

## Submission to the Productivity Commission Caring for Older Australians - Residential Care

I would like to support the Australian Physiotherapy Association Submission to the Productivity Commission by submitting a personal view of the great need for physiotherapy in residential care facilities in Australia.

### Summary of main points

- Adequately funded **regular weekly** physiotherapy services to all aged care facilities is needed
- Physiotherapists should be allowed autonomy to select and provide equitable services to all residents ensuring those with the greatest need receive sufficient physiotherapy
- Measurement of resident mobility to advance research and evidence based practice is necessary

### Professional background

I am a physiotherapist with a Master in Gerontology working in residential aged care.

I have been working in Gerontology across the spectrum of inpatient and outpatient rehabilitation as well as residential care for 26 years.

I have worked in and visited many facilities in Victoria and QLD in my role with a national Allied Health company.

I have a Certificate 4 in Training and Assessment and am regularly involved in training of care staff especially in safe manual handling.

I am currently doing research on the effect of safe manual handling on resident mobility and transfers.

I believe passionately in the need for equity of care, professional accountability and best quality, evidence based care and more specifically high quality, evidence-based physiotherapy.

My main premise is that a physiotherapist best services a RACF by having a **regular number of hours on a weekly basis at a facility**. I strongly believe this kind of stability and continuity of care is essential to ensure best quality care.

It allows the physiotherapist:

- To become familiar with the residents and their families
- To regularly review all residents
- To work as part of a team providing holistic, person-centred care
- To be flexible in meeting the residents' and facility's needs
- To experience a greater degree of job satisfaction (which will assist retention of physiotherapists with aged care experience)

The physiotherapist should have autonomy to

- Select and provide physiotherapy services to all residents
- Prioritise who receives care on a weekly basis maintaining equity of care whilst providing for those with greatest need.

Naturally, as a physiotherapist, I believe funding designated for physiotherapy is important and could cite many cases to demonstrate why. But, as I also have the perspective of someone who had ageing parents (both now dead) and who is involved in the care of my partner's mother, I would like to use her case as an example of what physiotherapy regularly achieves.

*My partner's mother is 93 and in the last 2 years has gone from living at home with extensive support services to living in a hostel and now resides in a nursing home. She fell and fractured her R) hip within the first 2 weeks of moving to the nursing home. As a physiotherapist I had to manage a difficult situation with my partner and the facility that provided limited physiotherapy, to make sure she had the opportunity to walk again, given the fears all had of her falling and having another fracture. The issues involved here are topical and were challenging. Fortunately I had the experience to be able to negotiate these*

*difficulties. My mother-in-law is now able to walk with her walker up to 100 metres. She enjoys doing this as she was a woman who walked a lot when at home. I'm sure her regular walking means she is less likely to develop pressure ulcers, remains more alert, engaged and well in her general health. In short she has a better quality of life due to physiotherapy interventions. This also means she is less of a burden to care staff, which I believe provides them with more job satisfaction. She sits in an electric raise armchair, which maintains her comfort when reclining. The chair can be raised to a suitable height to enable her to stand with minimal staff assistance so staff are not at risk of injury. This outcome sounds simple but I can assure you it was not simply achieved.*

Physiotherapy is essential to allow many older people in residential care the independence and dignity of moving more freely and safely. I strongly recommend and would welcome the use of outcome measures to determine resident mobility levels and the impact of physiotherapy interventions in high care. The Physical Mobility Scale (PMS), recommended by Natframe, is an excellent, easy to use tool with good clinimetrics. It is questionable, however, whether physiotherapists would currently have the time to regularly score a resident via the PMS, as well as conduct all the other activities they perform.

Funding for physiotherapy and the measurement of mobility are very important but the model under which the physiotherapy is provided must be right. The best model is sufficient **regular** hours on a **weekly** basis allowing the physiotherapist autonomy to work with the residents and facility according to their needs.