Name: Australian Catholic University

Submission date: 6/06/2025

Participant background

1. For the purposes of this consultation, which of the following best describes you:

   Australian Catholic University is the largest national provider of nurses and also provides research, education and engagement across the care economy.

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Aboriginal Community Controlled; Aged care; Disability; Early childhood education and care; Health; Veterans

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   To a great extent

2. What are the reasons for your answer?

   ACU's engagement with aged care and disability placement partners reveals that inconsistent standards across jurisdictions increase administrative burden and training costs. For example, duplicated compliance checks for providers operating in multiple states reduce service availability and delay care delivery.

   For example, ACU is a foundation partner in the National Care Workforce Alliance (NaCWA), a collaboration tackling the care workforce crisis in Australia. NaCWA is made up of aged care, home and community care, technology, and education and training providers. The collaboration is an industry-driven model of interconnected research ecosystems, which are national or precinct based, to support national government priorities such as the care economy.

   Similarly in veteran care, a lack of continuity in healthcare and allied health care for veterans transitioning to civilian life has significant productivity implications at both individual and system levels.

   For veterans, disrupted access to medical and mental health services during transition can lead to worsening health conditions, increased psychological distress, and delays in recovery or rehabilitation. This directly affects their capacity to engage in education, training, or employment, reducing their participation in the civilian workforce and leading to long-term underemployment or economic disengagement. Missed opportunities for early intervention also increase the likelihood of chronic health conditions or permanent

disability.

For the Department of Veterans' Affairs, poor continuity results in higher long-term costs due to increased service needs, greater reliance on income support, and the compounding effects of untreated or poorly managed health issues. Administrative and service delivery inefficiencies also rise when veterans are forced to re-navigate the system, duplicate assessments, or experience fragmented care.

These inefficiencies are compounded by differences in quality and safety regulation across jurisdictions and provider types. Inconsistent standards, accreditation requirements, and oversight mechanisms can make it difficult for providers to navigate compliance obligations, particularly when delivering services across states or in partnership with federal schemes like DVA. For veterans, these regulatory inconsistencies can result in gaps in care, duplication of processes, and confusion about service entitlements—making it more complex and costly to access timely, coordinated care.

In broader economic terms, the lost productivity from veterans unable to return to meaningful work, coupled with avoidable healthcare expenditure and increased dependency on support services, represents a significant and preventable cost to the community. Investing in smooth, coordinated health transitions underpinned by consistent regulatory frameworks could enhance workforce participation, improve veteran wellbeing, and deliver savings to DVA and the broader health and welfare system.

ACU's National Centre for Veterans and Families (NCVF) has built strong partnerships with veteran-focused organisations, including a range of Ex-Service Organisations (ESOs). Through these collaborations, the NCVF has developed a program evaluation model and is in the process of developing a proposal to create a validated maturity model to support the formal accreditation of veteran health providers. This model would offer a clear quality benchmark for both funders and end users, helping to improve service delivery and outcomes for veterans. A nationally consistent accreditation model could help overcome the complexity introduced by fragmented regulation and provide clearer standards for quality and safety in veteran care.

Finally, Australia needs an accreditation of healthcare providers who offer services to veterans. This would ensure consistently high-quality, veteran-centric care across the country, addressing known gaps and inconsistencies in the current system and improving health outcomes for those who served. National accreditation would guarantee that those who served the nation receive care that is safe, effective, and tailored to their needs – no matter where they live or which doctor they see. Accreditation could be overseen by the DVA using a model similar to the Veteran Employment Commitment, to build a network of "veteran-ready" providers dedicated to continual improvement, leading to healthier veterans, through earlier intervention, better-managed conditions, and a smoother healthcare journey from Defence service to civilian life.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

To a great extent

4. What are the reasons for your answer?

Greater alignment is needed in worker screening, incident reporting, and training standards. A national care quality framework could reduce duplication while maintaining high standards. Benefits include lower compliance costs, greater workforce mobility, and improved service continuity.

In veteran care, for example, greater alignment of quality and safety regulations across jurisdictions and care sectors is essential to reduce fragmentation and inefficiencies, which can lead to duplicated assessments, gaps in service delivery, increased administrative burdens, and delayed access to necessary care with flow on effects for community participation and employability. A nationally consistent accreditation model for veteran health providers would act as a benchmark for quality, reducing compliance complexity across jurisdictions.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

ACU has participated in collaborative commissioning pilots in aged care and mental health, involving local health districts, industry partners, NGOs, and universities. These initiatives were co-funded by state and federal programs, with shared governance structures. Outcomes included reduced service duplication, improved client satisfaction, and better workforce integration.

For example, ACU was awarded a federal government Australia's Economic Accelerator (AEA) grant in 2024 for a project that uses AI-powered data input technology to improve aged care. The AEA grant is a partnership with Microsoft and BaptistCare to develop Jessie Technology, which automates data entry for frontline aged care workers who experience heavy care-documentation demands. Jessie Technology uses AI, including voice recognition and large language models, to interpret speech and integrate data into care systems. The Jessie Technology project began with a co-defined collaborative commission: reduce workforce burnout and improve care quality through innovation by delivering practical, scalable outcomes. Jessie Technology unites ACU Research and Enterprise, ethics, health and engineering expertise with BaptistCare’s sector insight and innovation goals to enable positive health and sector outcomes.

2. What are the benefits of pursuing greater collaborative commissioning?

Benefits include:
- Enhanced local responsiveness
- cross-sector innovation
- resource optimisation, and
- modelling future research-industry collaboration via a sustainable model of innovation that listens to partner needs

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

Barriers: Fragmented funding streams, data-sharing limitations, and short-term funding cycles.

Solutions: Establish long-term funding models, shared data platforms, and capacity-building for local leadership.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

Prevention programs often face short-term budget cycles, limited evaluation data, and political risk aversion.

Cross-sector benefits (e.g., health, education, justice) make it difficult to attribute savings to a single portfolio.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

ACU's Quality in Acute Stroke Care (QASC) research program, which received initial funding from the NHMRC, St Vincent's Clinic Foundation, Curran Foundation, Australian Diabetes Society-Servier, the College of Nursing, ACU and the Stroke Foundation,, has improved stroke outcomes through the implementation of Fever, Sugar, Swallow (FeSS) Protocols. The protocols have since been adopted into hospitals throughout Europe with funding from the European Stroke Organisation, and are currently being rolled out throughout Australia and New Zealand with a focus on rural and regional nurses who may not have access to the same level of resources as their metropolitan nurse colleagues.

See more - https://www.acu.edu.au/about-acu/institutes-academies-and-centres/nursing-research-institute/our-projects/quality-in-acute-stroke-care-qasc

The ACU-led Enabling Visions and Growing Expectations (ENVISAGE) program has been awarded almost $12 million in Commonwealth funding under the National Early Childhood Program in support of Australia's Disability Strategy, ENVISAGE works with families and caregivers to support children with developmental concerns or disabilities and is co-designed with First Peoples and supports families where English is not their primary language at home.

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

While national funding initiatives are often tech and medically centric, there is a need to align funding more broadly with health and holistic preventative research projects as illustrated here.