.visaexecutive.com

Key commercial skills for aged care leaders

How to drive financial sustainability in the face of current challenges

As the nation grapples with an ageing population and evolving healthcare needs, the aged care sector is navigating a complex web of reforms, workforce shortages, financial sustainability challenges and changes in program funding.

In this ever-changing environment, the importance of developing key commercial skills for Australian aged care leaders cannot be overstated.

The reform journey

Australia's aged care system has embarked on a reform journey aimed at delivering better, more person-centred care for older people.

This journey, initiated by the Royal Commission into Aged Care Quality and Safety, has resulted in a series of recommendations and policy changes designed to reshape the sector.

These reforms include a shift towards consumer-directed care, enhanced transparency and accountability, and an increased focus on quality and safety.

To successfully lead aged care organisations, today's leaders must have a deep understanding of the regulatory landscape and the ability to adapt to new policies, as well as a commitment to ensuring the best possible outcomes for their clients.

Commercial skills play a pivotal role in this process, as they enable leaders to make informed decisions, allocate resources efficiently and ensure the long-term sustainability of their organisations.

Balancing care and commercials

Aged care providers are no strangers to financial challenges. The sector has for a long time grappled with issues such as workforce shortages, rising

operational costs, and the need for infrastructure and technology upgrades. However, the recent reforms have added an additional layer of complexity to the financial landscape.

Australian aged care leaders must be adept at financial management, budgeting and strategic planning to ensure their organisations remain financially sustainable.

This includes developing the skills to plan for the future, secure funding, optimise revenue streams and staff costs, set sustainable pricing in an increasingly competitive marketplace and adapt to changing funding models.

Commercial acumen is crucial for making informed decisions that balance the need for quality care with the financial constraints of the sector – the delicate balance of client care and commercials.

Changes in program funding

One of the most significant changes affecting the aged care sector is the evolving landscape of program funding, with the shift towards consumer-directed care meaning clients have greater choice and control over their care services.

This change has necessitated a rethinking of funding models, with a focus on individualised funding packages rather than block funding for providers.

While the detail of the Support at Home program is yet to unfold, it is clear it will be a challenge for those providers that have been block-funded through the Commonwealth Home Support Programme.

Australian aged care leaders must be proficient in navigating these new funding models, understanding the complexities of government funding schemes, and ensuring their



organisations can deliver high-quality care while meeting the financial expectations of their clients.

This requires a strong grasp of financial principles, negotiation skills and the ability to adapt to changing funding arrangements.

The leaders we need

Today's aged care leaders face a unique set of demands. To drive successful business outcomes and deliver exceptional care to older Australians in a sustainable way, these leaders must develop key commercial skills.

Aged care leaders who prioritise the development of these skills will not only navigate the challenges of the current aged care environment but will also position their organisations for long-term success in a rapidly evolving sector.

As the aged care sector continues to transform, it is those leaders with strong commercial skills who will lead the way in providing high-quality, person-centred care to Australia's ageing population.

The Pontem team is experienced in designing and delivering commercial capability uplift programs, and we'd be only too happy to share our insights with providers interested in finding out more.

**Jane McDonald, CEO,
and Allira Griffiths,
Chief Capability Development Officer,
Pontem Pty Ltd
www.pontem.com.au**

How two providers transformed recruitment

Bringing back employee referral programs for frontline staff

Before the era of online job boards, word-of-mouth was the go-to method for recruiting frontline staff in aged care. It was a simple, yet effective way to find local talent.

However, over the past 15 years, reliance on job boards has grown with the evolution of recruitment processes and technologies. This shift has made it seem as if referral programs have lost their value.

But as recruitment and retention challenges continue to rise, along with mandated care minutes and increasing demand, two prominent aged care providers are proving that employee referrals are once again a high-quality and reliable source of frontline talent.

Within one year of launching their new employee referral programs, Bolton Clarke and Clayton Church Homes elevated the volume and consistency of their referrals, reduced their reliance on job boards, and consequently reduced turnover and agency spend.

Let's take a look at what they did – and how you can reinvent your approach to recruitment.

Bolton Clarke

“Our staff referral results are impressive,” said Steve Muggleton, Group CEO of Bolton Clarke, which in key parts of the business secured as many as one in three hires through referrals.

“We’re enjoying record low turnover rates at the moment. Retention was improving well before the Work Value pay rises came through. There’s no doubt our referral program has been a significant contributor to that success.”

In just one year, referrals accounted for 21 per cent of all frontline hires, up from just three per cent previously, including 50 registered nurses.

For residential homes, employee referral delivered 31 per cent of all new employees. On average they

received 85 referred candidates each month in the first year of the program, of which 18 were hired.

The cost per referral hire was \$406, significantly lower than other recruitment channels, while referral-sourced hires had an annual turnover rate of just six per cent.

Clayton Church Homes

“Staff referral has been hugely successful for Clayton Church Homes, our residents and clients,” said Jo Boylan, CEO of Clayton Church Homes.

One year after launching their program, 100 per cent of their 120 frontline hires were sourced via referral, including 12 registered nurses.

This included rebuilding their casual pools and commissioning a 60-bed facility.

Monthly they averaged 50 referred candidates and hired 11, while staff turnover was just five per cent.



Clayton Church Homes (top) and Bolton Clarke have significantly improved recruitment through employee referral programs.

No job board expenses were incurred for frontline roles during the year and agency spending decreased by over 75 per cent, with referral cost per hire just \$329.

Key factors for success

The success of these programs relies on several key factors: leadership, communication and reward.

Leadership endorsement and support are crucial, creating an inclusive work culture where staff are encouraged to bring in the people they know and would love to work alongside.

Clear communication is a must, with internal communications channels alerting staff to vacancies and easy ways for them to share these opportunities with their networks. There are modern solutions that also make this easy for deskless employees.

Ensuring employees stay informed about the progress of their referred candidates, in a low-touch way, promotes ongoing engagement.

Effective reward strategies, such as recognising both actions and results, also helps encourage participation.

A sustainable solution

Despite a spike in applicant numbers due to the Work Value Case wage rises we are now seeing a downturn, and we know from New Zealand and the United Kingdom that sector-wide pay rises can be a 'sugar-hit', not necessarily a long-term solution.

Recruitment and retention challenges are not going away – growing demand guarantees it – and the sector needs a sustainable solution.

Referral has long been a productive candidate source, especially in aged care. Employees refer friends and family because they care about the people they support, the people they work with and the people they refer.

It's the personal commitment shown by many staff in the sector that anchors referral performance for providers.

Employee referral programs are not the total workforce solution but have potential to deliver significant commercial, operational and cultural benefits.

They create a pool of candidates pre-screened by existing staff, deliver high conversion rates and longer tenure.

As competition for staff increases, these exclusive networks of candidates become even more valuable. Currently underutilised, referral's potential has never been lost.

Given the ongoing staffing challenges, Bolton Clarke and Clayton Church Homes decided not to let referral lie dormant.

By following these success stories, other providers can reimagine their recruitment strategies to access the untapped potential of employee referral.

Care Friends

www.carefriends.com.au/testimonials

Training for busy leaders

Accelerated learning will take your team to the next level

Would you like to build capacity in your aged care leaders but don't have the time? Then choose an accelerated learning approach.

The Leadership Accelerator Program can be completed in just three months – with an investment of just 12 hours.

For leaders in operational, clinical and corporate roles, this practical program is delivered as two interactive two-hour workshops each month – or you can purchase modules individually.

Upon completion, your leaders will have a deeper knowledge of key criteria and skills outlined in the Australian Aged Care Leadership Capability Framework – along with a renewed mindset and fresh enthusiasm.

Don't wait until your leaders are overwhelmed and exhausted, give them a helping hand today.

The Leadership Accelerator Program has been developed by Aged & Community Care Providers Association specifically for the aged care sector.

Leadership Accelerator Program

- Six two-hour workshops
- Three months
- Optional CILCA360 analysis
- Option to 'pick and pack' or register for the set
- An exclusive program is available for organisations that would like to train groups of 18 or more leaders



Addressing workforce shortages in aged care through traineeships

A fast, cost-effective solution

In the rapidly changing landscape of aged care, providers confront significant challenges, including maintaining high-quality care and adapting to ongoing industry shifts.

According to a recent report by CEDA, Australia faces a critical shortage, needing at least 110,000 direct aged care workers within the next decade to meet growing demands.

This shortage is projected to escalate to more than 400,000 by 2050 if substantial measures are not implemented.

Traineeships offer a holistic and strategic solution to these challenges, enabling organisations to fulfil their staffing and operational needs while enhancing service delivery and community impact.

There are diverse traineeship models and opportunities available to aged care providers across Australia – which one is right for you?

Key benefits of aged care traineeships

Workforce development. Traineeships are fundamental in building a robust, skilled workforce equipped to meet the diverse needs of the aging population.

These programs offer a strategic route for ongoing learning and professional growth, ensuring staff are not only skilled but also engaged and motivated.

This enhances the caregiving environment, improving job satisfaction and retention rates.

Community impact. Traineeships help foster a culture of learning and development, transforming aged care sites into community pillars that promote wellness and compassionate care.

Trainees infuse fresh perspectives and energy, boosting the caregiving dynamic and encouraging collaboration.



The specialised training ensures care is personalised and dignified, meeting each resident's unique needs.

Future readiness. Traineeships equip providers to handle the complexities of the healthcare sector adeptly, preparing them for current and future challenges.

This proactive workforce strategy enhances care quality and strengthens organisational resilience and adaptability.

Strategic and economic benefits. Implementing traineeships allows for effective resource management and planning. Financial incentives, including wage subsidies, make traineeships a cost-effective staffing solution, enhancing their attractiveness and feasibility.

From July 2022, eligible employers can receive a subsidy, including 10 per cent of wages for up to a year, for traineeships.

Diverse traineeship models

Aged care providers can choose from several traineeship models to best suit their operational needs and goals: school-based traineeships, new directions traineeships and skilled care traineeships.

School-based traineeships allow high school students to begin their careers in aged care by working part-time while

completing their studies, providing a steady path from education to employment.

New directions traineeships are aimed at existing workers within your organisation, supporting those wanting to upskill, potentially moving from other roles into direct care positions. Investing in their professional development is an excellent way to motivate and retain staff.

But for providers that rely heavily on temporary agency staff and want a more sustainable solution, the Skilled Care Traineeship Program is ideal.

The skilled care traineeship programs

This program offers a structured path to attaining a nationally accredited Certificate III in Individual Support over 12 months, ensuring they are well prepared to meet the demands of their roles.

The program allows trainees to earn an income while gaining the skills necessary for a long-term aged-care career, building the skills they need to succeed.

Each intake allows for eight to 15 trainees in residential care and home care, making it scalable to your organisation's needs.

Under the Australian Apprentice Incentive Scheme (AAIS), eligible care providers can receive a 10 per cent wage subsidy, significantly reducing employment costs.

A proactive solution for aged care

Embracing traineeships in the aged care sector is a proactive solution to the critical workforce shortages threatening the industry.

A win-win, traineeships offer care providers a cost-effective way to enhance service quality and operational efficiency while for trainees, they provide a structured route to gain essential qualifications and hands-on experience in a supportive environment.

By integrating traineeships into workforce strategies, organisations are not just meeting current needs but are investing in developing a skilled workforce ready to tackle the future challenges of the aged care landscape.

Our aged care traineeships run in Sydney, Melbourne, Newcastle and the Central Coast of New South Wales, and we also deliver our traineeship model in hard-to-staff regional areas, with intakes currently running in Canowindra, Goulburn and Tweed.

Reach out to us today to find out how we can support your workforce needs.

Sophie Curran,
Head of Marketing, Skilled Care
www.skilledcare.edu.au

Thanks for Caring

Aged Care Employee Day

Wednesday 7 August 2024

Celebrate Australia's unsung heroes this **Aged Care Employee Day** and let all your workers know how much they are appreciated.

Send your stories, photos and videos to media@accpa.asn.au so we can celebrate the people and teams involved in care and support across our networks.

Visit accpa.asn.au/aged-care-employee-day to find out how you can get involved.

#thanksforcaring

Share your appreciation with us from 1 July 2024 to 7 August 2024.



Enhance compliance with real-time reporting

Why you need to act now

With new minimum care requirements rolling out from 1 October, now is the time to ensure your organisation is ready – with the right workforce management software to support reporting.

In recent years, Australia's residential aged care providers have navigated a seemingly never-ending list of compliance obligations, while also dealing with ongoing talent shortages and funding challenges.

The Australian National Aged Care Classification (AN-ACC) has added an additional layer of complexity. The AN-ACC links funding to the costs of providing care. A major part of this is providing regular reports to the Aged Care Quality and Safety Commission to show evidence of commitment to meeting minimum care requirements.

Here's a recap of the key changes:

- From 1 July 2023, residential aged care providers were required to have a Registered Nurse (RN) on-site and on duty 24/7.
- From October 2023, residential aged care providers were required to ensure that each resident was receiving a sector average of 200 minutes of care daily, where at least 40 minutes of care had to come from a Registered Nurse (RN).
- After 1 October 2024, this requirement will increase to 215 minutes of care for each resident daily, with at least 44 minutes from a RN.

The Commission monitors compliance with the 24/7 RN and RN minutes of care requirements and takes action to enforce compliance where necessary.

Reporting requirements

Providers are required to supply monthly and quarterly reports to the

Department of Health and Aged Care. These reports must include:

- each time there was not a RN on-site and on duty for 30 minutes or more
- the reason for the absence of an on-site and on duty RN
- the alternative arrangements that were made to ensure clinical care needs were met during the time a RN was not on-site and on duty.

On-demand data insights

With available talent still scarce following the pandemic, it has never been more critical to optimise the use of existing workers through smarter rostering.

Human resources professionals are becoming increasingly reliant on data to make more effective, informed decisions about all aspects of people management. From hiring staff, through to their engagement and development, and onto their exit from the organisation, having timely, accurate data at your fingertips can have a measurable impact on business performance, employee engagement and productivity.

Rostering is no different. Today, workforce management software can help by providing real-time datapoints in easy-to-digest reports.

The challenges facing aged care providers are complex, with no easy solutions. However, amid its range of recommendations, the Committee for Economic Development of Australia's whitepaper, 'Duty of Care: Meeting the Aged Care Workforce Challenge', recommended in 2021 that investment be made into new technology to help reduce administrative and physical burdens on staff, freeing them up for more face-to-face care.

Quality care, above all else, must be the top priority for all providers.

A dashboard for better care

The Humanforce AN-ACC Real-Time Dashboard helps providers analyse specific data to ensure they are meeting care minute reporting obligations. For example, users benefit from:

- real-time visibility of adherence to care minute targets, based on time rostered and time worked
- the ability to nominate which roles contribute to care minutes, and nominate the extent to which each role contributes to care through percentage allocations
- self-service file uploads for care minute targets and occupancy rates
- the ability to view resident care minutes and RN care minutes against schedule in a single report to maintain star rating for facilities
- the ability to identify excessive and insufficient resourcing to ensure cost-effective compliance
- flexibility to utilise API and integrate per residence per day data from external sources
- the ability to exclude leave time and training hours.

Critically, human resources and operations managers also gain insights about labour demand and scheduled hours being worked, enabling them to respond quickly to changes in care requirements.

There's also an element of rostering cost control, with the ability to improve workforce planning and increase or decrease rostered hours as required.

Whichever technology solution you choose, it's clear that real-time reporting will enhance your operations and benefit the people in your care.

Humanforce
www.humanforce.com



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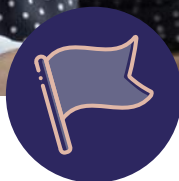


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The future of eLearning

Five trends you can't ignore

In the healthcare and aged care sectors, staying up-to-date with the latest training methods and technologies is crucial – with eLearning emerging as a cornerstone of professional development and innovation.

Embracing digital transformation means making training easier for your staff, which helps ensure patient safety and quality of care, keeps organisations compliant and in line with accreditation standards, and demonstrates a commitment to the professional growth and wellbeing of employees.

A number of cutting-edge eLearning trends are reshaping education in these sectors – with practical applications and numerous benefits for healthcare and aged care professionals.

By harnessing AI, microlearning, interactivity, mobile learning and accessibility, organisations can boost their capacity to navigate the future of education with confidence and competence – facilitating excellence in care delivery and fostering a culture of continuous improvement.

1. AI-enhanced personalisation

Artificial intelligence (AI) is in the process of transforming every industry; in eLearning's case, its impact is profound.

Beyond merely customising content, AI-powered recommendation engines can suggest a variety of learning pathways for healthcare and aged care professionals.

By analysing learner data, AI can not only identify knowledge gaps, but also determine the most effective sequence of courses or learning activities tailored to individual needs.

This capability enriches learner engagement by offering personalised learning experiences and optimises learning outcomes by ensuring professionals receive targeted education – precisely where they need it most.

2. Microlearning

Microlearning addresses time constraints in busy healthcare environments by breaking down training into bite-sized modules.

These concise lessons enable learners to absorb information quickly and conveniently, without compromising depth or quality.

When incorporated as part of a blended learning program, microlearning offers short, sharp targeted modules that can complement traditional training methods.

Plus, research shows that microlearning has a positive impact on the knowledge and confidence of healthcare students,

particularly in performing procedures, retaining knowledge, studying and engaging in collaborative learning.

By integrating microlearning into eLearning initiatives, healthcare and aged care professionals can access relevant information efficiently, leading to improved skills acquisition and performance in real-world settings.

3. Interactivity

Interactive elements such as exercises, simulations and assessments make eLearning sessions dynamic and participatory.

By cultivating active involvement, interactivity boosts knowledge retention and application, empowering healthcare and aged care workers with practical skills and insights.

Some learning management systems also use interactive polls as self-assessments, allowing learners to evaluate their abilities both before and after training, pinpointing areas for development.

Healthcare organisations can also use polls to gather feedback from coaches, managers and peers, further enriching the learning experience.

Because no two learners are alike, with interactive features, no two learning experiences will be alike either.

4. Mobile learning

Mobile-responsive eLearning platforms ensure accessibility anytime and anywhere, catering to the on-the-go lifestyles of many people employed in healthcare or aged care.

This flexibility enhances convenience and facilitates continuous learning and skills development.

Well-designed online courses seamlessly adapt across devices, optimising the learning experience for users transitioning between laptops, smartphones and tablets.

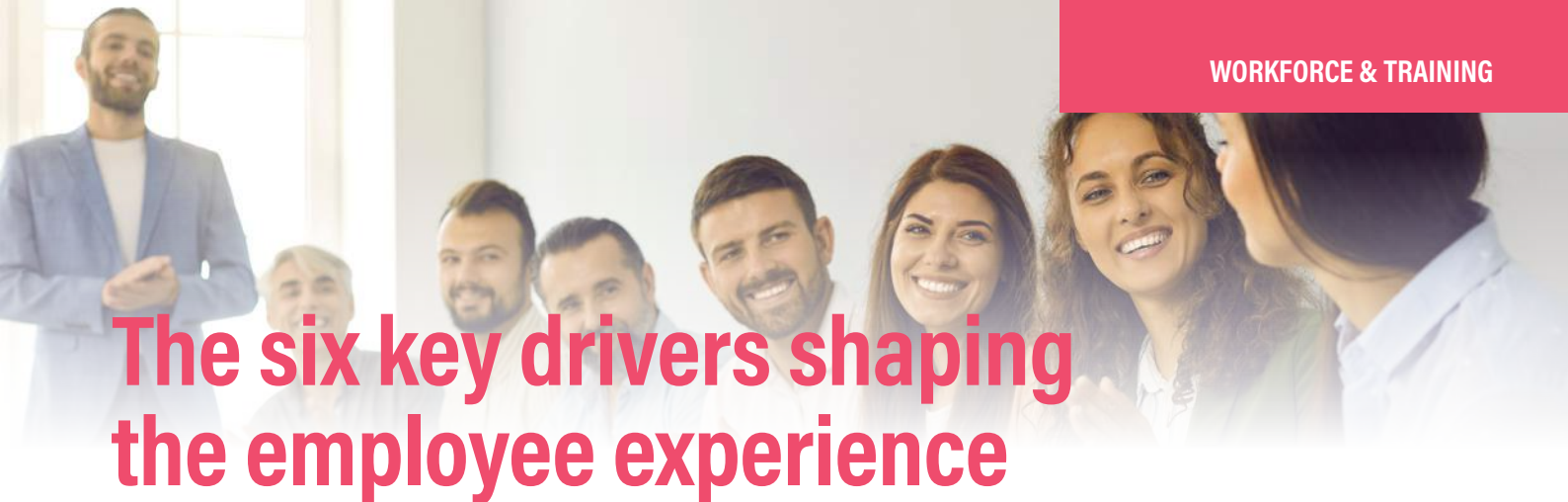
Mobile-responsive eLearning design not only resizes and reorders content, but also understands learning from the user's perspective, making sure learners can effectively use the device at hand.

5. Accessibility

Improving usability by adhering to Web Content Accessibility Guidelines (WCAG) ensures inclusivity in eLearning resources, accommodating learners with diverse needs and abilities.

By removing barriers to access, healthcare organisations and aged care providers can foster a culture of equality and inclusivity.

Kineo Courses
www.kineocourses.com.au



The six key drivers shaping the employee experience

Create a workplace culture to help you thrive

We know workforce is one of the most important ingredients for success in aged care, so it's important to spend time focusing on the employee experience and how you can continually improve your workplace culture.

While the customer experience is well understood, aged care leaders do not always put the same amount of time and energy into ensuring the employee journey is well managed and supported – but that's exactly what they should be doing.

To unlock the full potential of your aged care services is to recognise that a satisfied and engaged workforce is vital for customer satisfaction – from the public interface to the provision of quality care.

Investing in your employee experience shows your organisation values its people, leading to increased productivity, teamwork and overall organisational success.

Satisfied and engaged employees are more likely to provide compassionate care, leading to better quality of life outcomes for residents and clients, improved consumer satisfaction and an enhanced reputation for the business.

A positive work culture supports employee attraction and retention, reduces business costs associated with avoidable recruitment and onboarding, and is likely to reduce absenteeism and poor performance.

Reengineering your employee experience around six key drivers that shape employee perceptions, contribute to job satisfaction and foster

overall wellbeing will prioritise your staff – your greatest asset – and set you up for success.

1. Trust and empowerment

The trust your employees have in the organisation and its leaders, and your trust in them, results in employee empowerment and greater job satisfaction. Empowering employees to take initiative and make decisions leads to motivated employees, more creativity, greater collaboration and improved staff retention.

2. Communication and feedback

Open and transparent communication channels enable employees to feel comfortable sharing feedback knowing management will be responsive to their concerns. Having a regular staff survey is important because it gives a voice to your staff and it gathers valuable information about employee wants, needs and expectations, so management can understand how to improve workplace culture.

3. Organisational leadership

Strong and compassionate leaders create a culture in which everyone understands the employee experience is a collective responsibility. Leaders who embrace diversity, promote an inclusive workplace, understand employee needs and provide clear direction foster a positive and supportive workplace culture and a sense of belonging and purpose.

4. Values alignment

When employee values are aligned with company vision you create a company culture with an experience mindset.

Connect employees to the organisation by setting clear goals with well-defined milestones and success metrics. When employees feel valued and core to the organisation's vision, they then become integral to the realisation of your overall vision and mission.

5. Employee recognition

Recognising and appreciating employee contribution and success boosts morale and motivation. Employees who believe their work will be recognised are more likely to be highly engaged. This is increased when combined with identifying and nurturing employee potential, as well as giving them the skills they need to grow through training opportunities and additional responsibilities.

6. Innovation and technology

Using innovative technology to streamline processes and improve efficiency can reduce employee workflow 'friction'. Improving systems and processes and reducing the number of technology systems an employee must learn will enable staff to be more productive with less effort – saving them time and making their work easier.

Ultimately, people are attracted to organisations that provide a great employee experience – places where they feel valued and are enabled to do meaningful work.

Prioritising employee wellbeing isn't just the right thing to do – it's the key to thriving in aged care.

**Christine Davis, Specialist Consultant,
Customer Science Group**
www.customerscience.com.au

Statutory duties in New Act

Providers need to prepare for increased liability exposure

The last few years have been transformative for the aged care sector, with suites of reforms augmenting the responsibilities for providers and positioning the rights of older Australians at the heart of provider operations.

This momentum has continued with the release of the Exposure Draft - Aged Care Bill 2023 (New Act), which sets the tone for the foundational, rights-based shift in obligations.

Though the cultural shift of the New Act in part aligns with existing person-centred values and objectives of many providers, it introduces significant reforms to the delivery and regulation of aged care – particularly the increased risk profile brought by the new statutory duties and penalty provision framework.

The New Act establishes two new statutory duties which sit alongside existing common law duties to target ‘serious, poor quality and unsafe care’.

While not necessarily requiring ‘high quality care’, the strict liability nature of the offence provisions appear to enable punitive regulatory action without proof of fault.

What will it mean for providers?

Mirroring the duties of employers under the work, health and safety regime (WHS regime), registered providers will have a non-delegable duty to ensure, as far as is reasonably practicable, that their conduct does not adversely affect the health and safety of individuals to whom it is delivering funded aged care services (primary duty). This will require an assessment of:

- the likelihood of the adverse effect concerned occurring
- the degree of harm that might result from the adverse event
- what the person concerned knows, or ought to have known, about ways of eliminating or minimising the adverse event



L-R: Sacha Shannon and Penelope Eden are encouraging providers to prepare now for the proposed new framework under the New Act.

- the availability and suitability of ways to prevent the risk
- the rights of individuals under the Statement of Rights.

It is likely that the scope of duty applied in the WHS regime will translate to the aged care context, requiring providers to foster provision of quality care and services through a robust framework of policies and procedures, reinforced by appropriate staff education and training, oversight and monitoring.

However, given the New Act’s fundamental requirement to uphold the rights of individuals, there may be some qualifications to the duty which departs from the WHS regime including necessarily incorporating the obligation to allow individuals to exercise choice and control, even where that choice introduces personal risk.

What about responsible persons?

A separate duty also extends to ‘responsible persons’, who will be personally liable for failures to exercise due diligence in ensuring that the registered provider complies with its primary duty.

Under the New Act, the responsible person duty will extend personal liability beyond directors to include those with supervisory responsibility for the day-to-day operations of a service, including facility and nursing managers.

What are the proposed penalties?

The New Act proposes to reinforce the statutory duties through an enhanced penalty regime, imposing a tiered system of civil and criminal penalties for contraventions.

Ultimately, in considering the nature of the penalty that may be applied, as a starting point, the New Act poses three key questions:

1. Did the conduct complained of fail to meet the relevant duty?
2. Did the conduct amount to a 'serious failure'?
3. Did the conduct result in the risk of, or actual death, serious injury or illness?

There will of course be nuanced considerations in determining which penalty provision applies to the relevant breach.

The penalties will be accompanied by a new compensation pathway, which empowers individuals (and those acting on their behalf) to seek monetary compensation for any harm suffered because of a breach of duty (and where the entity is found guilty of an offence).

With the limitation period proposed as six years, the New Act offers a significantly longer timeframe than

that currently permitted under the three-year personal injury framework.

A developing landscape

While the New Act has shaped the statutory duties and proposed penalty provisions to give effect to the recommendations of the Royal Commission into Aged Care Quality and Safety, there are still significant gaps in the operational application of the regime. It is worth noting that the criminal penalty provisions go beyond the recommendations of the Royal Commission.

Though the Department of Health and Aged Care has acknowledged common themes in stakeholder concerns within its Consultation Feedback Report, the sector awaits what revisions may be made in response to the feedback provided before the New Act comes online in July 2025.

It is clear there is further work to be done before the proposed duties can be operationalised in a way that does not have unintended consequences, including acting as a deterrent for workforce and for private investment in the sector.

Penelope Eden, Partner - National Lead Human Services, and Sacha Shannon, Special Counsel Human Services, MinterEllison
www.minterellison.com



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Staffing strategies for the future of quality aged care

By Amit Thapa, Global Talent Agency

Australia's Revised Aged Care Quality Standards are scheduled to become effective on 1 July 2024. These standards will impose new obligations, requiring Residential Aged Care providers to meet targets set at a sector average of 215 care minutes per resident per day, including 44 minutes of registered nurse time.

Additionally, there is pressure at the board level for providers to walk the talk when it comes to workforce sustainability and diversity.

While the reforms aim to improve the care of senior Australians, the challenge will be fulfilling staffing requirements from a limited talent pool. According to a recent report by CEDA, Australia is facing a shortage of at least 110,000 direct aged-care workers within the next decade unless urgent action is taken.

The risk of the increased care requirements is organisations 'panic source' workers, at significant cost via agencies where the best interest of the carers is not central to the strategy. Filling roles simply to tick boxes can backfire if workers lack experience or aren't a good organisational fit.

Many facilities are finding the local talent pool inadequate because of the volume of providers looking to hire. Fortunately, drawing from a worldwide selection of skilled workers not only expands the available talent pool, it has the potential to increase the quality of care provided through focused training programs.

The Australian Government has recognised the need to expand options for aged care with initiatives such as the Aged Care Labour Agreement.

One advantage of including skilled **international talent** in a staffing strategy is employee loyalty. As well as the assurance a visa program affords them, and potentially their families, the support of a community beyond the workplace means people are more likely to settle for longer, and be more fulfilled. Providers may also get guidance as to how international talent can apply for permanent residency, giving people the motivation to upskill and grow their career within their sponsored organisation. This saves aged care providers the stress of relying on temp agencies, which can't always supply suitable staff on an ad-hoc basis, or the reduced quality of care caused by a revolving door of temporary staff.

Hiring overseas skilled carers who are work-ready, and supporting them as they adapt to their new country and working environment is a win/win/win. Residents will benefit from familiar faces, facilities will experience greater ROI from its hiring processes and new employees will enjoy a fulfilling career.

Workforce planning and sustainability is essential as aged care requirements continue to change in Australia. The New Aged Care Standards are already undergoing updates. By creating a comprehensive **multi-sourcing strategy** to find and onboard new staff, aged care providers will be better placed to adapt to the future of quality care.



Amit Thapa
CEO and Founder

Amit's expertise and passion in global talent solutions to address workforce diversity and labour shortages help Australian businesses and skilled international talent to deliver their unique value to the world.

The new Aged Care Act's representatives regime

What we know so far

Among the many proposed changes in the new Aged Care Act is an entirely new 'nominees' regime which appears to override the existing state-based system for substitute decision-makers.

While details of the regime have not been finalised, it is clear the changes will be significant for aged care providers and older persons.

Critically, under this system an 'Aged Care Act nominee' will be the sole decision-maker for decisions relating to the Act for a person who lacks capacity.

The two types of nominees

The proposed Act has two types of nominees who are appointed by the System Governor:

- **'Supporter'.** Someone nominated by the older person to support them in making decisions. Critically a supporter cannot make decisions *for* the person, their role is one of assistance.
For example, the supporter can access relevant documents that an aged care provider holds about that person.
- **'Representative'.** Nominated by the individual or others to make decisions on behalf of the individuals relating to the Act.

While the proposed Act is similar to the current NDIS nominee model, there are some key differences including that a person cannot make a decision for an individual unless they are appointed as a representative.

This means providers would no longer be able to rely on a family member's statutory appointment (e.g. as a responsible person).

Similarly, an enduring power of attorney won't be sufficient if the decision relates to something under the proposed Act and the attorney has not also been appointed as a representative.

A key issue is what decisions will be within the ambit of a representative's authority and where does their authority start and end – this will be particularly critical if the representative is not the same person as the attorney.

For example:

- Is a decision about what medication the person receives a decision for a medical treatment decision-maker or medical power of attorney, or a representative?

- Is a representative able to make decisions about who can visit the older person if there is conflict within the family about this? Or is this type of decision outside the Act?

Clarification of the scope of the representative's authority will be important, not only for providers but also for older persons who may be currently considering appointing a power of attorney or guardian.

How is a nominee appointed?

A person can be appointed at the request of the individual or a body (or for the case of a Representative, at the System Governor's own initiative).

The System Governor must be satisfied that the individual is able to comply with the relevant duties.

Duties of Supporters and Representatives

Once appointed, both Representatives and Supporters have a range of duties (e.g. a "duty to act honestly, diligently and in good faith").

A nominee will not be liable or penalised if they have acted in a way that they reasonably believe satisfies their duties, however it is an offence for a nominee to wilfully breach their duties or abuse their power.

A nominee can have their role suspended or their nomination cancelled if they do not comply with these duties.

More detail to come

There is a good case for replacing the confusing patchwork of state-based substitute decision-making regimes with a nationally consistent regime, which clearly stipulates who can make decisions for older persons when it comes to their care.

However, given much of the detail will be in the Rules, which have not been released, it is not clear how the scheme will work in practice or how much of a role providers will have.

Providers should follow developments in this space to ensure they and their staff are prepared for a whole new system.

Likewise, older persons and their advisors will require time to consider and prepare for the changes.

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www.russellkennedy.com.au

Disclaimer: The information contained in this article is intended as general commentary only and should not be regarded as legal advice. Should you require specific advice on the topics discussed, please contact Russell Kennedy Lawyers directly.

How will wage increases impact risk and insurance?

What providers need to know

The decision by the Fair Work Commission (FWC) to grant significant wage increases to aged care workers could potentially be a defining moment for the sector struggling with ongoing workforce challenges.

Benefiting over 200,000 workers, the decision holds promise to address many of the significant workforce issues, notably the capacity to attract and retain a more highly skilled workforce.

However, alongside the potential benefits, the wage increases are poised to introduce a complex mix of potential risk and insurance implications for aged care providers.

Workers' compensation

The immediate aftermath of the wage increases on workers' compensation insurance is likely to be a challenging scenario for many providers.

'Total wages' is a key component in calculating workers' compensation premiums, alongside 'industry rate' and an employer's claims performance.

Industry rates for the aged care sector have also increased significantly in recent years, especially in the eastern states.

For many providers, the combination of higher total wages and industry rates will mean significant increases in workers' compensation premiums.

Higher wages will also increase the costs of existing claims with a time loss component, which is expected to further exacerbate the pressure on premiums.

While the short-term outlook for workers' compensation may be challenging, the longer-term outlook is potentially more positive.

A more skilled and experienced workforce holds the potential for aged care providers to improve work health and safety (WHS) outcomes, thereby reducing workers' compensation costs over time.

Additionally, higher wages may also bring about a collective improvement in WHS outcomes across the entire aged care sector, which may positively impact industry rates.

This confluence of factors underscores the need for providers to review their current workers compensation insurance coverage.



Alternative pricing structures and premium funding are potential options that may offer ways for providers to navigate the short-term challenges posed by the wage increases.

Public liability

The potential impact on public liability risk is likely to be positive.

With a more skilled and experienced workforce, providers may be able to strategically prioritise safety, quality and regulatory compliance while implementing training and innovation efforts to adopt new and enhanced care methodologies.

Such measures have the potential to decrease the occurrence of incidents and the resulting claims pertaining to abuse, negligence or lapses in the quality of care.

As a result, providers may experience a decrease in liability risk which may translate to more favourable insurance outcomes.

Medical malpractice and professional indemnity

The anticipated impact on medical malpractice and professional indemnity insurance may also result in positive outcomes.

The qualifications, experience and training of healthcare professionals directly influence the clinical risk of errors or malpractice incidents.

The potential reduction in such incidents due to a more skilled and experienced workforce could lead to a decrease in medical malpractice and professional indemnity risk, which

could result in more cost effective and broader coverage available to providers.

Employment practices liability

The impact of higher wages on Employment Practices Liability (EPL) is likely to be mixed.

On one hand, higher wages typically lead to higher levels of employee satisfaction, which can decrease the likelihood of claims against management for discrimination, unfair dismissal or similar issues.

A potential decrease in EPL claims frequency has the potential to positively influence insurance outcomes.

However, the flip side is the potential for increased settlement amounts for claims or judgments in employment-related lawsuits, necessitating higher coverage limits which would inevitably lead to increased premiums.

Providers should assess their EPL insurance policies to ensure they are adequately covered for the increased cumulative risks and make any necessary adjustments to coverage limits.

Management liability, directors and officers liability, and statutory liability

Finally, there is potentially positive news regarding governance risk.

A more skilled and experienced workforce has the potential to empower the 'Responsible Persons' of aged care providers to fulfill their governance obligations more effectively.

Possible improvements in regulatory compliance and the capacity to exceed mandated care standards could potentially result in decreased governance risk.

However, this potential reduction in governance risk coincides with significant impending changes to aged care legislation, which are likely to further complicate the aged care governance risk landscape.

Looking forward

Given the potentially wide-ranging risk and insurance implications of the wage increases, aged care providers are advised to review their current risk management strategies and insurance policies to ensure they are well prepared to address the impacts.

Lyle Steffensen,
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Health & Community Services,
Lockton Australia
www.lockton.com

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From reactive remediation to proactive affirmation

A clinical governance journey

We recently spoke with a CEO of a large residential and home care provider who told us that they did not use incident trends to manage clinical risks.

Instead, they identified residents who were susceptible to significant clinical risks and by proactively managing their care, were able to achieve an ongoing reduction in the frequency of clinical incidents.

The clinical governance journey should commence with a proactive mindset.

By adopting this approach, the provider experiences less incidents and the mindset changes to what we call the 'monitor and manage' phase.

An important component of this phase is to benchmark or compare your clinical incidents to your peers, which will help you easily identify the gaps within your organisations' Aged Care Quality Standards compliance.

A case study

To demonstrate a case study, one of our clients experienced a non-compliance notice.

This resulted in their clinical staff having to collect data and information about the matter to remediate the situation, which resulted in the facility incurring additional costs.

Pride Living were then engaged to provide ongoing internal audits to assess, review and report on the most common industry non-compliance risks.

The intention was to enhance the clients' clinical governance framework and reduce future unexpected incidents and subsequent costs.

A clinical governance framework

If you want to truly operate a clinical governance framework, it is first necessary to understand the difference between 'clinical management' and 'clinical governance'.

In simple terms, clinical management is about what you do, whereas clinical governance is about being assured that what is meant to be done is being done, by managing risk within agreed parameters.

Another term that is frequently associated with good governance frameworks is 'trust and verify'.

A trust and verify mindset is clinical governance that accepts 'prima facie' that management is adhering to the compliance requirements within your board's risk tolerance.

This should be validated by obtaining third-party or independent confirmation, such as your annual audit of financial statements.

The audit is not designed to catch management out, rather it is designed to provide another level of comfort to the board that what management has asserted is not biased by their perspective.

The clinical governance committee or quality advisory body would need to be assured that this management approach is being consistently applied and that the resultant metrics for the organisation are at the level the board has set as its tolerable risk level.

Validate your framework

No matter where you are on your clinical governance journey, there are steps you can take to validate that your current framework is robust.

First, you need to undertake an independent 'health check' on your clinical governance framework.

This can be done by engaging an expert such as Marsh – where you can access extensive experience and expertise in insurance broking, health and aged care – to conduct an independent audit of clinical governance systems.

Second, you need to review your existing insurance program with your risk advisor to ensure it is adequate and fit-for-purpose.

As a global insurance broker, Marsh recommends your existing general insurance program include the following policies:

- Directors and officers' liability
- Medical malpractice (professional indemnity)
- Public and products liability
- Statutory liability
- Employment practices liability
- Property (ISR)
- Crime
- Cyber
- Workers' compensation
- and any other relevant insurance policies.

Should you experience an event, an incident or governance breach, it is important not to incur costs without your insurers' written consent.

Rather, consult your insurance broker before engaging external consultants, legal advisers or public relations consultants.

Ensure you have the right expertise

The most common reason we find providers either at the 'remediate' or 'manage' stages of the journey is the limitation of internal clinical expertise.

Too often we see a lack of separation between management support and governance support.

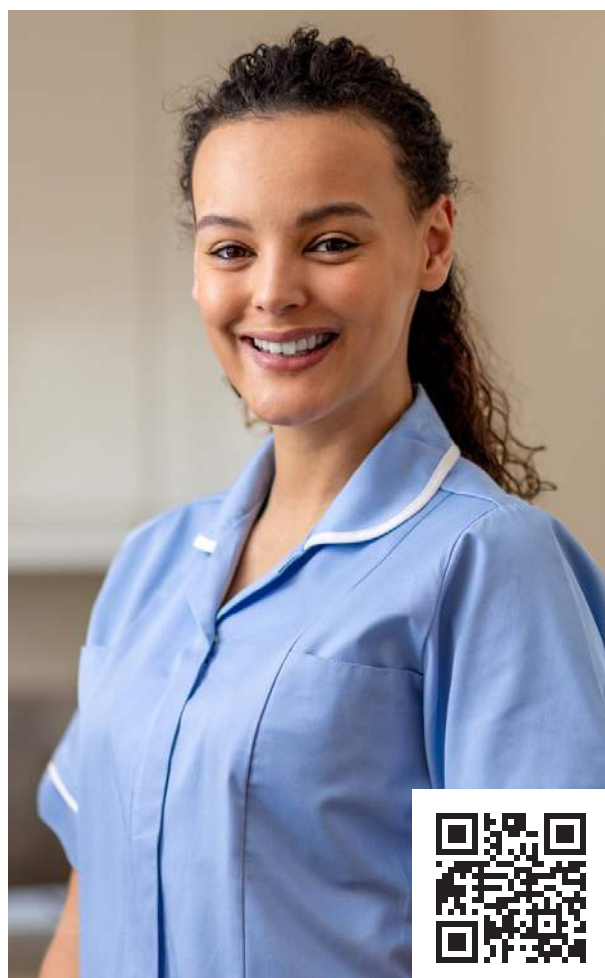
If you use the same experts for both roles, then you have fundamentally compromised the clinical governance aspect of their role.

The journey from reactive remediation to proactive affirmation is a continuous evolution in clinical governance.

By understanding the phases, implementing key steps, and embracing a trust-and-verify mindset, providers can navigate this journey effectively.

To find out how we can assist you on your clinical governance journey, please get in touch.

Katrina Ong, Partner,
Pride Living and Nicki Tofler,
Aged Care Specialist, Marsh
www.prideliving.com.au; www.marsh.com.au



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Pre-funding aged care

The need to formalise a link between aged care and funding

Currently, the aged services industry sources the funding for the delivery of aged care services on a retiree pay-as-you-go basis.

The need for services is often urgent and at a time of mental and financial stress for the retiree and their family.

The government does not support all the services retirees may need, and the access to government funding often requires a waiting period.

Aged care providers can augment the government's 'safety net' by providing immediate access and additional services to improve older people's quality of life.

An opportunity exists for aged care providers to offer innovative financial solutions to capture some of the existing retiree wealth and provide funding ahead of the aged care services being required.

The gap

Currently, there are no financial products designed to support retirees in their retirement beyond providing access to superannuation lump sums or income streams.

This gap in product offerings is significant, especially as retirees move later into their retirement with increased need for services to address physical disabilities that impact their daily lives, manage the consequences of cognitive decline, and mitigate the risks of elder abuse.

Retirees, and society more broadly, can benefit in many ways from pre-planning and pre-funding their future needs while they remain relatively healthy, capable and able to plan without being under immediate stress from some adverse event.

Aged care providers have expertise in the delivery of the required services and, together with the retiree prefunding these services, would provide security to both retirees and service providers, helping to make the overall age care ecosystem more robust and efficient.

The gap is big

Australian Bureau of Statistics data indicate that over a third of people aged 65 to 70 have a disability that impacts their daily lives and yet virtually none receive any support from government packages.

Government financial support increases as retirees age, with around a quarter receiving some support in the 70 to 85 age group, but well over half of this group have some disability that impacts their daily life.

It's only above age 85, where around 80 per cent receive some form of government financial assistance, that the level of support broadly matches the level of impairment. However, the difficulty of obtaining timely and appropriate level of assistance remains an impediment.

Around one million retirees today may need assistance, but do not receive it from the government, and this group is rapidly increasing.

Our research also indicates that over half the population over 80 has some level of cognitive impairment. This can impact their ability to make good financial decisions and increases the risk of elder abuse.

Funding to support aged care

Over \$800 billion is currently held by retirees in superannuation which is projected to increase more than four-fold over the next 15 years.

We estimate at least \$200 billion of superannuation funds are held by retirees with disabilities who do not receive government assistance and expect this to increase to almost \$1 trillion by 2040.

If 10 per cent of these funds was set aside for immediate or future aged care needs, around \$20 to \$80 billion would be available.

Additionally, more than 80 per cent of older people own their homes and can top up their super up to age 75 through downsizing their family home, potentially increasing retiree financial resources.

For context, the whole residential care market in Australia was estimated at around \$30 billion in 2023.

Sustainable solutions

Sustainable solutions need to address all stakeholder needs:

- adding value to retirees
- being commercially viable for aged care providers
- supporting other ecosystem participants (planners, service providers)
- being simple and secure to implement (low cost and simple to manage), and
- being supported by regulators and government.

Aged care package managers are well positioned to flexibly and securely link retiree funds with access to aged care benefits.

We have designed funding solutions and would welcome pursuing them with interested age care providers.

**Cary Helenius and Jules Gribble,
Directors,
Lifetime Income
www.lifetime-income.com.au**

Embrace historic wage rises

Proactive cash flow management is key

Earlier this year, in stage 3 of the Work Value Case, the Fair Work Commission awarded historic pay rises for aged care workers.

Direct care worker pay is set to increase by up to 13.5 per cent from 1 July 2024, depending on skill level and qualifications.

The imminent pay rises will have a material impact on provider cash flows even though it is understood the government is considering fully funding the wage increases.

Employee costs represent more than 65 per cent of total expenses for residential providers and more than 45 per cent for home care providers, according to the Department of Health and Aged Care.

Instead of approaching wage increases with trepidation, providers can reframe this as an opportunity to unlock working capital and optimise processes, engage with staff, improve employee retention and ensure the continued delivery of high-quality care to residents.

There are several steps that providers can take to improve their cash flow ahead of these changes.

Develop a cash flow forecast

A detailed cash flow forecast is essential for understanding the financial implications of any pay rises on a provider's aged care home or service.

A robust forecast should project cash inflows and outflows over the next 12 months and should take into consideration the possibilities of both an upfront and phased implementation of wage increases.

By forecasting cash flow, a provider can identify any potential shortfalls or surpluses early on and adjust their financial strategy as needed.

A proactive approach arms business leaders with the information needed to anticipate challenges, make informed decisions and clearly communicate with relevant stakeholders (i.e. financial institutions).

Manage accounts receivable

Implement efficient accounts receivable policies, monitor payment terms and promptly follow up overdue accounts to accelerate cash collection and minimise bad debts.

Where possible, residential aged care providers should set up direct debits for Daily Accommodation Payments and Basic Daily Care fees with residents, while home care providers should implement efficient accounts receivable policies and closely manage overdue accounts.

It is worth noting, our home care provider clients report faster collections from care recipients using a self-managed care platform, due to the ability to easily manage and control payments within the application.

By optimising accounts receivable processes, providers can ensure timely receipt of funds.

Control accounts payable

Manage accounts payable by prioritising payments based on due dates and take advantage of any early payment discounts that may be available.

By closely monitoring accounts payable and optimising payment schedules, providers can improve cash flow and reduce the risk of late payment penalties.

Negotiate favourable supplier terms

Negotiate favourable payment terms with material suppliers (e.g. technology, food, consumables, repairs and maintenance suppliers) by extending payment deadlines to optimise available cash.

Larger providers can use their scale to build stronger relationships and negotiate more favourable payment terms to better manage cash flow and maintain liquidity.

However, it is important to communicate openly with suppliers without negatively impacting relationships or taking advantage of suppliers' cash positions.

Where smaller providers lack scale to negotiate, contracting via an industry supplier platform such as the Aged & Community Care Providers Association (ACCPA) may provide a better price and account terms.

Streamline processes

Identify and eliminate inefficiencies in processes to reduce working capital cycle times and trapped cash, minimise administrative costs, and optimise cash flow.

This may include process controls around the management and stockpiling of consumables including bulk freight options for purchases – particularly for those providers operating in remote or regional areas.

The best ideas often come from the frontline. Residential and home care providers are encouraged to engage with their staff and create an open dialog to share ideas on how to best reduce inefficiencies.

Utilise new technologies

Implement accounting software and financial management tools to automate routine tasks, streamline reporting, and improve visibility through the utilisation of dashboard reporting of key working capital and cash metrics.

Providers are encouraged to leverage technology to enhance financial transparency, streamline their operations and make data-driven decisions to optimise cash flow.

Adapting to changing economic conditions requires agility and foresight. With careful planning and proactive cash flow management strategies, such as those outlined, providers can be confident in their ability to meet employee pay changes, without compromising on quality care.

Selina Gerner,
Partner at McGrathNicol Advisory
www.mcgrathnicol.com

The importance of asset value maximisation

What aged care providers need to know



In the aged care services industry, there are a unique set of challenges, including increased compliance with ever-changing regulations, fluctuations in the needs of residents, changing demographics, staff shortages compounded by overwhelming turnover, growing financial constraints and increasing costs of managing and maintaining assets.

The solutions to these challenges are complex due to their dynamic and rapidly changing characteristics – but they can be simplified through asset value maximisation, which is broadly related to every issue.

Asset value maximisation is the ability of an aged care provider to consistently manage and control their assets and workflow processes over time.

A successfully implemented asset value maximisation program includes an efficient workflow management establishment, asset identification, asset condition reports, asset management, replacement scheduling, maintenance planning and execution of asset value plans.

In short, asset value maximisation is crucial for the success and sustainability of aged care and retirement living providers as it centres on boosting operational efficiencies of organisational assets including people, property, facilities, equipment and investments through technological advances while using cost savings and improved financial returns to create more bandwidth to tackle the dynamic, ever-changing and ever-present challenges.

The key benefits

By prioritising asset value maximisation, organisations can utilise improved financial results to achieve a range of benefits.

1. Financial stability and sustainability

Asset value maximisation helps aged care and retirement living providers maintain financial stability and sustainability in the long run.

By effectively managing their people, other assets and investments, organisations can generate reliable revenue streams, cover operational costs through significant cost savings, and reinvest in infrastructure and services to meet the evolving needs of their residents and stakeholders.

2. Improved quality of care and services

Enhancing asset value maximisation enhances the quality of care and services provided to residents by investing in innovative technologies, standardised management processes, planned maintenance, modern facilities and state-of-the-art equipment.

3. Competitive advantage

Asset value maximisation can give aged care and retirement living providers a competitive edge in the market.

Aged care providers that invest strategically in their assets and processes can differentiate themselves through high-quality services, amenities and programs, and are more likely to attract residents, retain staff and maintain a positive reputation within the community.

4. Regulatory compliance and risk management

Asset value maximisation also plays a critical role in ensuring regulatory compliance and effective risk management.

By maintaining their assets in good condition, using technology to adhere to industry standards including workflow processes and implementing robust risk mitigation strategies, aged care providers can avoid costly penalties, lawsuits and reputational damage.

How to implement it

To successfully execute asset value maximisation, aged care and retirement living operators can implement the following strategies.

1. Asset management planning

Developing a comprehensive asset management plan is essential for optimising the value of assets.

This plan should outline the organisation's asset inventory, maintenance schedules, replacement cycles and disposal strategies to ensure assets are utilised efficiently and cost-effectively.

SpyderTech's SpyderFlow Workflow Management Software is specifically designed to assist with this strategy.

2. Capital investment and maintenance

Investing in capital improvements and regular maintenance of facilities and equipment is crucial for preserving asset value.

By proactively addressing maintenance issues, upgrading outdated infrastructure and investing in energy efficient technologies, organisations can save on costs while enhancing the longevity and performance of their assets.

3. Financial planning and budgeting

Effective financial planning and budgeting are essential for maximising asset value.

Organisations should allocate resources strategically, monitor financial performance closely and identify opportunities to reduce costs, increase revenue and optimise returns on investments.

4. Invest in digital transformation discovery and implementation

Take a step in the right direction by investing in the digital transformation discovery phase to help challenge the

status quo and explore benefits of investing in improved technologies.

As part of this process, SpyderTech has successfully demonstrated the SpyderFlow Asset & Workflow Management Software with several aged care and retirement living operators.

Get the help you need

SpyderFlow was borne from a successful history of SpyderTech creating powerful asset and workflow management systems in several industries across Australia.

By combining invaluable knowledge accrued over time, plus successful product testing and deployment, SpyderFlow stands as a tried and tested streamlined system that assists the aged care and retirement living industry to achieve asset value maximisation.

SpyderTech has taken this invaluable knowledge to create a streamlined work management system, which is now supporting aged care providers to be their best.

Reach out for a free demonstration or for more information.

Michael Shade, Sales Director,
SpyderTech
www.spydertech.net.au

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Navigating the evolving data landscape

Why data accuracy is the cornerstone of quality care

Data collation and accuracy has become a huge concern for all of us in the aged care sector as government compliance demands continue to escalate.

Recent changes to the landscape of aged care have been significant. The introduction of the National Aged Care Mandatory Quality Indicator Program, the Aged Care Financial Report (ACFR), care minutes reporting and others are among the many factors contributing to the rapid pace of expanding requirements being thrust onto providers.

These initiatives are a direct response to the Royal Commission into Aged Care and are designed to increase transparency and help consumers make informed decisions. However, they also complicate the data management landscape and can consume the time staff need to care for residents.

This has placed stress on an already burdened and under-staffed sector, with providers reporting difficulties managing data as they become overwhelmed.

The situation underscores the critical importance of data management. It could literally be life-saving.

General Manager of QPS Benchmarking, Adam Holcroft, describes the need for accurate data management in aged care as vital for operational decision making and efficiency, as we are forced to focus on adapting to an ever-evolving market.

“Issues range from the impact on time allocation and rostering, to potentially life-threatening errors in medication administration,” Adam said.

“Precise and valid data, with timely reporting, are crucial for providers as they care for the most vulnerable people in our community.”

The practices Adam outlines enable organisations to gauge their performance relative to competitors and peers, highlighting areas of excellence and those needing improvement.

This insight is critical. Organisations informed and proactive in adapting to changes are more likely to succeed than those that are unprepared or slow to respond to evolving industry standards.

Accurate data is indispensable for management to make informed decisions and for managers to report accurately to boards. This ensures that boards can govern effectively and fulfil their oversight responsibilities. Compliance with government regulations by maintaining stringent data integrity is also crucially important as it protects organisations from potential penalties.

Beyond compliance, accurate data enhances the trust and confidence of potential residents and their families, and supports the delivery of high-quality care to the most vulnerable people in our community. This cannot be compromised.

Implementing a robust software approach to data accuracy is essential in aged care, but sadly this is often an after-thought. As Adam points out, rather than solely focusing on the automation of data collection, choosing software with a proven commitment to data integrity is vital.

“The importance of gathering operational data and ensuring it is meticulously cleaned and validated is just so important. It’s crucial for meeting the

rigorous standards required for quality and performance reporting,” he said.

By aligning with data management partners that are equally committed to accuracy, aged care providers can enhance their compliance and service quality, reflecting a shared commitment to best practices in data management. In this way we can all grow together and the true beneficiary will be older Australians.

With the industry at a critical juncture, there has never been a more critical time for strategic investments in technology and training. We must combat the situation with a sophisticated approach to data collection and accuracy.

As aged care facilities adapt to increasing demands for data precision and regulatory compliance, the focus must be on implementing resilient solutions that efficiently manage these requirements. Only then will carers be able to better focus on what they do best – care for people.

The aged care sector’s commitment to data accuracy is a cornerstone of high-quality care, and the ongoing evolution of compliance standards is an opportunity to redefine operational practices and elevate the quality of service offered to residents.

By embracing a comprehensive approach to data management, the industry can ensure that it not only meets but exceeds the expectations set forth by governing bodies and the communities they serve. The lives of older Australians are in our hands.

QPS Benchmarking
www.qpsbenchmarking.com



Have you conducted a food and plate waste audit?

Better for the bottom line and resident nutrition

A 2020 study completed in NSW found that an average of 3.5kg of food is wasted per resident in aged care, each week – this equates to over 180kg of food per resident, per year.

Before a review of the food budget spend is completed, it's ideal to complete a Food and Plate Waste Audit. This can assist aged care homes in identifying key areas of food wastage.

A Food and Plate Waste Audit will provide ideas on how to reduce food waste, resulting in reduced costs associated with the purchasing and preparation of foods, improve sustainability and provide the ability to identify gaps in nutrients being provided to residents.

What is a Food Waste Audit?

Food Waste Audits focus on the wastage of food used and prepared by the kitchen.

They aim to reduce food waste in all aspects of food preparation and provide practical strategies to achieve and implement changes.

A Food Waste Audit may include:

- the use of off-cuts of vegetables and meats
- the food that is prepared and not served
- foods that are spoiled prior to being able to be served
- the use of pre-portioned foods.

What is a Plate Waste Audit?

Plate Waste Audits look more specifically at the food served to residents that remains uneaten during mealtimes.

These audits can identify a range of issues that may lead to trends in plate waste. For example, plate waste audits may assist in identifying:

- inappropriate portion sizes
- repetitive menu choices increasing flavour fatigue of specific items, or limited menu choices
- service issues, such as long service times resulting in cold meals
- interrupted mealtimes, such as medication rounds or other distractions.

Plate Waste Audits help residential aged care providers to identify the cause of excessive plate waste and provide recommendations on how to reduce this.

They may also assist in identifying potential nutrient deficiencies in menus served across the home, in instances where a trend in plate waste is identified.

For example, if it is found that residents are often leaving behind a large portion of the protein that is served, the plate waste audit will assist in identifying the cause. If there is a high amount of waste for a specific food group, consequent nutrient deficiencies are likely.

Reduce waste and food costs

OSCAR Care Group recommends that all residential aged care providers undertake a Food and Plate Waste Audit to identify trends in food waste, across each home they manage.

Audits should be completed by a qualified Accredited Practising Dietitian, who can provide the most appropriate insights and solutions, to not only achieve cost savings but also ensure the nutrition of residents is maintained.

If you have any questions or would like to discuss Food and Plate Waste Audits further, please reach out to your OSCAR Care Group dietitian for support.

OSCAR Care Group
www.oscarcaregroup.com.au

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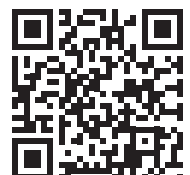
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accpa.asn.au/governance-portal



How Star Ratings drive performance

What governing boards and management need to know

The Star Ratings system was introduced into residential aged care in December 2022 to help older people and their families make informed choices when selecting an aged care home – playing a valuable role not just in benchmarking but also in enhancing performance.

Developed in collaboration with older people, data experts and the sector, Star Ratings provide a nationally consistent way to monitor and compare aged care homes, while encouraging providers to improve service quality.

Today, 18 months on from implementation, fewer aged care homes are receiving 1 and 2 stars and more are receiving 4 and 5 stars.

Almost two in three (62 per cent) aged care homes are achieving a good or excellent Overall Star Rating and 85 per cent of residents say they would recommend their home to someone they know.

Aged care homes receive an Overall Star Rating based on each of the four sub-categories: Residents' Experience, Compliance, Staffing and Quality Measures.

It is important providers are familiar with each of these sub-categories, as it helps inform governance and management.

Residents' experience

The Residents' Experience rating describes the overall experience of residents living at each aged care home.

It is reported via the Residents' Experience Survey and is based on

the views of at least 10 per cent of residents at each aged care home, with approximately 20 per cent of all aged care residents nationwide surveyed in 2022 and 2023.

Qualified survey teams from an independent third party visit each home and complete the survey in person with residents, who are randomly sampled by the survey team.

Neither the aged care provider or staff are involved in selecting residents to participate, nor are they present when the survey is conducted.

Compliance

The Compliance rating reflects each aged care home's current compliance. If a home is not meeting regulations and standards, the Aged Care Quality and Safety Commission may take strong regulatory action including issuing formal regulatory notices.

The Compliance rating reflects whether any specific formal regulatory notices are in place; the period of time since receiving any of these notices; and the period of time accreditation remains current.

Star Ratings receives this information directly from the Commission and a home's Compliance rating can be updated daily.

Staffing

The Staffing rating is based on whether an aged care home meets or exceeds its care minute targets.

The rating uses the average care time residents receive from registered nurses, enrolled nurses, personal care workers and assistants in nursing.



Quality measures

The Quality Measures rating is based on five quality of care indicators: pressure injuries, restrictive practices, unplanned weight loss, falls and major injury, and medication management.

Both the Staffing and Quality Measures information is self-reported by providers, who are legally obligated to submit accurate data.

Regular assessment of reported data is undertaken by the Department of Health and Aged Care to ensure accuracy and integrity of information.

What this means for providers

By focusing continuous improvement efforts on the Star Ratings sub-categories, providers can be guided on where they need to invest their time and money.

A good Overall Star Rating doesn't just mean residents are well cared for and happy, it can absolutely influence your competitive edge.

In a marketplace that is already busy and feeling the pressure of an array of challenges, a positive reputation is priceless.

For more information, visit the Department of Health and Aged Care website to download your copy of the *Star Ratings Provider Manual* and *Star Ratings – A provider's guide to improving quality*.

Department of Health and Aged Care
www.myagedcare.gov.au/find-a-provider

Digital transformation in aged care

A necessity, not a luxury

According to KPMG's market analysis, the aged care sector is on the cusp of a transformative wave, leading to a reimagining of care for the elderly.

The term 'digital transformation' has transcended buzzword status to become a strategic imperative across various industries, fundamentally reshaping how organisations operate and deliver value.

Digital transformation isn't just another IT project, where the aim is to uplift or replace systems. Instead, it is a business-led initiative aiming to harness digital technologies to improve processes, engage talent and drive a culture of innovation.

Within the aged care sector, this transformation moves beyond merely adopting new software; it signifies a strategic pivot toward more adaptable and responsive services, including enhancing and expanding home-based care to meet growing market demands, and delivering person-centred, efficient and quality outcomes within residential aged care.

The imperative for digital transformation in aged care

The historic underinvestment in IT amplifies the urgency for digital capabilities. These investments are not mere expenditures; they are catalysts for reducing operating costs in the pursuit of financial sustainability, and elevating the experiences and outcomes for older Australians and their families, as well as supporting better decision making and engagement with care workers and health professionals.

Building organisational capabilities to navigate not only workforce dynamics but also complex regulatory environments is another aspect of this imperative. Digital solutions, including emerging technology like AI-driven

solutions can offer a framework for meeting compliance demands while enhancing staff efficacy.

Equipping staff with improved digital resources and decision-making tools can empower the workforce to operate with greater efficiency and precision, elevating job satisfaction and improving talent retention, as well as significantly enriching the standard of care provided to those they serve.

Implementing digital transformation in aged care

The pace and structure of the transformation are as vital as the technology itself. Establishing a sustainable pace helps prevent fatigue both within the organisation and its individual members and fosters an environment conducive to embracing change.

Moreover, an infrastructure that encourages partnership and co-creation among various stakeholders is essential.

Matching pace with the sector's consolidation and operational expansion, cultural transformation is also crucial. The phrase 'culture eats strategy for breakfast' captures the essence of how digital transformation is as much about people as it is about technology.

It underscores the critical need to nurture a culture that actively embraces change, recognising that a dynamic approach to transformation is a pivotal factor often overlooked in this sector.

Tips for a robust transformation strategy

Embarking on a digital transformation journey is daunting. To steer your organisation towards a successful digital makeover, it is essential to have a guiding framework.

Here are five key tips that should form the blueprint for a robust digital transformation strategy:

- **Define your technology strategy and architecture.** Establish a clear technology strategy that aligns with your business goals and an architecture that supports scalability and integration.
- **Develop a compelling and robust business case.** Articulate the value proposition, outlining the financial and operational benefits and ROI expectations of your digital initiatives.
- **Create detailed specifications and selection criteria.** Determine the technical specifications for your digital solutions and select the right tools and vendors based on performance, compatibility and support.
- **Transform IT operations.** Use digital technologies to transform, not just replicate, traditional IT processes, thereby improving efficiency and modernising activities constrained by previous technological limitations.
- **Plan for change management.** Anticipate the impact of digital changes and prepare your organisation through effective training, engagement and communication strategies.

KPMG helps aged care providers in these domains by leveraging our sector expertise and prioritising a people-centred approach, distinguishing us from others in the field.

Digital transformation is not just a strategic choice but is the vehicle that will carry aged care into a new era of quality service and sustainable practice.

The sector has the potential, through a collective commitment to digital adoption, to secure a future where innovation leads the way to delivering better outcomes for older Australians.

Kar Lim, Partner Technology Advisory, and Ronald Sng, Associate Director Technology Advisory, KPMG
www.kpmg.com.au

Enhancing social care efficiency

Digital transformation is the key

Aged care was historically the overlooked segment of health care, with home care in particular being quietly dismissed as relatively insignificant amid the ongoing crises faced by the broader health and social care system.

The Royal Commission into Aged Care Quality and Safety, which commenced in 2018 and concluded with its final report in 2021, shone a spotlight on the sector and brought it very much into public consciousness, with significant media coverage and a raft of recommendations for improvements and regulatory adjustments.

The subsequent focus from the Australian Government on home care and releasing funding for more home care packages has been a welcome step.

Home care providers work tirelessly to prevent avoidable hospital admissions, and help older people maintain independence at home for as long as possible.

However, should they require a hospital stay, many older people often face delays in discharge due to insufficient social care and aged care capacity in the community.

The financial impact is considerable. According to the Australian Medical Association (AMA), hospital stays are significantly more expensive than home care, with the average stay in a major public hospital costing \$4,680 per person. The AMA has advocated for aged care reform and for more integrated primary care.

In the latest federal budget announcement, the government demonstrated its commitment to support the rising desire of 'ageing in place' with \$531 million of additional funding for 24,100 extra home care packages in 2024-25, with a further \$174.5 million for equipment and software to support the staged rollout of the new Support at Home Program from 1 July 2025.

This boost to home care will play a crucial role in reducing the strain on residential aged care homes and hospital services – but it will also require home care providers to be ready to enhance their services.

Integrated IT in home care is crucial

Achieving optimal community outcomes relies on collaborative efforts between services. Health, social and aged care are interdependent; one cannot function effectively without the others.

However, home care providers often struggle to obtain critical information, facing time-consuming barriers that hinder professional collaboration.



Fortunately, change is underway, with digital innovation fostering better understanding and cooperation between services. Interoperability is being established and AI is providing valuable data insights.

The increased federal budget spending and the rollout of additional home care packages in July will necessitate that providers have compliant, competent systems ready for scaling up and delivering improved quality of care.

For home care providers, the transition from outdated paper-based operations and legacy systems to modern technology will be critical.

The need for digital transformation partners

Digital innovation and technology integration are key to fostering a strong partnership between health and social care – but it's not easy to do it alone.

With 60 per cent of Australian home care providers reporting their current home care management platforms do not meet their needs, there is an urgent demand for innovative software solutions.

These solutions must address the needs of managers, care workers, healthcare professionals and service users – understanding the complexities of the aged care sector.

Thought leadership software companies like CareLineLive are adept at responding to changes and developing technology to meet the needs of the evolving industry landscape.

Looking to the future, CareLineLive is at the forefront of creating innovative solutions for home care services, enhancing capacity and efficiency in the sector.

Find out how we can support our digital transformation journey by scheduling a demonstration – so you can scale up your operations and be ready for the next step in delivering quality care.

Elena Neale,
Australian Regional Manager, CareLineLive
www.carelinelive.com.au/demo

The AI advantage

What do providers really think?

Artificial Intelligence (AI) has long been a buzzword, often wrapped in mystery and misconceptions. As recently as a year ago, I was one of the sceptics.

However, it has become evident that AI is not just a futuristic concept but a tangible force reshaping our daily lives. While innovations like ChatGPT have recently captured attention, AI's infiltration into the mainstream extends far beyond.

The current wave of AI, or machine learning (ML), presents almost limitless applications, but in the context of aged care, two primary opportunities emerge:

- **Enhancing efficiency by alleviating administrative burden.** AI's potential in aged care lies in streamlining operations by automating repetitive tasks. While some processes require nuanced human reasoning, AI can significantly augment efficiency by handling data interpretation, synthesis and problem-solving. Although complete replacement may not be immediate or even desired, AI undoubtedly enhances processes and boosts efficiency.
- **Unlocking insights to optimise quality outcomes.** AI's true value lies in its ability to derive insights from vast repositories of clinical data. These insights, ranging from predictive analytics to anomaly detection, hold the key to improving resident care outcomes. Rather than dictating care decisions, AI empowers providers by flagging areas that demand closer scrutiny, thereby enhancing overall quality of care.

Admittedly, AI in aged care is still in its nascent stages. While the technology itself isn't new, its tailored applications demand a collaborative approach. There's no one-size-fits-all solution; instead, success hinges on a concerted effort to integrate AI seamlessly into existing workflows.

Survey results

We conducted a poll of 104 aged care providers to seek their views on how AI could work or is working for their organisations, with the majority showing clear support for its applications.

Our survey found:

- 70 per cent of respondents believe AI presents a significant opportunity to boost efficiency
- 91 per cent of respondents see it as a tool to glean invaluable insights from data analysis, particularly clinical data
- 30 per cent of respondents are likely to embark on AI projects within the next year, with an additional 48 per cent expressing some inclination.

The multiple-choice section of the poll highlighted the top areas where aged care providers see AI as key to driving efficiencies:

- **Enhancing consistency and quality of clinical documentation (20 per cent).** AI can automate aspects of documentation, such as data entry, formatting, and error detection. Natural Language Processing (NLP) algorithms can parse through medical records, identifying inconsistencies, errors or missing information, and can standardise documentation practices across facilities, ensuring adherence to regulatory standards and best practice.
- **Predicting workforce demand and skills mix requirements (19 per cent).** AI analytics can leverage historical data on resident demographics, acuity levels and care requirements to forecast future staffing needs with greater accuracy. ML algorithms can identify patterns and trends, allowing providers to anticipate fluctuations in demand and adjust staffing levels accordingly. Furthermore, AI can analyse staff competencies and skill sets, facilitating workforce planning and training initiatives to ensure the right personnel are available when needed.



Andrew Farmer has turned from AI sceptic to supporter.

- **Predicting changes in resident care needs (17 per cent).** By leveraging AI algorithms to analyse resident data, including health trends, medication adherence, and activity levels, providers can anticipate shifts in care requirements proactively. This proactive approach enables care teams to intervene early with modified treatment plans, and helps support services better align with residents' evolving needs.
- **Identifying revenue opportunities for additional services (16 per cent).** AI-powered analytics can analyse vast datasets, including demographic trends, market demand and reimbursement policies to identify potential revenue opportunities. Predictive modelling algorithms can forecast demand for specific services, assess the viability of new offerings and simulate the impact of pricing strategies on revenue generation.

The time is now

Considering these findings, it's clear that AI is a pressing reality and that the time to embark on the AI journey is now.

As change continues to sweep through the aged care sector, AI offers a solution to challenges that once seemed insurmountable.

However, its realisation hinges on proactive adoption and collaborative efforts to shape a future in which AI transforms challenges into opportunities, creating a brighter tomorrow for aged care.

Andrew Farmer, CEO,
Mirus Australia
www.mirusaustralia.com

How to choose the best asset maintenance software for your organisation

The seven steps to success



Find the CMMS software that's right for you.

Are emergency maintenance costs and related resident complaints areas that you need to address? Then it's time to move your aged care maintenance processes to a streamlined digital system.

With the role of technology in aged care asset management being more and more prevalent, this area of the business is finally realising the benefits of specialised software and digitisation – catching up to areas such as human resources, medical care and finance.

For those aged care providers yet to embark on this approach, it's clear that implementing asset maintenance software will create efficiencies in your team and operations – saving you time and money.

Why the traditional approach is outdated

If aged care facility assets are not properly planned or tracked, the risks and financial costs increase, which we've seen with clients who engage MDFM to digitise their maintenance.

Traditionally, asset and maintenance activities are manually recorded, which leads to increased administration for your staff, the risk of human error and increased barriers to accessing records day-to-day or during an audit.

Assets may be under or over serviced, leading to deterioration or unnecessary cost. Without asset data informing your purchasing decisions, your organisation may continue to purchase assets that cost more to maintain over the life of the asset.

If this is you, then prepare to take a step towards digitisation of your asset management processes.

But with several different computerised maintenance management system (CMMS) software in the market, how do you choose which one is right for your organisation?

Choosing the right software and vendor

- 1. Assess your needs.** Start by identifying your organisation's specific maintenance requirements. Consider factors such as the size of your asset portfolio, the types of assets you manage, the complexity of your maintenance tasks, and any regulatory or compliance obligations.
- 2. Consider your budget.** Determine your budget for CMMS software. Compare the costs of different software options, including the initial setup fees, ongoing licensing or subscription costs, and any additional expenses such as training or support. Remember, it's important to consider the long-term value and return on investment, rather than just the upfront cost.
- 3. Research and compare.** Conduct thorough research on different CMMS software options available in the market. Consider factors such as vendor reputation, industry experience, customer reviews, product demonstrations and case studies. Evaluate how well each software aligns with your defined needs and key features.
- 4. Define key features.** Create a list of must-have features and functionalities that are essential for your maintenance operations. This may include preventive maintenance scheduling, work order management, reactive request module, asset tracking, reporting and analytics capabilities, mobile accessibility, integration capabilities with other systems, and ease of use.
- 5. Request demonstrations and trials.** Schedule demonstrations or request trial versions of the shortlisted software solutions. This will give you a hands-on experience of the software's functionality, user interface and ease of use. Test how the software handles your specific maintenance tasks, whether it integrates with your existing systems, and if it meets your reporting and documentation requirements.

ASSET MANAGEMENT

6. Evaluate scalability and flexibility. Consider the scalability of the software solution to ensure it can accommodate your organisation's future growth. Additionally, assess the software's flexibility to adapt to changes in your maintenance processes and evolving technological needs.

7. Check vendor support. Evaluate the reputation and reliability of the software vendor. Check their track record, customer support availability and response time. Consider their customer service and training options to ensure that you will receive adequate support during implementation and ongoing usage.

Are you ready for change?

You need CMMS software if you are seeking:

- compliance and documentation for your assets
- improved reporting and analytics
- tools to support executive decision making and asset planning
- transparency across costs, suppliers and future planning.

MDFM can help you choose, install and configure the best software solution for your facility and train your staff to use it effectively.

We work alongside aged care providers and retirement living operators to capture their aged care assets in one centralised system and track the expenses associated with asset maintenance.

Finding the best CMMS software requires a thorough assessment of your specific needs, specific research and careful evaluation of available options.

You need to take your time, involve key stakeholders, and choose a solution that meets your organisation's requirements now and in the future.

If you need an impartial expert to guide you through from research to implementation, contact MDFM today.

MDFM

www.mdfm.com.au

Simplify your quality management

Choose a quality system that works for you

Remaining compliant with the changing requirements is vital for aged care and disability operators, but it's hard to manage alone.

An easier way is to use an outsourced system. ACCPA has endorsed two reliable, robust and effective quality management systems – so your workforce can focus on the caring, not the paperwork.

ACCPA Safety & Quality Management System (SQMS):

- over 450 aged care specific policies, processes and resource templates providing best practice and compliance guidance to all staff
- targeted audits focusing on areas of highest risk
- real time recording and management of incidents, complaints and feedback.

ACCPA quality portal:

- self-assessment tools against over 100 relevant sets of standards
- over 500 resources and policy templates to support best practice and assist with compliance
- separate module for governing bodies
- saves 80% of work time on compliance reporting.

Get in touch to
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demonstration today.



1300 222 721



quality@accpa.asn.au



accpa.asn.au/quality-compliance

ACCPA
Aged & Community Care Providers Association

Kurrajong's transformation

From paper trails to digital excellence

Nestled in the Blue Mountains, Kurrajong Nursing Home has demonstrated that you don't need to be big to undergo digital transformation.

In an era where technological advancements have become synonymous with progress, Kurrajong Nursing Home has emerged as a shining example of how embracing innovation can enhance care delivery for older people.

With a strategic shift from paper-based record keeping to a state-of-the-art digital platform with the help of our technology partner Humanetix, we have not only streamlined administrative processes but also significantly improved the quality of care we provide.

A residential aged care home in the Blue Mountains of NSW, Kurrajong prioritises the physical and emotional health of our residents by fostering a home-like environment, promoting tranquility and comfort.

Social interaction, personal development and relaxation are integrated into daily life, enhancing residents' wellbeing. Personalised care is central, with staff collaborating closely with residents and families to create tailored care plans covering medical, dietary and recreational needs.

The decision to transition to Humanetix's ACE Platform marks a pivotal moment in Kurrajong's journey towards modernisation. This move underscores our commitment to embracing digital solutions that not only enhance efficiency but also elevate quality care.

By harnessing the care planning capabilities of the ACE Platform, which enables intelligent workflow and operational management, we have been able to empower our caregivers and nurses to deliver personalised care tailored to the unique needs of each resident.

As the Director of Nursing at Kurrajong Nursing Home, witnessing our transition from paper-based record-keeping to a cutting-edge digital platform has been nothing short of transformative.

With less time spent on administration, staff can spend more time with residents, and without having to delve into paper records, staff have easy access to up-to-date health records and preferences for each person in their care.

This means Kurrajong is able to deliver better and more personalised care, with all information about any changes to a resident's needs, preferences or condition shared electronically between caregivers, who can then tailor their approach accordingly.

The transition from paper-based documentation to a digital system may seem daunting for many aged care homes, especially those that have fewer resources. However, Kurrajong's successful transformation serves as a beacon of hope for organisations grappling with similar challenges.

The entire transition process was easier than expected. With the help of the Humanetix team, we moved to a paperless system within a six-week period, and most meetings and documentation were provided remotely, which meant less downtime for our staff.

We found absolutely no challenges with our transformation to the Humanetix platform with a really fast transition, onboarding and implementation plan.

For other providers in Australia looking to make the change from traditional to digital, regardless of your location, size or structure, I would highly recommend making the necessary changes to improve efficiencies but most importantly, deliver better client outcomes.

The ACE Platform has streamlined information retrieval and reporting processes and has freed up valuable time that we can now devote to delivering high-quality care.

This newfound efficiency speaks volumes about the transformative power of digital solutions in aged care settings. It's also important to recognise its broader implications for the aged care sector.

With a significant portion of the market still reliant on paper-based systems, there's immense potential for other organisations to emulate our success.

We encourage other aged care providers to embrace digital solutions and reap the rewards.

**Terese Gatt, Director of Nursing,
Kurrajong Nursing Home
www.kurrajongnursinghome.com**



Retirement Living

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QIP is your go-to accreditation partner for the Australian Retirement Village Accreditation Scheme (ARVAS) Standards and works with you to ensure your retirement village excels in safety, quality, and resident outcomes.

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Watch
2 min
demo
video

**Social support plans for low-tech,
lonely or isolated elders,
delivered right to their door.**

Breaking the ice of isolation

Dossy's innovative approach to combatting winter isolation

As winter's chill deepens, our homes become sanctuaries of warmth and comfort. However, for many older people, this season also brings a shadow of isolation, making the cold feel even more biting.

Amid rapid digital advancements, the specific needs of our older generation are often sidelined. In this context, the Dossy Project shines as a beacon of hope, using technology to combat loneliness and empower older people to forge meaningful connections on their terms.

Supported by Aged Care Research & Industry Innovation Australia (ARIIA) and partnered with the University of Melbourne, Uniting AgeWell and Ageing with Grace, the Dossy Project connects older people with the broader community.

Offering more than one-tap video calls, it promises a lifeline to the outside world during the frosty, solitary winter months.

Tracey shares her experience from regional Victoria. "Dossy has boosted my confidence and happiness. The volunteers are wonderful – every call is filled with laughter. It feels like they're right here with me, which is just beautiful," she says.

Previously isolated, Tracey's quiet home life transformed dramatically with Dossy. Now, she enjoys spontaneous, enriching conversations with volunteers and family members.

"They laugh, show me around their house, and even their pets. It makes me feel included and brightens my day," she explains.

This simple video-calling app, accessible from tech, device and data hurdles, has profoundly enriched her life – as well as the lives of other users.

Co-designed with user-friendliness at its core, Dossy provides a crucial connection during winter, when the chill can intensify feelings of isolation and mobility issues. The platform's 'single app mode' ensures users like Tracey face no technological barriers, focusing solely on fostering heartfelt connections.

The efficacy of the Dossy platform was confirmed during an ARIIA-funded research trial involving more than 75 hours of interaction, including 221 video calls. Participants reported significant decreases in feelings of loneliness, underscoring the project's success and the powerful impact of virtual volunteerism.



Tracey speaks to Jessica and her dog Ruby, who volunteer on Dossy.

The early technical challenges were also invaluable, shaping our strategies and enhancing our capability to nurture and optimise meaningful interactions. With Dossy launched to the broader public in May, we are focused on perfecting the platform to meet the specific needs of our most vulnerable users.

Our next co-designing phase will be employing AI to refine our matching algorithms. This will facilitate connections based on shared interests and languages, making each interaction more personally relevant. We are also developing conversation prompts to assist users who may struggle with memory or find it challenging to start conversations, ensuring every interaction is as enriching as enjoyable.

As Dossy evolves, we seek partnerships with innovative aged care providers to enhance the platform's commercial viability. Our goal is clear: to make Dossy accessible to those in need without the complexities of funding or eligibility requirements.

Currently Dossy is available to any older person who would like to access it. Sign up is via a caregiver or next of kin, removing any technical issues for the end user. Some clients are claiming their Dossy Support Plans via their Home Care Package, with plans from \$19 to \$69 per month.

Aged care providers can also create an account, add and manage users, and can request an invoiced account to support transparency in additional services offered. Providers can also add their own volunteers to the system, to create a private community to support their clients.

Dossy stands as a testament to the power of community and technological innovation in a season often lonely. It offers more than just warmth and companionship; it empowers seniors to connect with friends, family, and volunteers on their schedules and preferences.

For more information or to join this vital initiative, please visit. Together, we can ensure that no one faces the cold alone, paving the way for a future where technology and compassion intertwine to dispel the winter's chill.

Kristen Graham,
Founder, Dossy
www.dossy.co

Smart beds for quality care

Because pressure injury prevention is better than cure

As the old adage says, prevention is better than cure, and given most pressure injuries are preventable, it's time to shift the focus.

Up to now, the spotlight has been on post pressure injury care and recovery, but concentrating efforts on prevention would drastically reduce the pain and suffering associated with pressure injuries – as well as result in significant public health cost savings.

According to research published in The International Journal of Nursing Studies in 2022, the cost to health systems is in the billions of dollars each year.

Pressure injuries remain a devastating complication for patients in hospital and aged care settings, particularly where a person is immobile for a prolonged period. When it advances to a deep wound, it can become life threatening, even fatal.

In most instances, however, pressure injuries can be prevented by monitoring pressure on the body and periodically changing body positions to avoid prolonged pressure.

The current standard of care is a subjective assessment that can have varying accuracy levels, be time consuming, require additional staff and be unnecessarily disruptive to patients.

For carers, knowing if a patient needs to change position or if they have already moved themselves could make all the difference.

The award-winning Lenexa Medical team has developed LenexaCARE® with this in mind.

This platform has been proven in clinical trials to help prevent pressure injuries by using embedded fabric-based sensor technology to convert traditional healthcare mattresses into smart patient monitoring platforms.

The LenexaCARE® 'smart bed' analyses a resident's profile and uses proprietary



machine-learning image recognition algorithms to detect the position that the person is lying in and the time they spend in that position.

Data from the platform provides carers and clinicians with essential information to deliver personalised pressure injury prevention and alerts carers when it's time to step in.

"This technology aids in the avoidance of painful pressure injuries and also takes the weight off carers bearing the load in an overburdened health system," said Co-Founder and CEO at Lenexa Medical Ajit Ravindran.

"The Lenexa system also provides carers with patient specific information to assist with individualised care and seamlessly integrates into existing nurse call systems."

ValleyView Residence, in Western Australia, is the first aged care home in the world to roll out the LenexaCARE® technology, also witnessing first-hand what this preventative approach has to offer.

"ValleyView is a 64-bed facility with many residents experiencing immobility



due to both disability and age-related issues," explained Mark Sheldon-Stemm, CEO at ValleyView.

"LenexaCARE is providing our carers with resident specific insights and increased visibility of resident risk with around the clock monitoring, ensuring our residents' welfare is paramount."

The team at Lenexa Medical welcome the opportunity to introduce LenexaCARE® to other interested carers and clinicians. Please reach out if you would like a demonstration.

Lenexa Medical
www.lenexamedical.com



Comfortable spaces encourage social interaction.

From traditional nursing home to state-of-the-art seniors living community

Benevolent shows what's possible in regional Australia

For Alison Moss, CEO of Benevolent Living in Rockhampton since 2003, working in aged care is her passion and the transformation of the organisation from a traditional nursing home into a vibrant and connected seniors living community is her legacy.

The work of transformation began over three years ago with the \$47 million Rhythms of Life project, inspired by Alison's four international study tours including SAGE, where she saw first-hand how innovation and lateral thinking were creating a better ageing experience.

Bringing together a team of talented people – including internal staff and external contractors – Benevolent began with a full strategic review of their vision and core business, and quickly recognised their traditional aged care business was not sustainable.

"We wanted an aged care offering for the people of central Queensland that provides a continuum of care focusing on health and wellbeing, while being aspirational and very much connected with the local community," said Alison.

"We understood we had to diversify our revenue streams in order to be financially sustainable and we needed to compete with the highest level of lifestyle options being offered in

places like the Sunshine Coast, which was attracting a lot of our retirees.

"We wanted a seniors living community where everyone is welcome – from providing different products for various needs and budgets, to inviting all ages into our constructed community spaces."

The new state-of-the-art development is comprised of two parts – a premium residential aged care building alongside a vertical retirement living village.

The residential aged care home offers one-bedroom apartments fit out with kitchenettes and living areas, allowing for up to 148 residents depending on occupancy.



Alison Moss, CEO of Benevolent Living, is delighted with what the organisation has achieved for the people of Rockhampton.

The adjoining five-storey building houses the retirement living component with 40 apartments which are 100 per cent sold, with more people on the wait list.

The 40 premium quality apartments have been constructed to Gold Living Standards for liveability design and are either two- or three-bedroom with two bathrooms and secure basement parking.



Benevolent Living's art gallery is one of their activated community spaces.



The coffee shop is used by residents, staff and the community.



Retirement village apartments match the luxury inclusions and lifestyle benefits found in larger urban centres.

Designed to cater to independent living, there is also the option for additional support if and when necessary, such as ordering meals, cleaning, laundry and care services.

On the ground floor of the vertical village are community spaces including a hairdresser, coffee shop, gymnasium, beauty and massage therapy salon, town hall space and art gallery.

With visual and pedestrian access from the street, these spaces are designed to bring people into the village and encourage community integration.

"It was important to us that our community spaces were truly activated and not just a tokenistic concept," said Alison.

"For our art gallery, we've hired a professional exhibition programmer who is responsible for our creative arts strategy and this ties back to the activities we offer residents and the broader community, such as workshops delivered by our featured artist.

"Our gallery displays work from artists from the central Queensland region or who are seniors themselves; we even hosted an exhibition from one of our residents.

"She had lived with us for over 30 years and art had been a big part of her diversional therapy but nobody had recognised she was an artist in her own right.

"Part of our philosophy is living with meaning and purpose and the exhibition of our resident's artwork exemplified this, she was extremely proud."

The focus on art is a nod to Benevolent's heritage. The not-for-profit was established in 1886 by locals who ran arts community fundraisers in order to undertake charitable works.

It's not only evident in the art gallery, art also adorns the hallways and there are sculptures in the gardens, creating a beautiful place to live consistent with community expectations.

"The great thing about this project is we involved the end user in focus groups from the concept and design stage through informal 'kitchen table' conversations with the potential users of our services," said Alison.

"Over time people became invested in the process, like telling us they wanted two bathrooms in their apartment, it was great to see the sense of ownership taking place. These seniors felt like they were part of the design team."

The care and thought put into the project, and the dedication to detail in the end result, reflects how much people in Rockhampton value their community and demonstrates the importance of providing equitable retirement living options for people in regional areas.

"From the start, we got really clear about our vision and our mission. We shifted the focus from just providing clinical care, to offering a lifestyle, a vibrant and connected community," said Alison.

"Our planning was rigorous – from rebranding our organisation at the outset and getting staff to embrace our new vision, to conducting a market analysis and determining the right financial model that would secure our future.



The premium residential aged care building and vertical retirement living village underwent rigorous community consultation.

“Once we were clear on where we were headed, the rest just flowed from developing a new strategic plan through to seeking approvals and infrastructure concessions from council and then onto the build itself – it was all relatively easy.”

“For Benevolent, this was a huge team effort – from the board, the executive team, our staff, design and construction teams as well as our consumer focus groups.

“What we have today is a fabulous resource that matches the best lifestyle offerings from larger urban centres.

“There’s a lot of discussion of mergers and acquisitions to ensure aged care services remain viable in the regions, but with a clear vision and the right people on board, it is possible

to re-invent your organisation and become not just financially viable, but truly embedded in the heart of your community.”

Paul Murphy, ACCPA's Principal Advisor Retirement Living & Seniors Housing said the new development by Benevolent Living is a triumph for regional Rockhampton.

“Benevolent Living has defied the stereotype that high-end seniors living communities thrive only in metropolitan areas,” said Paul.

“This development exemplifies how thoughtful design and quality construction can flourish outside the city, offering seniors a luxurious and convenient retirement lifestyle.

“This success story serves as a beacon for other regional operators, demonstrating that exceptional senior living communities can be cultivated anywhere in Australia.”

The project was built by Toowoomba-based construction company Hutchinson Builders, with the buildings and interior designed by Rockhampton’s Deicke Richards. It has been nominated in five separate categories in the Master Builders Australia awards and won the 2024 People’s Choice award for interiors in central Queensland through the Australian Institute of Architects awards program.

Linda Baracioli,

**Aged Care Today Editor and Communications Advisor,
Aged & Community Care Providers Association**

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Why you need to think about solar and energy management

Success stories from aged care homes

In recent editions of *Aged Care Today*, we've explored the critical role of renewable technologies in aged care. We discussed if, when and why these organisations should consider alternative energy solutions and the impact of investing in these technologies amid economic challenges.

Now, we showcase specific examples of aged care homes that have successfully implemented solar and energy management systems and demonstrate the value they are experiencing as a result of their investments.

Solar installation at Kerala Manor Aged Care

In 2020, Diamond Creek's Kerala Manor Aged Care took a significant step towards sustainability, by engaging Energis to install a 99.82kW solar power system.

The system was designed to offset a huge portion of their overall energy usage by producing 354kW daily.

Just over three years into its operation, the system has shown financial returns and is close to having paid for itself.

Within five years, Kerala Manor can expect to see approximately \$131,500 in savings and \$918,000 across the lifetime of the system.

The installation at Kerala Manor not only represents a huge financial win but also a substantial environmental benefit for the community, positioning the facility as a leader in the industry.

Solar and energy management installation at Park Lane

Park Lane Residential Care, a family-run provider, embarked on its renewable journey by installing a 99.6kW rooftop solar system in early 2022.

Park Lane's management team quickly recognised the value of their sustainable energy asset and opted to include a smart energy management system alongside solar, allowing for real-time energy profile monitoring and automated load control.

This has enabled Park Lane to further maximise its energy efficiency and make well-informed decisions about the facility's energy consumption.

According to Cameron Willoughby, Director of Park Lane Residential Care, "We left the decision to go solar far too long, we should have done it years ago. It's resulted in savings to our electricity bill of around 30 to 40 per cent. For our sized facility, this represents \$50,000 to \$60,000 per year. The installation of our project went very well, with minimal disruptions to our residents, staff and the operations of our facility."



What this means for you

The stories of Kerala Manor and Park Lane clearly illustrate the significant impacts of integrating solar and energy management systems in aged care homes.

These systems not only provide sizable cost savings but also contribute to operational efficiency and environmental sustainability. As the aged care sector continues to evolve, the adoption of such technologies offers a promising path forward, ensuring economic and ecological resilience.

If a switch to renewable energy is in your organisation's plan, reach out to Energis for expert guidance in navigating this vital transition.

Energis' focus on crafting renewable energy solutions best suited to businesses ensures your investment is economically and financially viable, helping you realise operational cost savings sooner.

Energis
www.energis.com.au

During the first year after installation, the system generated approximately 25 per cent of all onsite power needs with an average daily energy yield of

372.25 kWh. From an environmental perspective, Park Lane's installation is estimated to save 3,395 tonnes of CO₂ over its lifetime.

smith+tracey architects celebrates award winning aged care & senior living architecture



St Vincent's Care Services Kew

Top 40, Think Brick Awards 2023 'UNEARTHED'
 Finalist at the 10th Asia Pacific Eldercare Innovation Awards 2022



BASScare Morgan Glen Iris

Winner Boroondara Urban Design Award 2023
 Finalist at the 10th Asia Pacific Eldercare Innovation Awards 2022



Chirside Views Aged Care

Finalist at the 12th Asia Pacific Eldercare Innovation Awards 2024

This year, smith+tracey architects celebrate 75 years of practice. During this period we have developed a major presence and awareness within the seniors living, aged care, community and education sectors. We welcome the opportunity to continue our contribution in achieving better designed outcomes for senior living environments.

smith+tracey architects www.smithtracey.com.au

75 ARCHITECTS
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Years

Reimagining where we live

Aged care design award winners lead the way

In May this year, the Department of Health and Aged Care announced its 'Reimagining Where We Live' design competition winners – with four inspiring examples of thoughtful aged care leading the way.

Entrants to the competition were challenged to create aged care homes of the future that are welcoming, safe, accessible and dementia-friendly, with consideration to small-home models.

The competition helped to test and refine the National Aged Care Design Principles and Guidelines and inspire a new standard of innovation in aged care design.

The four principles relate to the following themes: 'enable the person', 'cultivate a home', 'access the outdoors' and 'connect with community'.

Entries were judged by a panel with experience in architecture, design and aged care, with input from professional adviser Ms Annabelle Pegrum AM LFRAIA as well as six 'lived experience advisers' who are living with dementia.

The jury selected four winners across the two competition categories 'urban metro' and 'regional town'. Another four entrants were awarded commendations. First place winners received \$50,000 and second place winners received \$20,000.

The 'Reimagining Where We Live' competition was endorsed by the Australian Institute of Architects and the Australian Institute of Landscape Architects.

Urban metro first place: 'Scales of Care' by LM2A with Super Natural

The 'Scales of Care' proposal presents a framework that connects practice of care with the community, fostering a positive feedback loop between the resident and the world around them.

The architecture places people in relation to each other and the surrounding world in a way that encourages participation and sociability.

Internally, rooms are customisable to encourage personal expression, while bay windows maintain continued connection to the wider neighbourhood, which can be actively controlled via external blinds and internal window furnishings.

The front yard is of particular significance as a meaningful public interface between the home and the neighbourhood, a platform for passive and ongoing community connection.

Through this proposal, residents who once lived in the surrounding area are offered a continued relationship with the landscape through the playground and shops.

Jury comment: This is an exceptional proposition successfully designed as a dynamic connection between the individual and the community to create a productive relationship between the practice of care and the environment in which it takes place.



Several proposals include bay windows to encourage connection with the wider neighbourhood. (Image taken from 'Scales of Care')



The Urban metro first place winner envisages a front yard shared with the neighbourhood community and a backyard (inset) shared between the residents.

Urban metro second place: 'Connection, Community and Movement' by Walter&Walter

The Walter&Walter proposal allows residents to age in place and remain part of a community as their life circumstances change.

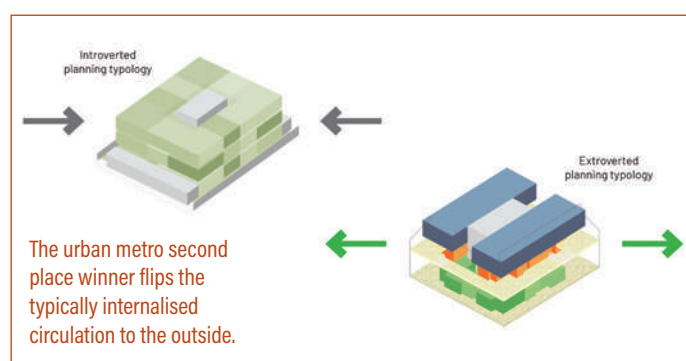
The primary strategy is to 'flip' the typically internalised circulation to the outside to create an indoor street or verandah around the perimeter of the building, which encourages residents to walk or sit and interact with each other and provides fresh air ventilation and access to natural light.

Each personalised residence has its own front door and private bathroom, with a separation between levels of care on different floors of the domestic-scale building.

The small, stacked footprint allows for flexibility – it can be built higher or lower, with the number and type of care floors arranged according to need.

Public spaces for the wider community are located on the ground floor and have street access.

Jury comment: This is an innovative proposition for residential aged care that inverts the existing inward-looking institutional model to an outward-focused sense of community, creating a great place to live and work.



Regional town first place: 'Manu Place' by Monash Urban Lab with NMBW Architecture Studio, BoardGrove Architects, BLOXAS and Glas Landscape Architects

This proposal is based on small households placed around a central cloistered courtyard with natural light, air and greenery.

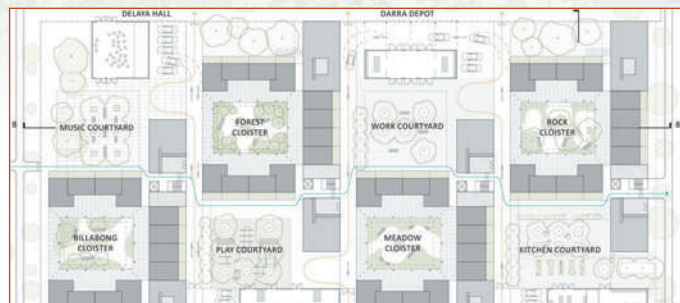
Featuring large bay windows to connect to the world outside, the resident units offer dual access to the cloister and private verandahs, providing a private and dignified home.

The proposal offers scales of privacy – from resident rooms to semi-private cloisters and independent living – with organisation of care across two floor levels to allow a smooth transition for independent living to a high care environment.

The combined kitchen, living and dining rooms have a domestic scale and character, creating an intimate setting for home life and familiar daily routines, while the outdoor environment supports socialising between residents and carers.

The model also incorporates independent facilities including a hall, to encourage interaction between residents and the wider community.

Jury comment: Manu Place is an outstanding proposition which critically addresses the principles and guidelines with a strong and appropriately scaled low-rise spatial program embedded within the neighbourhood.



The regional town first place winner has imagined a community comprised of small households and shared open spaces.

Regional town second place: 'All Together Now' by Other Architects, Openwork, Andy Fergus and Alicia Pozniak

This proposal demonstrates how an intergenerational care home can foster an enhanced sense of togetherness in a regional town.

It allows for 60 aged care residents to be accommodated in seven small households on a site shared with a community-run childcare cooperative, placing children at the centre of the plan.

Accommodation is low-rise and house-like, in keeping with the scale of regional development, and the core household plan is modular so it can be rotated or flipped in response to site conditions, solar orientation and other needs.

A win-win scenario, the proposal addresses issues relating to separation from the wider community and workforce shortages, by pooling the collective resources of care organisations at either end of the age spectrum.

Jury comment: This is a conceptually strong proposition proposed as an intergenerational care home and intended to integrate and stimulate social connections within a town.



The regional town second place winner has proposed a main outdoor space shared by an aged care home and childcare centre.

Linda Baracioli, Aged Care Today Editor and Communications Advisor, Aged & Community Care Providers Association

www.health.gov.au/reimagining-where-we-live/winners;
health.gov.au/our-work/improving-accommodation-in-residential-aged-care

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