Victorian Healthcare Association
Vision • Value • Voice

Submission

The impact of COVID-19 on the Victorian public aged care sector

3 September 2020

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About the Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the peak body supporting Victoria's public health services to deliver high quality care. Established in 1938, the VHA represents the Victorian public hospitals, registered community health services, multi-purpose services, and bush nursing services.

Public sector aged care in Victoria

The Victorian public health system is the largest provider of public sector residential aged care in Australia, with 178 public sector residential aged care services delivering approximately 10 per cent of operational places across Victoria. Run by small and rural hospitals as well as larger regional and metropolitan health services, public sector providers of residential aged care are often co-located with acute services. Over 89 per cent of all Victorian public sector residential facilities are in regional and rural and areas.

In addition to residential care, the state's hospitals and 28 registered community health services deliver Home Care Packages (HCP) and a significant proportion of the Commonwealth Home Support Program (CHSP) in Victoria. These organisations deliver community and home support services, allied health and nursing services and carer supports, providing tailored responses to the unique needs of the communities in which they operate.

Introduction

The VHA, on behalf of its members, is pleased to provide a submission to the Royal Commission into Aged Care Quality and Safety on the impact and response to the COVID-19 pandemic. Shaped by sector-wide consultations, this submission represents and reflects the views of Victorian public hospitals and registered community health services. This submission is presented across three sections:

- Section 1: The roles and responsibilities of State and Federal Governments and agencies
- Section 2: The experience of public sector residential aged care services in Victoria
- Section 3: The experience of public hospitals and community health services delivering community-based aged care in Victoria

Section 1: The roles and responsibilities of State and Federal Governments and agencies

The Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) (the Plan) outlines the roles of the Federal Department of Health, state and territory health departments and non-government parties (such as health professionals, aged care providers and peak bodies) in responding to COVID-19. Despite what is outlined in the Plan, services are grappling with the fragmentation of responsibilities across health and aged care sectors and between different layers of the government.

Given their unique positioning in the health system, the public aged care sector manages several State and Federal Government reporting requirements. As a result of this, the public aged care sector is receiving a considerable amount of information and directives from multiple sources across both state and federal government agencies.

The lack of coordination across state and federal agencies, particularly as it relates to the communications, is challenging services and creating a level of confusion around the responsibility of each agency, which directives take precedence, the currency of information and superseding directives. Further, federal correspondence has not been tailored to the needs of public sector providers of aged care or consider the existing requirements of these services at the state level to reduce duplication and contradictory messaging. It also lacks nuance to support regional, rural and remote services respond to the specific needs of their local contexts and communities.

Health, aged care and community health services have identified key learnings to inform future State and Federal Government communication outputs. These include that governments at state and federal levels prioritise dissemination of clear and timely information through a singular division or team, possibly through a centralised body such as the Victorian Aged Care Response Centre (VACRC). Establishing a singular channel for pandemic communications specific to aged care would eliminate duplication and confusion regarding authority of information and accelerate implementation of directives.

We support the objectives of the VACRC to ensure a more unified approach, reduce the impact of fragmentation and expand resources to tackle the challenge of COVID-19 in aged care services. The establishment of the VACRC offers many learnings to other states and territories, particularly the importance of putting these models in place sooner to pre-empt issues and engage early across sectors and settings.

Efforts of the VACRC are currently focused on responding to outbreaks in metropolitan Melbourne and supporting private aged care providers to meet the needs of their residents. Focus must also be directed to shifting from reactively responding to outbreaks to proactively engaging with the sector to implement prevention measures. This includes collating learnings from the metropolitan experience and understanding what implications this holds for regional and rural providers; where additional challenges will be experienced such as accessing the required workforce to respond to potential local outbreaks.

Further, many regional and rural services are yet to have contact with the VACRC. Others, which have reached out for support, have found the VACRC to be unresponsive; waiting days to receive a response and, in some cases, not receiving any response. Recognising that the VACRC is newly established, there are significant opportunities to strengthen and expand its remit to offer a holistic approach to the pandemic response.

Section 2: The experience of public sector residential aged care services in Victoria

Managing risks and maintaining person-centred care

Balancing the person-centred care needs of residents with the risks posed by the pandemic has been a significant challenge for services. There are a number of factors impacting on the mental health and quality of life for residents, including: fear and anxiety associated with contracting the virus; information in the media about the devastating impact of the virus in aged care settings; lack of access to loved ones; and decline in the number of volunteers available to support the social/interpersonal/emotional/recreational/lifestyle needs of residents.

Visitor access during the pandemic has been a complex issue to navigate for services. The situation continues to evolve however, many services have been guided by their residents and families, the community, and formal advice about how to best manage visitation arrangements. Services have implemented various mechanisms to solicit feedback and maintain open lines of communication with residents, families and staff including relying more heavily

on technology to facilitate engagement such as using SMS to communicate with families, and seeking input through resident surveys to support decision-making in the best interests of residents and address their decline in morale.

The aged care sector relies heavily on volunteers to bolster their workforce and meet the needs of older Australians. In response to the pandemic, to minimise transmission, abide by social distancing requirements and protect their health and safety, many volunteers have ceased their volunteering activities. This has had far reaching impacts for the wellbeing and quality of life of residents as well as the workforce which is now increasingly taking on responsibility for social and recreational services in a time where they are already under considerable pressure. Many services are working with their volunteers to maintain a level of engagement with residents including through technology however, there are concerns about the long-term impacts of social isolation and restricted access to social relationships and connections.

Measures implemented to respond to the pandemic

There has been a lot of negative media attention surrounding the transfer of COVID-19 positive residents to hospital. The interface between aged care and the acute health setting is complex and the decision to transfer a resident, whether it be during pandemic times or not, requires extensive consideration. The decision to transfer must balance the needs and wishes of residents and their families with the circumstances of the residential aged care facility and the risks associated with remaining in place or being transferred.

Some states have made the decision to transfer all COVID-19 positive residents to hospital. However, in Victoria the decision to transfer aged care residents to hospital is being made on a case-by-case basis. To facilitate this, in Victoria an important decision was made to pause all elective surgery across the state, except for Category 1 and urgent Category 2 surgeries, to create additional capacity within the health system.

What we have seen in metropolitan Melbourne is that older Victorians may be admitted to hospital for a variety of reasons from the community setting or a residential aged care facility during the pandemic, for both COVID and non-COVID-related conditions. Not only do these assessments influence the admission of older Victorians to hospital, they also influence the requirements regarding discharge. The VHA has previously called for the development of referral pathways to support decision-making across the health and aged care sectors. These learnings should also provide the foundation for arrangements in regional and rural areas of Victoria and other states and territories to ensure a clear and consistent approach to systems and planning at the health and aged care interface.

The public residential sector’s experience at the beginning of the outbreak was that a significant amount of resourcing, at both the state and federal level, was focused on preparing the acute setting to respond to the pandemic. The sector has reported a sense of being ‘on their own’ with many just ‘getting on’ with responding to the needs of their residents and communities. Many services reported that this required a renewed focus on partnerships and on building internal capacity and resilience by working collaboratively with other local services including health services, local councils, and community and volunteer organisations to test and implement pandemic response plans, share resources and information, and undertake shared decision-making.

Challenges and learnings: Responding to the COVID-19 pandemic

Personal protective equipment (PPE)

Commonwealth-funded, public sector residential aged care services have reported inconsistent supply and communication around PPE including in one case, a delivery of face shields from the Commonwealth with no explanation of who they were sent by, how long they were intended to last or who they were intended for until days afterwards.

The relationship between health services and public sector aged care services has supported early access to PPE and helped to safeguard supply. Public sector services report that this may not necessarily be the experience of the private sector. In some instances, public sector facilities and health services have been providing PPE to private services while they wait for supplies or when supplies have been exhausted.

Infrastructure

For public sector residential aged care providers, the outdated facilities and inflexible layout of some sites inhibits physical distancing and isolation to safeguard residents during the pandemic. The lack of infrastructure to adapt the physical environment is a major concern for public sector residential aged care services.

The impact of this has already played out across private aged care providers in metropolitan Melbourne where 360 residents, as at 10 August 2020, had been transferred to a public or private hospital in Victoria for non-clinical reasons; one of these reasons included the inability to isolate or cohort residents. There is considerable literature on best-practice approaches to reduce the spread of infections in residential aged care facilities. Many of these approaches relate to the physical environment and require considerable investment in capital redesign, expertise in engineering, and compliance with laws and regulations concerning ventilation, air conditioning and heating.

Prior to the pandemic outbreak, many public sector residential aged care services were struggling to obtain the capital improvement funds to upgrade their facilities. Under the current framework, it is the responsibility of aged care providers to fund construction, maintenance and upgrade works to aged care facilities through grants, operating revenues or Commonwealth subsidies and resident charges. However, state and territory aged care providers are not eligible for these Commonwealth capital grants, creating a significant disadvantage when compared with the non-government sector. This funding inequity has limited the ability of public sector providers to upgrade and modernise facilities aligned with community expectations.

Under pandemic conditions, the suitability of the physical environment is essential; not only as an infection control measure, but also for the psychological, emotional and social wellbeing of residents. Further consideration must be given to the long-term infrastructure needs and requirements of residential aged care facilities, including how to upgrade existing facilities to inform risk reduction and outbreak prevention for any future pandemics, infectious disease outbreaks or other emergencies.

Workforce training, skills and upskilling

While the clinical care needs of residents during a pandemic are unique, the experience across the private aged care sector in metropolitan Melbourne highlights the impact of well-established aged care workforce challenges. These include increasing casualisation of the workforce and the impact of a widening skills gap including in the speciality clinical area of gerontology.

There are also unique workforce challenges associated with the pandemic including: the impact of furloughing staff; the need to cohort staff and reduce the risk associated with employees working across multiple settings and services; increasing community transmission and subsequent transmission to the workforce; and balancing the needs of both the acute health and aged care workforces, with 3062 shifts covered in private sector aged care by health service staff as at 27 August 2020.

As at 2 September 2020, 3,206 healthcare workers in Victoria had tested positive to COVID-19. Maintaining staffing numbers while complying with frequent employee testing and isolation requirements following positive cases, is a major challenge for some services without reliance on external agency staff due to infection risk. For some health

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services, particularly smaller rural services, there are fears that a positive outbreak among staff would decimate their workforce and make regular service delivery unviable.

There have been key learnings for the aged care sector as they prepare their workforces for the pandemic response. These include the need:

- to look beyond the nursing and personal care attendant workforces to adequately prepare all staff including environmental, maintenance and food staff
- for short-term training and skills development in the existing workforce such as OH&S, hygiene, infection control and safe PPE use directly related to the pandemic
- for specific training to support staff to undertake early identification of COVID-19 positive residents as well as education regarding assessment, management, transfer options and infection control safety within the limits of respective scopes of practice
- to rapidly upskill redeployed staff and the surge workforce to gain the basic skills and knowledge relevant to the needs of aged care residents, with or without COVID-19
- for a long-term plan to upskill staff to utilise modern technology, telehealth and communication platforms, set up virtual connectivity between residents and families, and deliver high-quality telehealth and remote monitoring services
- for new roles in the residential aged care setting including concierge type functions and digital health professionals.

More broadly than the immediate upskilling of the aged care workforce, is the recognition that the pandemic response and increasingly complex needs of aged care residents necessitates a different type of skillset among both the clinical and nonclinical workforce. This skillset is underpinned not only by clinical knowledge and expertise in gerontology but by a different way of thinking about biopsychosocial requirements of older people, an aptitude for problem solving and greater recognition of the emotional intelligence needed to deliver truly person-centred care.

Considered reports such as the Aged Care Workforce Taskforce report, *A matter of care: Australia's aged care workforce strategy,*[1] offer a roadmap to tackle these workforce challenges. The recommendations made in the strategy will go a long way to bridging the gap between the current state of the aged care workforce and the desired state. If implemented, the recommendations could also have better positioned the sector to respond to the challenge of COVID-19.

While the sector has an important role to play to progress the strategy, it requires the support and focus of government to ensure the recommendations are fully implemented, monitored and reviewed at a system level. Further, many public health and aged care services across Victoria are implementing various initiatives to address identified gaps in the skills of the aged care workforce and strengthen the reputation of aged care.

[1] Aged Care Workforce Taskforce, *A matter of care: Australia's aged care workforce strategy*, available at: https://www.health.gov.au/resources/publications/a-matter-of-care-australias-aged-care-workforce-strategy

Case Study: Care of Older Persons Program

Recognising the gap in the upskilling of nursing staff and by acknowledging the speciality clinical area of gerontology, Beaufort and Skipton Health Service in partnership with Ballarat Health Service, has successfully implemented a Post Graduate Certificate in Clinical Nursing - Gerontology.

Through an affiliation with Australian Catholic University (ACU), the health services have provided a career pathway for nurses seeking to specialise in caring for the older person. Specifically focussing on Comprehensive Geriatric Assessments, complex health needs and biopsychosocial requirements, this qualification develops skills that deliver true consumer centred care.

Workforce sustainability and recovery

For public sector aged care providers, the challenges of delivering health and aged care in back-to-back crises this year has begun to take its toll on the workforce; these impacts are being most acutely felt in rural settings. At the beginning of March, health services and community health services reported initial adrenaline-fueled months of high performance and increased throughputs as the pandemic response was actioned across Victoria. Following the 'second wave' of COVID-19 in Victoria, these services are prioritising workforce resilience as they observe increased incidence of staff fatigue and mental health issues.

Health and community health services are now facing workforce issues across their workforces associated with staff furlough and illness with some leadership teams observing increased rates of leave uptake such as carer's leave relating to school closures. Other service leaders report high numbers of employees who have worked for months without a substantial break, leading to large amounts of accumulated leave and no backfill capacity to facilitate uptake.

Research is already emerging internationally regarding the immediate impact of COVID-19 on health workers, much of which focuses on psychosocial factors. To date there is little to no information or data on the impact of COVID-19 on the workforce in the Australian context. While there are several research studies planned or already underway, there needs to be investment to implement programs and policies based on the findings of this research to safeguard the long-term health and wellbeing of the health and aged care workforce.

Data and information requests

The sector is reporting a high level of data and information requests from multiple federal and state agencies including the Department of Health, the Department of Health and Human Services, the Aged Care Quality and Safety Commissioner, the VACRC, the Public Health Unit and the Australian Medical Assistance Teams.

These requests are uncoordinated, duplicative in nature and require data to be adapted into various formats. This is resulting in significant administration and resource burden for providers, particularly smaller services which do not have the level of administrative support and resources to redirect capacity to focus solely on responding to data and information requests.

While the sector does not dispute the need to share data and information, similar to the provision of information from various agencies to the sector, the collection of information and data must be streamlined and where possible shared across agencies to limit the burden on providers; which are already under considerable pressure responding to the changing needs of their residents and clients.

Stigma and negative sentiment towards the aged care sector

The aged care sector has faced unrelenting scrutiny for many years. The cumulative effects of multiple inquiries, a Royal Commission, and the recent experience in responding to the COVID-19 pandemic is likely to have far reaching consequences for the aged care sector; the impact of which are unlikely to be fully realised for many years to come.

While we cannot ignore the systemic shortcomings of the aged care system, the persistent negative media attention, political blame-shifting and clinical and corporate governance variability across the sector is raising significant concerns for the long-term future of the sector. The sector is particularly concerned about the stigma attached to working in aged care and its ability to attract and retain a skilled and high-quality workforce to continue to meet the needs of an increasingly complex cohort of older Australians.

It is incumbent on the whole system to take responsibility for ensuring the delivery of safe, high-quality aged care. However, the VHA is hopeful that the findings of the Royal Commission and the implementation of its recommendations will help to strengthen all aspects of the system and restore community confidence.

Section 3: The experience of public hospitals and community health services delivering community-based aged care in Victoria

Measures implemented to respond to the pandemic

Partnerships

Like the experience of public sector residential aged care services, formal and informal partnerships and strong relationships have emerged as key enablers to responding to the needs of clients in the community. Collaborative approaches are also strengthening local crisis planning responses and bolstering capacity to meet the needs of community-based clients.

Many health services and community health services are working collaboratively with a range of public and private organisations including with general practitioners, local councils, community groups and businesses to clarify and allocate roles and responsibilities to reduce duplication and increase reach. Clinical and non-clinical providers are also establishing case conferences to holistically respond to the needs of mutual clients.

A key barrier for collaboration is the funding model. The sustainability of these collaborations and approaches to partnership requires additional funding capacity. There is significant goodwill across the sector, in both pandemic and non-pandemic conditions, however in business as usual conditions these relationships are notoriously difficult to maintain. The sector is keen to maintain this approach to delivering services and supports in the 'new normal' but is concerned that these models are not sustainable and more needs to be done to understand the conditions for collaboration and partnerships, if they are to be fully embedded and leveraged.

Embedding changing models of care into practice

Many aged care providers have adapted services to new delivery mechanisms, including rapid scaling of digital health. Community health services and health services have been supporting community aged care clients by funding and accessing personal monitoring technology to help connect older people to their families, carers and social groups as well as to increase access to health care.

While virtual health and social care can offer more equitable access, services are reporting disparities in access by some clients particularly among vulnerable populations, those with limited digital literacy and access to technology. For these reasons, health services and community health services support post-pandemic application of digital health

as part of a hybrid model alongside in-person engagement to ensure that it is complimentary to existing services without compromising quality of care.

The Government's decision to enable services to utilise retained 2019-20 unspent Commonwealth Home Support Program funding to purchase up to $1,000 worth of personal monitoring technology for clients at home, was welcomed by the sector. What is not recognised in this flexible approach to retained funds are the additional costs and resourcing challenges associated with the transition and required to embed these models into practice. This includes the need to deliver education, training and ongoing support to clients to be able to effectively utilise the technology.

Supporting community-based clients through an increased focus on community outreach

The impact of the pandemic on the community is far-reaching and the full effect of the pandemic will not be known for some time. However, it is anticipated that the current demand for services is not reflective of actual need. There is significant unmet need across the system, largely driven by reduced access and deferral of care due to fear of contracting the virus in health and aged care settings. Many CHSP and HCP providers are reporting decreases in activity as clients cancel scheduled services or place services on hold indefinitely.

The public health and community health sector response to COVID-19 highlights the strong relationship the sector has with their communities as trusted authorities relied on to disseminate the latest information and mobilise the public to stay at home and the importance of following government directives. Across Victoria, health services and community health centres are prioritising community engagement efforts and increasing outreach to existing clients and vulnerable members of the community to ensure their ongoing health and wellbeing needs are met.

Challenges and learnings: Responding to the COVID-19 pandemic

Workforce

While a lot a focus has been given to the residential aged care workforce, there are unique workforce challenges facing community-based aged care providers. Providers are reporting concerns around staff availability particularly where staff work across community and residential aged care settings or for multiple brokerage agencies. The sector is also grappling with the increased requirements for training and supervision of a highly autonomous workforce working in largely uncontrolled environments.

Employers have implemented safe systems of work to ensure that the risks to workers are minimised when entering client homes. These measures include adapting supervision frameworks, tailoring risk assessment processes to adopt a pandemic lens, and rolling out training programs to increase familiarity with PPE and strengthen infection control procedures in the home setting.

Distribution of information and communication to the sector

Unlike residential aged care providers, early in the pandemic, community-based aged care providers reported a dearth of information. There appear to also be fewer issues related to duplication across federal and state communication, likely due to the clearer divide between state and federal responsibilities for community-based aged care.

The community sector has been experiencing some of the same challenges as residential aged care providers, for example issues related to deciphering the currency of information. However, they have also been experiencing unique challenges such as receiving information that is intended for residential aged care providers or receiving information adapted from the residential aged care setting that is not relevant to the community-based setting.

PPE

Services reported early challenges in accessing PPE for community-based aged care staff. While much of the focus has been on ensuring adequate supplies in the acute and residential aged care settings, there was less focus on the needs of community-based providers. Many services are reporting improved access to PPE through the national stockpile but report that there continues to be a level of nervousness about future supply, particularly as demand in the acute and residential settings continue to increase.

Worsening inequality in the community

The COVID-19 pandemic has emerged universally as a virus that exacerbates existing inequalities. Some health services and registered community health services are reporting an increase in the number of people in their communities seeking access to a range of social and health care services and supports including financial assistance, legal aid, and access to meals and groceries. One rural service has reported a doubling in demand for meals in their local community by older and vulnerable community members; from 500 meals to 1000 meals per week.

The underlying cause of the demand is multifaceted. Some services are reporting that financial hardship, caused by rising unemployment in the wider community, is increasingly limiting the capacity of some informal carers, friends and families to financially contribute to the care needs of the elderly. Further, reduced access to informal supports and social isolation measures, in some instances, are placing more pressure on formal services to fill the gap for care and social support.

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