THE UNIVERSITY OF SYDNEY

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21 March 2011

BACKGROUND TO SUBMISSION

As noted in the Caring for Older Australians draft report, there is urgent need for research to identify the support and care needs of the frail population.

The Frailty Intervention Trial (FIT) conducted from 2008 to 2011, is a NHMRC funded clinical trial investigating the impact of a 12 month intervention designed to treat frailty. The components of the intervention are exercise, nutrition and case management in frail, community dwelling older people.

Frail people are vulnerable with multiple comorbidities and long term chronic conditions. In addition, older people frequently suffer acute, unstable events that require responsive, urgent changes to their care and support needs.

This submission from FIT researchers outlines consistent concerns raised by older, frail people and their carers. These concerns are described in five groupings: Accountability, Accessibility, Independence, Diversity and Continuity.

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RESPONSE TO CARING FOR OLDER AUSTRALIANS REPORT

Many areas of concern regarding provision of services for the frail, community dwelling population have already been identified in the draft Caring for Older Australians Report.

Below are listed additional, important or consistent concerns discussed by older people and their carers with FIT researchers. These concerns are described here in five groupings: Accountability, Accessibility, Independence, Diversity and Continuity.

Provision of a service that is accountable and transparent

- Community service provider invoicing practices can be inconsistent and sometimes intimidating for the older client. Older frail consumers will often not attempt to seek resolution of a disputed amount and pay the invoiced, incorrect amount.
- Inconsistencies in records issued by service providers make it difficult for carers to check that the amounts charged are only for services that were agreed to and actually provided.
- The minimum mandated standard for invoicing this vulnerable group of people should be ATO compliant, http://www.ato.gov.au/businesses/content.asp?doc=/contnt/50913.htm.
- Requiring providers to document their service delivery in a single, central written record at the client's home could result in improved continuity of care and accountability of service provision.

  Case Study: In 2009 a frail older lady was billed $5000 with 30 day terms for community health care services that had not been delivered. Such invoicing for an incorrect amount or for services that have not been provided is not atypical of older clients' experiences.

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Access to care

- Currently, Home and Community Care (HACC) services do not maintain waiting lists when a service is unavailable. The consequences for older clients are:
  1. They cannot receive appropriate care when they need it.
  2. To have any chance of accessing that care they must repeatedly check with the provider on the chance that the service they need has become available.

  Case Study: In 2010, a blind frail man with significant cardiorespiratory complications required a cleaner once a month as he was too breathless to vacuum his floors and clean his bathroom. After many phone calls by the case manager, a cleaner could not be accessed from any government service due to none being available at that time.

Promoting independence

- Extending the current HACC support and maintenance roles to include supervision of exercise, as prescribed by a physiotherapist, could promote physical independence and reduce further functional decline.
- The over use of acronyms e.g. ACAT, CACP, EACH, HACC, within health and service systems, reduces clients confidence and independence by creating confusion about which service they are receiving.

  Case Study: In 2009, the carer of a lady with leukaemia, significant memory loss and a history of falls and fracture, expressed exasperation and "gave up trying" to gain domestic and personal care for her mother. Acronyms and the complex, fragmented system of service providers were cited as the main sources of frustration. Over 60 phone calls were made by the case manager to gain a reliable and consistent daily service for the consumer.

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Catering for diversity

- Basic, culturally appropriate, communication strategies could be included within training programs for all care workers to improve communication between care workers and the frail consumer. The frail population commonly have significant vision, hearing and cognitive deficits that create barriers to everyday communication. Strategies such as speaking directly to the frail person, respectfully, slowly and clearly and waiting for appropriate responses could be included.
- Gender and age differences between care workers and the frail consumer can be a cause for concern; eg older ladies are not necessarily comfortable with young men assisting with their personal care.

  Case Study: An older lady with poor hearing required help with showering and dressing became exhausted when trying to communicate with her "carer" because he spoke very little English and it was difficult for her to hear or understand. She also found it embarrassing being undressed by him.

Care continuity and consumer choice

- The Gateway Agency with case management for vulnerable consumers is proposed. A single Case Manager, at a local level, can provide ongoing understanding of changing care needs and streamline delivery of appropriate local services.
- There are inefficiencies of service provision and increased cost and confusion to the consumer and their carers when multiple service providers are used in a single residence.

  Case Study: A frail older man was living at home with his wife who had dementia. Daily domestic and personal services were implemented over time with no coordination resulting in multiple providers visiting daily for different tasks. The confusion resulted in the family keeping a weekly whiteboard of times that each provider would visit and the tasks they would complete; eg one provider would visit to shower the man and another provider would also visit to shower his wife.

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