
Primelife Corporation Limited

**National Manager
Aged Care
Julia Currell**



Aims and Objectives



- To give a broad overview of the Aged Care Sector
- To identify issues where we can collaborate
- Highlight my experience as a person coming from the acute sector

Case Study

- Fractured Neck of femur
- COAD
- Chest infection
- Diabetic
- UTI
- Catheterised
- Decreased mobility assistance to transfer



- 20 facilities Nationally
- Approximately 968 operational beds
- 75 Nursing Home Beds (High Care)
875 Hostel (Low Care)
- 2 Supported Residential Services
- 17 Retirement villages and assisted living accommodation services

National Residential Aged Care Stats 02 -03



- 151,181 operational aged care places
- 142,846 People in Residential care
- 51% were aged 85 years & over
- 72% female
- Occupancy 2002–03 96.1%
- Respite – 985,000 resident days
- 184,095 people received Residential care
- 10.5% of people aged 70 and over as at 30/6/2002

*(Residential Aged Care in Australia 2002-03 a Statistical Overview AIHW Canberra 03)
Report on the Operation of the Aged Care Act 1997 Australian Govt Dept of Health &
Ageing))*

The Aged Care Sector



- 2001 Australian Census – 2.4 million people (13% of population) over 65
- 2031 Projected 5.5 million (21.9% of population) over 65
- 2050 Estimated 6.6 million people (25% of population) over 65
- People over 80 will double over the next 20 years
- People over 80 will triple in next 50 years to comprise over 2.3 million or 9% of the population

Who comes into Aged Care?



- **Currently the average age group taking up residence in low level aged care homes is approximately 78-84 years of age.**

(Aged Care in Australia DH&A 2002)

Where do they come from?



- **High Care (Nursing Home)**
- **64% enter from a hospital**
- **26% from low level care**
- **10% from community**
- (Aged Care in Australia DH&A 2002)

Where do they come from ?

Low Care (Hostel)

- 30% of low level care residents enter from hospital
- 70% residents enter from the community via Aged Care Assessment Team (ACAS)



(Aged Care in Australia DH&A 2002)

Home like Environment



- *When we take care of them we are not just plying them with food, water and medicine. We're making a world for them. When they come into a home that's their world"*
- *Dr William Thomas Founder of the Eden Alternative ACAQ Conference December 2000)*

Legislation & Regulation



Commonwealth Department of Health and Ageing



Aged Care Act 1997



Aged Care Principles



Residential Care Standards

- **Standard 1 Management systems, Staffing and organizational development**
- **Standard 2 Health and personal Care**
- **Standard 3 Resident Lifestyle**
- **Standard 4 Physical Environment and Safe Systems**

Compliance



Accreditation every 3 years (Aged Care Standards and Accreditation Agency)

- Yearly Support visits
- Targeted and random spot checks on services (no notice)
- Sanctions for non compliance
- CMW RCS validation visits
- Prudential compliance (annual statements)

Consumer Support



- Aged Care Complaints Resolution Scheme
- Residential Rights Inc

Specified Services



Hostels

- Hospitality services
- Furniture
- Personal care
- Assistance with mobility

User pays

- Dressings
- Continence aids
- Mobility aids

11.5.1 Legislative Requirement

"The aged care act and Principles 1997 require providers to maintain an adequate number of appropriately skilled staff to ensure the care needs of residents are met, including skilled nursing staff where this is indicated by the needs of the residents"

Residential care Manual

Personal Care Workers



- Hygiene assistance
- Grooming
- Mobility assistance
- Recreational Activities
- Emotional Support
- Medication dispensing

Unplanned Hospital Admissions from Primelife Facilities 2004



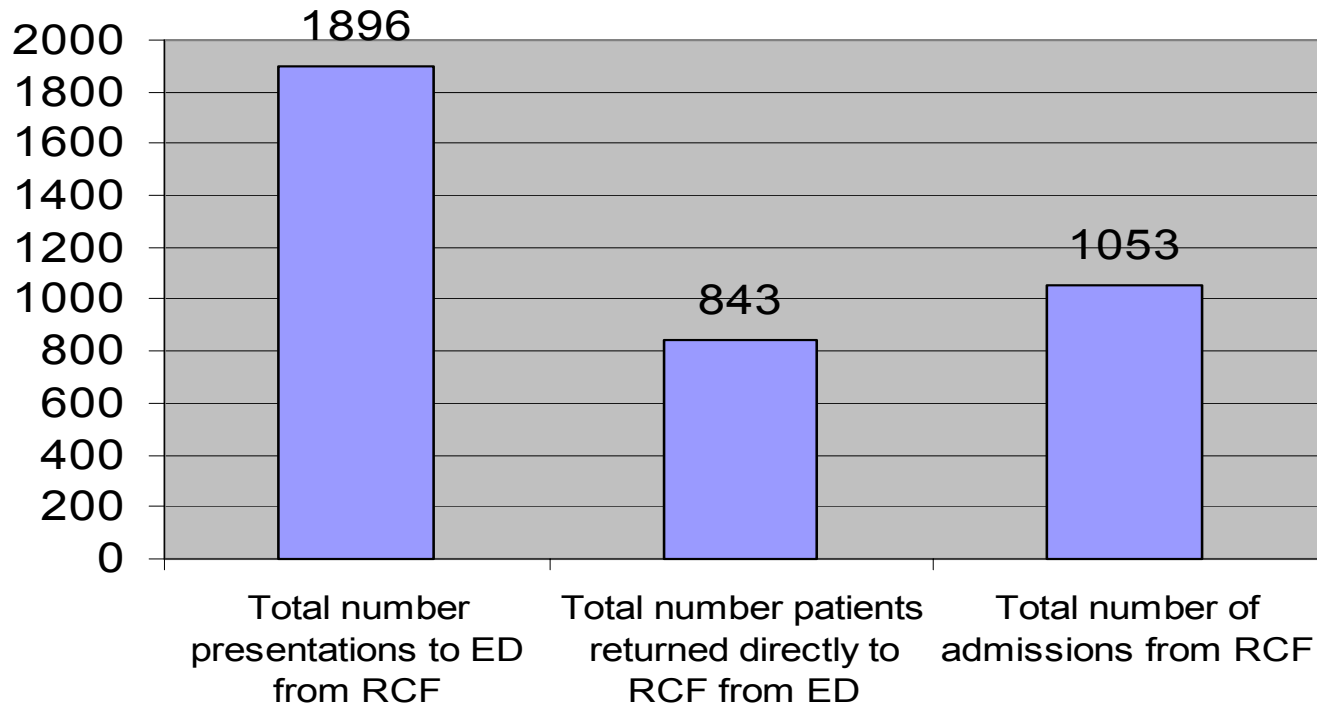
Month	Unplanned Admission	No of beds	%
February	34	611	5.56
March	25	611	4.0
April	42	611	7.0
May	33	611	5.4
June	37	611	6.0
July	27	611	4.4
Total	198	611	32.4%

Residential Aged Care Outreach Service

Western Health



Number of presentations from Residential care sector to Western Health Emergency department and associated admission rates 1/1/2003-31/12/2003



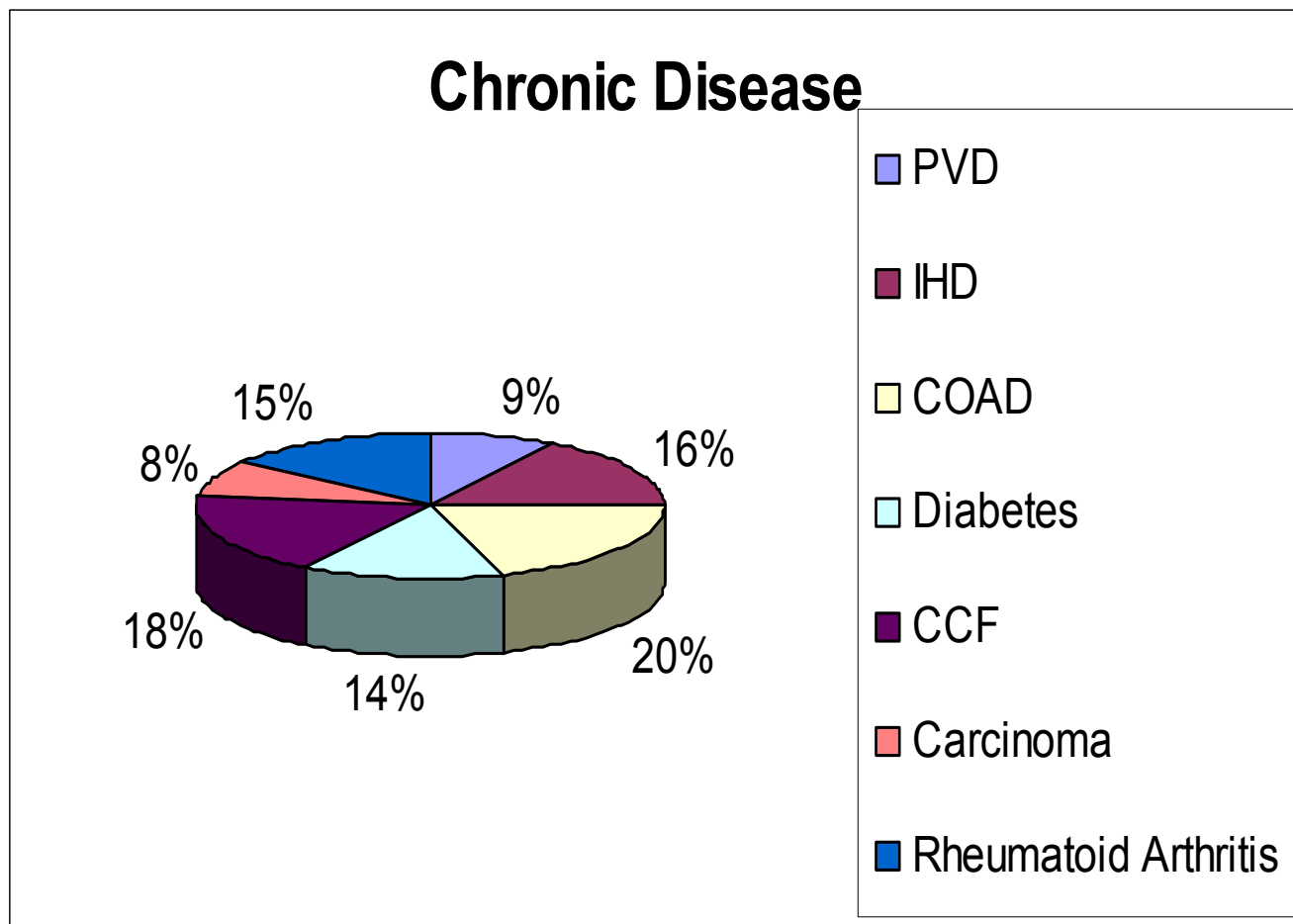
Chronic Diseases

Random Sample 100 Residents



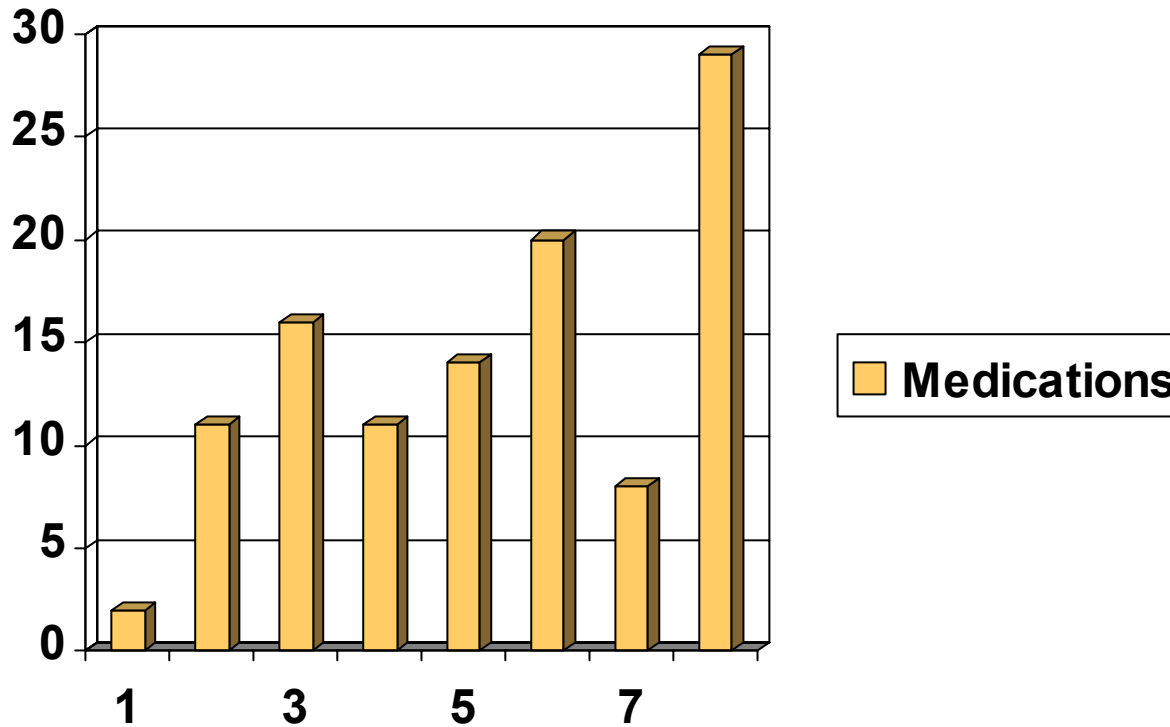
Chronic Disease	Number of Residents
PVD	20
IHD	35
COAD	42
Diabetes	30
CCF	38
Carcinoma	16
Rheumatoid	32
Arthritis	213
Total	

Chronic Diseases 100 Residents in PLC Facilities



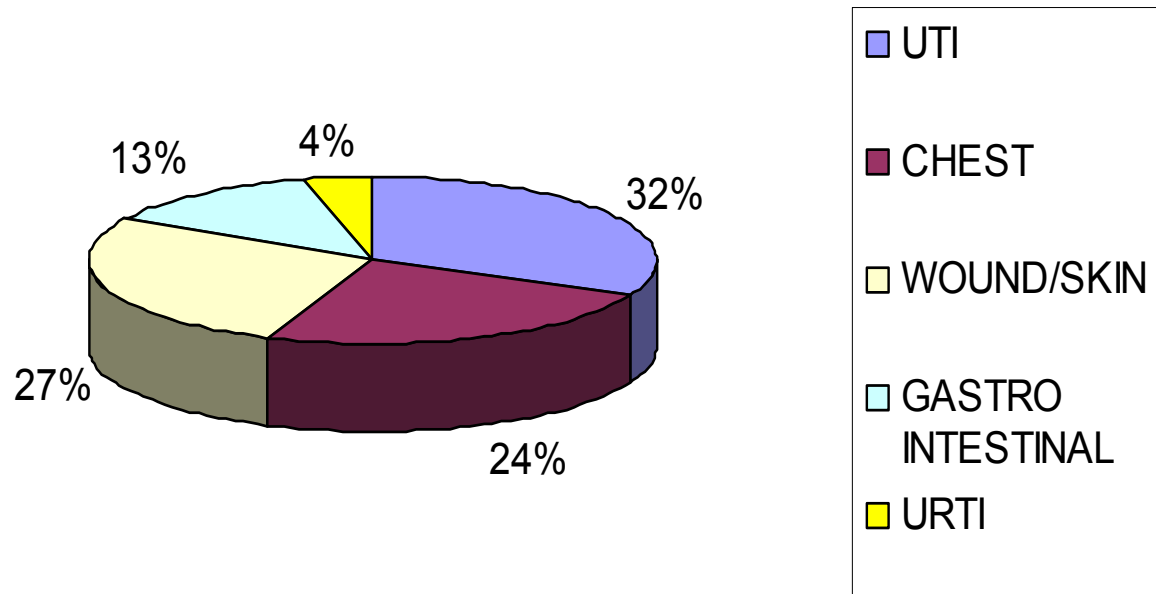
Medications

Sample 111 Residents



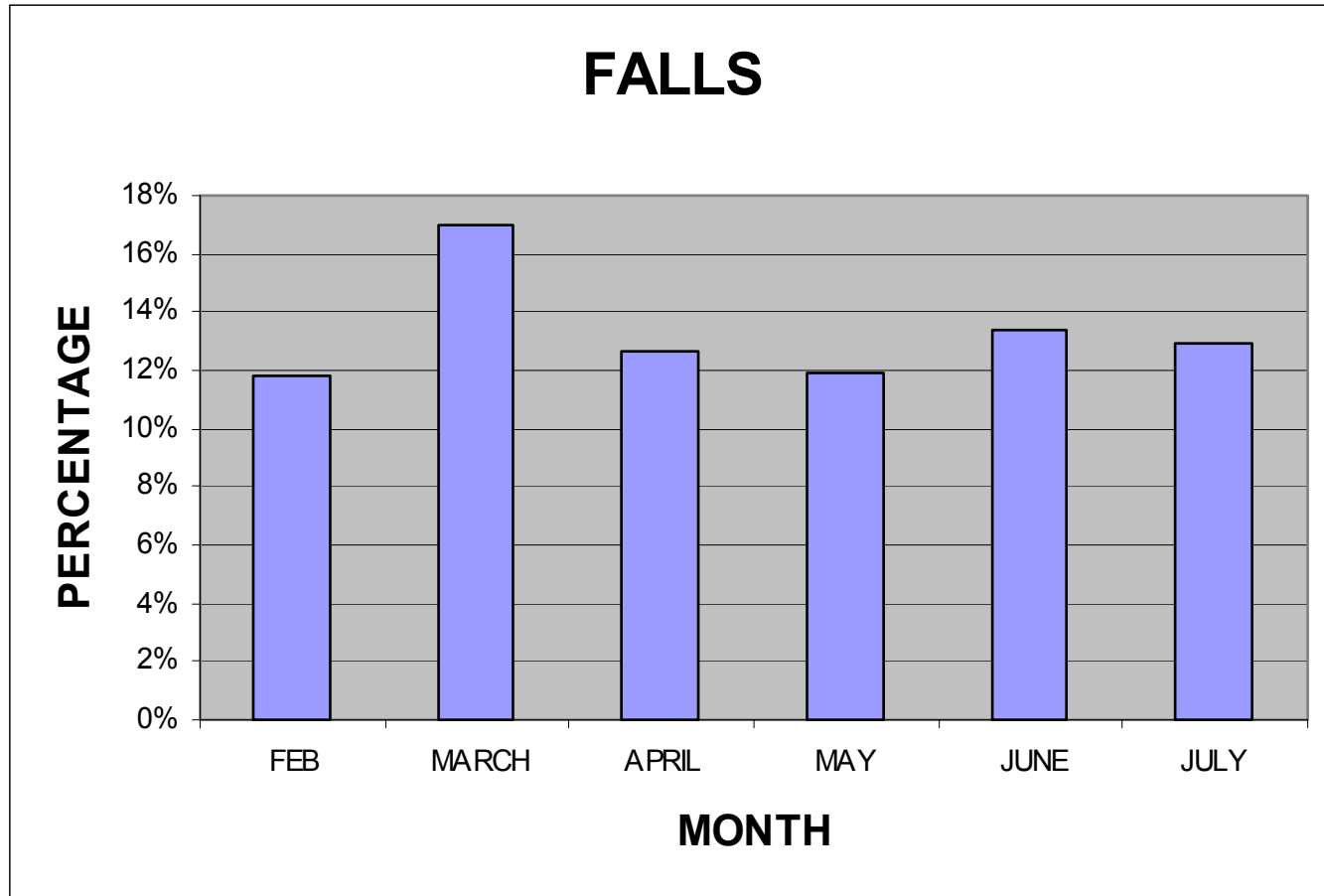
Infections

611 Primelife Residents



Falls

636 Primelife Residents



Resident Classification Scale

- The scale denotes the level of funding received from the Commonwealth government which we claim each month
- The higher the classification number the more dependant the client, the more frail, the less mobile
- RCS 8 – 5 is low care (hostel) \$0 – \$39.73 per day
- RCS 4 – 1 is high care (nursing home) \$66.47 – 120.65 per day

Ageing In Place



- Ageing in Place Policy 1997

"Recent Improvements to aged care arrangements now make it possible for people to receive care at low or high level in the same home. This removes the need to remove as a result of changing care needs"

(Ageing in Place Quality Care for Older Australians CMW DH&A)

General Practitioners



- General Practitioners are hard to attract
- Aged Care GP's panel initiative
- Comprehensive Medical Assessments of new and existing residents (MBS item)
- Approximately \$140

Summary



- Highly regulated industry
- Unregulated staff
- Pre-dominantly Certificate Level 3 Personal Care
- “Home like environment Vs Medical Model”
- Residents with 2 or more Chronic Diseases
- Residents on more than 7 different medications per day
- Disease management pre-dominantly the GP or individual specialists

The Way Forward



- Who is monitoring the Chronic Disease management needs?
- How does the aged care sector receive acute interventions for chronically ill residents
- What about high care residents in low care facilities?
- How can we meet the needs of the residents

Collaboration



- The Aged Care sector and acute sector need to work together to define the issues and appropriate interventions
- Each needs an understanding of the others priorities
- Residents don't think in sectors
- Aged/Acute Taskforce – VAHEC



National Manager - Aged Care Julia Currell
**Kathy Varnava - Continuous Improvement
Coordinator**
Cherie Hunter - Staff Development Coordinator

