

ACIA May Newsletter



ACIA welcomes much discussion about the elections coming up this weekend. However, the reality is that no one has demonstrated that they are really resourcing the quality and safeguarding of aged care or disability. They are just simply band-aiding approaches being played out to win over the community because they don't understand the crisis that both systems are in and will increasingly suffer as an outcome too. We have been quite successful at engaging some articles in the press, podcasts and media engagement in the sector issues which has been good.

Unfortunately, Liberals have remained silent on the issues, Labour has invited engagement following Saturday and Independents have demonstrated that they are keen on addressing the issue absent of an actual plan.

[First Press Release on Elections](#)

[Recent Press Release on Elections](#)

[Royal Commission Submission](#)

We asked on LinkedIn who people believe is really committed to improving the care of aged care and people with disabilities in our upcoming election. INTERESTING ANSWER.

Who do you believe is really committed to improving the care of the aged and those with disabilities in the community and our staff?

You can see how people vote. [Learn more](#)

Labour	56%
Liberal	15%
Independents	29%



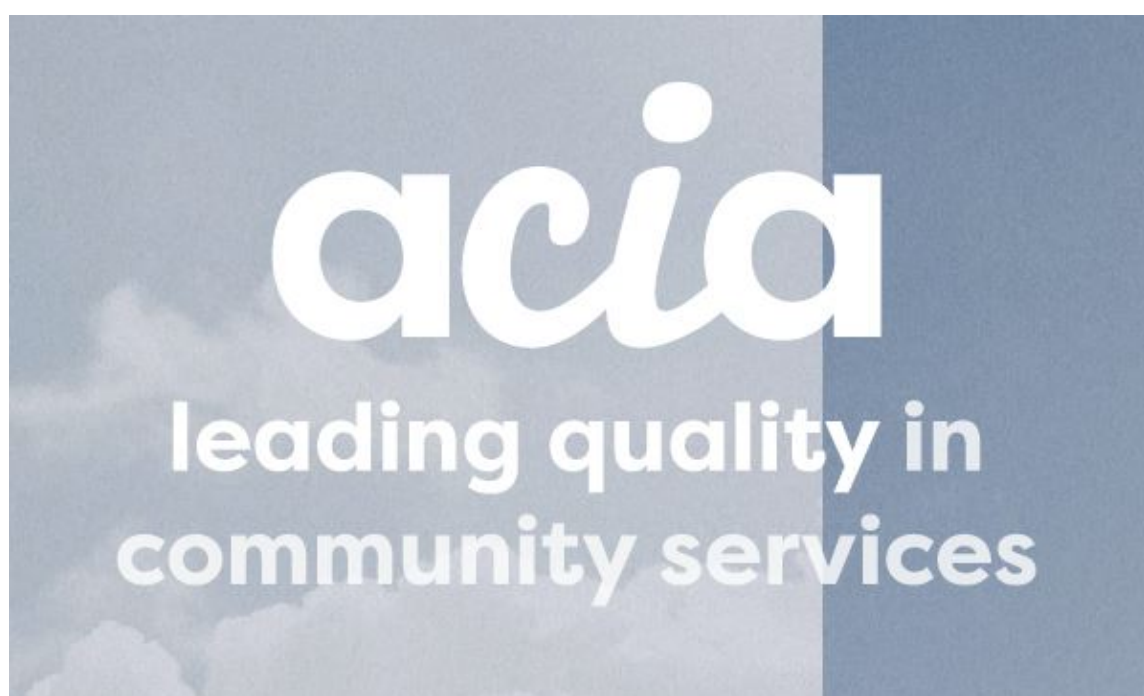
Upcoming ACIA Education

[Free Roundtable with NDIS -23rd May](#)

[Clinical Governance Master Class - 31st May](#)

[6mth Clinical Supervision Course](#)

[6mth Governance Mentoring Course](#)



New ACIA Website

I hope that you have had the time to have a look at our new website. We must admit we are amateurs when it comes to website development and I'm sure we can spend \$20,000 on getting someone to make it look more professional, but we would rather spend money advocating and lobbying for reform and safeguarding. Make sure as a member you have seen a separate email regarding logging into the members portal where you will see the new guidelines (feedback welcome) and over the next few months we will add new tools and resources there as well.

You can see our submissions and all of our upcoming training.

PRIORITY

Current Focus - Viability of the Sector

We are entering a critical time for the sector with the elections on the weekend to ensure our incumbent government is focused on the priorities and issues for the sector. Please take a few minutes to help us gather some data on the aged care and disability sector so we can have evidence to the issues and viability of the sector. **Your answers will be completely anonymous!**

[Business Viability Survey for the Sector](#)

WINNER... Platinum Healthcare

Many of you entered our competition last month. For those who completed the ACIA Member Survey they went into the running for a free FY22-23 ACIA membership.

CONGRATULATIONS to Len and his team from Platinum Healthcare who won a free year of ACIA membership.

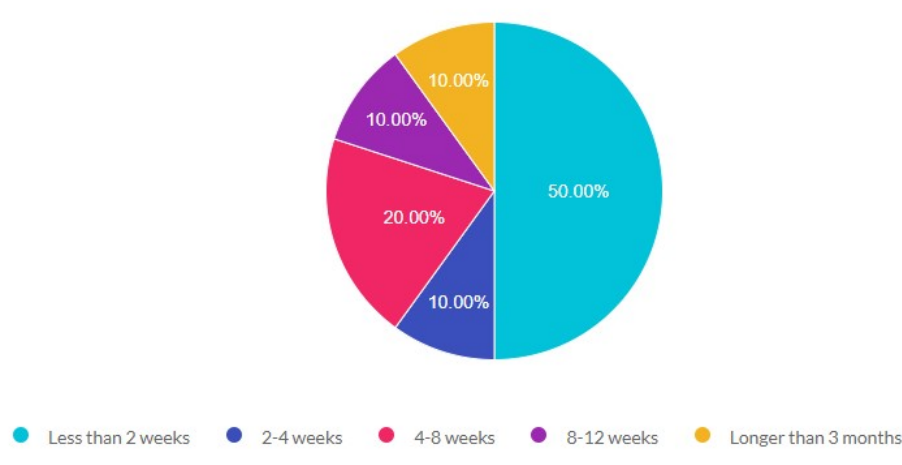


NDIS Worker Screening

We have received a large amount of feedback on NDIS Worker Screening and have escalated the issue to the NDIS Commission, as well as the State Ministers about the delays in their states.

Please check the current state requirements for your workers: [acceptable-state-and-territory-checks.pdf \(ndiscommission.gov.au\)](#).

Here is a summary of the responses we have received:



● Less than 2 weeks ● 2-4 weeks ● 4-8 weeks ● 8-12 weeks ● Longer than 3 months



Members Only External Guidelines

In case you hadn't already looked, all of our external guidelines and many more have been reviewed and redeveloped to help support consideration for care and service provision in your organisation. Examples of guidelines that are available on the members only section of www.acia.net.au website (you should have received a separate link to the members section) include:

- Medication management in the community;
- Communication Between Provider and Allied Health Professionals;
- Bariatric Care by Support Workers;
- Duty of Care and Dignity of Risk;
- Responding to Adverse Events;
- Complaints;
- Statement on Quality of Care and Service Delivery and Member Requirements;
- Support Worker Training Requirements;
- Management of Behaviours of Concern in the Community;
- Clinical Governance in the Community;
- Professional Boundaries;
- Clinical Deterioration;
- Role of the Registered Nurses;
- Psychotropic Medication;
- Antimicrobial Stewardship;
- Case Management;
- Diabetic Management;
- Cytotoxic Medication Management.

GOVERNANCE:

Myth: There is no clear definition of corporate governance, although there has been plenty of academic and practitioner focus on the meanings of governance and corporate governance, there are generally some accepted industry-wide (and academic) definitions of corporate governance. Even though governance and corporate governance is hundreds of years old, the reality is that for the last 30 years, there has been research on corporate governance which has led to the production of accepted definitions. Not every definition is the same, and there is sufficient consistency to say there is a clear definition of corporate governance.

Corporate governance is not a new concept. Time and again, bad governance seemed to be complicit in corporate failures, creating much fanfare and misconception about this issue. Along with the emergence of competing theories, various disciplines have all together saturated and obscured the debate as to the real meaning of governance. So, what are the definitions of corporate governance? In 1992, the famous Cadbury report took a simple approach, proposing that corporate governance is 'the system by which companies are directed and controlled.'

A broader definition is found in Cochran and Wartick's 1988 publication Corporate Governance: A Review of the Literature, which suggests that corporate governance is 'an umbrella term that includes specific issues arising from interactions amount senior management, shareholders, boards of directors and other corporate stakeholders.'

The ASX Corporate Governance Council definition is: Corporate governance is the system by which companies are directed and managed. It influences how the objectives of the company are set and achieved, how risk is monitored and assessed, and how performance is optimised. Good corporate governance structures encourage companies to create value (through entrepreneurship, innovation, development, and exploration) and provide accountability and control systems commensurate with the risks involved. So, how can you bust this myth in your organisation?

Tip #1: Find a definition that applies to your organisation. There are a variety of definitions for ASX listed companies to not-for-profit organisations - find the right definition for your organisation

Tip #2: Aim for a clear and simple definition. The easier a definition can be understood, the more likely it will be applied within an organisation.

[Read more here from the Governance Institute](#)



ACIS 2018 Review - Part 2

A few more learnings on ACIS 2018 and what it takes to get a non conformity and a best practice:

Complex Physical Support

- Strengths
 - Evidenced-based practices and policies consistent with the complexity of clients' needs.
 - Supervision of deterioration and changes consistent with the engagement of client and key stakeholders
- Gaps
 - Policies that are non-specific or generic in nature and don't represent the actions
 - Lack of policies that are non-specific and not representative of actual organisational practices.
 - Not following ACIS 2018 directives about who could develop plans and undertake training on specific elements.
 - Lack of clarification and implementation of escalation of issues across complex physical supports.
 - Competencies do not reflect current practices and escalations of incidents. Not in line with policies.
 - Lack of emergency management and deterioration management in the service provision and supervision of workforce.
 - Lack of specific training and supervision of workforce in these specific areas.
 - Lack of dignity of risk processes and documentation.
 - Lack of evidence and understanding of workforce of action plans where issues progress or early deterioration has been identified.
 - Staff training not consistent with client needs and practices.
 - Lack of client reviews in conjunction with key stakeholders to support practices and timely reviews.
 - Lack of reporting of adverse events and near misses with no due process.
 - Plans lack individual specific goal focused needs and practices.
 - Lack of supervision and evaluation of complex care processes.
 - Often 5.8 (s/c injections) missed on reporting.

Complex Behavioural Support

- Strengths
 - Behaviour support plans that have demonstrated improvements in behaviours through substitution of behaviour for a positive measure.
 - Strong training and supervision of workforce in behaviour management
- Gaps
 - Lack of implementation of behaviour support practitioners, often due to procedures being unrelated to the needs of the client in practice.
 - Lack of training of workers from other providers in behaviour support practitioner advice.
 - Inability to implement behaviour practitioner advice.
 - Lack of restrictive practices being reported.
 - Lack of training of workforce including subcontractors in behaviour management practices and requirements.

our issues

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. The committees that we are on this last month include;

- Home Care Quality Assurance Reference Group
- National Aged Care Alliance - Governance Meetings
- National Aged Care Alliance - Clinical Governance Meetings
- ACIS Auditor Meetings
- ACIS CAB Auditing Meetings
- ACIS Meetings with Providers (too many to count)
- Radio interview on Aged Care - [20.4.2022 – Dr Nicole Brooke - Spotlight](#)
- iCare
- MAIB
- Royal Commission into Disability

Submissions

- Consumer Technical Experts
- New Accommodation Design Standards in Aged Care
- Prevention of Harm in Home Care
- Royal Commission into Disability

When asked on LinkedIn what the priority for government is to address the failures in the sector:

What is the priority area for government to address the failures in the aged care and disability sector?

You can see how people vote. [Learn more](#)

Reform the commission(s)	12%
Additional funding	15%
Workforce	33%
Stop band-aiding the problems	41%

Aged Care News



An interesting election scorecard on the summary of the major parties response to aged care policy.

Policy	Labor	Liberal	The Greens
Funding for current gaps in staffing and COVID-19 prevention costs ¹	●	●	●
Funding for 200 minutes of care from 2023 ²	●	●	●
Funding for 215 minutes of care from 2024 ³	●	●	●
Funding for Work Value Case increase (likely 2023) ⁴	●	●	●
Funding for 24/7 nursing ⁵	●	●	●
Needs based allied health funding ⁶	●	●	●

● Policy substantially or fully committed to ● Policy partially committed to/in place ● Policy not committed to/in place



While most Australians want to have control over their end-of-life, including not having life-prolonging treatment, still today, too few people empower themselves by taking the practical steps to make this happen. Only 14 per cent of people over the age of 65 have filled in an advance care directive, the most effective way to get this control, estimates Advance Care Planning Australia, a national advice and support service funded by the Australian Government.

The Guidelines note that patients at higher risk of complications may benefit from using a TGA-approved pulse oximeter to self-monitor oxygen saturation (SpO2) and to track their symptoms at home. Consideration should be given to the following points:

- Before recommending or issuing a pulse oximeter, GP's should consider whether patients will be able to use one effectively. A pulse oximeter reading of <92% is considered to be a red flag.
- Oxygen saturation and other symptoms should be recorded twice daily in a symptom diary.
- A free allocation of pulse oximeters can be provided to general practices.



[COVID GP Guidelines](#)

[Order Pulse Oximeters for COVID](#)

National Palliative Care Community Survey 2022 Snapshot



ACIA Members have access in Members section of Palliative Care in Community Care Guidelines

- 96% of Australians believe it is important that aged care services are able to provide palliative care to their clients/residents.
- 92% of respondents support the WHO statement that palliative care is explicitly recognised as a human right.
- 88% of people believe it is important to start thinking and talking about their wishes and preferences for care, but despite this, well over half of Australians (56%) have not undertaken any action regarding talking about or recording their end-of-life wishes.
- 73% of people understand that palliative care can be given alongside curative treatments.

The new Aged & Community Care Providers Association board has appointed Paul Sadler as its interim CEO to manage operations in the lead-up to its 1 July start date.

ACCPA replaces both Aged & Community Services Australia and Leading Age Services Australia as a new unified peak body representing Australia's aged care providers.



Disability & NDIS News

Annual pricing review

The NDIA is seeking feedback about NDIS price limits and policy for the 22-23 financial year. We want to hear from providers, participants, their families and carers, community, peak bodies and other sector representatives. Unfortunately, there is no formal mechanism to provide this despite this request. This is interesting and concerning as pricing guide is meant to start 22-23, and also given the SCHADs award changes.

Quarterly Reports

- 518,668 participants are now receiving NDIS support with 19,556 new participants joining last quarter (3% increase).
- Total payments to providers for participant supports was \$20.1 billion from 1 July 2021 – 31 March 2022.
- The largest support categories are:
 - Core daily activities (55% of total payments). Core daily activities includes participants in Supported Independent Living (SIL). \$5.0bn of the \$11bn payments on core daily activities in the quarter were for payments for participants in SIL.
 - Social and community participation (18% of total payments).
 - Capacity-building daily activities (therapy services, 13% of total payments).

RADIO INTERVIEW/PODCAST....NDIS

Dr Nicole Brooke, Chief Executive Officer at Australian Community Industry Alliance (ACIA) joins Jim and Darryn to speak all things NDIS, the current state of funding, effectiveness of the NDIS commission, calling for more to be done to fix problems which have yet to be fixed, despite many reviews and reports.



18.5.2022 – Dr Nicole Brooke



A new [Winter Planning Stakeholder kit](#) on the Disability Gateway website.

Participant Service Improvement Plan

NDIS has now introduce our refreshed Participant Service Improvement Plan (SIP) 2022-2023. After SIP 2020-21 came to a close in December 2021, the NDIS Commission reviewed SIP commitments to ensure they closely reflected improvements needed in the sector. The refreshed SIP sets out what the agency will do over the next two years to deliver a scheme that meets your expectations by making practical changes to how we work.

Current scheme implementation and forecasting for the NDIS was released:

Joint Standing Committee on the National Disability Insurance Scheme

Current Scheme Implementation and Forecasting for the NDIS

From December 2020 to October 2021 the committee conducted an inquiry into independent assessments under the NDIS. During this inquiry, the committee heard a range of views that projected future costs posed risks to the long-term sustainability of the scheme.

In consideration of the evidence already presented to the inquiry into independent assessments, the committee decided to conclude that inquiry and initiate a new inquiry with focused terms of reference to examine some of the broader questions concerning the implementation of the NDIS to date and projections about its future.

NDIS Code of Conduct - Provide supports and services in a safe and competent manner with care and skill

Workers must make sure that they keep their skills and knowledge about the services they provide up to date and that they let you know if there is something they don't know how to do. Workers cannot be made to provide supports that they don't have the right skills and experience to do.



The Disability Royal Commission:

- ACIA spoke to the Royal Commission twice this last month including being asked to provide a submission on the issues discussed about; risk, safeguarding, systems and processes, pricing, rights and responsibilities and unregulated providers.
- The current hearing is examining whether Afford failed to prevent or respond appropriately to violence, abuse, neglect and exploitation of people with disability in its care. It is also examining systemic issues concerning the provision of day program services by Afford. Another witness, Lilly* gave evidence about the quality of services that her son, Simon* received. She said it was like 'glorified babysitting'. Afford is a registered National Disability Insurance Scheme service provider that supports over 6,000 clients with disability and operates mainly in New South Wales. Following rapid expansion from 2015, Afford now also provides services in Victoria, Queensland, South Australia and Western Australia. Between 2015 and 2021, its annual revenue increased from \$45.7 million per annum to \$145.6 million per annum. All three witnesses described the difficulties they experienced in communicating with Afford about the supports being provided at the day program. They emphasised the lack of transparency and the impact of a constant turnover of Team Leaders at the day program. The hearing is ending today 16-20th May.



A survey of occupational therapists identifies highest priority accessible design features -

This research summary provides evidence about the impact of specific design features on hospital discharge and ageing in place. Results of this survey emphasise the importance of external access to the home and internal access to the bedroom and the bathroom facilities, with remarkable consistency across hospital discharge and ageing in place. [Improving housing accessibility in Australia: research summary \(apo.org.au\)](#).

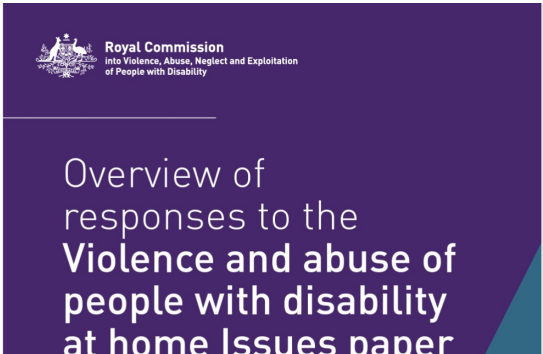
Housing delayed and denied NDIA decision making on Specialist Disability

Accommodation Funding - To understand and engage with the SDA decision making and appeals process, the Housing Hub and the Public Interest Advocacy Centre commenced a collaborative project in mid-2021, providing legal help to participants seeking reviews of NDIA decisions about SDA funding at the Administrative Appeals Tribunal. This report presents early findings from the project. [extension://elhekieabhbkpmpcefcobjddigcaadp/https://piac.asn.au/wp-content/uploads/2022/04/22.04.30-PIAC-HH-report_Housing-Delayed-and-Denied_April-2022-final.pdf](https://piac.asn.au/wp-content/uploads/2022/04/22.04.30-PIAC-HH-report_Housing-Delayed-and-Denied_April-2022-final.pdf)

Understanding employment supports - These guides are designed to help NDIS participants; their families and carers think about what employment supports might best suit their individual needs. The NDIA has worked with participants and disability groups to developed the guide and has used their advice to make sure it is useful and easy to follow [Employment supports | NDIS](#)

Not new but a good reminder:

This document does not summarise what the Commission has been told so far in submissions, community forums, private sessions, public hearings or via research projects that relate to violence and abuse of people with a disability at home. However, all information provided to the Royal Commission informs their work. The Royal Commission will continue to consider the topic of violence and abuse of people with disability at home and seek input in a variety of ways.



Is this new section on Evidenced Based Research Helpful



[Great to See](#)



[I havent made my mind up](#)



[Not interesting](#)

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