Business Women of The Year

A massive congratulations to our very own Associate Professor Nicole Brooke, CEO of ACIA. Nicole was honoured with the achievement of Business Woman of the Year, through her local council.

Australian Community Industry Standard Exemplar

ACIA is wanting to recognise the outstanding achievements and dedication to the provision of care and services throughout the disability, aged care and community care sector.

ACIA Exemplar is an award that is assessed by an independent panel to consider organisations that have been undertaken certification against ACIS in the past 6 months, along with supplementary evidence, to be recognised for the next 3 years as having exemplar status. This is an example of a top star achievement in ACIS.

If you would like more information please email us at contact@acia.net.au.

Policy for Special Consideration

As you would remember us telling you that ACIA has replaced its progress monitoring policy as it was limited in its scope to develop a Policy for Special Consideration. We have worked with the ACIS Certifying Bodies (Global Mark, BSI and Community Audits Australia) to develop a risk based process for any special considerations that you may have. These may include but are not limited:

- Moving out your surveillance audit to mat your NDIS midterm;
- Moving out your certification to meet your NDIS certification; and
- Reviewing the time period on transitioning to ACIS 4.0.

If you would like more information please email us at contact@acia.net.au.

Upcoming Tenders

As you are aware the iCare and MAIB tenders are coming out very soon. If you need help to ensure that you have maintained or need to be credentialed against ACIS please reach out to us to given you as much time as possible.

Approved Case Managers for Lifetime care has been advertised on NSW e-tendering if you're interested. eTendering - View Scheme - SCM11991 (nsw.gov.au).

Current Focus
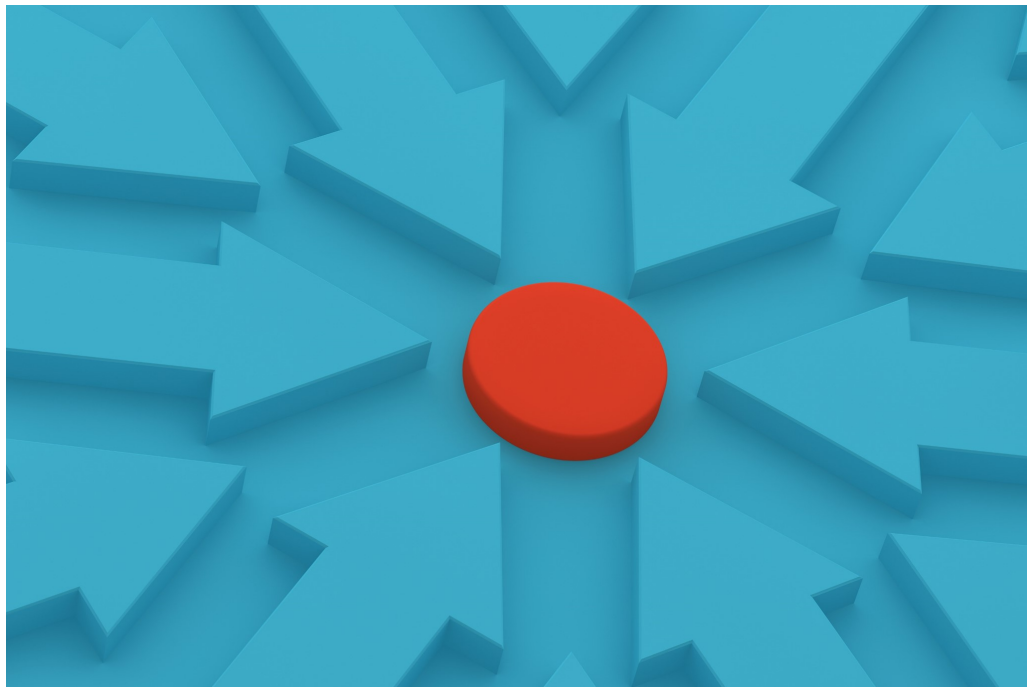
We are in the process of reviewing all our External ACIA Guidelines. If you would like to contribute or review these, please get in touch with us asap at contact@acia.net.au. We will look to put these along with template forms on the members portal as we work to release our new website.

ACIS 2018 - Review

A few statistics:

· You are statistically more likely to get a non conformity during a certification than at surveillance;
· Majority of non conformities are in operational management (governance) and complex physical support;
· The single biggest non conformity in resource management / workforce.

We thought we would start to share some examples across the ACIS 2018 standards of constitutes based on the auditors evidence in reports; best practice examples and non conformities. We will hold a forum soon to go through these findings in more detail. The strengths are represented by reports with 3's as outcomes. The Gaps are trends in non-conformities with 1's and 2's.The trends from the reports include:

- **Rights and Responsibilities**
  - Strengths
    - Strong safeguarding practices with clear and well implemented reporting and escalation particularly on abuse, neglect, exploitation and other such adverse events.
    - Person centred care approaches
    - Diversity is actively supported and implemented with partnership with advocates
    - Strong engagement and individualised processes in the clients community.
    - Wellness and enablement processes are fundamental to client engagement.
    - Dignity of risk is embedded in processes to support safe and risk management processes.
  - Gaps
    - Dignity of Risk
    - Opt out processes not included in agreements.
    - Lack of engagement of clients in goal setting and service delivery
- **Organisational Management**
  - Strengths
    - Governing body is actively engaged in business processes, strategic leadership and have strong skills mix evident;
    - Strong governance model in place with evidence of engaged discussion across the business;
    - People of all abilities are engaged from all aspects and levels of the organisation to inform, and contribute to, the governance of the organisation.
    - Risk management system is robust and includes disaster preparedness including simulations of scenarios to manage risk with well planned response ad accountability.
    - Strong accountability and delegation of authority is documented, reviewed and implemented with supervision.
    - Strong clinical governance framework with clear escalation and accountability including transparency of information and trends.
    - Strategic planning and governance engages the client and key stakeholders efficiently and effectively.
    - Conflict of interest is well defined and in practice.
    - Complaint process is proactive and well engaged in clients needs.
    - Policies are accessible, easily interpreted and transparent.
  - Gaps
    - Continuous improvement plans don't reference trends and themes in issues and feedback, nor do they have reasonable actions and evaluation against each.
    - Staff compliance against knowledge of policies and practices was not documented and followed up to ensure understanding.
    - Client feedback hasn't contributed to continuous improvement initiatives (and not indicated as relevant where appropriate to governing body).
    - Complaint register didn't register all complaints nor action these in a reasonable and appropriate manner.
    - Risk management is not reflective of whole of business risks; nor is it current to business, client, clinical and legislation risks.
    - Subcontractor and volunteer management not considered in business risk management and quality management processes; including training records and mandatory checks.
    - Gaps in documentation and record keeping in staff, subcontractor and volunteer files.
    - Governance body lacks timely and accurate information on risks, incidents, complaints and quality management trends.
    - Internal audit systems does not reflect whole of business and current needs of the organisation.
    - Mandatory reporting not undertaken.
    - Policies not reflective of current legislation and guidelines.
    - Systems and change not implemented or used in line with policy and with resourcing to ensure success.

Education

ACIA would like to know what future education you would like, and what times suit you best to run these? Please email contact@acia.net.au and let us know. We are considering ones on governance, clinical governance, benchmarking.

Department of social and services are running a webinars for providers:

Broadening your talent pool – June 2022 - A great session for all roles involved in the hiring process – discussing innovative tactics to approach talent differently. In this session we will interview a proactive sector employer and understand their recruitment approach. Webinar series - Care & Support Sector Webinar Series (cvent.com).

Aged and Community Services Australia has their Annual Conference online and in Canberra 3-5th May. 2022 ACSA National Summit (acsasummit.com.au).

Position Vacancy

A beautiful disability provider in NSW, based in Penrith called 365 Care is looking for a person to lead their quality initiatives. There is flexibility in the role and working with an enthusiastic team.

The role entails monitor, review and managing compliance systems to ensure staff are delivering exceptional care in line with 365 Care Policy and Procedures.

1. Ensure 365 Care is compliant and audit ready
2. Educated team delivering excellent services.
3. Ensure the health, safety and wellbeing of all staff and clients.

Please email John on john@365care.com.au.

Where is ACIA influencing your issues?
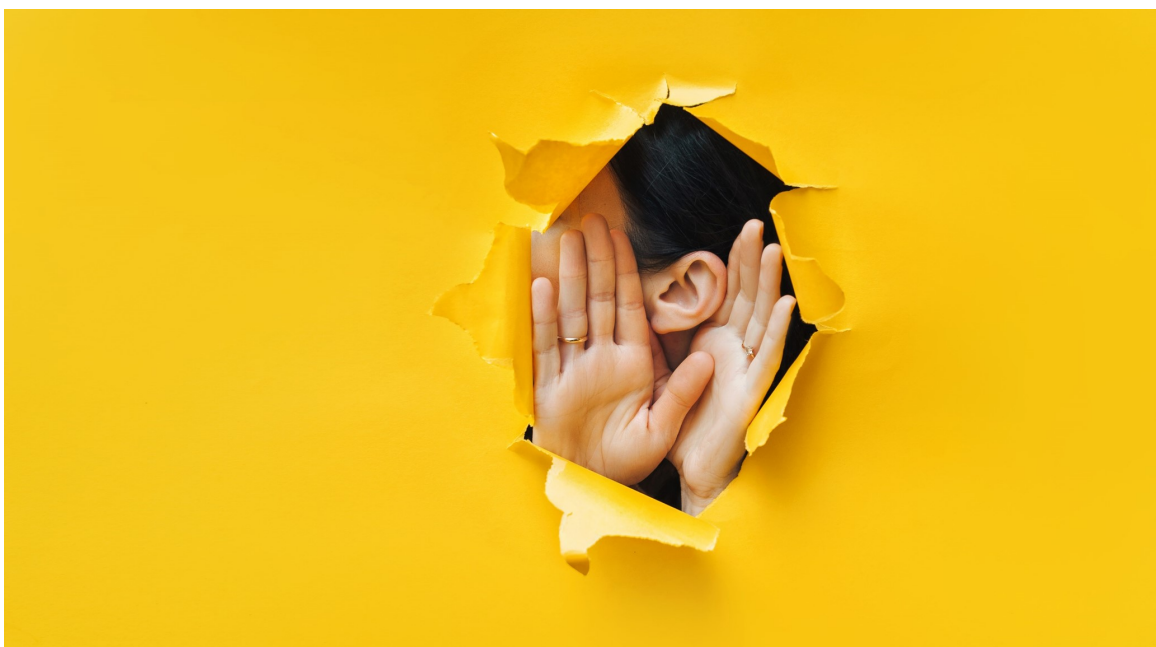
We are on a number of federal consultative committees to represent your voice. If you are having concerns or would like to share your ideas please reach out to us. Committees we are on this last month include;

· ACIS Training Sessions (we are planning another one shortly)
· ACIS Meetings with Providers
· Partnership meeting with University of Canberra
· Aged Care COVID Response Meeting
· Australian College of Nursing – Expert Aged Care Meeting
· National Aged Care Alliance – Governance Meetings
· iCare Meetings
· MAIB Meetings
· Meeting with NDIS Commissioner
· JAS-ANZ Meeting
· Progression of Enabler Interactive Online App for Disability education
· Home Care Quality Assurance Reference Group
· Support at Home Regulation Meeting

Submissions
· ACIS 2018 Review
· Participant Risk Overview for NDIS
· Aged Care Data Improvement Consultation
· Women's Leadership and Development - for women with disabilities
· Senate Response on Current Scheme and Forecasting for the NDIS

We are meeting with the NDIS Commissioner at a roundtable forum next week to discuss registration groups both now and into the future if you have any feedback, please send by 20th March 2022.

Aged Care News

The Pilot of New Aged Care Quality Indicators and Benchmarking in addition to the current ones, commences on 21st March 2022. Further information can be found at - Development of National Aged Care Quality Indicators (pwc.com.au).

RACFs are still need to manage COVID restrictions. Please escalate to the Department of Health if you are not receiving adequate supplies of PPE and testing.

Support at Home Consultations are underway. Consultation on fee-for service payments, set prices for service types, real time payment platform, flexible funding pool and viability grants. Also consultation starts in May 2022 for goods, equipment, assistive technology and home modifications. Here are some key slides from the NACA presentation:

Service category	Service types	Sub-categories	Service available in			Potential new service types
			CHSP	HCP	STRC	
1 Independence at Home	Domestic assistance	General house cleaning, Linen services, Shopping delivery	✓	✓	✓	
	Home maintenance	Gardening	✓	✓	✓	
		Maintenance and repairs				
	Meals	Meal delivery	✓	✓	✓	
		Meal preparation				
	Digital monitoring, education, and support	Digital remote monitoring				NEW – proposed service type to enable remote monitoring
		Digital education and support services				
2 Social Connections	Social support	Visiting in person Accompanied shopping	✓	✓	✓	
		Accompanied attendance at appointments & social engagements				
		Group social activities				
	Transport	Direct Transport (driver and car provided) Indirect Transport (supported though supply of taxi vouchers)	✓	✓	✓	
3 Personal Care	Personal care	Assistance with self-care	✓	✓	✓	
		Assistance with client self-administration of medications				
	Nursing	Nursing - high care	✓	✓	✓	
		Nursing - standard				

Service category	Service types	Sub-categories	Service available in			Potential new service types
			CHSP	HCP	STRC	
4 **Health and Specialised Support**	Allied health	Aboriginal and Torres Strait Islander Health Worker, Diversional Therapist, Exercise Physiologist, Dietitian, Occupational Therapist, Physiotherapist, Podiatrist, Social Worker, Speech Pathologist, Audiologist, Pharmacist, Psychologist, Assistants in Allied Health	✓	✓	✓	
	Specialised supports	Continence advisory services				NEW – All specialised supports now available to all eligible home care consumers
		Specialist behavioural intervention support Psychosocial recovery coaching				
		Vision and hearing services				
		Sign language and interpreting supports	✓			
	Assistance with care and housing	Squalor and hoarding supports	✓			
5 **Care Management**	Care management	Coordination				NEW – Quarantined funding for care management
		Clinical oversight		✓	✓	

Service category	Service types	Sub-categories	Service available in			Potential new service types
			CHSP	HCP	STRC	
6 **Digital technologies, equipment, and home modifications**	Digital technologies	Digital technology				NEW – digital technologies
	Goods, equipment and assistive technologies (non-digital)	Short term and ongoing support through supply of equipment and aids to assist with mobility, communication, reading and personal care.	✓	✓	✓	
	Home modifications		✓	✓	✓	
	Respite	In-home respite (day and overnight), community and centre based respite, host family respite, cottage based respite.	✓	✓	✓	
7 **Respite Care**	Residential respite					

Home Care Workforce Support program update - $91 million grant program to support home care providers to attract, train and retain the workers they need to provide quality aged care services. There will be a grant awarded for each state and territory (with NSW and ACT combined) and a grant which will focus on growing the Aboriginal and Torres Strait Islander workforce. The Department anticipates the program will commence in March 2022. An independent evaluator has been contracted to undertake an ongoing evaluation of the program, which will be conducted from the first year to ensure that lessons learned are quickly adopted by grant recipients.

Overseas aged care workers update - In January 2022, the Government announced that it would continue to allow student visa holders to work unlimited hours in the aged care sector. In September 2021, two tranches of aged care workers, including personal care workers and cooks, arrived from the Pacific through the Pacific Labour Scheme. A webinar for rural and regional providers was held in December 2021 to promote further uptake of the Scheme. Work is underway to support aged care providers to utilise labour agreements to bring in workers from overseas where they are unable to recruit domestically. Webinars on skilled visa options have been scheduled for 28 February and 3 March 2022.

Payment reward to Registered Nurses - Estimated that 20,000 registered nurses will benefit from this support. Core payments of up to $3700 are available, with part-time and casual registered nurses eligible for payment on a pro rata basis. Nurses may also access an additional payment of up to $2,300 for full-time employees who work in regional/remote communities, hold a relevant postgraduate qualification or take on additional responsibilities. Aged care providers are responsible for lodging applications and passing on payments to their employees, with applications expected to open on 1 November 2022.

Rapid Response Initiative - In December 2021, the Human Services Skills Organisation (HSSO) launched the Aged Care Workforce Rapid Response Platform in partnership with the Department of Health. This platform is aims to connect students undertaking a Certificate III in Individual Support (Ageing) who need to complete their work placement, and are available to undertake personal care work, with aged care providers who urgently need staff. Providers using the platform are expected to pay students while they undertake their placement. This will support students to complete their qualification and help providers find additional workforce to help manage through the COVID-19 epidemic as well as secure a future pipeline of skilled personal care workers. More information on the initiative can be found on the HSSO website at: https://hsso.org.au/project/view/aged-care-workforce-rapid-response-initiative/.
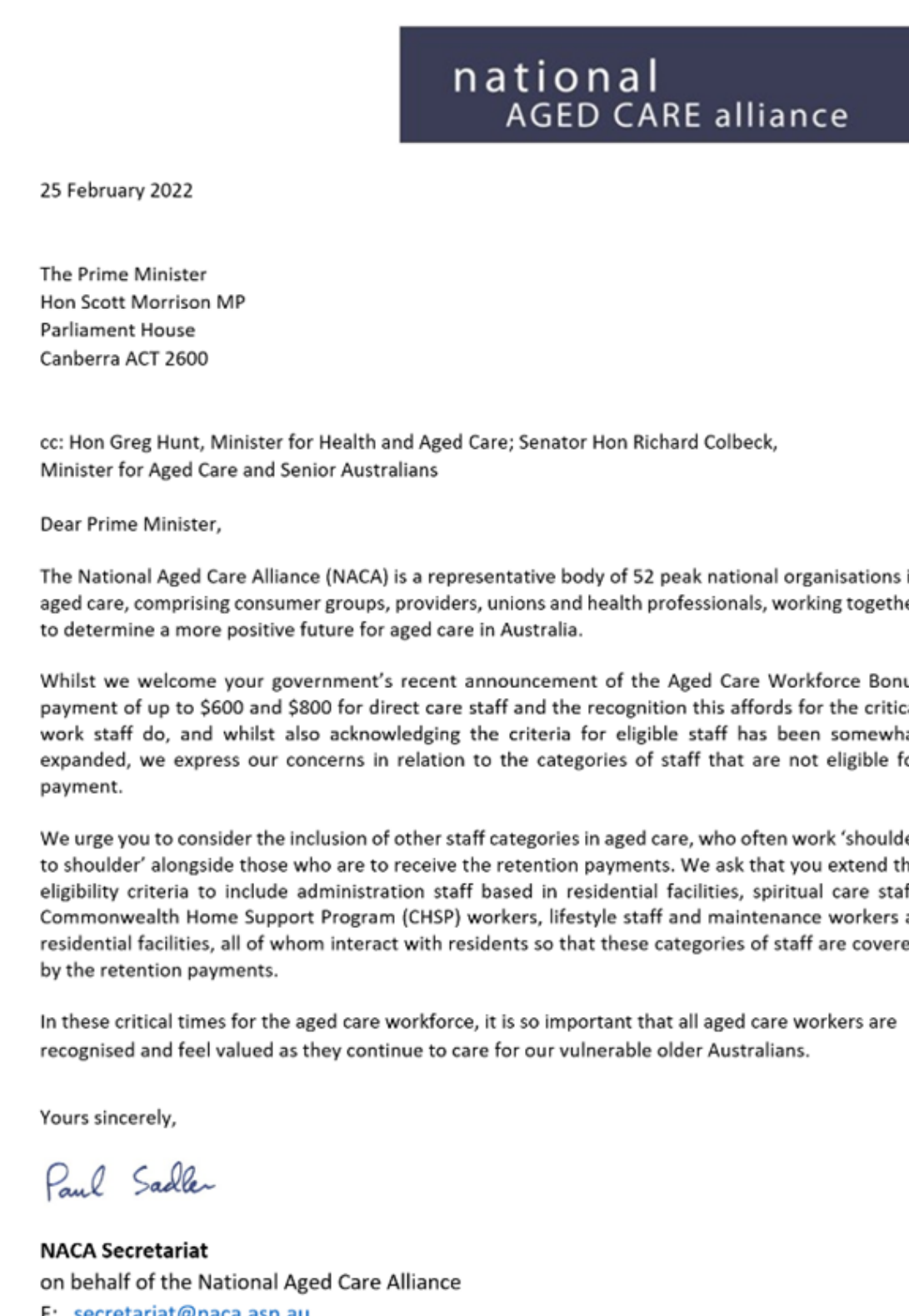
Dementia and palliative Care training - In the 2021-22 Budget, $49.4 million has been provided to increase dementia and palliative care training. This includes: advanced dementia training for up to 3,200 personal care workers, the establishment of up to 60 dementia care Communities of Practice, training for an additional 1,000 GP and GP registrars per year, and training for aged care staff in palliative care. The dementia and palliative care training is expected to commence by mid-2022.

AN-ACC funding will apply to all permanent aged care residents when it replaces ACFi on 1st October 2022. Currently 68% of residents have been assessed using AN-ACC during the shadow assessment period, however many will require reviews of these.

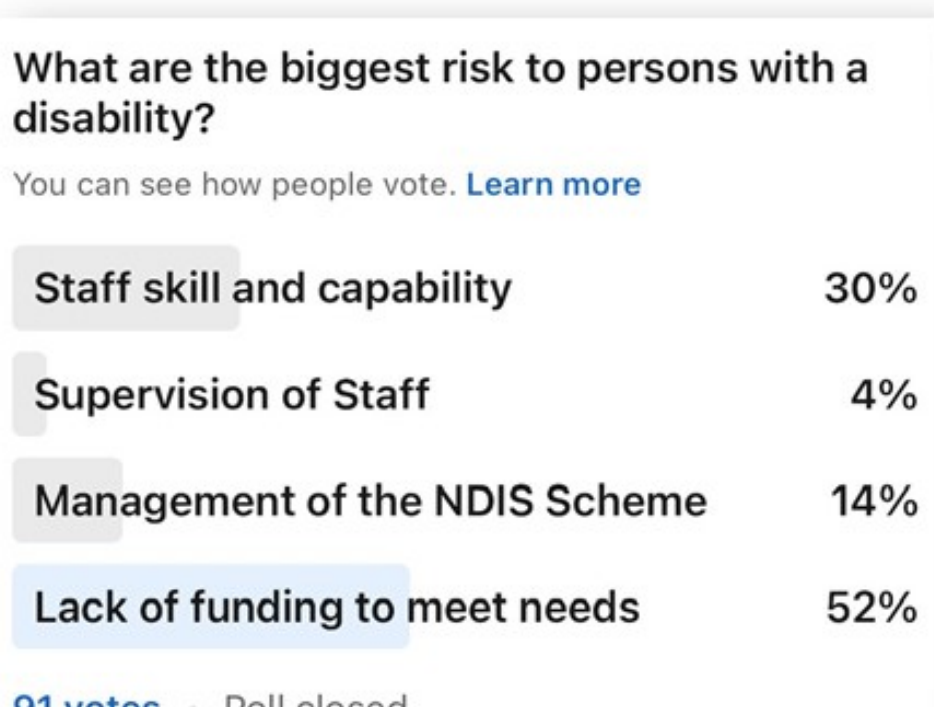Psychotropic Medication Usage by Dr Breen stated recent research has found that:

- 22% of residents are using psychotropic medications in RACFs;
- There does not seem to have been much of a change since these requirements were introduced;
- 41% of residents in RACFs are prescribed nine or more medications.

NACA has sent this letter with the endorsement of ACIA:

25 February 2022

The Prime Minister
Hon Scott Morrison MP
Parliament House
Canberra ACT 2600

cc: Hon Greg Hunt, Minister for Health and Aged Care; Senator Hon Richard Colbeck, Minister for Aged Care and Senior Australians

Dear Prime Minister,

The National Aged Care Alliance (NACA) is a representative body of 52 peak national organisations in aged care, comprising consumer groups, providers, unions and health professionals, working together to determine a more positive future for aged care in Australia.

Whilst we welcome your government's recent announcement of the Aged Care Workforce Bonus payment of up to $600 and $800 for direct care staff and the recognition this affords for the critical work staff do, and whilst also acknowledging the criteria for eligible staff has been somewhat expanded, we express our concerns in relation to the categories of staff that are not eligible for payment.

We urge you to consider the inclusion of other staff categories in aged care, who often work 'shoulder to shoulder' alongside those who are to receive the retention payments. We ask that you extend the eligibility criteria to include administration staff based in residential facilities, spiritual care staff, Commonwealth Home Support Program (CHSP) workers, lifestyle staff and maintenance workers at residential facilities, all of whom interact with residents so that these categories of staff are covered by the retention payments.

In these critical times for the aged care workforce, it is so important that all aged care workers are recognised and feel valued as they continue to care for our vulnerable older Australians.

Yours sincerely,

Paul Sadler

NACA Secretariat
on behalf of the National Aged Care Alliance
E: secretariat@naca.asn.au

Disability & NDIS News

We asked on ACIA LinkedIn what the biggest risk to persons with a disability is?

What are the biggest risk to persons with a disability?

You can see how people vote. **Learn more**

Staff skill and capability	30%
Supervision of Staff	4%
Management of the NDIS Scheme	14%
Lack of funding to meet needs	52%

91 votes · Poll closed

The NSW and Commonwealth governments (Landmark agreement begins a new era for mental health care in NSW | Health Portfolio Ministers) have signed a new bilateral agreement on mental health and suicide prevention. The agreement includes a $385 million investment in mental health and suicide prevention support and services in NSW.

Funding includes:

- $121.3 million for universal aftercare services in New South Wales to support individuals following a suicide attempt and / or suicidal crisis.
- $106.1 million will be invested into headspace to substantially expand and enhance services, ensuring it can reach more young people across the state.
- $84.5 million to establish 14 new adult Head to Health treatment centres, including five new centres and nine satellite centres across the state.
- $35.9 million to establish Head to Health Kids Hubs to improve access to multidisciplinary team care for children
- $15.7 million to improve perinatal mental health screening and enhance capture and reporting of national consistent perinatal mental health data.
- $14.7 million to ensure all people in New South Wales who are bereaved or impacted by suicide can access postvention support services.
- $4.9 million to implement a Distress Intervention Trial Program to prevent and reduce suicidal behaviour.

Royal commission in Disability Update:

- Women with disabilities are particularly at risk of experience financial abuse, having basic needs like food withheld, and insults that make them feel ashamed and humiliated.

COVID-19 Update

NDIS continues to issue regular Disability alerts - Publications | Australian Government Department of Health:

- Latest recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI) on booster doses.
- Guidance on vaccination after testing positive to COVID-19.
- An update on the booster in-reach program.
- Updates from the NDIA on claiming for RATs and meal preparation and delivery support.
- Booster mandates for disability workers.
- Assistance pathways available to people with disability and their support networks, including via the National Coronavirus and COVID-19 Vaccine Helpline (phone 1800 020 080) and the Disability Gateway.
- Easy-read resources from the Department of Health on COVID-19 vaccination and emergency planning and testing.
- Advice from ATAGI regarding same day administration of the influenza and COVID-19 vaccinations.
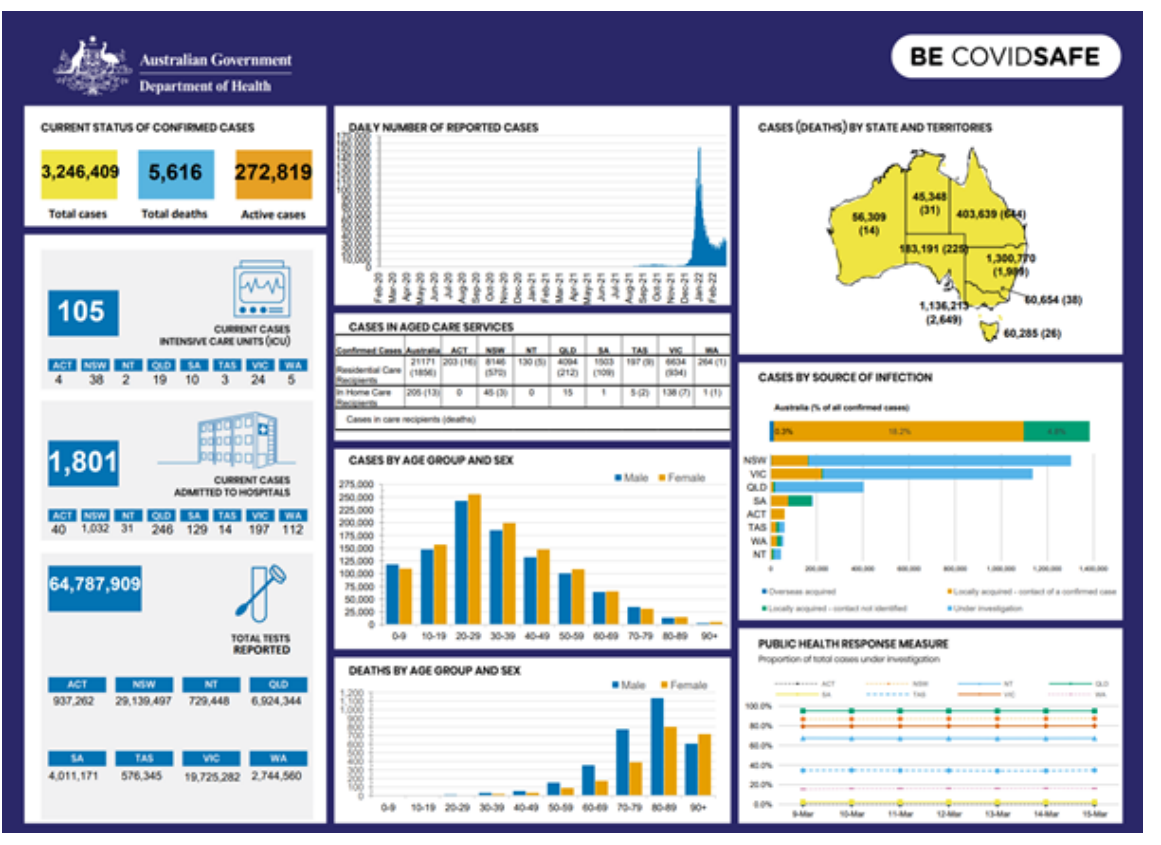

As at 10th March there are 1,410 COVID cases in 272 active outbreaks in residential aged care, of these 639 are aged care staff. COVID-19 outbreaks in Australian residential aged care facilities (health.gov.au).

Table 1: Aged Care COVID-19 data as at 8.00pm 10 March 2022[1]

Active outbreaks	272
Resident cases – total cases associated with active outbreaks	1,578
Resident cases – total cases currently active (total cases minus recovered cases and deceased)	771
Staff cases – total cases associated with current active outbreaks	1,413
Staff cases – total cases currently active (total cases minus recovered cases and deceased, noting no deaths recorded to date)	639
Total number of deaths since the start of the pandemic	1,844
Total number of residential aged care facilities that have had an outbreak - Cumulative total since the beginning of the pandemic	2,185
Total number of outbreaks at residential aged care facilities – Cumulative total since the beginning of the pandemic	2,870
Resident cases – Cumulative total since the beginning of the pandemic	20,728
Staff cases - Cumulative total since the beginning of the pandemic	23,331

If you remain confused about the current national testing and isolation protocols - COVID-19 Test, Trace, Isolate, Quarantine (TTIQ) National Protocols (health.gov.au), we thought we would help so you can check your policies and procedures.
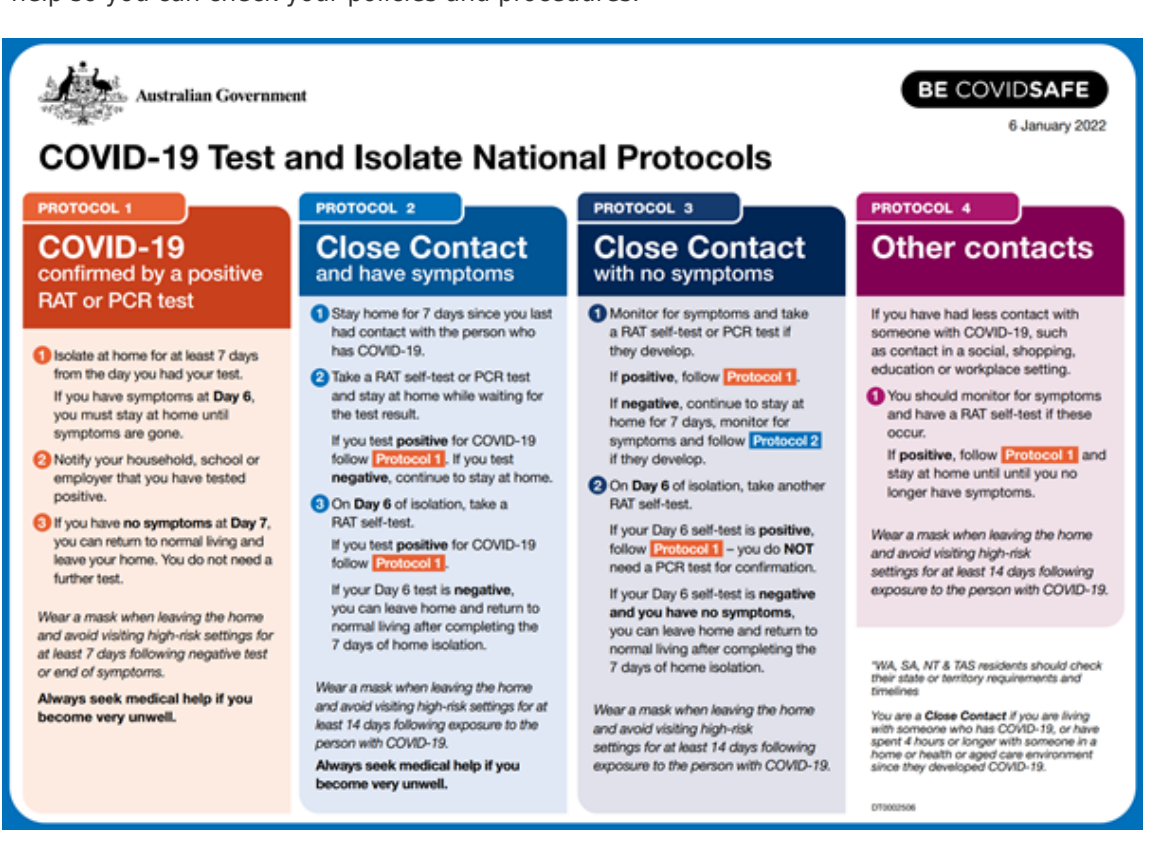
The COVID-19 Aged Care Support Program Extension Grant reimburses providers for additional eligible costs incurred in managing a direct impact of COVID-19. The grant has now been extended to 30 June 2022.

The Home Care Packages (HCP) Program COVID-19 Vaccination Support Grant (Grant), has been extended and now closes on 29 April 2022. Approved home care providers can apply now to cover costs incurred between 1 July 2021 and 30 June 2022. Grants will be offered at a provider level (not for each service outlet) with capped funding based on the number of HCP recipients in your care at 5 November 2021. Providers can use the grant to cover costs related to:

- Facilitating and encouraging workforce COVID-19 vaccinations, including booster doses.
- Coverage of costs for staff to take leave to get a COVID-19 vaccination or if they are sick after a COVID-19 vaccination.
- Collecting the COVID-19 vaccination status data of your HCP workforce, and improving data quality.
- ICT-related and professional advice costs to set-up processes and systems to track and report the COVID-19 vaccination status of your HCP workforce.

You can email the Department of Health for further information at Grant.ATM@health.gov.au.

Evidence Based Research

Bariatric Care - The prevalence of obesity is rising, and obese persons are more likely to use healthcare services and require moving and handling care. A cross-sectional study design was utilised. Results: Most managers (86%) reported barriers to the provision of bariatric care. The principal barriers were lack of equipment (75%), staff (65.2%) and training (57.6%). Only 11.4% owned all the required equipment. Only 9.5% reported that rented equipment always arrives on time. The majority (74.4%) did not have guidelines for caring for bariatric patients, and 46.2% considered this to be a barrier. Moving and handling care of bariatric patients: a survey of clinical nurse managers - PubMed (nih.gov).

Enteral Feeding - Surgical feeding ostomies (eg, gastrostomy) have become required by many nursing facilities for all patients receiving enteral nutrition, whether for short- or long-term use. These policies lack supportive evidence. Comparisons of adverse event rates between surgical and natural orifice tubes are few and lacking in the inpatient setting. We sought to quantify adverse events to test the relative safety of surgical feeding ostomies and natural orifice (eg. nasogastric or orogastric) feeding tubes in hospitalized patients. METHODS: This was a prospective observational cohort study of enterally fed inpatients. RESULTS: All tube-

fed patients admitted to a large, urban, academic hospital received evaluation over a 9-week period. A higher incidence of adverse events was observed with surgical tubes (3.34 vs 1.25 events per 100 subject days, P < .001). Only 50% of all adverse events were documented in the medical record. More patients with surgical tubes were discharged to skilled nursing facilities (58% vs 24%). CONCLUSIONS: Surgical feeding tubes are associated with significantly higher in-hospital adverse event rates when compared with natural orifice (nasal or oral) feeding tubes. Policies requiring surgical feeding ostomies should be re-evaluated. [Nasal Feeding Tubes Are Associated with Fewer Adverse Events than Feeding via Ostomy in Hospitalized Patients Receiving Enteral Nutrition - PubMed (nih.gov)](#).

Medications and Disability - Persons with intellectual or developmental disabilities and who exhibit challenging behaviours are often prescribed medication to control behaviour. This study examined the association between individual and intermediate or environmental factors and the documented use of medication for clients with intellectual or developmental disabilities (IDD) who exhibit challenging behaviour. RESULTS: Individual-level variables associated with a higher likelihood of taking medication for persons with IDD exhibiting challenging behaviours included being of younger age, male gender, having moderate or severe intellectual disability, being ambulatory, communicating verbally, having a behavioural plan, requiring support for behavioural challenges, and having a history of mental illness. Environment-level variables included infrequently eating out and having less everyday choice. This study found that restrictions in opportunities to make choices in their life was associated with a greater likelihood of being on a medication for persons with IDD who exhibit challenging behaviour. Living in group home settings also increased the likelihood of medication use. [Factors associated with use of medication for behavioural challenges in adults with intellectual and developmental disability - PubMed (nih.gov)](#).

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