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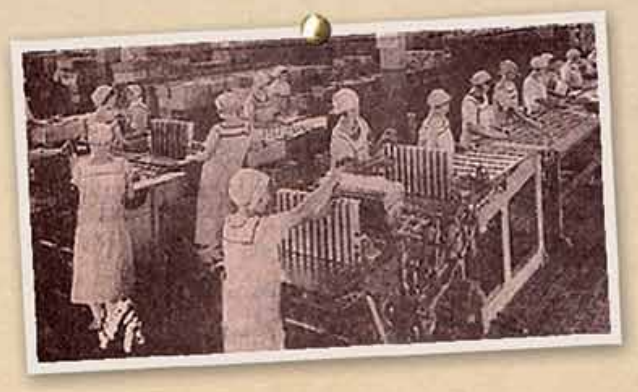

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Watchdog to examine training groups

By Amie Larter

Australia's national skills regulator is casting a close eye over registered training organisations (RTOs) following the rise in concern over training provided for workers in the aged care sector.

A strategic review of vocational education and training (VET) in the sector will address fears raised in the Productivity Commission's August 2011 report, *Caring for Older Australians*.

The ASQA chief commissioner, Chris Robinson, said that given that the number of older Australians is set to rise to more than 3.5 million by 2050, there will be more pressure on the health system to provide well-trained aged care workers. "It is essential that we prepare for growth now by ensuring those undertaking VET-level qualifications are equipped with the right skills," Robinson said.

"This strategic review will take a whole-of-sector view to aged and community care training to indentify issues and formulate solutions."

The main issues addressed by the commission's report include the variability in the quality of training provided by RTOs, the need for better regulation; and fast-tracking of qualifications.

This stemmed from the report finding that some students were finishing courses in under a month, rather than the year-long training provided by the more highly regarded organisations.

Lee Thomas, Australian Nursing Federation federal secretary, confirmed that the federation has been concerned about the fast-tracking of students through aged care courses, and the potential risk those students will be inadequately prepared for practice.

"Many of our members gave evidence to the Productivity Commission that qualified aged care nurses were being replaced by non-qualified workers," she said.

"Students with inadequate training cannot be expected to be put to work in nursing homes to care for vulnerable residents, with many of them suffering a range of chronic and complex health problems."

Claire Field, chief executive of the Australian Council for Private Education and Training (ACPET), supports ASQAs review of training in the sector, stating that the "concerns raised by the Productivity Commission about the

quality of training in this sector should be taken seriously."

About 10 per cent of ACPETSs member organisations deliver training for the aged care sector, a figure which is increasing with employers needs for more skilled workers.

"They [member organisations] have formal partnerships with aged care facilities, delivering training to increase the skill levels of existing workers and to ensure new workers are job ready," Field said.

"ACPET understands that ASQA has already been closely examining training organisations wishing to start training in the aged care industry while preparations were made for the strategic review. This is a sensible approach.

"Elderly members of our community deserve the highest levels of care and support. It is vital that the staff working with elderly people receive the training they need to do their jobs well." ■

$17m to help connect various services

Aged care providers now have the opportunity to apply for more than $17 million in government funding for projects to better connect Australia's aged care system with the health and hospital systems.

Applications were opened last month and Minister for Mental Health and Ageing Mark Butler said that this will help give older people better access to complex healthcare, including palliative and psycho-geriatric care.

"Successful applicants will carry out innovative projects that will see aged care providers work intensively with healthcare providers and medical insurers," he said.

There will also be projects in which aged care organisations will work alongside multidisciplinary teams that could include GPs, nurses, primary healthcare providers or specialists.

Video consultations will also be tested as a means of improving access to GPs for residents of aged care homes.

"New healthcare opportunities in the sector will be opened, breaking down the significant barriers to getting front-line healthcare often faced by older people, particularly those in residential care," Butler said.

Funded by the government's Living Longer Living Better reform package, the projects are available to providers around the nation in rural, remote and metropolitan areas, and may include trials to remove barriers to primary health services faced by older Aboriginal and Torres Strait Islander people. ■

Funding push to fight dementia


Brendan Shaw


Ita Buttrose


Henry Brodaty

Despite the unsettling prediction that 3 million Australians will develop dementia over the next 38 years a leading researcher says this could be reduced by a third if we can develop an effective intervention or treatment.

A report commissioned by Alzheimer's Australia forecasts that between 2012 and 2050, some 3 million Australians will develop the illness. The report, *Modelling the impact of interventions to delay the onset of dementia in Australia*, includes statistics that reveal more evidence that we need to focus on investment in research now.

The study was prepared by the Dementia Collaborative Research Centre – Assessment and Better care at the University of NSW. The centre's director, Scientia Professor Henry Brodaty, believes that we could spare close to 1 million people from dementia if we develop an "effective intervention or treatment to delay the onset of dementia by just five years".

"In the short term, we may be able to reduce our risk of dementia by better protecting our brain through the lifestyle changes that we know may help. But in the long term, an increased investment in research is the only hope we have for the development of medical interventions to delay, stop, or reverse the diseases that lead to dementia," Brodaty said.

National president of Alzheimer's Australia Ita Buttrose urged pharmaceutical companies to continue to research modifications to either slow down or halt the progression of dementia. Research was the missing element in the federal government's Living Longer Living Better program, and Buttrose believes Australia is falling behind – not investing nearly enough to avoid the harsh impacts of dementia in the future.

"Australia has some of the world's leading scientists in the dementia field, yet their work receives only a small fraction of the research funding allocated to health priority areas such as cancer or heart," Buttrose said at a recent Medicines Australia Conference. "Coupled with the Pharmaceutical Benefits Advisory Committee's review into medications for Alzheimer's disease earlier this year, consumers are feeling vulnerable."

Since 1998 there have been more than 100 unsuccessful attempts to develop drugs to treat Alzheimer's disease; however Buttrose said that this must not stop the search for possible treatments and a cure. Insufficient investment in research is one of two main reasons behind Alzheimer's Australia's launch of phase two of their Fight Dementia Campaign. The organisation is fighting for an additional investment in dementia research of $200 million over five years in next year's federal budget.

"This will bring the government's investment in dementia research to approximately $60 million per annum; around 1 per cent of the cost of dementia care," Buttrose said.

Dr Brendan Shaw, chief executive of Medicines Australia, said the journey towards discovering effective treatments can be challenging, but said Australia is committed to finding them. "We are making significant headway as we better understand the disease. The medicines industry is working hard to help find new treatments and improve the lives of the people affected by Alzheimer's and dementia. "The medicines industry invests over $1 billion a year in research and development, including $650 million on clinical studies to trial new medicines for human use. More than 10 per cent of those funds go into clinical trials for dementia."

Early access to new medicines before they become available on the wider market are also available to the 18,000 Australians that take part in industry-funded clinical trials, several of which, Shaw confirms are for new Alzheimer's medicines and other dementia treatments. ■

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Complaints against elite home

The Department of Health and Ageing is investigating three complaints of neglect at one of NSW's premier aged care facilities, Lulworth House.

Home to some of Australia's elite including Gough Whitlam, Neville Wran and Dame Leonie Kramer, the three complaints relate to claims that three elderly patients that died between July and August were not given adequate care.

Concerned for the welfare of the residents, the alleged misconduct drove a nursing assistant to quit after more than 20 years of service, the nurse later suggesting in an email that St Luke's management was concerned more with money and care was secondary.

These recent allegations have brought about uncertainty about the complaints handling process, which was changed by the federal Department of Health and Ageing last September when it reintroduced a resolution process to deal with issues of a less serious nature.

Aged care groups and lobbyists have become increasingly aware of a great deal of unhappiness about the way the complaints system has been changed.

Dr Michael Wynne, board member of Aged Care Crisis, believes this is due to the way the recommendation that the system focus more on local resolution of problems was implemented.

"In effect in some instances vulnerable and inexperienced people have been caste to the wolves, with the department distancing itself. This was never going to work for residents, families or the community," he said. "Allegations made about Lulworth House illustrate why this is so. The correct process would have been to have a motivated local community member act as investigator, mediator and if need be advocate, liaising with the department so that deficiencies were identified, documented and acted on – rather than buried in a facility controlled resolution process."

The Department of Health and Ageing said that none of the three complainants have had their issues finalised yet, and that detailed feedback has been provided to each of the complainants. "Where the department takes formal compliance action this information is made publicly available through the Aged Care Australia website www.agedcareaustralia.gov.au.

"Should anyone have any concerns about care provided by a Commonwealth subsidised service they can contact the Aged Care Complaints Scheme on 1800 550 552." ■

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We are better at recognising illness

A leading doctor says medical staff and society are now more aware of the signs of depression

Older people need to be encouraged to start focusing on healthy ageing and healthy living to start alleviating the mental health epidemic facing the elderly, says a leading aged care services provider.

Dr Andrew Cole, chief medical officer at HammondCare, believes that encouraging ageing Australians to lead healthier lives by not smoking, treating blood pressure and exercising regularly could lead to a decrease in the amount of mental health issues and is good for the cardiovascular system and prevents strokes.

Cole said that maintaining a healthy weight and sustaining healthy family relationships is also very important.

"Healthy ageing and maintaining a healthy lifestyle are very important on the front end of trying to get through old age with the best possible mental health," Cole said. "It's just one body. It's a physical body and it's the mind that is inside that body – so the two are interconnected."

Although this issue has been given a lot of light in political and media forums recently, Cole believes this has always been an issue – one that just has not been sufficiently recognised up until now.

"I think that it is becoming more obvious for two reasons," he said. "People are getting better at recognising and listening for a problem. Old men, like young men, don't find it easy to talk about depression and I think medical people and health professionals generally are getting better at looking for it. People are also getting a little better at talking about the problems they feel. In fact our society generally, is getting better at talking about our individual problems with depression."

Elderly patients in residential care or those who require significant assistance to remain at home are twice as likely to develop depression and anxiety as the general population, according to the National Ageing Research Institute.

With these figures at such a disturbing high, there is increased attention on not just the physical health of residents, but also the mental. Cole believes that this comes down to three main elements. "It's really about having the right environment, the appropriately trained workers and the right view, understanding, management and care surrounding meeting people's needs and balancing that with sometimes the need to use medication."

Cole suggests that it is important to ensure the built environment is not threatening but is something that is homely and something the person can live in without feeling it's really difficult. He also points out the importance of making sure staff are able to recognise depressive symptoms.

"Maintaining physical and mental health of the residents in the best possible way comes back to things like good built environment and good care environment with carers that are well trained."

HammondCare is currently in the process of developing a clinical training centre at its Hammondville facility – a centre which will ensure that its care is delivered in the best possible way.

Last year the University of NSW appointed the first Hammond Chair of Positive Ageing and Health, Associate Professor Chris Poulos, who is based at the facility and is leading the research into what constitutes best practice.

Cole said: "We are trying to make sure our older people have got good physical health and that they are exercising properly – we have an exercise physiologist as part of the program," Cole said. ■

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Elder Clowns Tiny (right) and Dumpling

Laughter proves a great tonic

A nurse's curiosity led to a large study into the benefits of humour for residents with dementia. **Amie Larter** reports

Humour is fast becoming one of the best ways of engaging and connecting with patients with dementia. For 25-year aged care veteran Lenore Eggins, it took a slapstick comedy to make her realise just how much of an impact it made.

After lunch at Wesley Mission's Hadden Place, the only centre in the Brisbane metropolitan area to offer dementia specific day respite and therapy, staff generally put on some music or a DVD to entertain patients.

One day three years ago, Eggins decided to mix it up by putting on a movie of 1930s comedic double act Laurel and Hardy – before going to lunch.

Her lunch break was short-lived, as staff came in and said "you have got to come and see this". Upon her return to the lounge room, she found a group of mostly elderly patients' completely captivated by the comedy.

"It was just amazing. We had people that could not have told you what they had just had for lunch, they may not have known how they got there that day yet they were totally engaged in this fun."

Excited about what she had witnessed, Eggins sought out and joined up with Clark Crystal, one of the pioneers of the original elder clown projects in Scotland, to apply for a community grant from the Department of Health and Ageing to implement elder clowns into the day therapy centre. "It was a great success and the clients loved it," Eggins said. "They were very engaged and it worked so well that we realised we needed to do something more."

Eggins and Crystal then approached Griffith University's Applied Arts and Health faculties to get involved in applying for a grant to investigate the efficacy of applied theatre practices for people with dementia in residential aged care facilities.

ABOVE: The clowns show they have a nose for humour at a Sydney aged care facility.
RIGHT: Dr Peter Spitzer and a Laughter Boss.

The Australian Research Council awarded the team funding through the Linkage Projects Round One earlier this year, to address impacts of social isolation, depressed mood and quality of life for those with dementia. This project will explore a range of different theatre techniques to develop improvised interactions and humorous connections with people with dementia.

Elder clowns will spend two hours a week in a facility, spending about 20 minutes with each patient. "They will be seeing 60 people; and they will see those 60 people about five or six times over the course of 24 weeks," said Eggins.

Before entering the facility, the elder clowns – who are trained performers – study some information about the people they are going to visit: details such as when they were born, family members and partners and languages they speak. This immediately builds rapport and trust.

"People are more likely to engage more personally and disclose how they feel and what they are thinking when they trust you," Eggins said.

"We have found that people will disclose and reveal things about themselves that they may not have said to staff, because elder clowns go in there with time and are able to sit there and engage. It's not that staff don't try, the elder clowns just have a different purpose."

According to Eggins, engagement should be a key focus for the industry – especially for elderly people with dementia. She believes that aged care facilities can spend a lot of money on entertainment activities; whereas the focus should be more on personal engagement – which is more about active and passive participation.

Currently affecting 300,000 Australians, statistics tell us that we are going to start seeing more and more people moving through the health system with dementia – approximately 1 million by 2050.

"There needs to be a shift in how we view the sorts of activities or programs that are running," said Eggins. "We are talking about humanity, and humans have a sense of humour. It would be wrong of me to say that people never lose their sense of humour; however, I can tell you that I have met many people in all stages of their dementia journey and many of them still have a wonderful sense of humour – so let's tap into that."

Doctor Peter Spitzer, medical director and co-founder of Australia's Humour Foundation, believes that no matter what level of dementia a person has, the appreciation and feeling that comes with laughter and humour is retained.

A well known elder clown and clown doctor, he has been conducting a series of workshops, in collaboration with the Dementia Training Study Centres and the Dementia Collaborative Research Centres, to explain how humour therapy can be used to reduce agitation and improve the quality of life for people with dementia.

Throughout the series, Spitzer discussed the SMILE study – the Sydney Multisite Intervention of Laughter Bosses and Elder Clowns study. A world first, this study involved more than 36 facilities and 400 residents. It assessed the impact of the Humour Foundation's Elder Clowns and Laughter Bosses' program on residents.

A laughter boss is a staff member that has been trained in the art of delivering humour although not a professional performer, and the elder clown is a professional performer who is specifically trained to use their artistry in a specific way for dementia care. Spitzer said that there are more than 50 facilities using the program. "We don't get dressed up in clownish gear, often we wear 1940s style of dress and clothing because that is a reminder of an era for the person. ■

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Palliative petition nears 60,000

One woman is behind a growing campaign calling for better palliative care services, especially in the bush. Amie Larter reports

Yvonne McMaster is possibly one of Australia's most passionate palliative care lobbyists.

Extremely concerned about current levels of funding dedicated to palliative care services in NSW, McMaster started a petition to help the NSW Health ministry be able to justify to the Treasury and the community sufficient expenditure for palliative care so that every person has the best possible attention when approaching the end of their life.

"The government has already moved a bit by giving an extra $5 million for three years to start from June next year," McMaster said. "Everyone knows that this is nowhere near enough to provide equitable care for people in rural areas – the west is worse served than any other part of the state of NSW."

McMaster, who lives in Wahroonga, Sydney, has already created a great deal of awareness; the petition has already been signed by 59,864 people. "The wonderful palliative care nurses are doing their best but they are up against it with staffing. It is simply not sustainable at present and it is hard for them to provide the services they need to keep people comfortable at home," she said.

Yvonne McMaster

"It is a scandal that most of NSW has no 24/7 cover for palliative care and that patients and families have to resort to calling the ambulance to get help out of hours. This is not right in a civilised modern society."

Being able to care for people in their own homes depends on two things, said McMaster. The first is that patients should have 24/7 access to cover, at least by phone but visits are ideal. The second element is sufficient staffing by specialist palliative care doctors, nurses, community nurses and community supports.

"NSW has under-invested in palliative care for decades," she said. "Palliative care has never had its funding increased to make up for the at least 35 per cent increase in demand. This is a terrible situation and much needs to be done."

McMaster recently visited Parliament House and met National Party members. She also attended a discussion on the topic of palliative care services in NSW between Minister for Health and Medical Research Jillian Skinner and Minister for Mental Health Kevin Humphries, and their opposition counterparts Dr Andrew McDonald (health and medical research) and Barbara Perry (ageing and mental health). The MP for Pittwater Rob Stokes also contributed.

McMaster described the event as a "wonderful bi-partisan debate ... where five speakers spoke with great feeling about their commitment to palliative care and the need for more funding".

Not closing the petition yet, she will now target new towns, areas and suburbs which have not yet contributed. "Places like the far north coast, Wollongong and many areas in Sydney," she said. "Maybe by the time Parliament resumes we will be able to have a significant number to keep the pressure up. We must keep the momentum going." ■

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Hopes for older leukaemia patients

A new type of "smart drug" may improve the survival rate of elderly patients suffering from acute myeloid leukaemia (AML). Results from a major trial led by Cardiff University have revealed that AML patients given the new drug in addition to chemotherapy treatment are 22 per cent less likely to relapse and about 13 per cent less likely to die from the disease.

The phase-three international trial has been funded by Cancer Research UK.

The findings suggest that the drug, gemtuzumab ozogamicin (GO), could improve the effectiveness of chemotherapy without excessively increasing side-effects. This could offer elderly sufferers, who are often too frail to endure more intensive chemotherapy regimes, a potential lifeline.

"In general, the outlook for leukaemia patients has improved dramatically in recent decades. But when leukaemia is diagnosed in older people, it's much harder to treat and there is a real need for effective treatments that are suitable for this age group," said Dr Kate Law, Cancer Research UK's director of clinical research.

For the trial, researchers recruited participants from 149 hospitals around the UK and Denmark. The majority of the participants were over 60, and all had been recently diagnosed with either AML or high risk myelodysplastic syndrome, which can develop into AML.

"Importantly, this new trial shows that GO may have particular benefits for patients over 60, who may be unsuitable for more intensive treatments," said Law. "This is good news and we are now looking to see if these results can be replicated in younger patients."

Chief investigator Professor Alan Burnett from Cardiff University's school of medicine believes that these results demonstrate how targeting a protein present in more than 90 per cent of AML patients can boost treatment without excessively increasing side-effects.

"Although there has been some controversy around the use of GO following its withdrawal in the US two years ago, these results appear extremely promising and suggest no such cause for concern if the appropriate dose is given," Burnett said.

"Crucially, this represents some of the first progress in treating AML patients of this age group for at least 20 years." ■

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Adelaide
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Stroke benefits straight from the fish

Eating fish, particularly oily fish, a couple of times a week may help reduce risk of stroke, but fish oil supplements don't have the same effect, a new UK study has found.

Researchers from the University of Cambridge analysed the results from 38 studies involving almost 800,000 people in 15 countries, and found there was a link between fish consumption and the risk of stroke or mini-stroke.

By contrast, Dr Rajiv Chowdhury, from the university's department of public health, discovered that people taking omega-3 supplements did not receive any protective benefit against stroke.

"These findings therefore suggest that single nutrients may have limited effects on chronic disease outside of their original food sources," the researchers concluded.

The researchers identified several possible explanations, including the fact that fish contain nutrients other than omega-3 fatty acids, such as vitamins D and B, which are linked to lower stroke risk.

They also suggested that people who eat fish more may eat less red meat, which can be detrimental to vascular health, and that higher fish consumption may indicate a better diet or higher socio-economic status – both associated with better health. ■

Can vegies tackle depression?

In a world first, Australian researchers are set to investigate whether major depression can be treated with dietary intervention.

A modified Mediterranean diet high in vegetables, fish, whole grains and legumes will be given to half the participants of a randomised 12-week trial to identify impacts on depressive disorders.

To the follow the diet, linked to reducing the symptoms of mental illness – especially in women, participants will also have to ensure they consume the recommended weekly intake of red meat, as well as drastically reduce their intake of unhealthy and process foods.

To compare and indentify the results, another group of participants will only have social support.

There has been an extensive amount of research into how lifestyle changes, including diet, can be used a preventative measure of depressive symptoms; however this is focused on the way diet can be used to alleviate depressive symptoms.

Associate Professor Felice Jacka, a research fellow with Deakin University said "What we have found very consistently now is that the quality of your diet is important for your risks for depression and anxiety – known as the 'common mental disorders'".

It is hoped to find evidence on whether or not improving your diet has an impact on symptoms of depression, and answer the question: "I am already depressed, if I improve my diet, will I feel better?'"

Jacka was quick to confirm that this was not an alternative to medicine, although it may be efficient for some people. "People are helped by medication and other people are helped by psychotherapy. However there is a group that are not helped by either. This could be something people do as well as other forms of treatment."

The trial, run by Deakin University, Barwon Health and St Vincent's Hospital, will require 200 participants from the Melbourne or Geelong area to participate in the study. ■

Tomatoes tied to **lower stroke risk**

Eating tomatoes may help to reduce the risk of stroke, according to researchers in Finland.

The key factor appears to be the antioxidant lycopene that tomatoes are high in.

The study, involving more than 1000 middle-aged men, found that people with the highest levels of lycopene in their blood had a 55 per cent lower chance of suffering a stroke.

The level of lycopene that was in their blood was tested at the start of the study and participants were followed for an average of 12 years.

Among the 258 men with the lowest levels of lycopene in their blood, 25 of them had a stroke. Among the 259 with the highest levels of the antioxidant, 11 had had a stroke.

The correlation between lycopene levels and stroke risk was even stronger when the researchers only included strokes due to blood clots.

Those with the highest levels of lycopene had a 59 per cent lower risk of stroke from a blood clot than the men with the lowest levels of the antioxidant.

"This study adds to the evidence that a diet high in fruits and vegetables is associated with a lower risk of stroke," said study author Dr Jouni Karppi at the University of Eastern Finland in Kuopio.

During the course of the study a total of 67 men suffered strokes.

The study also looked at blood levels of the antioxidants alpha-carotene, beta-carotene, alpha-tocopherol and retinol, but found no association between the blood levels and risk of stroke. ■

Hair loss link to heart problems

Receding hairlines, earlobe creases, puffy eyes – all these signs of physical aging are also associated with risk of heart attack, a new study has found.

Researchers at the University of Copenhagen found that the presence of visible signs of aging indicated an increased risk of heart attack and heart disease.

The signs included such things as baldness at the crown of the head, receding hairline at the temples, grey hair, wrinkles, earlobe crease and fatty deposits around the eyelids

The Danish researchers found that people were 39 per cent more likely to have heart disease and 57 per cent more likely to have a heart attack, if they had at least three of these four signs: receded hairline, an earlobe crease and eyelid fatty deposits.

They used data from the Copenhagen Heart Study, which included nearly 11,000 people who were aged 40 and above.

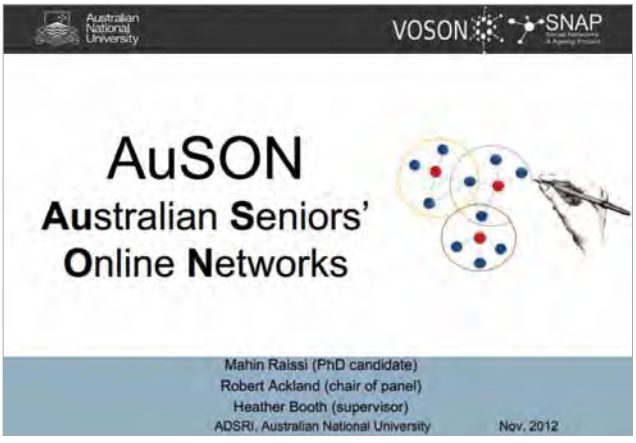
Researchers examined six signs of aging, and found that the more signs of aging a participant had the greater their chances were of developing heart problems.

But they found that grey hair and wrinkles weren't linked with increased risk of heart problems.

The study examined 5828 men and 5057 women and found that hair loss in women wasn't linked with increased risk of heart disease.

In comparison, out of 737 men who had a receding hairline, 82 suffered a heart attack, revealing that there is a 40 per cent high risk in men with hair loss. ■

Social media linked to successful ageing



A new Facebook application, developed by researchers at the Australian National University, is shedding light on how Australia's elderly use social networking to connect with family and friends.

Called Australian Seniors' Online Networks (AuSON), the application has the potential to revolutionise understanding of the online behaviours of older Australians.

Researcher Dr Robert Ackland, who led the development of AuSON, said that the application automatically collects information on the structure of users' Facebook networks once installed.

"The functionality goes beyond that, to enable participants to provide additional information about offline friends, how their social networks provide access to resources such as information and assistance (social capital) and measures of ageing status such as physical and mental wellbeing," Ackland said.

The application will provide data for a pioneering research project into how Australians are using Facebook, and the relationships between social media and successful ageing.

Dr Heather Booth from the Australian Demographic and Social Research Institute in the ANU College of Arts and Social Sciences is leading the Australian Research Council Linkage Project with industry partner National Seniors Australia.

"By collecting data on both social networks and ageing status, we hope to be able to better understand the role of social networks, in particular, online social networks, in contributing to successful ageing in Australia," Booth said.

"Understanding how online social networking can contribute to successful ageing is critically important in Australia with our ageing population and the attendant health and welfare policy challenges this raises."

Booth believes that increased internet broadband access through the national broadband network will encourage more opportunities for using online media as a tool to promote successful ageing. ■

Quality starts with **leadership**, and **leadership** starts at the top.

The Governance and Accreditation Toolbox is for aged care boards and senior management looking to strengthen the link between good governance and quality care.

Expert facilitators with years of experience working with aged care boards can deliver the package and provide valuable insights into the world of aged care governance for boards and management.

Go to **www.accreditation.org.au** for Governance and Accreditation Toolbox details and facilitator profiles.

Aged Care
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Auto-sensor technology to help elderly

A group of researchers from Adelaide University are developing novel sensor systems to help older people keep living independently and safely in their homes. It is hoped that radio-frequency identification (RFID) and sensor technologies to automatically identify and monitor human activity can be used to detect when the elderly need help.

Although the technology has been previously used for decades and is commonly used today in applications such as anti-shoplifting and vehicle identification at toll road collection points, its use in interpreting human activity remains largely in the laboratory. The researchers said the system will be low-cost, unobtrusive and intensive monitoring of video surveillance. There will be no need for older people to wear anything or turn anything on or off.

"Our work will be among the first few projects in the world conducting large-scale common-sense reasoning in automatic human activity recognition," said chief investigator Dr Michael Sheng, who is a University of Adelaide senior lecturer.

Sheng said the technology and system they propose has huge potential value in an ageing population. "This is becoming a significant problem for most developed countries where the proportion of older people is rapidly increasing and the labour market is tightening – there are more elderly people to be looked after but less people to do it," he said.

The team at the university are trying to solve this by developing a system using a network of sensors attached to objects that the person is interacting with in the home.

The researchers will use computer software to interpret the collected data to tell them what someone is doing.

The team will construct an RFID sensor network for human activity recognition and develop an algorithm to allow the interpretation of collected data into recognised activities.

They will also develop context-aware, commonsense-based automatic reasoning so that changes in activity patterns make sense and can produce an alert.

The technology will be first investigated in a laboratory setting followed by hospital trials with geriatric patients. ■

Keeping up with social networking

There is a growing concern that seniors, many of whom may have little to no experience with the latest computer technology, may fall further behind as the internet and social media rapidly becomes a significant part of everyday life.

To give elderly Australians increased opportunities to widen their knowledge of the web, cloud computing and collaboration technologies, NEC Australia has revamped the government funded Broadband for Seniors website – a newly designed platform for seniors.

"This program positions Australia well in a global sense, with many countries focused on digital inclusion policies to avoid the "digital divide," in this case one based on age," said David Cooke, from NEC Australia.

The program was implemented by installing more than 2000 kiosks at senior organisations across the nation, such as community centres, providing the elderly with the tools to engage with web-based services, ranging from social media, smartphones and tablets, and photo-sharing services such as Flickr.

"It has been fascinating to watch the evolution of usage by kiosk users, knowing that this is just the beginning, with new technologies for both healthcare and social interaction just around the corner," said Cooke.

The program, launched in 2008, has provided training to more than 250,000 seniors and now, with NEC's support, is helping participants move beyond the basics. That progress is being reflected in the new website and companion course material, which now emphasises collaboration, communication and social inclusion. ■

DECEMBER

- **Palliative Care Nurses Australia Conference**
  10-11 December
  pcna.org.au

- **Suicide Prevention, Policy and Practice Forum**
  11-12 December
  Sydney Harbour Marriott
  informa.com.au/suicideprevention

- **Applying a Palliative Approach in a RACF - A Guide for Good Leadership**
  13 December 2012
  Coffs Harbour, NSW
  frontlinecaresolutions.com

- **Effective Care Plans and Case Conferencing in Long Term Care**
  14 December 2012
  Coffs Harbour, NSW
  frontlinecaresolutions.com

2013

FEBRUARY

- **Ovarian Cancer Awareness Month**
  1–29 February
  ovariancancer.net.au

- **World Cancer Day**
  4 February
  worldcancerday.org

- **DonateLife Week**
  19-26 February
  donatelife.gov.au

- **NSW Community Care Forum – Living and ageing well**
  20 February
  Australian Technology Park, Sydney

- **4th Annual Dementia Congress**
  21-22 February 2013
  Melbourne, Victoria
  iir.com.au

- **2013 Tri-State Conference & Exhibition**
  24–26 February
  The Sebel Albert Park, Melbourne
  vic.lasa.asn.au/event/tristate2013

MARCH

- **National Epilepsy Awareness month**
  1-31 March
  epilepsyaustralia.net

- **Spark of Life Week**
  11-17 March
  dementiafoundation.org.au

- **Brain Awareness Week**
  12–18 March
  brainfoundation.org.au

- **Think Arthritis & Osteoporosis**
  16 March
  Royal North Shore Hospital, St Leonards
  arthritisnsw.org.au

- **2nd Annual Aged Care Summit**
  18-19 March
  acevents.com.au/agedcare/#1

- **Leadership in Nursing**
  21-22 March
  Melbourne, Victoria
  ausmed.com.au

- **AAG & ACS Rural Conference – Living and belonging**
  21-22 March
  Orange Ex Services Club
  agedservices.asn.au

- **Arthritis Awareness Week**
  26 March
  arthritisaustralia.com.au

Attracting and training staff to work in the rapidly growing aged care sector is focusing the attention of operators, government and unions. **Flynn Murphy** reports

Building the big workforce

Australia is ageing. Thirty years ago, there were five workers for every one person in retirement. By 2050 that number will be 2.7.

"That gives us an idea of the magnitude of the problem we're going to face, not just from a workforce point of view, but from a cost perspective," said Gerard Mansour, CEO of Leading Age Services Australia.

"In time, the most critical issue for the industry is going to be: how do we have a competent, skilled [aged care] workforce?"

The nation's ageing population, and the people who will care for them, are no longer issues that the federal government can ignore. The Productivity Commission's August 2011 report on the aged care sector, *Caring for Older Australians*, painted a picture of a system in disarray, and recommended sweeping reforms in everything from funding to regulation and workforce issues.

In April, Prime Minister Julia Gillard and Minister for Ageing Mark Butler announced their response to the report: the $3.7 billion dollar Living Longer Living Better package. They called it "the most comprehensive aged care reform in a generation".

Part of the package was a commitment of $1.2 billion over five years to develop and implement an aged care workforce productivity strategy. In June, the government established the Strategic Workforce Advisory Group (SWAG).

This group was tasked with putting together an Aged Care Workforce Compact, a tripartite agreement between the government, unions and workers to address the issues surrounding how to actually build this huge workforce, from attracting, educating and training staff, to paying them a decent salary.

The government has met unions and industry stakeholders, but no agreement has been reached, particularly on the fraught issue of wages, though there is broad consensus on training and development. So how can we move forward, and what steps need to be taken to future-proof our aged care system?

Education and training

On September 6, Butler announced a $10.2 million package targeted at the workforce, the minister predicted that by the year 2050, one in 20 working Australians will need to be employed in aged care.

Health Workforce Australia confirmed this number was based on their own modelling when contacted by *Aged Care Insite*.

Mark Butler

The minister predicted that by the year 2050, one in 20 working Australians will need to be employed in aged care

Julia Gillard

If this staggering number is going to be reached in 40 years, education and training will need to take priority, said Mansour.

To this end, the Living Longer initiative has funded 16 projects under its Teaching and Research Aged Care Services (TRACS) initiative. Butler said that TRACS was about "combining research, teaching, care provision and service delivery in one location to create a learning environment similar to teaching hospitals for both aged care employees and students".

He said an independent evaluator would be appointed by the department to oversee the programs to ensure the lessons learnt from the program would inform wider practice.

But while Mansour acknowledged the usefulness of teaching nursing homes, and acknowledged TRACS was a step in the right direction, he said it wasn't enough.

"All I can say at this moment is that I commend that we have commenced these initiatives, but none of these initiatives are going to be sufficient."

Mansour said the key to the sort of efficiency gains required if Australia is to meet future demand was to connect research and evidence-based practice through a more cohesive approach than was currently on offer – one which would allow lessons learnt to be applied to the whole industry.

"It needs to be a targeted approach, so for instance take the number of people with dementia – how do we learn from these programs and up-skill our staff across the industry? It's the same with palliative end-of-life care. The core focus has to be translating evidence-based practice into training programs for everyone. That means conferences, it means showcasing what is being learnt. There's a lot more to do in that area."

Attracting and retaining graduates

The lobbying efforts of the Australian Medical Association has seen graduates come to the fore, as the debate over the chronic shortage of medical graduate positions continues in the media.

But what of graduate aged care workers who are barely on the agenda? Mansour said more resources needed to be devoted to finding ways to attract and retain them. "Why are graduate nurses often not going into aged care, but instead into acute care? We know that some of that is related to the experience of being a graduate nurse, so how do we improve →

Building the big workforce

that experience? Pre-entry training to make sure registered front-line training organisations are adequately prepared, skilled and competent."

Mansour said in addition, the aged care sector had been providing pathways for workers to be trained as enrolled nurses, but that a lot of those workers then went into the hospital sector.

Health Services Union federal president Chris Brown said this was an issue of wage parity, something that couldn't be ignored when it came to aged care work as a career. Brown said he had been vocal on the issue during SWAG compact negotiations, and that increasing wages to achieve parity between aged care workers and acute health staff, as well as providing aged care workers with clear and rewarding career paths, was the most obvious way to attract and maintain staff.

"The compact is one step towards starting to resolve some of these issues – one part of a whole reform process. Over at least the next 10 years, further resources need to be committed. The compact might not achieve a lot, but it will start to lift the wages to where they should be."

Brown said wages were only part of the solution, however. He said the industry's average turnover rate of 25 per cent was as much an issue of worker identity as of wage parity.

"Aged care is a hard area to work in, and one that's been under significant pressure for quite some time, and under a multitude of changes. There has to be recognition of the contribution of people working within the industry – not just nurses, but all workers. Until then it's going to be hard to attract people and keep people in the industry. We've got a lot of work to do to get to that point."

Mansour agreed, calling on government to invest in highlighting the "enormously positive work that our industry and all our front-line staff do every day, so that people see this as a career of choice".

"This is about the image of the industry," he said.

Students in particular needed to be targeted. "The thing that I'm interested in," said Mansour, "is when 14-, 15-, or 16-year-olds are starting to select their final subjects in year 12, how we get in front of those people.

"When they are thinking about university places, how we get them thinking about aged care. When nurses are focusing on their career choices, how we make sure the great opportunities of the aged care industry are before them. It's about promotion, information, knowledge. We've got to invest in that."

> **Why are graduate nurses often not going into aged care, but instead into acute care? We know that some of that is related to the experience of being a graduate nurse, so how do we improve that experience?**

He said public education campaigns should focus on the flexibility of the career paths provided by aged care. "We operate 24/7 and have an enormous number of career options, from frontline, to management, to executive, and we need to build the image of what we provide to the community.

"The fact that [Mark Butler] acknowledges the importance of the nature of workforce development, that's an important step. But that's only the beginning of a much longer journey."

Foreign workers

Another aspect of the solution to workforce demand is the use of foreign workers.

Under current Australian visa regulations, the Registered Nurse (aged care) role is on the list of eligible occupations for a 457 temporary work visa, and Butler said there was no plan to change this in the future.

For Mansour, there is no question that foreign workers need to be part of Australia's large aged care workforce. But he said programs that recruit workers from overseas needed increased government scrutiny, and to integrate development programs, language programs, housing and lifestyle support, in order to drive up retention rates. "We need good social support networks," he said.

One organisation that meets these criteria is workforce planning company HealthX. Director Derek Irwin said many organisations which employed foreign workers provided short-term, unsustainable solutions, while his organisation ensured long term-planning and continuity of care for residents by helping to settle foreign aged care workers in the communities in which they worked.

HealthX, which recruits the majority of its nurses from the northern hemisphere, helps staff to find housing and accommodation, liaises with real estate agents, and through a connection with its parent company AWX finds jobs for their partners, and if necessary schools for their children.

As a result of what Irwin called this "holistic approach", HealthX can claim a 96 per cent staff retention rate, despite the fact that 70 per cent of the organisation's aged care workers are placed in regional, rural and remote areas.

For Irwin, importing foreign workers is also a direct way to solve one major challenge surrounding graduates – a decrease in the number of mentors available for young workers to support them in aged care facilities, which he said was one side-effect of the ageing workforce.

"We're trying to bring experienced nurses into Australia to fill that gap, and create the mentors of the future. We would never pursue an international nurse if there were a full-time equivalent nurse available for that position," said Irwin. "We'll only

deal with customers when they've exhausted the domestic capability to reach a full-time equivalent."

From Irwin's perspective as director of a private workforce planning company, he said public-private partnerships might be the future of this model. He said he had not been approached, but would keenly consider discussions with government about a co-operative partnership.

The changing nature of care

Butler said Living Longer Living Better acknowledged in its long-term forecasting that the nature of aged care was changing.

"As I travelled around the country for conversations on ageing, overwhelmingly people told me that they wanted the opportunity to stay in their home and in their community for longer."

Over the next 10 years, he explained, the government would more than double home care packages across Australia, with more than 80,000 new to be announced by 2021-22.

But Mansour said it was time for a difficult discussion. "I don't think in the time I've been with the industry we've ever quite got that balance right. I think that we've listened to the community's interest in remaining in their own home, but we've got to have some challenging conversations.

"Social interaction at this time [of life] is critically important – we know that – and it's counterproductive if we allow someone to remain in their own home but they're enormously isolated."

Mansour said in order for the workforce to cater for changing community expectations about aged care, investment would be required to find "quite radically different ways of supporting people in their own home", but that these could not come at the expense of sound options for congregate housing, whether in the form of retirement villages or residential aged care.

"We can't just focus on one. We need to make sure people get the choice of both. That way older people, when they look at their needs as they become more frail, have the choice to remain at home if they've got good independence and family support structures, or that they've got good choices around housing and residential care."

The HSU's Chris Brown said unions, too, were adapting to these changes.

"From a social policy point of view it's excellent, because it means people will be kept out of residential aged care facilities for longer, and in their own environments and in their homes. But that means there's a changing nature of the workforce both from a skills point of view, and in terms of the way the work is actually performed."

Would Australia make the targets it needed to provide aged care for an ageing population? Mansour was optimistic. "I'm much more positive today than I was five years ago, because we're starting to take a much more strategic approach. A kind of bird's-eye view of the sector which is intended to stop things like duplication of funding, and create a unified strategy."

"That's the kind of conversation that will make a difference in the future." ■

Recovering from financial surgery

The industry is working through changes to the Aged Care Funding Instrument but the federal opposition says it has been damaged. By **Louis White**

Debate on the aged care sector is a delicate matter. With growing demand for service, there is presently a shortage of staff and funds and when combined with the changes the sector faces, there are many concerned players. Not least of all the residents.

Since the Aged Care Funding Instrument (ACFI) was introduced in March 2008 it has come under much criticism.

Gerard Mansour

Senator Concetta Fierravanti-Wells

Earlier this year the ACFI was modified (see box) to address concerns about the behaviour of some providers and to free up $1.6 billion over five years to support other aged care reforms. The federal government will carefully monitor the impact of these changes.

The government did not renew the Long Stay Older Patients initiative when it expired on June 30, 2012 freeing up $187.5 million over five years to support other reforms.

The changes involved a loss of revenue for providers with the first being a one-off change to annual indexation being reduced by 1.6 per cent. This meant that providers did not receive a funding adjustment in response to increasing costs.

The second change relates to scoring changes for Activities of Daily Living (ADL) and Complex Health Care (CHC) where only certain residents will be affected.

"The ACFI has already seen hundreds of millions of dollars removed from the system," says Gerard Mansour, chief executive of Leading Age Services Australia (LASA). Mansour is also a representative on the ACFI Monitoring Group. But as the reforms take place we will see more clarity in December."

Mansour says what needs to be done is to look after an ageing population with appropriate funding. "It is a simple principle – we need to care for the elderly with appropriate funding," he says. "We need to maintain the value and quality of care over time. Funding needs and cost increases for aged care providers need to be matched.

> **"Ripping $1.6 billion out of the ACFI is causing major concerns amongst aged care stakeholders**

"The industry is amidst major reform, that will see it double in the next 10 years and require three times more staff than today. We need a system that will address of residential care and home care along with addressing critical workforce issues.

"The objective of community care should be a continuous approach allowing for increased funding for the elderly as they age and become more frail rather than what happens now where they are assessed at every stage. There are some huge challenges ahead but we are up for it."

But the reforms have already received criticism including, not surprisingly, from the federal opposition. "Ripping $1.6 billion out of the ACFI is causing major concerns amongst aged care stakeholders," says Senator Concetta Fierravanti-Wells, the spokeswoman for ageing and mental health. "The ACFI changes have been supposedly made because of spurious assertions of rorting in the sector, for which no substantive evidence has been produced.

"The minister undertook to inquire into these serious allegations. He has yet to report. If there is rorting then the minister should take the appropriate action. If these allegations are not founded then the minister should release his findings and not leave the sector hanging on this issue."

Fierravanti-Wells followed up these allegations up in a Senate Estimates hearing last month and was told that the investigation is still ongoing.

"Our office has been advised that two nursing homes in Victoria have made the decision to close their doors by the end of February next year," the Senator says. "One provider in their letter to residents stated the following: 'Due to changing government legislation for the provision of aged care [the provider] has concluded that the facility is unable to adequately meet the needs and expectation of residents and families in the long term and the decision has been made to close.' (September 17, 2012 – chairman of the Committee of Management)"

Fierravanti-Wells adds: "It is not surprising therefore that Grant Thornton, in one of its reports on the aged-care reform package, said that the industry was alarmed to learn that the government had planned this cut. The Grant Thornton report also stated that with all this uncertainty, a leading aged-care service survey had found that, within two months of the announcements, over $3.5 billion in planned aged-care development projects has been shelved."

Fierravanti-Wells also believes that the results in the report by the Centre for

International Economics (September 2012) are not surprising. It was commissioned by Leading Aged Care Services and provides sector wide impacts of the ACFI changes over the forward estimates.

"The finding that 89 per cent of facilities will face a loss in ACFI revenue as a result of the new changes, with the annual average loss per facility $125,000, will have an even more negative impact on a sector that is already in crisis," she says.

"It will not be surprising to see more facilities go under. But this is a problem of the government's own making. The recent ACFI debacle would not have happened had the Coalition agreement framework, which we took to the last election, been in place. The Coalition's plan to enter into a four-year negotiated plan with the sector would protect against such unilateral variations by the government, which has caused this issue."

Aged and Community Services Australia (ACSA) chief executive Professor John Kelly believes that a "wait and see" approach to the ACFI reforms is the best policy at the moment.

"The ACFI Monitoring Group is keeping a close watch on how the changes are affecting the bottom line for providers and it is important that we are able to receive and analyse this data in a timely manner," says Kelly.

"We are going to use data collected up to the end of this year so we can present to government and the Department of Health and Ageing what we are seeing as the real impact. The measures will impact on difference services in different ways, depending on their composition.

"The federal government is committed to a path of aged care reform and ACSA and its members will continue to work constructively with NACA [National Aged Care Alliance] to support the broader reform messages." ■

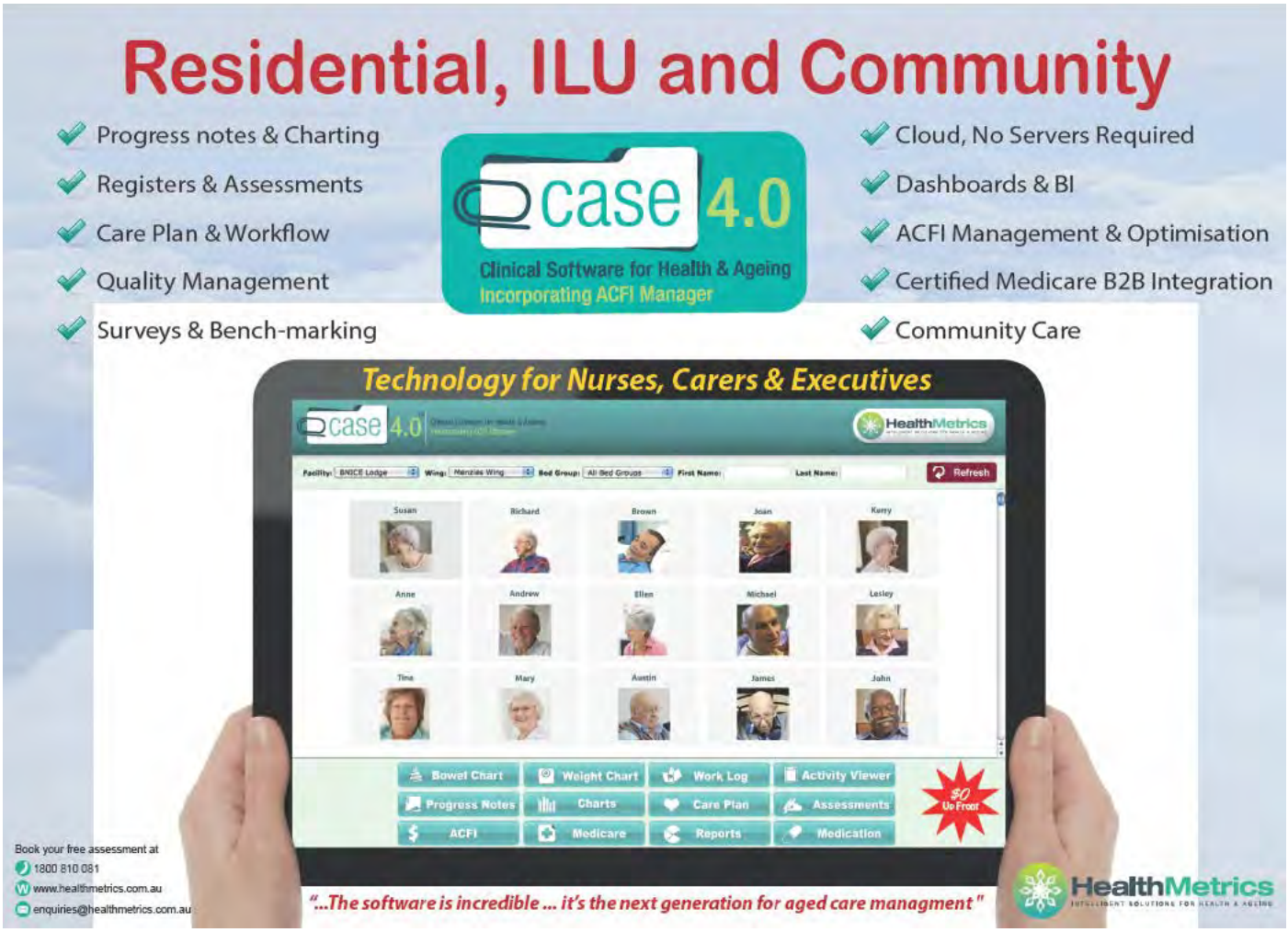
Aged Care Funding Instrument changes

This is the wording of the federal government's changes:

- From July 1, 2012, changes will be made to the Aged Care Funding Instrument (ACFI) to give effect to decisions within the Living Longer Living Better aged care reform package.
- These changes are designed to bring future growth in care subsidies back to historic growth rates of between 2 per cent and 3 per cent above indexation and to enable funds to be redirected to other elements of the package.
- These changes have been developed following extensive consultation with the sector since December 2011.

There are three components to the changes:

- A change to the scores in question 3 of the Activities of Daily Living (ADL) domain
- A change to the Complex Health Care (CHC) matrix: changes to ADL and CHC components will take effect for all new appraisals and reappraisals from July 1, 2012 onwards.
- A one-off reduction in the amount paid under the ACFI at all care levels from July 1. After indexation is applied from July 1, this means that ACFI subsidy rates will remain at their June 30, 2012 level.



Speeding up police checks

Accredited private agencies can now do relatively fast criminal checks on prospective employees. By Martin Lazarevic

With safety and security an ongoing concern, businesses within the healthcare sector need to be increasingly savvy to protect themselves and their patients, clients and customers from potential threats.

Police checking of staff in the sector is widely mandated by legislation. So whilst it's a legislative requirement, the police check forms a crucial part of the HR process and allows employers to more objectively assess the suitability of candidates against the requirements and risks of a job role.

Traditionally however, the need for the police check hasn't been matched by the speed in which it is required by the business.

Local police services are currently inundated with police check requests, as there is a broader spectrum of industries requesting staff police checks as part of the screening process. The business reality is that healthcare has a need for speed.

Patient care depends on staffing numbers and consistency of workers available. Therefore, if a staff member cannot commence or continue a shift due to the time taken for their police check, the flow-on effects can be costly and disruptive.

To address this issue, healthcare companies can now quickly and easily obtain an accurate National Criminal History Check through a CrimTrac accredited agency. This certification provides details of any Australian criminal record or outstanding charges that a job applicant has against their names.

By requesting that individuals provide a national crime check, healthcare companies can be sure that they have correct and up-to-date information for consideration. In addition CrimTrac accredited agencies are recognised federally under the Department of Health and Ageing's police check guidelines.

Some criminal offences make it illegal to work in a particular role, for example the Aged Care act has stringent guidelines that preclude an individual from employment if they have been convicted of murder or sexual assault or been convicted of, and sentenced to imprisonment for, any other form of assault.

However, in healthcare sub-sectors where there is no explicit legislative policy, employers also benefit significantly from using criminal history information to assess job applicants on a case-by-case basis. The key factors to consider in determining this are the relevance of the offence to the role, and the potential risk posed by the individual to other staff and customers.

Despite the risks, many SMEs aren't aware that they can request a criminal history check from job applicants. Or if they are, the traditional process of requesting a check from the police is viewed as too time-consuming and costly, leaving them potentially exposed.

However, the introduction of CrimTrac accredited agencies in recent years has enabled businesses to obtain the information within 48 hours and at a lower cost than charged by police stations.

Professions that require criminal history checks and examine the criminal history of individuals prior to licensing or registration include: childcare and teaching; health professionals (such as doctors, dentists, nurses, pharmacists and midwives); police and correction staff (including security and private investigators); government workers; real estate agents, land agents, conveyancers and building work contractors; financial service professionals; public passenger services (such as taxi drivers and bus drivers); gaming licence holders and bookmakers; certain managerial personnel; second-hand dealers; liquor sellers and pawnbrokers. ■

Martin Lazarevic is general manager of National Crime Check, an accredited CrimTrac agency.

Obtaining **criminal history** checks

With the introduction of CrimTrac accredited agencies, the process of applying for a national criminal history check has been made far simpler and faster than directly from the police.

This is particularly beneficial to healthcare companies requiring checks in short timeframes or processing large volumes of checks.

National Crime Check's online portal provides a fast, simple online application process, enabling businesses to lodge and monitor the progress of crime checks themselves.

Once businesses have registered, they simply need to obtain a completed consent form from the individual, conduct 100 points proof of identify check and submit details via an online portal. Businesses are notified once the process is complete, and the police check certificate is then available to view and print online.

Most criminal history checks are returned within 48 hours of lodgement, in comparison to the typical four-to-six weeks processing period when lodged with the police.

In addition to being fast, National Crime Check is a secure and private option. It is accredited by CrimTrac; the background checking body that works with the Australian Federal Police and all state-based police services to perform national criminal history checks, and is compliant with security and privacy regulations.







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The construction industry needs work so it's a good time to develop, but finding investors will be difficult. By Flynn Murphy

Builders' **pain**, sector's **gain**

The building sector is struggling. Construction is in general decline, with a negative outlook for 2013 reflecting broadly the impact of the global financial problems on consumer confidence.

Homebuyers and investors are cautious. Recent RBA interest rate cuts, while slightly impacting residential construction, have not been passed on to the non-residential sector.

Add to this new government figures that show almost 70,000 construction jobs were lost in the year to August – one of the hardest hit sectors.

So is now a good time for aged care providers to take advantage of the downturn by upgrading, renovating or building an aged care facility? The answer is yes, with a caveat – because the uncertainty isn't just in bricks and mortar, but in new legislation that will govern the way your clients will pay you for your efforts.

While the non-residential sector was somewhat protected from the global financial crisis by the government's Building the Education Revolution, Wilhelm Harnisch, CEO of Master Builders Australia, told *Aged Care Insite* he believed this had delayed a low period now being exacerbated by a lack of finance.

The upshot? "It's a buyer's market. Contractors are obviously pricing projects very keenly."

But Harnisch warned against cutting corners to save cash.

"It's no good trying to squeeze that last pip out of the contractor's lemon," he said. "For those new to commercial building, I'd really caution against cutting costs to unsustainable levels, because in the end if the job is underpriced things could end in tears."

Under-priced jobs ran the risk of builders going bust during the process, or cutting corners in order to come in within the quoted tender price.

Harnisch said pressures in the aged care sector were the same as any other when it came to achieving necessary returns, weighing up demand, and identifying investors willing to front the money required to make complexes viable and sustainable.

That's where the news is mixed. According to Jonathan Karlovsky, national leader for senior living with the audit, tax and advisory firm BDO, investors right now are difficult to find.

While "confidence is a lot more certain than it was 12 months ago", Karlovsky said things were still shaky due to uncertainty over legislative changes around the payment of bonds and fees.

Federal Minister for Ageing Mark

Butler told *Insite* that these changes, part of the federal government's $3.7 billion aged care reform package were still being worked through.

The Aged Care Financing Authority has been considering input from the sector on draft recommendations around the maximum Lump Sum Accommodation Payment (bond) level. The authority accepted comment up until November 21 and now its recommendations will be considered by the government.

Butler said the reforms were designed to increase investment in residential care by upping the maximum level of daily support by almost 40 per cent (for clients in facilities built or refurbished after 2012).

"What happens with bonds will have a huge impact on building, renovating and upgrading," Karlovsky said. While Butler would not be pinned down on the bond level, Karlovsky predicted it would be capped at $500,000.

Karlovsky said that because many current providers have clients with a range of bonds that may fall under or over the cutoff, he estimates close to 15 per cent of the sector will be impacted when the new laws come in. He said he had at least one high-end client that would go broke if the bond cutoff was set at $500,000.

> **For those new to commercial building, I'd really caution against cutting costs to unsustainable levels, because in the end if the job is underpriced things could end in tears**

But Butler said any new arrangements would only apply to residents entering care from July 1 2014, and there would be no requirement for existing bonds paid to that date to be refunded.

For Karlovsky, the biggest winners would be high-care facilities, which would be able to take bonds where they hadn't been able to before. "Low care will lose a bit, and extra service facilities will lose the most," he said, acknowledging that a special dispensation would be available from government for some facilities.

"I can't imagine the government will be too happy to sign off on too many of those … [because] the whole idea is to get people to more facilities, so they can accommodate the ageing population in the future."

The Productivity Commission report into aged care, released in August 2011, recommended the distinction between high and low residential care be removed completely, and the extra service category scrapped.

When it comes to actually building a new facility, finding a site that suits your type of accommodation is also a challenge. According to Harnisch, "this really suffers from the development approvals process – there are still a number of challenges for a developer builder to enter the aged care sector."

Karlovsky said the problem of →




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“As you go up the scale in terms of semi-independent living and assisted care you have nurses’ aides and nurses, then at full assisted care you have a full range of medical facilities on site, which adds a great deal to the costs

Builders' pain, sector's gain

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location and demographics also needed to be factored into planning: "If you're building a facility in the eastern suburbs of Melbourne or Sydney, your land costs are enormous. So you've got to pay a lot of debt back, which you do with your bond money. I imagine this will cause more aged care facilities to be built out of the cities."

On current productivity, he said: "Some of them are turning the dirt, but doing it slowly at the moment. They're doing it just enough to keep their [Development Application] so they don't need to change it."

Harnisch pointed out that the various different types of aged care facilities all brought different demands and capital costs, and had different strengths. While low-support accommodation was likely to be affected in the future by the impact of the trend towards people staying in their own homes for longer and avoiding the move to supported accommodation, the demand, costs and designs of intensive accommodation, were vastly different.

"As you go up the scale in terms of semi-independent living and assisted care you have nurses' aides and nurses, then at full assisted care you have a full range of medical facilities on site, which adds a great deal to the costs."

Harnisch said that when it came to upgrading existing facilities, the design profession was "keenly aware of the needs of aged care provision, which has brought design advances that have made it easier for the ageing to live safer and more comfortably".

"I think there will be real demand to upgrade facilities [in the coming year]. Not only have design, technology, and products and services improved considerably over the past decade, but many existing facilities are two decades old or more.

"There's now a greater use of technology for people who are living alone in a room to allow them greater contact with systems like alarms, which are being demanded more and more. The way bench heights are put together, things like wider doors and advancements in bathroom and toilet design to make wheelchair access easier."

Harnisch warned not all facilities would be easily upgradable because of the way they were laid out, or could only be upgraded at great cost.

"The issue once again is the capital cost of the upgrade versus the returns to the developer or owner of such a facility."

Harnisch also said it was important to take into account the impact →

Builders' pain, sector's gain

of the trend towards people staying in their homes for longer, and avoiding the move to supported accommodation.

The past decade has seen an increase in the number of for-profit aged care facilities? Karlovsky estimates that the number has risen to about 40 per cent, up from the 10 per cent of facilities 10 years ago.

He said this was partly because of the interest of big banks in investing in aged care, but overall, it was because the industry was an attractive and relatively safe investment.

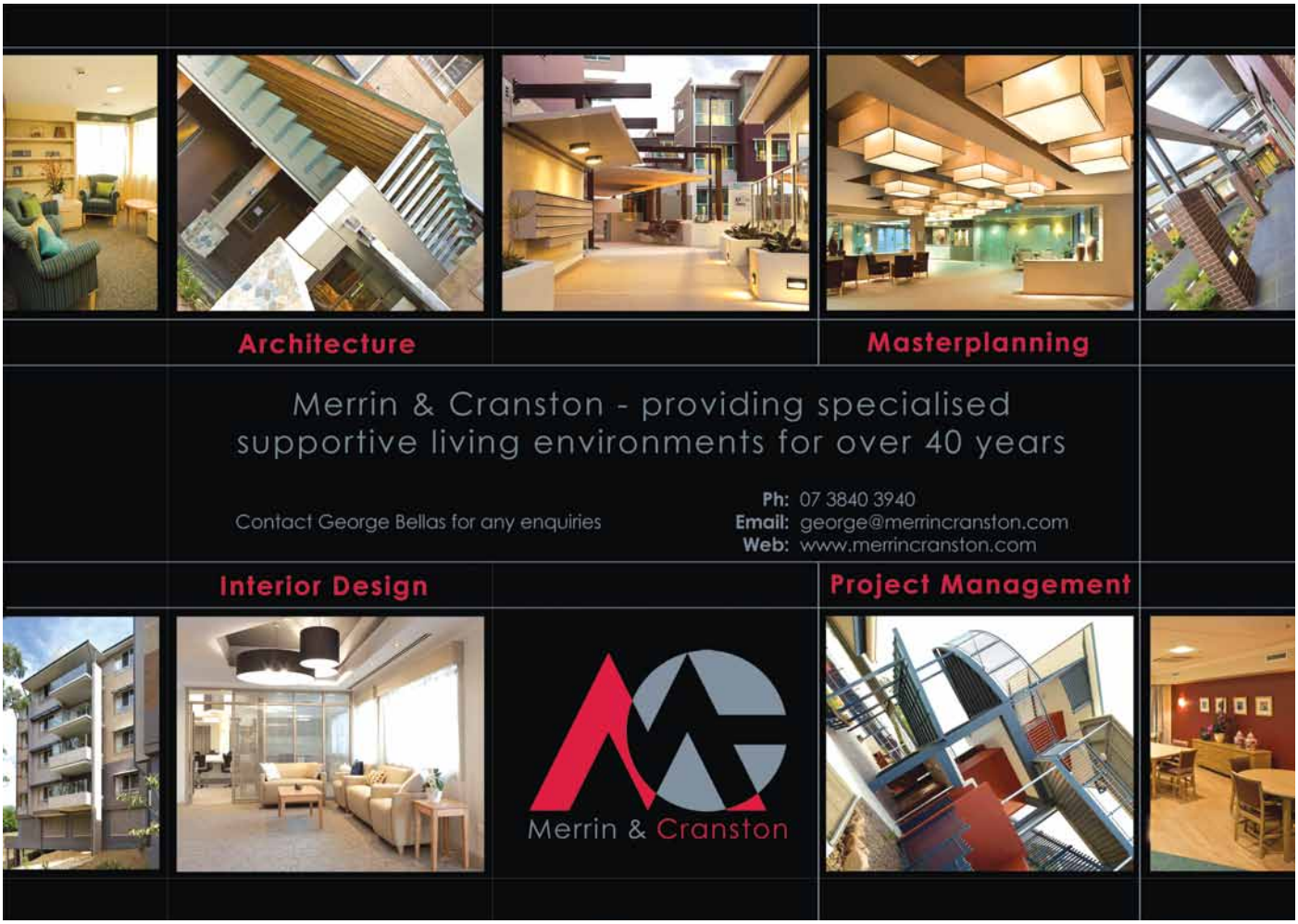
"It's low margin stuff, but it's a good stable income. You know what you're going to get, you know when it's going to come in, you know that the risks are low.

"Know the risks. Make sure you plan. If you are building it yourself, make sure you are clear about what your costs are. And know your demographic, and their ability to pay bonds

"As we are coming into some uncertain times, and funding is difficult to get from the banks, and the banks are uncertain as to what these bonds will get, it will be difficult over the next year or two."

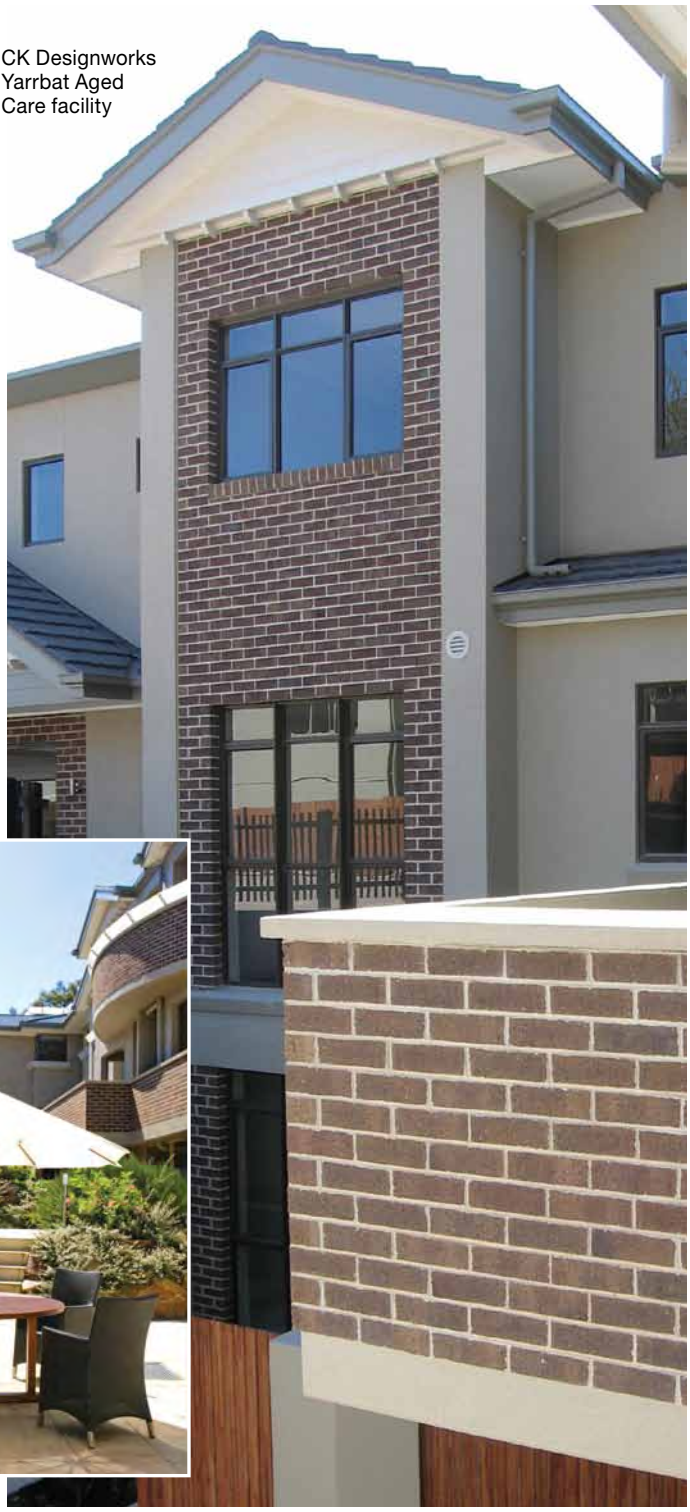
Karlovsky's advice for would-be facility builders?

"Know the risks. Make sure you plan. If you are building it yourself, make sure you are very clear about what your costs are going to be. And know the demographic, where the residents are coming from, and their ability to pay bonds. Have a plan to fill the facility that is not too aggressive, but achievable." ■



Built-in safety pays off

Adapting building design for seniors need not cost more and greatly reduces accidents. By **Melissa Abalo**



CK Designworks Yarrbat Aged Care facility

With Australia's ageing population, the demand for quality retirement accommodation is greater than ever. As well as catering for residents'and staff needs, it is important that designs incorporate safety concepts.

Consider the bathroom, kitchen and living areas – all places of high transit and potential hazards. Each has individual requirements, but due to the nature of the room's usage, all must incorporate safety elements.

As well as handrails, non-slip materials and no sharp corners and edges, it pays to remember in senior age, things which may seem simple, routine, and even trivial, can cause an accident.

Melbourne architects CK Designworks say integrating safety into design is paramount.

"It does not add cost nor does it compromise design integrity, but it can save lives," architect Robert Caulfield says. "There is no worse situation than seeing a patient – somebody's loved one – injured in your own facility, later realising that it could have been prevented."

Statistics show that Australians are injured in their places of residence at a staggering rate.

According to figures from Homesafe Designs, in conjunction with Monash University, more than 100,000 seniors a year are treated in hospital for injures caused at home – mostly as a result of falling. That does not include figures for the number of deaths, which are held by state coroners.

"Many of these injuries could have been avoided if homes had been more sensibly designed to minimise falls, slips and other accidents," Caulfield points out.

Smart design

Typical home safety features include redesigned stairs, non-jamming doors/ cupboards, low maintenance roofs and gutters, non-slip surfaces and safety lighting.

This sort of smart design is the future of aged care facilities, according to leading architects.

CK Designworks' award-winning Yarrbat Place, in the Melbourne suburb of Balwyn, for example, was conceived as more of an "urban resort" than a traditional nursing home, combining safety features with community spirit and sustainability.

"Residences these days need to offer a wide variety of accommodation types with access to facilities such as indoor pools, gyms, billiards rooms, theatre, lounges and outdoor areas," Caulfield explains.

"The variety of accommodation, from two-bedroom apartments to three-bedroom plus study villas creates a vibrant society of married couples, single males and single females, who establish a range of activity groups."

The environment is another important aspect to consider. Intelligent design should make the most of natural light and existing surrounds, as well as →

Built-in safety pays off

←

incorporating features such as low-energy systems, underground water tanks and an environmentally friendly approach to watering.

"Don't underestimate the value of the outdoors," Caulfield advises. "Many seniors love spending time surrounded by nature and smart landscaping can not only look beautiful but attract native birds, too."

Peter Georgiev is an architect with Homesafe Designs, specialising in safe renovation concepts. He says the benefits of being able to get around safely in one's residence cannot be underestimated.

Declining eyesight, medications, balance issues and other factors can all contribute to seniors' accidents and it's important that an aged care facility is adequately equipped to deal with this.

Homesafe Designs recommends looking for the following:

• Sufficient lighting, especially around paths and hallways

• Smooth floors (rugs are a major tripping hazard so have them removed or taped down)

• Keep electrical cords out of the way

• Ensure enough smoke detectors are installed and functioning.

"They may seem like small alterations to a facility, but they can dramatically improve a senior's quality of life," Georgiev says. "Something as simple as changing a tap to a flick-mixer can make a huge difference to a person with arthritis."

Caulfield agrees.

"There are so many scenarios that can affect people as they age," he says. "Often, these are triggered by events, and exacerbated by a building's poor design and features. It's at these moments that inherently unsafe facilities can catch people unaware."

As well as providing safe living environments, well-planned nursing homes are economical and provide good capital gains opportunities.

According to CK Designworks, careful design need not present extra expenses. In fact, the opposite can be true.

"We hope to develop a level of awareness of the home injury toll similar to that of the road toll, and eventually reduce the enormous emotional and fiscal burden on aged care facility providers and families, as well as the financial health cost to government, due to home injuries," Caulfield says.

Australians can therefore expect to see more developments like the Yarrbat Place facility.

Nursing homes of the future are likely to include new and innovative options, with architects predicting that buyers and facility operators should be able to purchase such projects over the next decade.

With Australia's ageing population, the need for quality nursing home facilities is greater than ever. ■

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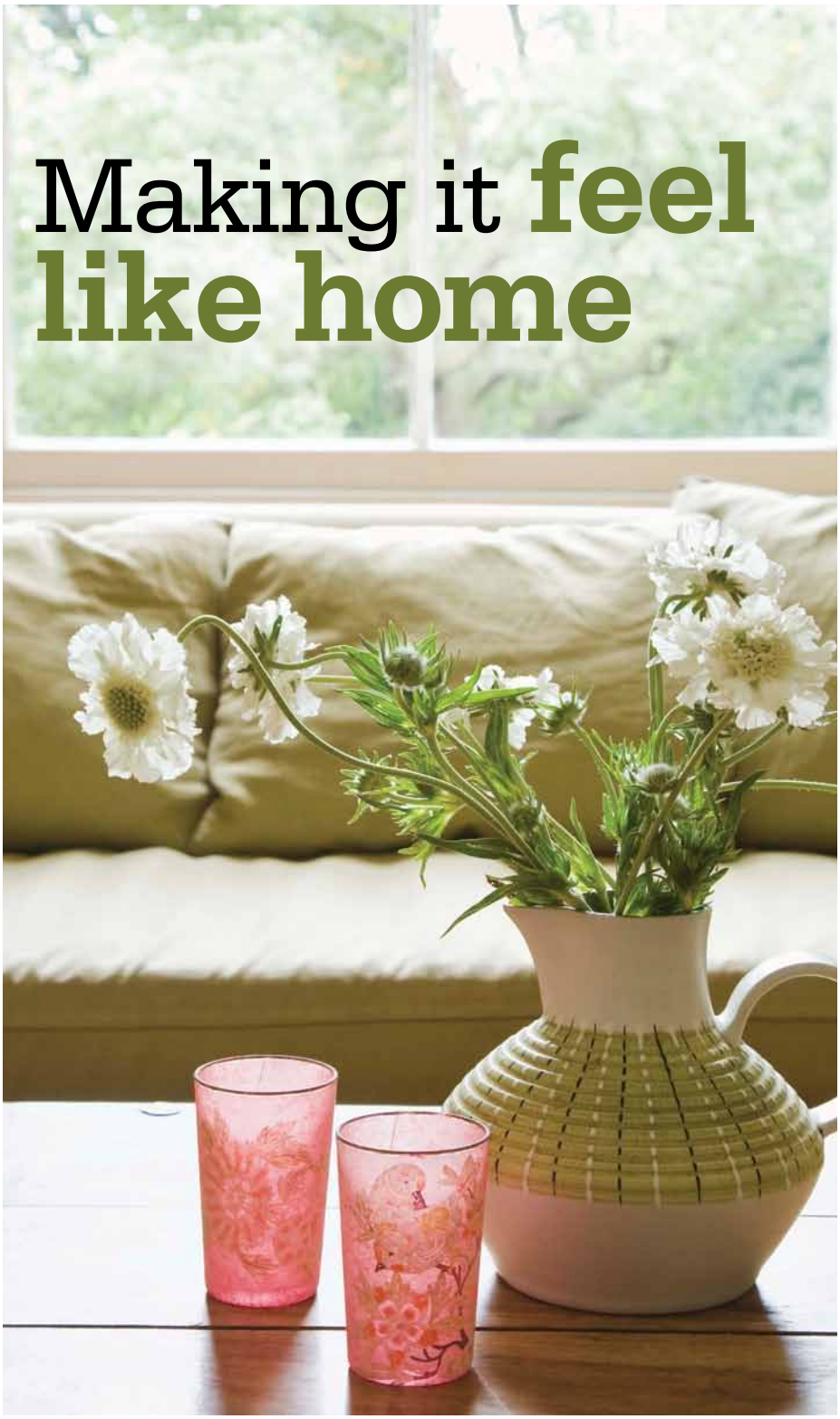
Making it feel like home

Manufacturers are now keen to supply materials for the sector, but co-ordinating the overall design can be a challenge, writes **Ellie Roberts**



The aged care industry is evolving as with most other aspects of our modern society, perhaps even more so, given the enormous growth of our aging population.

Today, as with everything, expectations are high and the sector has become an extremely competitive area.

To meet the expectations of the residents and particularly their families, interior design needs to reflect these new and developing realities.

The interior fit-out now needs to be recognised as a significant aspect of both new and refurbished building programs.

The immediate and most obvious benefit of an exceptional interior fit-out is the instant impression formed from the front entry and reaction from potential residents and their families.

Family is an integral partner in the final decision on a choice of facility. It is the "it feels like a home" factor, combined with some "wow" factors that generally influence an initial positive response from the resident and their families.

The interiors create the first impression of what will become the most important "new home" decision a potential resident has to make. This is an emotional decision, made as much with the heart as with the head.

This decision for the elderly can be somewhat daunting and approached with great apprehension so it is essential the interiors give the resident confidence and the psychological boost of a sense of anticipation and willingness to embrace this next chapter in their life. The interiors need to create a home they want to share with their family and friends.

Good interiors need to provide much more than the aesthetic "first impression".

Careful planning and design detailing can help residents cope with some of the limitations that come with age. It is imperative that the design creates living environments that do not remind residents of their limitations.

Thoughtful subtle detailing of the furniture design is hugely important, particularly with seating – correct seat heights, lumber support, appropriate arm height – all crucial for ease of a resident's movement.

Furniture layout and placement should allow for ease of access and of movement between areas for both residents and staff. The use of colour, artwork and artifacts needs to be thoughtful and stimulating. These elements combined with the selection of finishes, floor coverings and soft furnishings can be used as markers – signposts to guide residents around the facility.

The use of unique "hero" pieces is essential as these make good conversation points with their contemporaries and gives them confidence that they are still very current in today's world.

It is well recognised that many residents inhabit a much smaller world

and so every individual aspect of that narrow environment becomes extremely significant.

It is especially important where residents have declining mental capacity and begin to lose the ability to think rationally. The interior design and fit-out is absolutely paramount for these residents. Sensitive and considered use of art, colour, particular furniture pieces, soft furnishings and texture help guide them independently around the facility and back to their own room and/or community areas.

Today, there are limitless beautiful creative design solutions and products available that are aged specific, none of which are obviously any different from the norm. Manufacturers, textile mills and flooring companies have all become very proactive within the specific requirements for the sector.

There is no longer any excuse for a residence to look anything other than an exciting new chapter for the elderly.

Last, but not least, the elderly are no different, they like to feel independent, up to date and competitive as well as very comfortable and safe within their surrounds. ■

Ellie's **check list**

- Install artworks and artifacts that stimulate interest and promote memories and conversations.
- Carefully consider colour and texture. These elements define spaces and provide navigational aid.
- Seating: ensure seat heights are appropriate including for the table heights. Consider lumber support, comfort and ease of movement for residents.
- Explore the endless aged care textile options that are now available.
- Consider the appropriate lighting, which includes window treatments installed.
- Make sure your first impression counts.
- You are given a budget. Work within it.
- Ask yourself – do you see yourself living in this space in the future? Would you be happy for your parents to live here.

First-hand experience

ELLIE ROBERTS is the principal interior designer of Aged Care Interiors. Her involvement and passion for interior design began in the '70s while working in an architectural practice.

Since 1983, Roberts has operated a successful independent design consultancy establishing a reputation for providing creative and unique solutions for each of her clients. She still does design for some of her original clients – some of whom are now in their 80s.

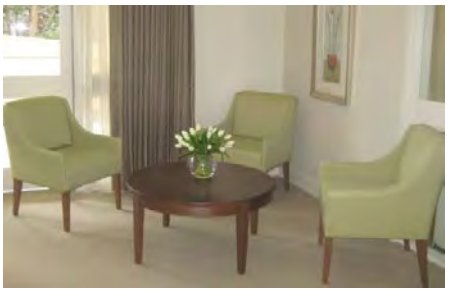
Despite having been involved in consultancy roles within a retirement village facility and completing design commission for loyal clients who themselves were aging, still living independently but obviously needing specialised consideration with the furniture supplied, it wasn't until her own mother moved into aged care and a refurbishment commission from an aged care provider that interiors for aged care became a priority.

Roberts found that whilst there appeared to be an abundance of aged care specialist suppliers, the options offered were often limited and an unco-ordinated approach taken – each supplier only considering their own product and no thought given to the overall scheme of things. The closer the inspection, the less it appealed.

Through experience, knowing that there are endless beautiful aged care specific textiles now available and what good, thoughtful creative design can achieve, Roberts feels that the elderly are being somewhat short-changed and would love to turn this around.

Hence the company Aged Care Interiors was born.

INTERIOR DESIGN FOR AGED CARE



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Social support & nutrition

Neighbours, family and care workers are all important in making sure the elderly eat properly. By **Therese Fisher**

In this case study, I outline the management of a patient living alone whose nutritional status has deteriorated after a sudden change in her social support.

Isolation and early memory loss can underpin and drive nutritional and cognitive decline in the frail elderly who live alone with some support. If this support changes, it can dramatically undermine a delicate equilibrium.

Rapid sarcopenia (loss of muscle mass) ensues after quite short periods of inactivity. In addition, low-grade depression can set in with even short-term loss of critical social support.

Isolation can also be associated with a loss of eating rhythms, and this can be exacerbated by loneliness. In turn, this can further contribute to depression, creating a growing cycle of isolation.

Patient profile: Joan

Joan (not her real name) is an 86-year-old woman who lives in her own unit in an aged village setting. She had been well supported by her daughter who visited weekly, kept her fridge well-stocked, and rang daily to ensure she was using the Webster Pack scheme set up for her.

This worked well until her daughter went to see family in the UK. Other arrangements were made to support Joan.

Joan did not see me for three months and only presented then because the welfare officer reported that the neighbours were being asked to take her to "missed" appointments and that she was confused.

It is important to educate the elderly about the connection between nutrition and strength

When she presented, I asked the pharmacy to check her medication use (which was sporadically flawed but not too bad). Upon weighing her, she had lost 4.3kg in three months, stating that "she forgot to eat, or could not be bothered".

Joan's past medical history included breast cancer, recurrent urinary tract infections, hypothyroidism, and previous cardiovascular accident. She has had some very bad falls but none for the past year.

Upon assessing Joan, her weight was 41kg and blood pressure was normotensive. Her answers to questions were vague but improved as the interview progressed. A midstream urine test (MSU) detected nothing abnormal and her Mini-Nutritional Assessment (MNA) score was 9, indicating risk of malnutrition. Her balance was poor.

What would be the main strategies for motivating Joan to eat more?

My main strategy would be to re-stimulate her previous routine, which had been disrupted by her daughter's holiday. This included:

- Contacting Joan's son-in law, who increased medication prompts.
- Education (over weekly visits for reinforcement) about the relationship between eating and the strength she had lost, which was important for preventing the falls she dreaded.
- Emphasising the need for Joan to take her tablets that prevented stroke, with some food.
- Increasing exercise by using stick and frame to walk around the patio every morning and before the evening meal. This was to help stimulate appetite, restore muscle strength, and reinforce both movement and eating patterns.

What specific nutritional interventions would you initiate?

Given Joan's low weight and poor intake, oral nutritional supplements such as Sustagen could assist by providing additional energy (calories), protein, vitamins and minerals. The positive outcomes we would expect include improved well-being, appetite and mobility.

What social support interventions would you recommend?

I would first look at other ways of involving Joan's family, including:

- Getting another family member to stay with her several nights a week if possible (and eat regular meals with her).
- Taking her out on walks around the neighbourhood, to improve both mobility and contact with local community.
- Taking Joan shopping so she can

access the food she prefers and is more likely to eat. This will also help Joan associate eating with positive social experiences.

Community services may be able to assist but it is also important to remember neighbours and church groups might also be able to give short-term support (see box for additional suggestions).

What was the outcome for Joan during early follow-up?

The combination of increased social support and education proved a powerful motivator. Within a month, she also had the support of her daughter again and was asking to be taken to buy the particular food she wanted.

After six weeks, Joan is continuing on Sustagen as some days she still does not eat enough. She has started to walk regularly with her frame about the village, with her daughter's help, and talk more to neighbours.

Her diet now incorporates "real food", some of which she is cooking herself. Family stay three to four nights each week and she has gained 3kg, such that her weight has returned to 44.2 kg. Her MNA-SF is almost back to a score of 12. Of significant importance also is that her MMSE (mental examination) has risen to 27 (from 23). ■

Suggested interventions & follow-up strategies for Joan

- Full blood test assessment.
- Look for failing nutrition at monthly consults, i.e. weigh monthly.
- Ask family member to attend with patient monthly so you know if support network is changing even for a short time.
- Check for dementia (MMSE) if weight/cognition/appetite decline.
- Always consider incipient depression.
- Ask about appetite.
- Ask about pain/analgesics/constipation as these underpin departure from eating well.
- Referrals for Meals on Wheels, Community Nursing, council support networks for a pop-in visit in absence of family to do so.
- Get practice nurse to phone with meal/medication prompts and encouragement.
- Get local council-based networks to provide day care that includes a meal.
- Remember, don't relax when the support network is restored! The slippery slide has begun and will always need your close surveillance.

Dr Therese Fisher is a GP in aged care at the Royal Australian Air Force Association, Merriwa, Western Australia. She is a member of the Malnutrition for the Elderly Advisory Board and is supported by an educational grant from Nestlé Healthcare Nutrition. This case study expresses the clinical views of the clinician and is independent of the views of Nestlé Health Science.

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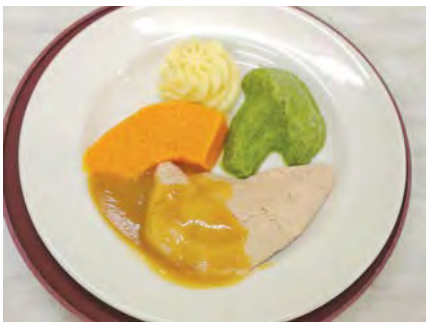
Recent moves

Working in conjunction with Hope Aged Care, Lisa Sossen (consultant dietician), Monash University, United Hospitality completed two successful feasibility projects on the presentation of aesthetically pleasing smooth puree foods in aged care.



After two four-week trials spanning eight weeks, it was concluded that it is viable to provide aesthetically pleasing moulded pureed meals. Meal consumption was higher in the molded versus standard ice-cream scooped style meals, with surveys indicating positive feedback from residents, families, care and nursing staff, Hope Aged Care managers and directors. This represents a very clear indication that moulded meals are preferred to their standard counterparts.

The project was based on work done in Osborne House (Perth WA), where, with a team of dietitians and speech pathologists, they developed recipes and procedures to create visually appealing energy-dense puree food.

United Hospitality is excited to take a somewhat monotonous meal to a gastronomic experience with their investment in state of the art machinery and moulds.

United is continuing to expand their recipe collection, Producing a shopping list of fortified smooth, puree meals and morning/afternoon teas whilst continuing to work on an easy-to-use ordering system for distribution throughout all its contracted sites.

Department of Health and Ageing

It recently commented when visiting Hope Aged Care, that the hospitality staff seem to be getting a lot more enjoyment out of presenting food in this way.

Resident's recent comment

I feel I am getting a larger variety of food offered to me now. United put this down to the fact all foods are being presented in different shape and colors not just four scoops and one sauce over everything.

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When to fortify food

Building up meals for those who need them is not expensive, writes **Samantha Murray**

Malnutrition rates currently remain around 50 per cent in Australian residential aged care facilities. As we all know, malnutrition increases the risk of falls, rates of infection, the risk of wounds and delays wound healing.

Good nutrition plays a significant role in reducing the risk of malnutrition. A well-planned menu, incorporating meal fortification and efficient weight monitoring are vital.

Menu planning to include meal fortification is one area that could be better administered in residences, but requires careful planning and consideration.

We regularly see facilities attempting to fortify meals, but all too often it seems to fail because either fortification occurs too irregularly (one day a resident will receive a doubly-fortified meal and the next an unfortified meal) or the fortification is too small to make an impact considering the number of residents who are to receive the meal.

Generally, these issues arise because the facility fails to have the necessary systems and policies in place regarding who is to do what. This makes it difficult to determine if meal fortification is actually working for a resident because as dietitians, we assume they are receiving this added nutrition each day.

As we age, our nutritional requirements do not necessarily decrease, in fact we often require more nutrition in terms of vitamins and minerals, but delivered in slightly smaller portions of food. Unfortunately, a lot of residents struggle to meet their nutritional needs and require intervention to prevent malnutrition.

Food fortification involves adding nutrients, particularly energy (kilojoules) and protein to meals to maximise the nutritional value. This can provide the nutrition the residents need with smaller portions of food, which they are more easily able to eat.

Basically, fortification ensures every mouthful counts, minimising the reliance on more expensive high protein/energy drinks and supplements throughout the day.

Foods that fortify

There are many ways to fortify foods and it does not have to come at high cost to facilities. Examples of suitable and commonly-used foods to fortify meals include: Milk or milk powder, cheese, yoghurt, cream cheese, butter, cream, sour cream, oil, rich sauces such as hollandaise, béchamel or mayonnaise, and commercial nutritional supplements.

All of these are popular amongst the current generation of residents, so fortifying meals with these should further enhance their dining experience.

Meals should be fortified two to three times a day to optimise the benefits of fortification. Foods that are easy to fortify include: Porridge at breakfast; mashed potato or dessert at lunch; soup at the evening meal.

Another strategy is to provide frail residents with fortified milk at every opportunity throughout the day – on their cereal or porridge, with tea or coffee, as a drink with flavouring at supper. Fortified milk can be easily made by adding one cup of milk powder (or skim milk powder) to one litre of milk. Add ice-cream and flavoring and you have an inexpensive high protein, high energy milkshake.

Packing a nutritional punch

Further ideas for adding increased energy and protein in meals and snacks:

- Breakfast – add cheese to scrambled egg, or add 1 to 2 tbsp cream in porridge and top with sugar
- Main meal – add extra cheese sauce or gravy, add cream/margarine to mashed potato, add milk powder or yoghurt to casseroles
- Soup – add cream, milk powder or legumes
- Sandwiches – use high-protein fillings such as egg, cheese ham or peanut butter, with margarine or butter
- Desserts – add extra cream, custard or ice-cream
- Snacks – milkshakes, iced coffee, yoghurt, dairy desserts, cheese and crackers, scones with jam and cream.

Effective fortification tips

Conduct a supplement audit. Review all those residents on a supplement regime to assess if their current plan is still suitable. They may benefit from a change to a fortified meal instead.

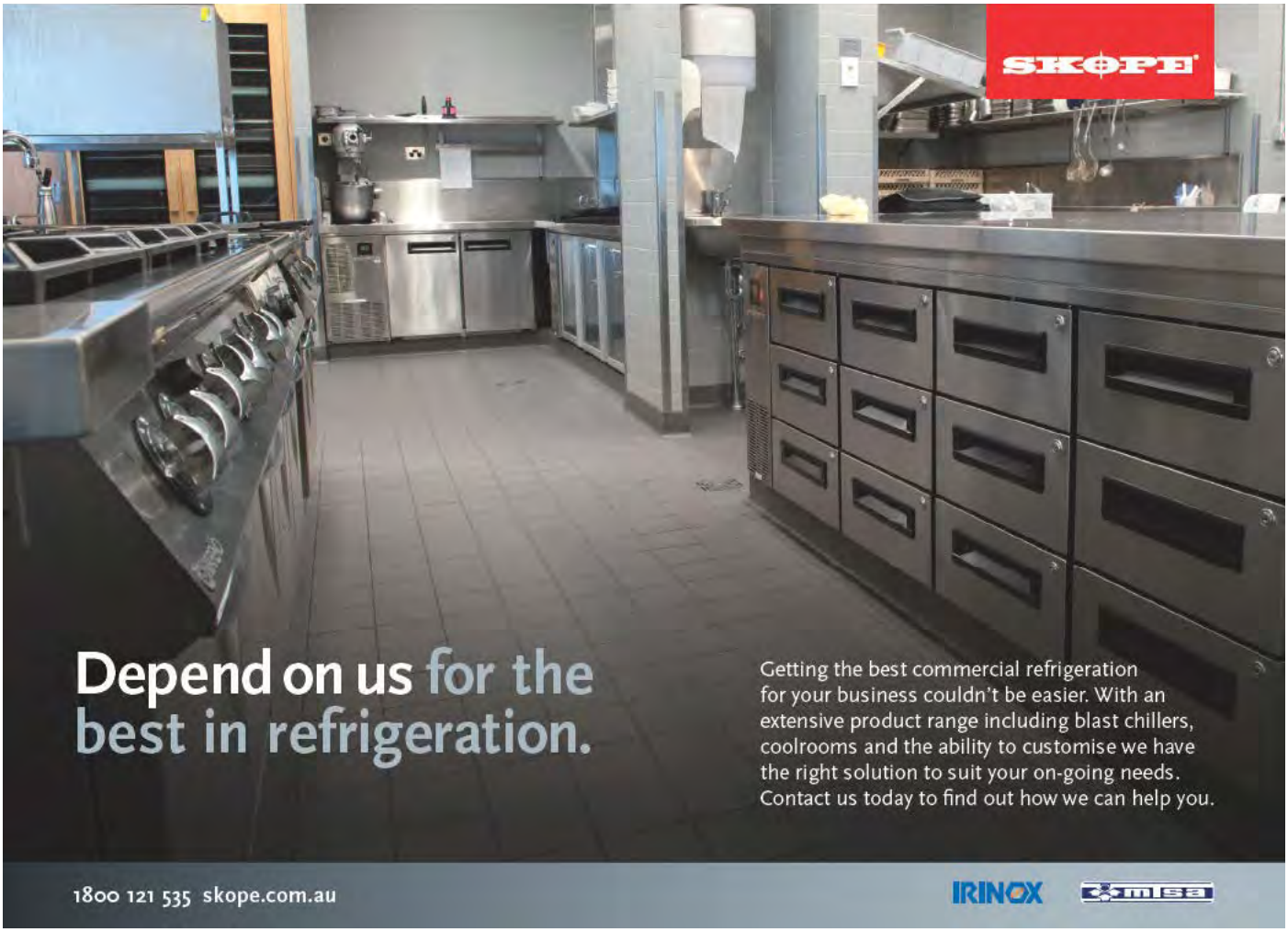
Designate one area of the facility to do the fortifying. This will significantly reduce confusion – clearing up whether your facility is doubling up or not fortifying at all. The central kitchen is usually best equipped for doing this.

Educate staff about why fortification is beneficial to residents and outline the role of staff in this process.

Monitor, review and assess what is working and what is not and make changes accordingly.

Let's face it, the majority of us love food. We love the social aspect of eating and as we age it seems our lives revolve more and more around food. If we can provide real foods that our residents love, the more success we will have in reducing malnutrition risk. ■

Samantha Murray is an accredited practising dietitian and accredited nutritionist. She is the manager for Food Solutions Diet Consultants in Queensland. Her article is written on behalf of the Dietitians Association of Australia, www.daa.asn.au



Finger food the right touch

If organised meal times don't suit, sometimes it's good to give the cutlery a rest. By **Peter Morgan Jones** and **Emily Colombage**

Finger food can be a valuable option for many people living in residential aged care and particularly for people living with dementia.

However, it is often underutilised because it is misunderstood or simply not available. Finger foods for the older person are so much more than just party pies and sausage rolls. What we are talking about here is not the occasional party food day on the menu but a regular provision of finger food as an alternative to "cutlery food".

Think meatballs with baby carrots, broccoli florets, roast potato wedges with a tomato dipping sauce, mini zucchini slice pieces with bread and a chunky garden salad or a ploughman's lunch of ham slices, boiled egg, cheese pieces, bread roll, tomato wedges and cucumber slices.

We know that malnutrition (or undernutrition) is very common in aged care, especially for residents living with dementia. There are many reasons for this: poor appetites, high activity levels, medication size effects, poor dental health, difficulty chewing or swallowing or difficulty recognising foods and what to do with them.

Another reason for not eating enough is that meal times for people living with dementia can be very stressful and unpleasant occasions. Dining rooms can be spaces of frustration and confusion if one is struggling with arthritic hands, noise, an unfamiliar object placed in front of them or poor concentration. This means it can be difficult to fit into the usual routine of sitting down for three square meals a day.

Why finger food? It can open the door to a more independent and better nourished older person.

This food can be eaten whilst a resident stands up or walks around. It allows the person to control what is going into their mouth, returning a measure of dignity which has otherwise been taken away. They can also be given in smaller amounts several times across the day.

This approach of small and frequent meals or grazing might suit someone with a poor appetite or who is very active. Finger foods can improve self-esteem and enjoyment in meal times.

It is possible to have a nutritionally balanced finger food menu with careful planning and the involvement of an accredited practicing dietitian (APD). It is a good idea to discuss this change with the next-of-kin as there may be some misconceptions about finger food being "childish" or not nutritious enough and a dietitian could also assist here.

In our experience of implementing a finger-food program for a resident with dementia we found some residents really embraced using their fingers to eat food, though it might have taken a few meals before they got used to the change. They clearly prefer using their fingers as it makes meal times more simple and enjoyable.

We also found some residents gained weight following the change in menu. It is important that the provision of finger food is for carefully selected residents and not a blanket approach for all people living with dementia. It is a very useful tool in the box of strategies to treat an older person with malnutrition. Other important strategies can include high-energy and protein meals, supplements, texture modified foods and fluids as well as changes to someone's environment. Some residents may benefit from several of these strategies at once.

While implementing finger food at one of our facilities, we have learnt not to overcrowd the plate, and to keep it simple. More food can be added if the rest has been eaten. Rectangular plates worked well and we chose plates which were a colour which contrasts with the food. White sandwiches on white plates were untouched, but when placed on coloured plates the sandwiches stood out and were consumed.

Staff or family sitting down with the resident and eating a similar meal offers positive cues to the person with dementia. It also has a calming effect, a sense of sharing food and being at home.

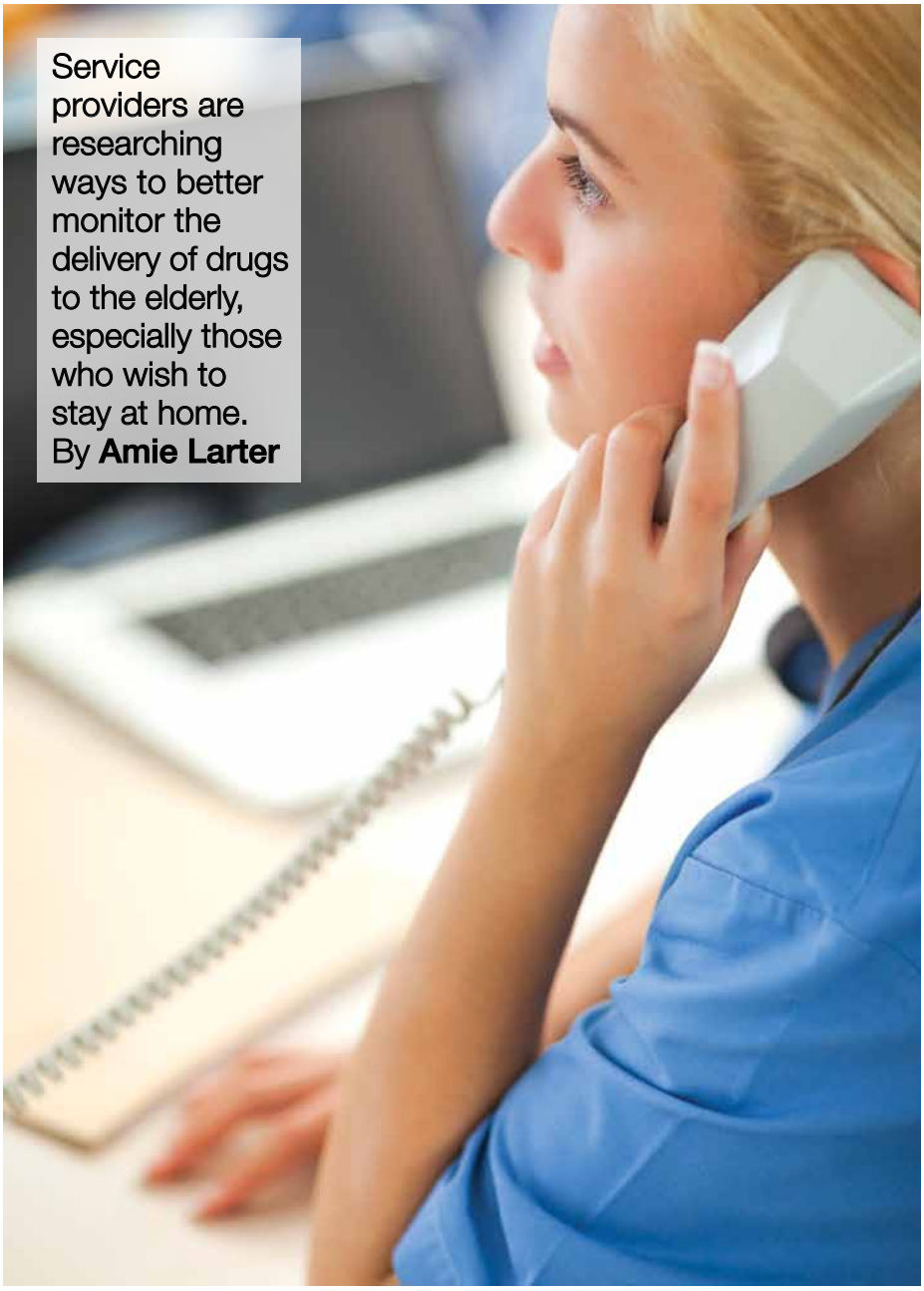
With a motivated team, implementing a finger food menu is possible and can bring great benefits. Why not consider implementing one in your facility? ■

Peter Morgan Jones is executive chef at HammondCare. Emily Colombage is an APD who works with older people, including those with dementia, at HammondCare.

Example one-day menu

BREAKFAST	Boiled egg quarters, wholemeal toast fingers, milk
MORNING TEA	Cheese blocks, banana pieces, milk or juice
LUNCH	Toasted muffin melts with ham, cheese and vegetables, mandarin segments and strawberry pieces, milk, tea or coffee
AFTERNOON TEA	Vanilla milkshake, mini chocolate muffins
DINNER	Chunky pieces of roast beef, roast potato and pumpkin, cauliflower florets, green beans, ice cream cones, milk or juice
SUPPER	Milo, milk, raisin toast

Medication in internet age



Service providers are researching ways to better monitor the delivery of drugs to the elderly, especially those who wish to stay at home. By **Amie Larter**

Better medicine management is a new national priority, aimed at finding ways to reduce pressure on the aged care workforce while also improving the safety of medication use in the elderly population.

The federal government recently announced three new resources to help Australian aged care workers deliver a consistent, best practice approach to medicine and behaviour management in aged care.

This includes a revised edition of the government's guidelines on medication in residential aged care, as well as two decision-making tools that offer alternatives to restraint in community and residential settings.

Minister for Ageing Mark Butler said that it is important to provide staff and managers with the right skills and knowledge to ensure a safe and respectful environment for older Australians receiving care.

"All these guides will not only help to improve residents' health, but also their quality of life," he said. "The accompanying guide outlines questions and answers that tackle some key topics in the Guiding Principles, helping residents and carers to play an active part in the safe management of medicines.

"The decision-making tools cover organisational, environmental, physical and psychosocial considerations, and set out information and practical strategies that reduce the need to consider restraint as a care option."

These resources were revealed less than two months after the announcement of the $10.2 million injection through Health Workforce Australia's Aged Care Workforce Reform Funding aimed at better preparing the workforce to care for older Australians.

One of the four major streams of the reform focuses on improving workforce productivity and supply by determining what is required for "large scale adoption of what works in safe, quality medication management in the community".

Three projects (one public and two non-government organisations) were awarded funding to develop support for the workforce, aged care nursing and community service disciplines with links to other health professionals to improve the whole workforce capacity and capability to consistently apply safe medications management for older people living in their own homes.

A partnership between Austin Health, Royal District Nursing Service (RDNS) and Monash University in Victoria was one of three grants awarded in this area. One of the key areas of this research project →

Medication in internet age ←

will be looking at medication management in the community and the ways other health practitioners could be better utilised to support safe medication management, improve medication use and safety for older people living at home, and enhance patient assessment and use of technologies.

"More broadly we are trying to look at the way that medicines are managed in the community to see what can be done to reduce the need for daily or regular home visits to support medication management," explained Rohan Elliott, clinical senior lecturer at Monash University's Centre for Medicine Use and Safety and senior pharmacist with Austin Health.

With organisations such as RDNS having a significant proportion of its work currently consisting of home visits related to medications management, there are concerns for the sustainability of these workforce models in the face of an ageing population and projected shortages of registered nurses, and as such this project will explore different models of care.

"We will try to maximise independence where someone has fairly straightforward needs. So rather than having RNs [registered nurses] going into dispense oral medications – care aids may be more involved in that and RNs may be practising to their full scope of practice, for example undertaking assessments and monitoring.

"There is evidence to suggest some patients could be safely supported with their medications in other ways," Elliott suggested.

The project will also focus on the standardisation of the process of assessing of patients – a situation where Elliott believes the lack of structure sometimes leads to patients receiving a higher level of support than they need. He said that as the system stands, "decisions are made in an ad hoc way about what level of support someone would need with their medication".

> **"We are trying to look at the way that medicines are managed in the community to see what can be done to reduce the need for daily or regular home visits**

Another way to reduce demands on the aged care sector is through the use of technology, with a minor element of the project looking at some of the technologies such as automated dose administration aids and video-conferencing to see whether they may play a role in reducing the frequency of home visits.

"There is a device whereby medication is packed into sachets through an automated packing facility and those sachets are then inserted into the machine which then dispenses the sachets at the required time," Elliott said. "We are hoping to pilot these devices with a small number of people to see where they might fit into the

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scheme and how they might reduce the pressure on the workforce as well."

Elliott mentions that although the current generation of people accessing these sorts of services are perhaps not going to be that well suited to technological solutions, in the future, as baby boomers and younger cohorts move through the aged group, they may be more familiar and be able to ably use these technological aids.

RDNS has also received funding from the Victorian government's Broadband-Enabled Information Project (BEIP), where they will focus on piloting video-conferencing to support medicine management.

Dr Christine Beanland, a RDNS research governance and ethics adviser, believes that with the right client base video-conferencing could be quite beneficial, but that careful client selection will be the key to making this work.

"Your clients will have to have cognitive ability to use whatever technology platform that is going to be there," she said. "Its main advantage to somewhere like RDNS is it's got huge opportunity to save in travel time, so it enables us to access more clients more efficiently.

"It has got the potential to increase flexibility for clients because they do not have to wait around for a nurse to come. It's also a real benefit for communities that miss out on home nursing support. So the potential is there for us to really impact in that area and help a lot of people."

According to Beanland the technology being used for the BEIP project provides both the health professional and client with a very good image and a clear conversation with no lag in the picture or sound.

Research has revealed a number of issues, mainly to do with maintaining electricity supply to the technology within the home.

"Our elderly clients are very concerned with the cost of things and seemingly small amounts of money can make a big difference with them," Beanland said. "We have had issues where people have turned the technology off because they wanted to save power or there was a storm or something like that and that has meant that things have had to be reset."

Cost is obviously also a major concern, with technological interfaces having the potential to be fairly expensive. However, Beanland suggests that healthcare organisations may be able to lease them out or use them as a substitution for care, which may help. ■

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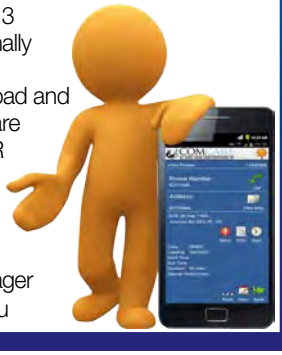

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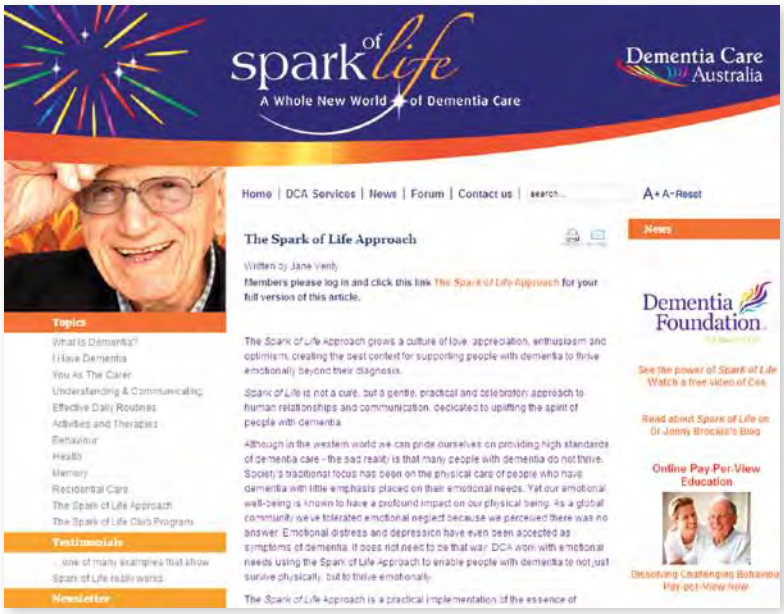

Dementia method shows promise

Focusing on the positive and not the negative can help sufferers, says an educational organisation

Dementia Care Australia says it has had very positive results from its program, Spark of Life, which aims to support people with dementia and their carers.

The method is a gentle, practical and celebratory approach to human relationships and communication, dedicated to uplifting the spirit of people with dementia.

The independent educational organisation says it is changing the way many aged care facilities around the nation are caring for people with the illness.

Based upon person-centred care, the approach highlights the importance of caring for a person with dementia's emotional needs in addition to the physical.

Recognising the impact that our emotional state has on our physical state, the approach works to facilitate emotional needs enabling people with dementia to not only survive physically, but most importantly – thrive emotionally.

"In an environment of love and respect, the approach enables people to thrive emotionally by having their self-esteem boosted, being valued, and having meaningful roles and jobs

"In an environment of love and respect, the approach enables people with dementia to thrive emotionally by having their self-esteem boosted, being valued, and having meaningful roles and jobs that give reason and purpose to get up in the morning," explained Hilary Lee, the president of Dementia Care Australia.

The Spark of Life Approach consists of three core values, each supported by practical strategies for implementation. The first is "shift your focus" – a principle which encourages aged care workers to emphasise the positive not negative.

"For carers, shift your focus involves shifting from their viewpoint, from how they see and interpret a situation, to the point of view of the person with dementia, and intuitively sensing what it could be like to be that person with dementia, and what their needs might be," Lee said.

The second value, "share your heart", allows team members to connect with their loving side and share it in how they think, speak and act. As part of this element of the approach, it is important to be loving and genuinely interested, engage compassion and be forgiving.

"Shine your light" is the third guideline of this approach. Dementia Care Australia believes people providing care to those with dementia need to be the best they can be by activating patience, using descriptive appreciation and by being playful and having fun.

Spark of Life can be implemented at any aged care facility, and training can be provided for workers employed in community care. The program can be implemented throughout entire organisations or through community settings by educating one or more key team members in the three-week International Spark of Life Master Course – the only course that certifies participants to educate in Spark of Life.

A former executive care manager of an aged care organisation, Jan Clark, participated in the inaugural Spark of Life Master Practitioner Certificate course in 2010.

After retiring from her demanding role, Clark was approached by Lee to possibly help a family desperately in need of support. The family was very distressed trying to adjust and cope with their parent's sudden and significant onset of dementia, anxious behaviours and constant need for specialised care.

Clark has been working with the family now for nearly 12 months, privately giving Spark of Life dementia care on an individual basis, work that she states is "extremely rewarding".

"I have personally observed significant improvements in behaviour and mood in response to my interventions, which always incorporate the Spark of Life Approach," Clark said.

"Although my client is living in residential care that does not practice Spark of Life, the family and residential care staff report that the addition of regular specialised care that I provide has generated long-lasting benefits for this man."

For more information on the approach and any associated training visit www.dementiacareaustralia.com ■

Front-line cancer spotters

With careful observation aged care staff can spot skin disease on patients. By Amie Larter

While the most significant cause of skin cancer is sun exposure when young, aged care workers and nurses are in a unique position to help detect early symptoms of the disease, said Dr Martin Haskett, dermatologist and medical director of melanoma screening service Molemap. Currently, about two in three Australians will be diagnosed with skin cancer by the age of 70, with the disease costing our health system about $300 million annually – the highest cost of all cancers.

Dr Martin Haskett

Involving the abnormal growth of skin cells, the cancer most often develops on skin that has been exposed to sunlight, however, skin cancer can also occur on regions that don't necessarily see the sun. And if found early, it has a much higher chance of being treated successfully.

Due to the fact that early stages of skin cancer involve more visual signs rather than those that are pain related, Haskett believes that aged care workers and nurses are in a good position to help the elderly identify potential problems.

"Because of their assistance to people when they are undressed, nurses gain an experience of skin spots even without sitting down to learn exactly what each one is," said Haskett. "The lesion which looks different to all those you are familiar with may be a skin cancer and should be assessed by someone who can make a diagnosis."

The most defining cause of skin cancer is sun exposure from when a patient was younger, and aside from maintaining a good sun protection regime now, there is little to be done to prevent skin cancers caused by exposure in early life.

Knowing who is more susceptible and what to look out for will help aged care professionals to identify patients that are at greater risk, as well as spot any skin abnormalities.

Genetics often plays a large role in whether someone will get the disease. Quite often, if an elderly person has many family members who have developed skin cancers – they are at more risk of developing them. Similarly, patients that have fair skin and burn easily are more predisposed to skin cancer, as opposed to someone with dark skin that tans easily.

As people get older, the skin changes and many people develop different spots as a consequence of ageing. Haskett said that being elderly means that "you have a lot of spots which are a consequence of a gradual change in our skin as it becomes older".

"This can include large dark crusty lesions called seborrhoeic keratoses which nearly everyone will find somewhere on their body, and also small red spots called haemangiomas, which are frequently found on the torso but are also found on the limbs," he said.

Even if a patient was protective of their skin as they grew older, elderly people are more at risk for developing skin cancer than younger people. As people get older, their immune system is less able to deal with cells that have become cancerous, and Haskett believes that as a consequence there is more likelihood that they will become cancerous.

"Given our limited ability to reduce the chance of actually developing skin cancer, the best thing we can do is be very vigilant and find them as early as possible, given that this will allow the simplest of treatments and the greatest chance of a cure."

With the aim of early detection, nurses who want to help elderly patients detect skin cancer should learn to "look and see carefully", Haskett suggests. It is also important to make sure that patients have their daily dose of natural vitamin D either early in the morning or late in the afternoon to avoid the harm of the sun's rays.

For those patients who would prefer not to undergo surgical treatments, there are other options that patients could be encouraged to speak to their doctor about.

"They should ask their doctor about whether their tumour is suitable for removal by a cream, a special treatment using red light and the chemical cream (called PDT) or radiation therapy," says Haskett. "If surgery is required, many lesions are amenable to removal by curettage which does not require stitches or the same inconvenience that a full excision with stitching does." ■

SunSmart's skin cancer facts

- More than 1890 Australians die from skin cancer each year.
- These cancers account for about 80 per cent of all new cancers diagnosed each year in Australians.
- Each year Australians are four more times likely to develop a common skin cancer than any other cancer.
- More than 95 per cent of skin cancers can be successfully treated if found early.
- More than 1000 Australians are treated for the disease every day.

Palliative care focus broadens

A move has begun to change the thinking at some facilities to cater for a wider range of patients, Amie Larter reports

Residential aged care facilities need a change in culture to address growing demands on palliative care resources, says the chief executive of Palliative Care Australia, Yvonne Luxford.

According to the Australian Bureau of Statistics, 14 per cent of the Australian population was aged 65 years and over in 2011. By 2056 this percentage is forecast to rise to between 23 and 25 per cent.

As the population ages, a greater number of patients will require palliative care. And although this needs addressing in all healthcare environments, residential aged care facilities – along with hospitals – are at the top of the agenda.

Further raising concern were statistics that came out of the Australian Institute of Health and Welfare's report *Palliative care services in Australia*, which suggest that less than a quarter of residents who died in residential aged care facilities last year had access to palliative care.

Luxford believes this proves the need for a culture change and that more work needs to be done to improve access for patients in these facilities.


Yvonne Luxford

"We need to have a culture where there is recognition that a third of all residents will die each year," she said. "We need to be recognising the signs and symptoms of when a resident is dying and potentially identify how long they might have to live, which is also important so that staff aren't surprised or shocked."

According to Luxford, palliative care has traditionally been considered a speciality area focused largely on patients with cancer.

"This is an idea we really need to break down," she says. "I think it probably started out being largely oncology based; but it has certainly moved on from that.

"The other misunderstanding is that palliative care is about terminal care. Of course it incorporates terminal care, but it is much broader than that. It's perfectly normal these days for palliative care to be taking place at the same time as active care."

Linda Magann, a palliative care clinical nurse consultant, agrees and notes that palliative care is available to all patients, not just those with malignancy. In fact, there has been increasing evidence of its benefits to patients with a non-malignant diagnosis such as heart, renal and respiratory failure.

"Palliative care services should be most involved in those patients with complex pain or symptoms, and therefore all nurses should be skilled in caring for patients with end-stage disease," Magann says.

There are a number of ways to train health professionals in a more palliative approach – starting by approaching the topic at undergraduate levels. Luxford said that at the moment, it is hardly covered at all in the majority of undergraduate courses, so there needs to be a greater consideration of aged care and end-of-life care in the undergraduate curriculum.

Upskilling health professionals currently in the field is also vital, through programs such as the Program of Experience in the Palliative Approach (PEPA), which aims to improve the skills and expertise of health practitioners and enhance collaboration between service providers in order to improve the quality of and access to palliative care.

The report also revealed that there was a decrease in the number of filled prescriptions from GPs for palliative care medicines. ■

"The other misunderstanding is that palliative care is about terminal care. Of course it incorporates terminal care, but it is much broader than that. It's perfectly normal these days for palliative care to be taking place at the same time as active care

Harnessing

A range of complementary therapies including kinesiology, massage, reiki, therapeutic touch and reflexology are being offered to palliative care patients in Adelaide to promote comfort and relaxation.

The simple relaxation techniques at the Repatriation General Hospital's Complementary Care Centre may be the answer to helping palliative care patients and their carers to cope with pain, stress, anxiety, nausea, discomfort and even promote sleep.

Southern Adelaide Palliative Services Complementary Care Centre co-ordinator Margie Thomson, who is also a registered nurse and kinesiologist, says that certain relaxation techniques have an almost immediate effect of relaxing patients and calming them down.

"We use a toolkit of seven relaxation

the power of touch

Margie Thomson uses emotional stress release for palliative care patients

methods. The aim is to get the patient out of fight/flight, the emergency response mechanism of the body when you are stressed," she said.

"With fight/flight, the blood flow goes from the frontal lobe of the brain to the more emotional or limbic part. This may stop you from thinking clearly, you might become irrational, not be able to sleep and it may even cause digestive issues."

Before starting at the care centre in May, Thomson spent 15 years at the Royal Adelaide Hospital where she used complementary therapy techniques to settle down patients in operating theatres. She was able to calm patients right down into a sleep-like state within five minutes.

Techniques in use include emotional stress release (ESR), easycalm (also known as hook ups or Cook's technique) and breathing techniques that have a considerable relaxation effect.

"We are quite often told to breathe in through the nose and out through the mouth," Thomson said. "There is a mechanism behind that. When you breathe in through your nose for most people the tongue goes to the roof of the mouth and as you breathe out it goes down. This is actually massaging the palate – a way of assisting with relaxation. So using ESR and the breathing in through the nose and out through the mouth has huge relaxation benefits."

Thomson believes that due to the nature of the therapy, people should be able to learn the techniques to have as a relaxation "toolkit" for everyday life.

"These relaxation techniques work for aged care clients and is fabulous for Alzheimer's patients as well. Further to this it can work for kids, basically anybody. We intuitively use a lot of the techniques; it's more about sharing the mechanism behind why it works a bit more." ■

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Bandaging key to wound care

Researchers are making great improvements in treatment of hard-to-heal wounds, a problem that costs the nation up to $3bn a year. **Amie Larter** reports

Patients experiencing inflamed, weeping sores that are either reoccurring or fail to heal are typically suffering from a chronic or complex wound, says the head of a leading research group.

Stephen Prowse, the head of the Wound Management Innovation Co-operative Research Centre (CRC), believes these types of wounds are becoming a huge problem for the health system.

"We estimate that in Australia there are around 400,000 or so people at any one time with a complex difficult to heal wound," Prowse explained. "That translates into a cost of around $2 billion to $3 billion a year, so we are talking about something like 2 per cent of the national health budget goes on the care and management of these difficult to heal wounds."

Wound Management CRC is currently working with the Australian Wound Management Association to collect national data to ensure that it is recognised in a way that acknowledges the magnitude of the problem at hand.

Prowse believes that the economic cost is often hidden because much of the treatment is often conducted by a diverse range of service providers in a range of different settings including in the home, at local GPs or clinics or in hospitals.

"It is very hard to get an overall picture of what is really happening and what the overall cost genuinely is," said Prowse. "A lot of the wound management is driven or conducted by nurses and other health professionals, which sometimes escapes the attention of the mainstream medical fraternity."

Most frequently found in elderly patients or those suffering from obesity or diabetes, this excruciating medical condition is often caused by hard-to-heal wounds developing into ulcers – the most common of which is venous leg ulcers (VLUs). These are caused mostly by an underlying disease known as chronic venous insufficiency. This is where the veins in a patient's leg lose the ability to pump oxygenated blood capably, and the effects become evident on the leg in the form of what can be an agonising wound.

The main treatment for VLUs is compression, with the *Cochrane Systematic Review* suggesting that it is the most important treatment to heal the wounds.

"If they do not have compression, not only will they not heal, but they will get worse," said Dr Carolina Weller, from Monash University's Department of Epidemiology and Preventative Medicine. "Best practice to heal people with a VLU is compression by applying a tight bandage on a lower limb from below the knees to the toes."

Dr Weller applies the 3L tubular bandage to a VLU patient

> If we lived in a world where cost and training was not an issue, one concern is still paramount: keeping the VLU compressed after the patient's initial treatment

According to *Cochrane Database System review 2009*, high compression bandaging (30-40 mmHg) is an effective treatment, healing over 70 per cent of uncomplicated VLUs in 3 months. Compression bandages are often successfully used by nurses and other medical professionals to aid the healing of the VLU. However, as Weller explains, there are problems that arise when using this form of treatment.

The first is due to the wide range of bandages available on the market. Due to the wide range of choice, there is evidence to suggest that nurses can often be confused with what to use and then how to apply. Nurses also need to be trained in application, which can be fairly expensive. This is on top of the compression bandages themselves, which can be quite costly.

If we lived in a world where cost and training was not an issue, one concern is still paramount – and that is the second problem: keeping the VLU compressed after the patient's initial treatment.

"It is highly likely that once the patient goes home following compression application, because the bandage is uncomfortable – they take it off," said Weller.

"So unless the patient comes back to the clinic, or the nurse is able to visit the patient at home to put it back on, it means the patient has no compression bandage on the limb – and as a result of that they will not be able to heal."

The two types of compression used in Australia are the short-stretch single layer inelastic compression bandage and the three-layered elastic bandaging system. In an Australian first, Weller has lead a study to compare the effectiveness of the two in the treatment of VLUs.

Published in the international journal *Wound Repair and Regeneration* the research revealed that three-layer tubular bandaging significantly improved healing of VLUs and was more affordable and practical than single-layer bandages.

"Typically a single bandage would be used, which is inelastic and is quite difficult to apply unless nurses are trained," Weller said. "The three-layer system is a tubular sock system that is open at the toes. Due to its simple way of application there is no confusion and it took nurses less time to apply."

According to the study, which was conducted over 12 weeks in Victorian and Queensland hospital clinics, the costs for the three-layer bandage, including the price of the product and the time for the nurse to apply, was significantly less than that of a short-stretch system.

"We found that the cost of the three-layer system, including application time by a nurse, was almost halved in comparison to the more commonly used standard control compression bandage," Weller explained.

In addition to cost, the three-layer bandage was much easier to apply and less time consuming.

Throughout the study, patients reported the three-layer bandage to be a comfortable alternative to standard compression bandages. Even though there was a firm system in place, the three-layer bandage conforms to the leg, making it a more comfortable option for patients.

"Patients kept the bandage on. If people keep the bandage on because it is comfortable enough then they have got a better chance of healing," Weller said.

In terms of effectiveness of healing and reducing the wound, the study found that all compression, no matter what type of bandage used, was better than none. The portion of healed ulcers was larger in patients that were using the three-layer system, however, the study revealed no statistical difference between the treatment groups in reduction in ulcer size.

From the outset, it looks as though the introduction of early adoption of the three-layer system as best practice for general and community nurses could be more cost effective option that will increase healing. However, before this happens Weller believes that further funding and research is necessary to provide evidence at more of a population level surrounding patients that present with VLUs. ■

The challenge of accepting care

After a life of independence some people find it hard to depend on others, which is a dilemma for those close to them. By **Michael Fine**

Someone needs help, but won't accept it. But without care, will it be possible for them to survive? Who is responsible? What should be done? This is a question I ask myself now – not as a researcher or expert in the field, but at a personal level.

Like many others before me, it concerns someone quite close to me – my parents. It's a confronting question, confronting all of us in the family. Anyone who has worked in the aged care field knows the problem – but somehow it is seldom, if ever, discussed. When services are overwhelmed with demanding clients, waiting lists already far too long, with staff swamped and working well beyond the call of duty, it's almost too convenient to just leave it.

After all, isn't it a matter of personal choice? If the individual doesn't want to have help and resolutely refuses polite offers of assistance, surely they are free to express their mind. If they seem capable of making their own decisions, it's easy to just keep an eye on them and move on with the other really urgent things that need to be done.

The issue is well known in families, too, as it is in residential care. Just when it seems impossible to keep an older person or couple at home and residential care seems the obvious answer to everyone who knows anything, that's when the urge for remaining independent seems to be most strong.

Who's going to have to step in? Quietly, discreetly perhaps, the answer will often be someone in the family.

Not surprisingly, there's frequently a daughter involved. But it can happen to sons to, to husbands and wives, in-laws as well as grandchildren. Neighbours, friends, old workmates, too, can't escape being confronted, either.

It can happen too at home or when there is no home, or when there is no family or friends at all. These are the tough ones – the oldies who would rather face life alone, go without help as well as comforts, just so they don't lose their sense of independence. At its extremes, this is the face of social isolation – the reason so many older people perished in the Victorian bushfires and in Hurricane Katrina. Being alone really can be dangerous.

Is it a denial of ageing and dependency? Is it an urge to cling to the myth of self-competence and independence? Or is it more a fear of losing control, of having to ask for help from strangers? Or perhaps it is the result of years of conditioning, of seeing the way that relatives placed into care were treated decades ago.

At an international conference on caregiving recently in Canada, a famous care ethicist who had been scheduled to give the keynote speech was nearly unable to attend. Her mother, now in her 90s, needed help around the clock but refused to accept home helpers, just as resolutely as she refused to leave her own home to go to a facility for residential care.

With no one else allowed in the house, you will know who it was who felt responsible to provide help, ever so discretely. Day after day, week after week. The ethicist argued that the only rational and responsible action is to accept care when we need it. Her mother, by that definition, must be either irrational or irresponsible.

Those of us who give care, especially in a professional capacity, are bound by ethical codes to behave well towards those who need support. But do those who need help but who wish to remain independent also face an ethical responsibility? This is perhaps the hardest question in all of care. In a culture that worships independence; can we ever learn to embrace dependency? ■

Associate Professor Michael Fine is head of the department of sociology and deputy director of the Centre for Research on Social Inclusion at Macquarie University.

Disability nurses under pressure

A push to lure staff to this area of nursing has been hit by government moves to cut penalty rates and leave loading. Louis White reports

The role of the disability nurse is under threat due to low wages and a poor perception amongst the community coupled with proposed cuts to salary benefits by the NSW government.

Disability nurses play a vital role in the community but sadly numbers are decreasing. The numbers in NSW have decreased from 3005 in 1996 to 2510 in 2001 to just 1811 in 2012.

"While it is difficult to identity them specifically across the country as all nurses are grouped under disability and rehabilitation nursing, which are two distinctly different areas of nursing, they both play a key role in our society," says Linda Goddard, president of the Professional Association of Nurses in Development Disability Australia (PANDDA).

"The disability nurse is an expert in the healthcare needs of a vulnerable group of people in the community who may experience a wide range of healthcare needs.

"These nurses have always been perceived to be the 'poor relation' of nursing despite their ability to provide holistic nursing care to people with the most complex and chronic physical and mental healthcare needs.

"The lack of recognition of the nurses skills and expertise, reduces the confidence of the nurses as they move out of nursing all together, which anecdotally we know has occurred in a number of states across Australia (Victoria, South Australia and Tasmania). Therefore they are not recognised and therefore not respected and this has been a huge loss to a population with enormous healthcare needs."

Award conditions targeted

This situation is set to be compounded in NSW with the state government applying to the NSW Industrial Commission to change 98 awards for public sector workers, including more than 1000 →

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Disability nurses under pressure

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nurses who assist people with disabilities and those in aged care facilities.

A series of long-held conditions, including an annual leave loading of 17.5 per cent, will be cut along with penalities for all shift workers for staff stationed in remote areas.

The two nursing awards under attack are the Nurses' (Department of Family and Community Services – Ageing, Disability and Home Care) (State) Award 2011 and the Crown Employees Nurses' (State) Award 2011.

"Nurses and midwives understand this is the first step towards ripping away the important wage and condition improvements, won by the NSW Nurses and Midwives Association (NSWNMA) in recent years, which are helping to maintain nursing and midwifery as attractive career options," says Brett Holmes, association general secretary.

"The NSWNMA is fully across what the government is trying to do with this application against public servants and it will vigorously oppose this unjustified attack on the income and rights of NSW wage and salary earners, including nurses and midwives in disability services."

Ageing, Disability and Home Care (ADHC) nurses working under the Department of Family and Community Services are the first nurses to face sweeping cuts to their awards by the NSW government.

Disability nursing services, which now struggle to find and hold sufficient staff, face an "approaching tsunami" from the growing number of disabled people with complex health needs, warns registered nurse Gary Dunne.

Dunne has worked for 20 years at ADHC's Complex Health Unit, formerly the Grosvenor Centre, providing long-term accommodation and short-term respite care in the Sydney suburb of Summer Hill.

"Disability nursing services, which now struggle to find staff, face an 'approaching tsunami' from the growing number of disabled people with complex health needs

Disabled living longer

Medical knowledge and technology have prolonged the life expectancy of many disabled people whose health problems multiply and worsen as they age.

"The need for nurses in disability services is growing, not declining as was once predicted," says Dunne, secretary of the ADHC metro south branch of the NSWNMA.

"The number of medically frail clients with support needs keeps increasing. From gastrostomy, tracheostomy or complex epilepsy management, through to palliative care, these people need qualified nurses to keep them alive and to enable a decent quality of life."

Research has shown that the disability nurse requires greater skills than the general

nurse in the area of assessment due to the likely inability of the person to communicate their feelings in a way that could be readily understood.

The decrease in numbers of a key group of professionals with background knowledge and clinical experience has significant implications for the ongoing healthcare of people with a disability.

"Worldwide research has shown that the changes in the education of undergraduate nursing students, and the lack of education for all health disciplines has resulted in an inability to provide appropriate healthcare to people with disabilities and their families living in the community," Goddard says.

Recruiting staff

She says it is becoming harder to recruit staff for positions because of changes in university curriculums.

"It is probably harder because of the erosion of disability specific content in the supposed comprehensive curriculum in NSW nursing programs and the removal of clinical placement in a number of universities.

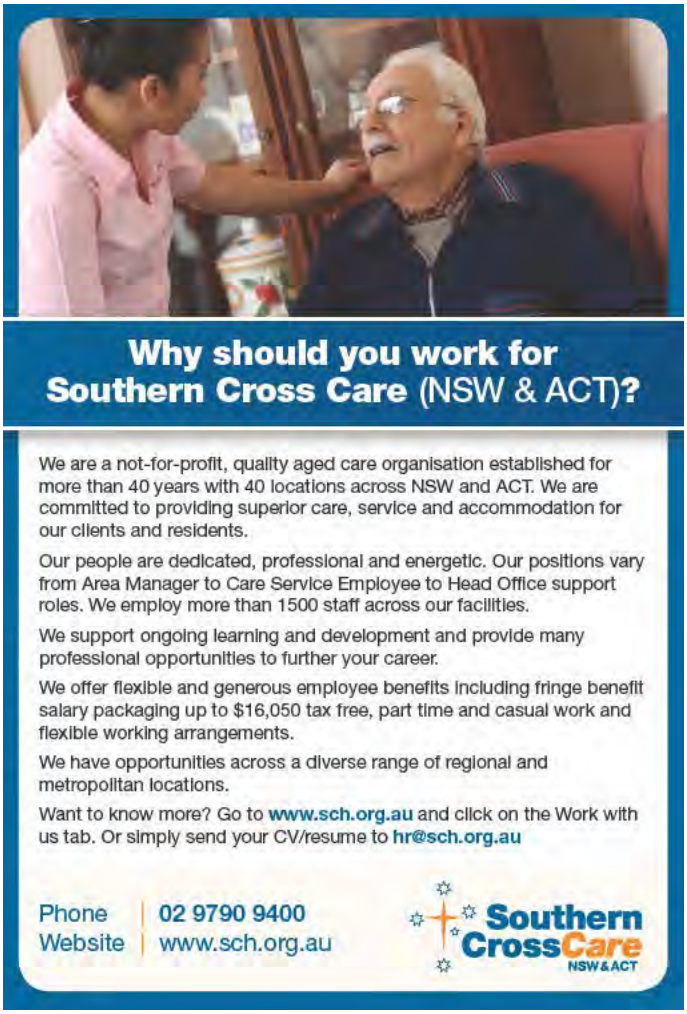
"Although work is currently in progress to try and increase placement in the disability field in NSW, in other states there may not be any content related to the person with intellectual/physical disabilities. Nurses in many places feel that they do not have a role to play regarding the health of people with disabilities, they believe wrongly that this area is covered by specialist nurses, this places the person with a disability at risk.

"Nurses make up the largest group of health professionals and yet the majority of them have no idea how to provide healthcare to someone who might have a disability (specifically intellectual disability)."

Goddard believes that the curriculum content in Australia needs to contain information specific to people with intellectual disabilities and tap into the knowledge that currently exists within the workforce.

"We need to harness the expertise of the current disability nurses before it completely disappears, then people with disabilities will receive the care they are entitled to," she says.

"We need to develop content to integrate into all curricula across Australia, however, it will take a number of years to actually see the outcomes of nurses graduating with the skills and knowledge. Therefore we need to respect, value and utlise the skills, knowledge and expertise while we still have it." ■



Keeping the mind & body busy


Immanuel Gardens men shed

Recreational activities such as walking and swimming are an important feature of Lutheran Community Care


Volunteer Elaine Hoey and Knitwit group members

A Queensland provider of aged care is ensuring residents remain positive and active by immersing them in a diverse range of recreational activities, hobbies and providing a medium for them to express personal interests.

With nine aged care services in south-east Queensland, Lutheran Community Care's (LCC) communities are filled with residents who are engaging in rich and meaningful experiences.

LCC also provides family and disability services and hospital chaplaincy services.

Vital for a positive ageing experience, the recreational programs are enhancing the quality of life and wellbeing for residents – getting them outdoors and keeping them active.

Residents are given the opportunity to join walking and swimming groups, a sewing club called Knitwits or a toymaking group that send items to underprivileged kids.

They also have the choice to embrace new technologies by using iPads or the digital storytelling platform Placestories or perhaps even perform in the Salem Lutheran Rest Homes rendition of *The Sound of Music*.

Twice a week, resident Ray Linton joins 21 other residents on a 500 metre walk through the Karawatha State Forest.

The Trinder Park Walking Group, registered with the Heart Foundation, has been conducting this walk for more than four years now, with residents loving the opportunity to be outdoors and breathing the fresh air.

"Vital for a positive ageing experience, the recreational programs are enhancing the quality of life and wellbeing for residents – getting them outdoors and keeping them active


Ninety three year old Grace Singleton now enjoys pool visits

"I love the exercise," said resident Ray Linton. "It is in very pleasant surroundings and many residents appreciate the social interaction as well."

A group of retirees from the Orana Lutheran Complex in Kingaroy are involved in a hydrotherapy program that uses water to help improve physical movement and function, as well as treat diseases such as arthritis.

Grace Singleton, a 93-year old resident who participates in the program lived by the water for most of her life but was too afraid to swim. "I felt scared of getting in but it was something to do and I thought I would try it after all," she said.

"It turned out good and I hung onto the railing. I have been twice now and I am beginning to feel more confident so I will try it again."

In collaboration between staff and residents, *The Sound of Music* will be performed by a cast of more than 40 people who are busy learning the famous lyrics and lines and creating colourful costumes before opening night in December. ■

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Visiting nurse feels 'privileged'

Noela Sorenson says working in the sector has broadened her perspective on life

A community service manager at Blue Care, Noela Sorenson, has reached a career milestone of 20 years or more continuous service, having first begun her career with the not-for-profit organisation as a registered nurse with its Redland Community Care in Brisbane.

"Twenty five years ago I was working as a nurse in an acute care hospital and had an opportunity to spend a day with a Blue Nurse," Sorenson said.

"What inspired me on that day was the trusted and privileged relationship I witnessed between the Blue Nurse and the clients she visited in the sanctum of their homes."

Having worked her way through the ranks at Redlands and then the Wynnum Community Care in Brisbane, where she became service manager in 2005, Sorenson is now at Blue Care's Central Support office at Toowong helping the team roll out strategic projects across the entire organisation. Blue Care offers services in Queensland and northern NSW.

"In my current role, I provide strong organisation-wide knowledge – specifically community services knowledge," Sorenson said.

Blue Care director of services (south-east) Cathy Thomas presents Blue Care Community Service manager Noela Sorensen (right) with her award at the Blue Care Staff Recognition Night

"Currently I am working with the Community Billing Project, which is changing the way clients pay for in-home services so that payment is more efficient and reliable."

Caring for the older generation has added "richness and a broadened perspective" into Sorenson's life. "They are our history, our wisdom, and in caring for them they have added richness and a broadened perspective into my life," she said.

"To share just a small part of their life's journey I see as an absolute privilege and by caring for them I hope that I have supported them to be the best that they can be and to age with good health, grace and dignity.

"It is truly an exciting time to work in the aged care industry and a nursing and or managerial career in aged care at this time is an opportunity in playing a critical role to respond to the community's changing needs and expectations."

Sorenson was one of 50 staff members honoured for reaching 20 years or more of service at Blue Care's Staff Recognition night, an event where Blue Care formally recognises dedicated employees who have delivered vital services in their local communities.

Anne Dunstone, the Community Billing Project manager describes Noela as her Jiminy Cricket, a reference to the wise little partner of the children's storybook character Pinocchio.

"[Noela] always makes sure the project is sensitive to and remains aware of our client's needs," Dunstone said "She ensures client care is never compromised with what we are delivering as a project." ■

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Tackling a ticklish topic

A leading continence nurse is heading to Asia to help advance treatment for the disabling condition

Incontinence is often a tough topic to talk about but one of Australia's leading nurses in this field has been talking about it for 30 years, and is now taking her knowledge and tips to Bali and China.


Jan Paterson

After decades of working as an advanced continence nurse specialist at Repatriation General Hospital in South Australia, Jan Paterson has decided to move to Bali where she can continue to make an impact.

She plans to assist in the development and setting up of a nurse-led clinic on incontinence, as well as running a periodic seminar focusing on incontinence and health for older people in Bali through co-operation with the Institute of Health Sciences in Bali (STIKES).

"I am hoping that the collaboration will increase the continence awareness and health for older persons for both professional health workers and consumers and health care ultilisation," Paterson said.

She said she became aware of the limited treatment options for incontinence sufferers when she began working in the field in 1984 as a research assistant on a project that related to incontinence following a stroke.

"I found people who were incontinent were desperate to talk about what it meant to them from a social and loss of self perspective," she said.

It was from this point that Paterson's interest in the topic escalated.

She made a major breakthrough in continence when she established the first multidisciplinary continence service in South Australia at Repat General Hospital and the creation of a suite of continence courses for nurses at Flinders University, Adelaide.

These key advances led to the development of the nursing specialist role of a continence nurse adviser, drawing international and national attention.

The repat hospital where Paterson worked for 15 years has paid tribute to her work calling her a "true pioneer" in her field of expertise. ■

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Better health, brighter life

A social way to recruit

Many employers are turning to the internet and its various networks to find the people they need. By **Kate Crawshaw**

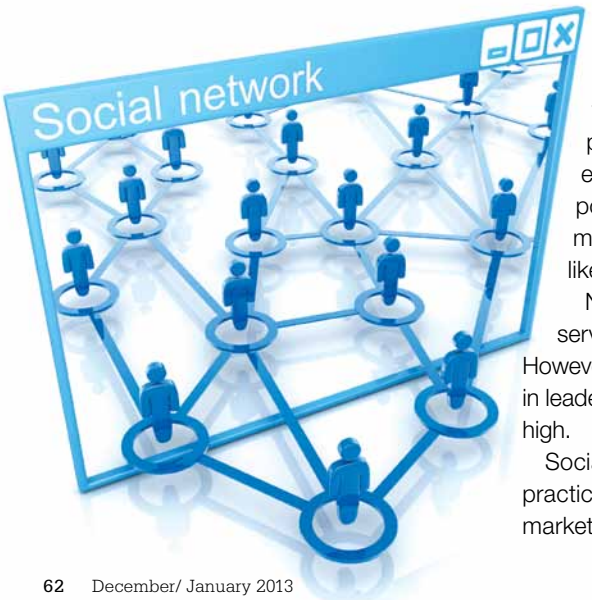
As the size of Australia's ageing population and demand for care increase, the already challenging task of finding qualified nurses to work in the sector is set to worsen.

Beneath the national economic implications and health industry impacts, the onus currently rests on employers to consider alternatives to traditional recruitment strategies that, a lot of the time, aren't working.

According to a Health Workforce Australia report released in May, an additional 20,000 nurses are required to fill current demands in aged care.

The Australian Bureau of Statistics predicts that by 2030, nearly a quarter of the Australian population will be older than 65 and that by 2050 one in 20 workers will be employed in aged care.

Aged care employers are clearly confronted with a tight labour market but also with all too common perceptions among Australian nurses that aged care is where careers go to die.



How will Australian aged care employers fill growing numbers of job vacancies over generations to come?

Sponsorship of foreign nationals can sometimes meet labour demands. The problem of attracting foreign nurses, sponsored for employment by local providers, is that it is expensive and comes with cultural, language and family relationship challenges which must be overcome for the person to remain in the country. Each has a cost and risk.

As any recruitment consultant will tell you, attracting staff from competing organisations is very difficult right now. With ongoing pessimism over job security, people are often not willing to take the risk of changing positions. Where there is not an existing bond of trust between the potential candidate and the company, moving to another provider is not likely.

Nursing agencies provide a critical service for short-term placements. However, for long-term staffing, particularly in leadership roles, the costs are generally high.

Social recruiting is an emerging practice that combines the disciplines of marketing and human resources. Unlike traditional "headhunting", practitioners link a careers microsite, designed for a particular candidate segment, to peer and industry networks through social media.

The company is able to appeal directly to candidates, provide a window into the real-world experience of the workplace using stories, imagery and video from existing staff. This last point is the most important because we trust the word of our peers more than we trust a company marketing message.

It is predicted that 89 per cent of companies will use social media in their recruitment activities this year. Yet, for many it will be an expensive and risky exercise delivering negligible results.

Strategy is essential

A well executed social recruiting strategy supports staff engagement and retention and provides rich data to improve business models.

A community based seniors' lifestyle and aged care provider, IRT Group, recently launched a social recruitment campaign, Work Life (www.irtworklife.org.au), targeting nurses and carers to meet the rising demand for its services.

The ability to challenge negative stereotypes about aged care as a career is a key thread in story of the campaign's

“It is predicted that 89 per cent of companies will use social media in their recruitment activities this year

content strategy. An upcoming Facebook quiz will reveal misconceptions to participants and gather data that, combined with social media and site analytics, will support not only HR and marketing activity but business strategy.

During the launch of the site, IRT chief executive Nieves Murray said the company wants to enable nurses to work close to home.

“We are always looking at new ways of attracting employees because aged care is one of the fastest growing industries in Australia,” said Murray.

“By using social media and the microsite to target communities where staff are needed, we aim to have people working within their own communities, which is a positive outcome.”

The Work Life campaign enables IRT employees to tell their peers, via their social networks, authentic stories about how both work and life can be rewarding in aged care. In turn, the company is able to obtain candidates who are suited to the role and workplace culture.

Understanding the context

The global struggle for the best talent is being fought out among 10 per cent of active job seekers. By focusing recruitment spend on traditional headhunting, job boards and advertising, the 90 per cent non-active segment is ignored, often leaving the best people for the job overlooked.

Social recruitment enables aged care employers to target the larger non-active segment (as well as those actively seeking a role), ensuring there is a level of trust and awareness about the organisation when a candidate is ready to make a move.

Before engaging in social recruiting activities, it’s important to develop an employer value proposition by understanding what drives a potential employee to consider your organisation. Searching for specific characteristics and nuances is crucial in figuring out what makes your target audience tick and developing content that will resonate with them.

Start with your first advocates – your staff. Ask them about how they found out about their role, what they enjoy about working for your organisation as well as how they network – both on and offline, for what purposes and through which channels. Identify the employees that are best placed to be part of your campaign and give them a role.

After all, which employee wouldn’t want to guide the recruitment of people they’d prefer to work with? And, faced with a range of companies seeking employees, which candidate wouldn’t be impressed by a provider that trusts its staff to tell the story?

Staff communicating online

Social media has blurred the boundaries of our personal and professional lives. As employees begin to have a more visible role as company representatives, even when they are talking to their personal networks, it is important to ensure that current employees are aware of what a social media policy means in real life.

Many employees are unaware of how social networks really work and how seemingly benign conversations may be in conflict with their employee code of conduct and other relevant policies. Education and consistent education is always fundamental to reputation management.

Measuring success

What gets measured gets results. To make an informed assessment on using social media to recruit, it is important to first understand what your current “cost per hire” is.

This includes the cost of advertising new positions, cost of HR staff, and the cost to fill roles with temporary agency staff while you seek new talent.

Define goals from the outset of your social recruitment program. These will help understand both the effectiveness of your strategy and where you can reduce spend in traditional channels over time.

Social media goals should not distract you from building genuine relationships with your future employees. A goal to reach a certain number of followers by a specific date should not be the focus, merely a forecast of influence. Ultimately, you are looking at how these activities can improve the speed in which you source candidates, improve the type of candidates you are attracting and reduce costs. ■

Kate Crawshaw is director, online engagement, at Ellis Jones.

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W&L education — health through knowledge

'Discover the most guarded secrets on how to improve funding, reduce expenses, pass validation and accreditation with flying colours and most importantly, improve resident outcomes in aged care facilities.'

The Aged Care Funding Instrument or 'ACFI' is specific to aged care facilities across Australia. All levels of staff in these facilities are involved in the provision of care and contribution to ACFI specific documentation at site level – Carers, Enrolled nurses, Registered nurses, and Allied health professionals alike. We commonly hear that staff have not received specific and/or in-depth training within this 'tool', which leads to frustration, ACFI claims being delayed or the information that is received from the floor is being affected. As a result Wellness & Lifestyles Australia has dedicated research, time and expertise in creating Australia's largest online portal of educational training for the ACFI and we are so confident with the product we – ***GUARANTEE RESULTS***.

The series of ACFI e-learning modules include the following:

- Keep your ACFI Funding
- ACFI Cognition and Behaviours Education
- ACFI Basics
- ACFI Appraisal Pack
- ACFI Business Rules and Planning
- ACFI Complex Health Care

Organisations benefit when all levels of staff are involved in ACFI Training and Education, these e-learning modules are specifically designed to provide examples on how to assist in ensuring maximal substantiation at validation, and providing relevant health care for aged care residents. W&L is endorsed by the RCNA and can allocate Continuous Nursing Education (CNE) points for these e-learning modules.

Options to purchase individual and/or corporate membership packages providing unlimited access to over 100 training materials all aged care related 24/7 7 days a week are available and for more information visit W&L Education website www.wleducation.com.au

For more information, please contact Stacey Kafkakis (Online Marketing Manager) on 08 8331 3000 or email at staceyk@wellnesslifestyles.com.au

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Deep clean with the power of steam

Maintaining high standards of cleanliness in the healthcare industry can be challenging, with aged care often proving particularly so. The special needs of patients, coupled with their increased susceptibility to infection, means using the best cleaning techniques is essential. Steam cleaning can be used by aged care providers to effectively deep clean and sanitise a wide range of surfaces throughout their facility. Operating at temperatures of 100 to 130 degrees, steam cleans deep below the surface of floors, walls, upholstery and other surfaces to effectively lift dirt and grime. There's no need for harsh chemicals either, a steam cleaner uses only pure water straight from the tap. Aged care providers can use a steam cleaner in virtually every part of their facility. Cleaning bathrooms is a breeze a steam cleaner can effectively tackle stubborn grime on floors, lift built up residue in showers and sinks and efficiently clean and sanitise toilets. Steam is great for deep cleaning resident's rooms as well. A steam cleaner can deep clean mattresses and bedding, clean curtains in place, clean and refresh upholstery and effortlessly lift dirt from all types of windows and flooring. Steam isn't limited to resident rooms though, it's also great for cleaning kitchens and common areas, presenting a clean and sanitary environment for your residents and their guests throughout your entire facility. Steam Australia, the leading supplier of steam cleaners in Australia, has a range of machines ideal for use in aged care facilities. From steam only machines starting at $649 up to top of the range industrial grade cleaning machines, there's a steam cleaner suitable for every type of aged care facility. "Our steam cleaners are quality, Italian made machines and there's really no other product like them in Australia" says Mark Rosenberg, Managing Director of Steam Australia "The high temperature steam effectively eliminates built up dirt and minimises the spread of infection, so these machines are ideal for aged care facilities where hygiene is of the greatest importance." Steam cleaning for aged care facilities means cleaner and more hygienic environments for residents, their guests and staff. **To learn more about steam cleaning or to purchase a machine visit www.steamaustralia.com.au or call 1300 79 50 50.**

HealthMetrics

INTELLIGENT SOLUTIONS FOR HEALTH & AGEING

Health Metrics provides technology and consulting services to the Health and Ageing sector. In addition, Health Metrics is a market leader in Validation, Accreditation and ACFI related consulting and education services. Further, Health Metrics is considered to be 'ahead of the curve' in terms of its ground breaking research & development as well as its industry based scenario modelling. Its flagship software system eCase supports all the functions of Residential Aged Care. eCase also has functional support for Community Care and ILUs. eCase is fully cloud enabled. This provides an option (affordability) for smaller providers who have little or no in-house computer equipment.

Running eCase means no complicated installation on local computers that need the program. Run it from the office, from home or the Bahamas! eCase is browser and device independent. Run it on any device; iPads, Androids, Smart Phones, etc. All you need is a browser (Safari, IE, Chrome, Firefox, etc.).

eCase Modules:

• Integration with all mainstream industry core financial systems. • Resident Management, ACFI Management, Surveys, Quality, Competencies. • Medicare B2B – fully on line with claim and payment reconciliation functionality. • Electronic Care: Registers, Progress Notes, Care Plans, Charts, Assessments ,Work Flow/Work Log. • Workflow alerts. • Business Intelligence Reporting • Community Care & ILU support. • Rosters • Medication Management & Medication Training (Mederev).

The eCase Single Client Record Architecture (SCRA) means that all client records (including care data) moves with the client, irrespective of their status, location or the services provided to them. Whether they're in their home (Community), in an ILU or in Residential Care, the eCase platform caters for their needs. Health Metrics can also provide specialised clinical training delivered by industry based experts. The services cover Aged Care Administration, Nursing, Medicare Funding, medication management and more.

For more information, call 1800 810 081 or visit www.healthmetrics.com.au or email enquiries@healthmetrics.com.au

Southern Cross Care (NSW & ACT) meeting local community need

As an EEO employer, Southern Cross Care (NSW & ACT) has a policy of equity and diversity in its employment practices. To this end, Southern Cross Care (NSW & ACT) engaged the services of The Replay Group, a Registered Training Organisation which facilitates an Indigenous employment project, providing traineeships in Certificate III in Aged Care and placing trainees within aged care organisations for work experience and further training. Southern Cross Care (NSW & ACT) currently employs seven trainees at facilities across metropolitan and regional NSW and ACT, with more to be employed in 2013. According to Kim Scott, Employer Recruitment Coordinator for The Replay Group, the program, funded by the Federal Government, creates a career pathway into aged care for Indigenous people. "Replay's Australian Centre for Workplace Learning delivers the Certificate III training. It is tailored specifically to meet the needs of Indigenous people," said Ms Scott. A staff member on site acts as the trainee's workplace learning mentor and also undertakes a two-day workshop with Replay. Karen Blackmore, Care Team Manager at Southern Cross Apartments in Greystanes says that the experience has been overwhelmingly positive. "Our trainee Janell is great. She is well trained, eager and willing to be up-skilled. I have been providing her with as many shifts as possible and as soon as there is a vacancy, I would like to make her permanent," said Ms Blackmore. Kathryn Williams, HR Manager, says that the program is part of an identified recruitment strategy driven by the communities where Southern Cross Care (NSW & ACT) facilities are located. "Southern Cross Care has a policy of merit-based selection and promotion for all its staff members," said Ms Williams. "We aim to employ staff who can best meet the individual needs of our clients," she added. **For more information about working for Southern Cross Care (NSW & ACT) contact Kathryn Williams, HR Manager on (02) 9790 9400.**

'Over 50s housing architects and building designers in Australia 2012' award

The De Nova Group was recently awarded this prestigious award for the second year running in recognition of their continued excellence in the provision of accommodation for the ageing. The De Nova Group was established in 1988 and is well respected in the building and construction industry as a leader in the design and development of aged care facilities throughout Victoria, New South Wales and Queensland. With more than two decades of experience designing and developing aged care facilities, we have now successfully had involvement with more than 400 such developments. These developments have included minor additions and refurbishments through to large complexes where a single site might include a multi-level aged care facility, day care, respite, dementia, high and low care, multi-level independent living apartments, and assisted living, to a value of $50M. Due to our level of expertise in this area we are in a position to undertake any proposal, whether it is a minor refurbishment right through to large scale staged complexes, from the preliminary design phase through to completion of construction. Our office is located in Melbourne however we have an extensive team of secondary consultants (planning and building) as well as builders throughout the three states with which we regularly work in conjunction with in delivering aged care facilities. We have completed many aged care facility projects in NSW and QLD. With continued daily exposure to the aged care industry via our specialist works we feel that we have an excellent understanding of the needs of operators, staff and the residents and their families. We speak with leading aged care providers on a regular basis and are constantly receiving feedback on all design as well as operational issues. We continually research new building communication and operational systems to ensure state of the art facilities. This information is very diverse as different operators have different expectations and experience different circumstances constantly. This places us in an excellent position to obtain select market research and in doing so incorporate this information into our future and current projects to ensure the best possible outcome for the operator.

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Depend on SKOPE for the best in commercial refrigeration

Ensuring quality commercial refrigeration is specified into new projects or refurbishments will not only help to guarantee the food and beverages freshness, flavour and quality, but also improve the kitchens productivity and energy efficiency. Christchurch based SKOPE Refrigeration design, manufacture and supply commercial refrigeration products for the hospitality, retail and healthcare sectors. The Irinox MF Plus Blast Chiller, distributed by SKOPE, has the ability to blast chill and shock freeze as well as the ability to low temperature cook, thaw, regenerate, pasteurise and even proof breads and pastries. Blast chilling quickly reduces the temperature of a product, retaining the quality, taste, volume, moisture and freshness of the food. The big advantage is that you don't have to be there, it will work for you 24 hours a day which enables better planning and less food wastage. The new low temperature cooking function enables the cooking cycle to be run during the night when the kitchen is closed so that in the morning the product is perfectly cooked and blast chilled. The food can then be ready exactly when required using the regeneration cycle. Another advantage of is that food safety and hygiene can also be precisely monitored. Irinox Blast Chillers remove the need to have food cooling on benches or having warm food sitting alongside cooler food in a conventional chiller. HACCP data recording figures can be downloaded and presented for food hygiene inspections. The Sanigen system means the entire interior of the cabinet is sanitised. SKOPE's partnership with Irinox (Blast Chillers & Shock Freezers) and MISA (Modular Cool Rooms) combined with its already extensive range of products such as the Pegasus and Centaur foodservice ranges and the Backbar and Counterline undercounter ranges topped off with the ability to customise enables SKOPE to offer the right commercial refrigeration for any situation.

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Our mission is to provide beautiful care facilities that are responsive to the needs of older people. Prospective residents are now more discerning than ever when choosing their new accommodation. As providers, architects and designers, we all share the responsibility for making quality homes sympathetic to our residents needs. Good design treats our older generation with respect so they may retain pride and dignity and embrace an active interest in their extended lives. Innovative yet sympathetic planning must improve the quality of care and the quality of life for residents. Designers must listen to individuals and carers who know, and whose lives are directly affected by our design decisions. There is a great deal of stress involved when our older generation moves into their new accommodation. Therefore, our designs need to reflect the values and attitudes of familiar social and physical environments they have come to expect.

Colour and light are the corner stones of good design and have a great psychological impact on us all so should be carefully considered from the beginning of the project or re-furbishing of an existing home. A variety of colours and furniture styles can be selected to remove the institutional look that is prevalent in many care facilities today.

Texture, fabric and artwork should be natural, interactive and reflect the feelings, comfort, age and interest of the generation whose lives it is a part of.

Glenda Roberts Interiors Pty Ltd has been instrumental in the development of more than thirty new Aged Care Interiors across Australia as well as many re-furbishing of existing facilities and has many happy clients and residents.

JAMIX food

Aged Care food service and dietary software solutions: Sundale

A new innovation in catering management for the aged care industry has reached Australian shores and is taking kitchens by storm one recipe card at a time. Sundale is a local community based not for profit residential aged care organisation focusing on the needs of the community by providing innovative high-tech solutions for its aged care customers across many sites. Sundale's focus is independence and well being. Jamix is working with aged care in Australia and Finland with software systems to teach food service operations how to cost effectively deliver food with nutrition and online stock management to track their business for cook fresh, satellite and production kitchens. On addition to Jamix reducing costs, waste and administration, Jamix through ingredients, recipes, menus and stock cards can improve productivity in the kitchen by documenting processes and food safety requirements. Gavin Tomlins, Sundale's Chief Information Officer, found the Jamix Food program as a versatile tool, quick to install and simple to use. The clever software makes browsing and maintaining recipe, menu and resident dietary data efficient and quick so that a range of vital information is readily available. This software provides the answer. The revolutionary Jamix system assists kitchens with what they call the "Food Cycle", from the basics of planning and managing ingredients, individual meals and menus, to major inventory control, online supplier orders, wastage and nutrition planning. Catering operations can utilise the system to cut costs and enhance efficiency in every area of their operation. **For more information, See www.jamix.com.au or contact Tomi Hamalainen, on mobile 0438 637 187 or email tomi@jamix.com.au**

New to Australia: Slippasox and Slipperettes

Plastics Australia now introduces the range of Slippasox and Slipperettes to the Australian market. Made to the highest standards, these clever easy fit slippers are designed with patient safety and comfort in mind. Slippasox – disposable foam slipper, latex free, non slip, machine washable, easy to fit. Ideal for showering or where wet conditions prevail. Perfect for incontinence patients. Three colour coded sizes are available. Slipperettes – Polyester patient slipper with non slip foam sole. Stretches for easy fit to all patients. Extremely comfortable suitable for oedema patients. Machine washable. Two colour coded sizes are available. These slippers have been designed to improve patient safety by reducing the instances of slips and falls particularly where damp or wet conditions exist. Both these products have been available through the NHS in the United Kingdom for many years and are testimony of their ability to improve patient safety and comfort.

For further information and to order your free sample, please contact Plastics Australia on 07 3266 1200 or email info@plasticsaust.com.au

As our care for the elderly continues to grow, so too does the demand for quality skilled aged care workers

Training and continuous improvement for the care and comfort of our precious elderly is important, and that training comes from quality trainers with industry experience. At Adept Training we pride ourselves on delivering education to support and encourage existing staff and create flexible and customised programs for our clients. A recent statement by Mark Butler, the minister for mental health and ageing said that by 2050 we expect 'more than one on 20 working Australians to be an aged care worker and we need these workers to be as highly skilled as possible'. (Aged Care Insite Oct/Nov 2012). Workforce development is imperative if we are to continuously accommodate and sustain our quality nursing and care workforce. We know that many of our highly experienced nurses are leaving as they reach retirement so ensuring this knowledge is not lost and planning to fill these gaps by supporting mentoring and coaching now is the key. Our aged care nursing programs are customised to suit new trainees who are unfamiliar with the environment and increase awareness and skills for those who are already in the role. Specialised skill set such as medication assistance, dementia awareness and wound recognition and management can be incorporated into training as well as supporting and fostering teamwork and further cooperation on the floor. Programs are nationally accredited and can be delivered on site or at our training facilities.

QUESTEK INTRODUCES AUSTRALIA'S FIRST WiFi NURSE CALL SYSTEM

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For over 30 years Questek have designed, manufactured and installed state of the art nurse call systems and have provided over 600 Aged Care Clients a system they can rely on. Questek recently introduced their new WiFi wireless nurse call system, a system that is based upon the 802.11 WiFi standards. This new technology changes the way nurse call systems will be installed worldwide and is an Australian innovation. With WiFi the possibilities are endless and installation is a breeze, wireless takes the headache out of installation and gives more flexibility than ever before.

Not only do Questek manufacture WiFi nurse call systems, they also supply and install:

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Questek supplies many of the industries most progressive Aged Care providers with their technology solutions.

For more information about Questek WiFi nurse call or associated systems please call or email Questek today.

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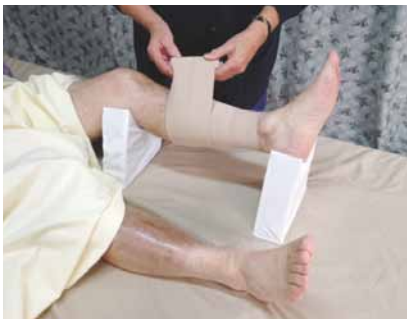

New Product – Leg/Arm Bandaging Supports – Heat Sealed

The Leg/Arm Bandaging Supports have been designed to take the weight of a leg or arm when bandages are applied. To hold a leg, place one Support under the back of the knee, and the other under the heel or ankle. To hold an arm, place one support under the upper arm and one under the wrist or hand. The firm foam has convolutions where the leg, ankle or heel, or upper arm and wrist or hand rests. This helps prevent too much pressure under the leg or arm. The heat sealed cover is easy to wipe clean for hospitals where infection control is very important. Ensure the leg or arm is supported correctly to prevent it from falling. Remember that on a soft bed mattress they may be unstable, although these Leg/Arm Bandaging Supports will only be used when a nurse is with the patient while wrapping the bandage in position, so the nurse will be able to keep the limb still if necessary. The item is designed for fitting a bandage to someone lying in a bed, which may be a better manual handling position for the carer than applying the bandage to someone in a chair, where the carer needs to bend over or kneel down. If bandaging the foot to the knee, place one support under the calf while bandaging the foot and then move it to under the heel to continue bandaging up the leg. **Price: $68 a pair**

Available from Pelican Manufacturing, FreeCall 1800 641 577, www.pelicanmanufacturing.com.au

Seniors part of the 'Smart Home' boom in Australia - 750 smart homes and counting!

NSW,QLD and VIC seniors have joined the Telecare 'Smart Home' revolution, with Feros Care LifeLink celebrating 750 installations since first being introduced early 2011. The popular and innovative Telecare technology (such as personal safety alarms, inactivity sensors, medication reminders and property exit [wandering] sensors linked to our 24 hour response centre) helps keep seniors in their own home for longer, safe and independent. Research shows that falls and medication errors are two significant causes of hospital admissions. With LifeLink's medication reminders the difficulty in remembering to take medication at the appropriate times of the day can be eased. A different medication reminder can be programmed for up to 6 times during the day. The reminder can be recorded by any member of the family, providing a familiar voice for seniors. This feature is particularly valuable for families whose loved ones have early onset dementia. Should the medication regime change, family members can easily use their mobile to change the message and/or time of the reminder. The smart home provides convenience and reassurance to the family, easily adapting to changing care needs of seniors. The LifeLink smart home medication reminder can also be supported by an alert to our 24/7 emergency response team. Families can choose an additional option whereby the response team will call the client or family member if the medication reminder is not acknowledged at the client's smart home. This may be appropriate if medication compliance warrants such high level monitoring. Feros Care CEO Jennene Buckley said Telecare technology is the way of the future when it comes to supporting the independence and safety of the senior community.

To set up your smart home call Feros Care LifeLink 1300 851 771 or www.lifelinkresponse.com.au.

Complete Stage 2 of the Kingston Centre Redevelopment

Silver Thomas Hanley has recently completed stage 2 of the Kingston Centre Redevelopment in partnership with Tectura Architects. This stage comprised 64 sub-acute inpatient beds, ambulatory care services, consulting and community rehabilitation services and a clinical research and education centre. The Kingston Centre is a 315 bed facility specialising in rehabilitation and function restoration for adults of all ages as well as providing aged residential care and aged mental health services. The $250 million redevelopment is being built in stages as funding is approved. The new facility features a number of patient centred care initiatives including single and double rooms each with individual ensuites providing dignity and privacy for clients. The interior design takes cues from nature and hospitality environments while landscaped courtyards and decks provide peaceful outlooks and activity spaces. Sustainable design was a key part of the design process, initiatives include: • Patient areas locations are to the north of the facility to enhance natural light and heating/cooling control of the building.
• Natural light is a feature of all patient areas.
• Patient access provided to protected outdoor gardens.
• Material selection emphasises environmentally sustainable design. The development is based upon a new 'model of care', promoting care for the elderly and encourages independence and therapy in a modern and active environment. The project was designed and delivered in partnership with Tectura Architects with **STH** responsible for the specialised health planning and fitout of the new facility. A leading Australian architectural practice, STH specialises solely in the design and delivery of innovative health care and residential care projects across Australia. Their experience covers all types of aged care developments including facilities providing:
• High and low care; • Respite care; • Residential care; • Serviced accommodation.
STH are currently undertaking a number of significant aged care projects including: • Several new facilities in Victoria, South Australian and Western Australia providing between 100 to 200 high care beds many being provided with added services; • Caulfield General Medical Centre Stage 3. **STH** have undertaken two earlier stages for this aged care facility that provides aged care rehabilitation, mental health and residential care. As evidence of their high reputation in the aged care industry, **STH** were recently invited to present their current portfolio and discuss current trends with the Singaporean Ministry of Health in Sydney.

Azure Blue Redcliffe

Merrin and Cranston are pleased to have partnered with Blue Care in the development and delivery of their newest Integrated Supported Living Environment, Azure Blue Redcliffe.
The multi-storey project sits atop a 12,700 square metre site in the heart of Redcliffe and includes a number of levels of supported living, from Independent through to fully supported.
The integrated nature of the site allows residents to live in the community at large, but also enables them to access care as necessary.
The Project provides residents with access to community facilities such as a heated pool, gymnasium and café, and underground secured parking.

Throughout the process, Merrin and Cranston were engaged to provide both Architectural and Interior Design services across the full range of accommodation options and community spaces.
An onsite commercial kitchen and laundry with all weather dock access also provides Blue Care with flexibility in the provision of services to this site.

For more information contact: **George Bellas, Merrin and Cranston Architects on 07 38403940 or email: george@merrincranston.com**

Joyce McSwan

MedRN

Medication Education for Nurses

The elderly are the largest users of medications

While the advance of medicine is making a significant contribution to the treatment and prevention of chronic disease and increasing life expectancy, medicines do have the potential to cause harm. The inappropriate use of medicines has negative health outcomes that can be costly and fatal. Using medicines in a safe and efficacious way promotes the National Medicines Policy in maintaining the quality use of medicines.

There is much evidence that clearly identifies the cost benefits of improving the use of medication by the elderly, particularly by residents in aged care facilities and those living in the community. Nurses are in a unique and important position for managing a patient's medication. Nurses can minimise the risk of medicines ensuring that health outcomes remain positive. Are you and your staff up-to-date with the current evidence on medication administration? Is it difficult to find the time to update your knowledge? MedRN is dedicated to improving the quality use of medicines through education. The founder of MedRN, Joyce McSwan, is an Accredited Consultant Pharmacist, with 15 years experience in hospital, community and Aged Care facilities. Ms McSwan and the team at MedRN are passionate about medication education with extensive experience in providing residential age care in-services and clinical consulting in all aspects of medication use. Ms McSwan says that "it's one thing to provide education, it is another to make that education translate to everyday practice". MedRN's tailored made medication management courses and personalised support is provided in a relevant way so that nurses can easily utilise the information and the patients benefit. Understanding the shift working nature of the nursing industry, webinars are available at a variety of times throughout the day making them accessible and affordable. The bi-monthly Lunch Table Talk Newsletter available through complimentary subscription to the MedRN website (www.medrn.com.au) also provides an ongoing communication with nurses about medication related issues. MedRN is making a significant contribution to medication knowledge amongst nursing staff and is consistent with the competency standards of the Age Care Standards and Accreditation Agency and the Nursing and Midwifery Board. Nursing staff who have attended MedRN's training are consistently satisfied by the service and the high standard of the information presented. "It has brought me up to date with the latest recommendations in crushing medicines, drug calculations and how to use new and old medicines safely and effectively. This is such a convenient way to learn and so relevant."

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- Hypoallergenic and latex free.

The HealBand Foam Dressings Range features a THREE layer construction which is perfect for wound healing. The layered construction of the dressing features 4mm soft absorbent polyurethane foam. The foam has a micro thin perforated skin contact layer with sealed edges which wont stick to wounds and allows the exudate to move away from the wound. HealBand foam dressings are backed by a breathable elastic waterproof polyurethane top layer which allows the skin to breathe but keeps the exudate in.

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AUSTRALIAN INSTITUTE OF FOOD SAFETY

The New Range of AIFS Online Food Safety Courses

The Australian Institute of Food Safety has recently introduced a new range of online food safety training courses with modules specifically designed for the Health & Community sector, including Aged Care facilities.

These courses have been designed to help organisations ensure they are complying with current legal requirements for food safety training within Australia. The laws apply to any business that prepares, stores, displays or serves food as part of their daily activities, and are of particular importance to those caring for the elderly.

Many aged care professionals may not realise it but food safety training is mandatory for almost any staff member that handles food in any way. And in most states in Australia it's a legal requirement that a minimum of one qualified Food Safety Supervisor is on staff at all times.

Online courses provided by the Australian Institute of Food Safety are Nationally Accredited and recognised throughout Australia. AIFS is also one of the only providers able to offer training designed specifically for the Health & Community sector.

For professional advice or to learn more about the new range of AIFS courses, call 1300 797 020 or visit www.foodsafety.com.au

techset furniture

TECHSET Commercial and Contract Furniture was established in 1990 and has become one of the leading suppliers of furniture, bedding, outdoor furniture, artwork and associated products to aged care facilities, nursing homes, over 50's Lifestyle Villages, Hospitals and Medical Centres.

TECHSET has provided furniture and fittings to numerous aged care and medical facilities throughout Australia and the Pacific. Techset can provide the complete package for your project or refurbishment.

Our representatives each have over 30 years experience in this specialised field and can assist with your every requirement. We also have an in-house interior decorator to liase with nursing staff and health care professionals to provide the utmost in comfortable and appropriate furniture for each individual project.

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ACC
Engage. Inform. Inspire.

Gaining strength from spirituality

A person's need to answer life's big questions can take the shape of religion and other pathways such as art or nature

All aged care workers should learn to be good listeners to help people face the spiritual tasks of ageing, says Elizabeth MacKinlay (pictured), director of the Centre for Ageing and Pastoral Care in Canberra. Spirituality, she says, is a search for ultimate meaning to life's biggest questions that includes the human need to make connections with realities beyond ourselves.

MacKinlay, author of a range of books including *Palliative Care, Ageing and Spirituality* and *Aging, Disability and Spirituality*, has developed a model of spirituality that describes the ways people find to express their search.

For many, religious beliefs and practices are a source of comfort, strength and hope. What's important to remember, says MacKinlay, is that "the search for life's meaning and the desire to connect with realities beyond ourselves is not just found in religion".

Model of spirituality

The model identifies that the spiritual dimension of our lives involves a search for ultimate meaning, and it can be found in relationships, the arts, the natural environment, as well as religion.

"It's really important to recognise that the parts of the model are all interconnected. They influence each other and are influenced by each other," MacKinlay says.

Spirituality is importantly experienced with the relationships with others – family, friends and carers. As we make contact with others, many are able to share and reminisce – finding spirituality in process.

For those patients with religious beliefs the relationship can be with God. Close relationship is about intimacy. Older people in care homes have often lost partners, loved ones and friends, so they crave a deep sense of connection with another.

Art, known for its creativity and expressiveness, can be used as a medium for people to find a sense of comfort, hope and joy by giving a sense of connection with a world beyond the everyday. Residents can take meaning from art, photos, photography books and more.

The world of nature can offer a similar sense, as well as be a source of emotional strength as aged care resident Gordon McDonald, found on an early morning walk in the Blue Mountains.

"I came to this place where there was absolutely no cigarette packets, no cans, and hardly any footprints – only mine," he said. "That's the sort of place I like; where you are at peace with the world."

The journey of ageing has its own set of challenges and not everyone wants to engage in spiritual tasks. However, as can be seen in the breadth of ways that these may be worked out, it can also be a time for reflection and acceptance.

"The opportunity to reflect on the past can lead us to address difficult questions about our lives and to make sense of what happened," MacKinlay said. "Why did we do the things we did? Would we do them again in the same situation?"

Confronted with such challenges, it is easy to realise that old age can be a time of hopelessness, anxiety and depression. And considering the epidemic levels of depression currently being reported in residential aged care facilities, it is not something that can be ignored.

MacKinlay believes that it is the responsibility of aged care workers to assist patients in their spiritual journey, helping them find meaning.

"Every member of staff should understand that spirituality care is as important as every other aspect of care. So if we're not meeting people's spiritual needs, it's just as if we're not meeting their clinical needs." ■

***Spirituality in Practice* will air on the Aged Care Channel on January 31.**

For all program information, go to:
www.agedcarechannel.com.au

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