LASA
LEADING AGE SERVICES AUSTRALIA
The voice of aged care

LASA'S RESPONSE TO THE DRAFT REPORT FROM THE WOUND MANAGEMENT WORKING GROUP

12 February 2020

A strong voice and a helping hand
for all providers of age

Leading Age Services Australia

Leading Age Services Australia (LASA) is a national association for all providers of age services across residential care, home care and retirement living/seniors housing. Our purpose is to enable high performing, respected and sustainable age services that support older Australians to age well by providing care, support and accommodation with quality, safety and compassion – always.

LASA's membership base is made up of organisations providing care, support and services to older Australians. Our Members include private, not-for-profit, faith-based and government operated organisations providing age services across residential aged care, home care and retirement living. 56% of our Members are not-for-profit, 36% are for-profit providers and 8% of our Members are government providers. Our diverse membership base provides LASA with the ability to speak with credibility and authority on issues of importance to older Australians and the age services industry.

Thank you for giving LASA the opportunity to provide feedback on the draft report and recommendations of the Wound Management Working Group. LASA consulted its Members about the recommendations that are specific/relevant for the residential aged care facilities (RACFs) and the feedback below gives account of LASA Members' views with regards to the proposed measures outlined in the draft report.

General comment

As stated in the draft document[1], chronic wounds represent a major health burden in RACFs, with residents often entering RACFs with one or more chronic conditions and multiple chronic and complex wounds. Residents are also commonly readmitted to RACFs after discharge from a tertiary care setting with new pressure injuries, deterioration in existing pressure injuries and other chronic wounds.

The Aged Care Funding Instrument (ACFI) provides funding for treatment of chronic wounds and complex skin integrity management for care recipients (Wound management within RACF may not be funded through the Medicare Benefits Schedule (MBS)). Nevertheless, the cost of wound management within this setting is significant and LASA is pleased to note that the issue was also included and considered as part of the work of the Wound Management Working Group to reduce the burden of poorly managed chronic wounds on both residents and the health system.

LASA acknowledges that, with the focus of the Wound Management Working Group on making recommendations to the MBS Review Taskforce on the review of MBS items in its area of responsibility (generally provided in general practice), it is not in a position to comment on most of the recommendations; we believe that they are best left for the medical professions and relevant stakeholders to comment. However, there are recommendations (Recommendations 8, 12, 13, 14 & 15) that are specific/relevant for RACFs and this submission focuses on LASA's response to these recommendations.

LASA's response to the RACF specific/relevant recommendations

Recommendation 8 – Remote and non-face-to-face services (real time or asynchronous)

LASA supports the Working Group recommendation that where appropriate, consideration should be given to the use of remote and non-face-to-face services (real time or asynchronous) and an appropriate funding model investigated.

Access to appropriate health care services is often limited for older people in RACFs (many with complex and chronic conditions and some with restricted mobility) and LASA has long argued for better use of telehealth video consultation to improve residents' access to health care.

Telehealth has particular relevance for aged care. Not only does it offer the health and aged care system the opportunity to provide new models of care, it also offers the sector an opportunity to break down the barriers to access to GPs, allied health professionals, specialists and the acute sector, enhance team-based collaboration and resident outcomes.

[1] MBS Review taskforce (2019) Draft report of the Wound Management Working Group

Currently, GPs providing the patient-end services (when consulting with specialist) are entitled to a Medicare rebate. However, GPs who provide direct telehealth consultations with patients cannot claim the Medicare rebate (but can charge privately).

We believe Medicare rebates for GP video consultations with residents of RACFs would improve the efficiency of providing follow-up care by GPs, chronic disease management, chronic wound management[2], case conferencing and health advice and ensure full use is made of existing Government-funded video consultation facilities in RACFs. But policy design needs to ensure that GP video consultation becomes an adjunct to enhancing GP care in the aged care setting and does not become a replacement for face-to-face services provided by the resident's GP.

Access to telehealth is also critical for home based recipients of aged care, particularly those outside metropolitan/regional areas and those who are unable to travel.

GPs may lack the specialist knowledge required to treat chronic and difficult-to-heal wounds. Members propose that Nurse Practitioners in Wound Care should be appropriately reimbursed so they can provide wound management services in RACFs. Nurse Practitioners should be able to order Residential Medication Management Review if a comprehensive approach to wound care is required.

We are also of the view that Medicare rebates should be expanded to cover allied health services and for pharmacists to conduct medication reviews especially for RACFs in rural and remote areas where access to these services is limited.

Recommendation 12 – Education and training of RACF staff

Recommendation 12 states that "The Working Group recommends that consideration be given to including mandatory quality indicators for education and training of RACFs staff, including the management of skin injuries, chronic wounds and ulcers, in accreditation and monitoring processes of RACF under the Aged Care Quality Standards. RACF staff include registered and enrolled nurses, assistants in nursing, personal care workers and Aboriginal and Torres Strait Islander health practitioners and health workers."

Members informed LASA that they believe introducing a mandatory quality indicator for 'education' would result in an over emphasis on a staff centred process, rather than the consumer focused outcomes responsive to the Aged Care Quality Standards. A mandatory quality indicator for education in wound care would also place additional financial pressures on RACFs while staff capacity is significantly stretched already. Further funding is necessary to enable the range and depth of education required by a workforce delivering clinical services to a resident cohort with increasingly complex clinical needs.

Distinguishing between 'chronic wounds' as RN domain and 'skin injury' as EN domain may result in undesirable outcomes and unintended consequences as listed below:

- Delay in consultation with appropriately trained staff when the resident's wound status changes.
- Compartmentalisation of the care a resident receives.

[2] MBS Review Taskforce (2019) Draft report from the wound management working group https://www1.health.gov.au/internet/main/publishing.nsf/Content/MBSR-open-consult

- Given chronic disease and the impact of ageing, any skin injury carries a significant risk of developing into a chronic wound. This transition is often gradual. Making the above mentioned distinction may lead to delay in the transfer of main responsibility, in particular if EN education focusses on 'skin injury'.
- Residents with more than one wound (e.g. a chronic wound and a skin injury and/or recent skin tear) might result in different staff making decisions on different wounds for the same resident.
- Skill mix at different RACFs or during individual shifts may further aggravate this divide and could lead to delay in care.
- All RNs and ENs should have a good working knowledge of common wound management related issues in aged care. This spans the full pathophysiology of the aging body. This outcome may be best achieved in ongoing Personal Professional Development as required for registration purposes.
- Specific RN and EN education in wound management should reflect the needs of the residents cared for in a specific RACF and topics of need (e.g. a resident receiving negative pressure wound closure, larval therapy etc.) rather than a blanket mandatory approach.
- Another common scenario that arises with home based care in relation to wounds is that family members may elect to follow a course of treatment other than what is recommended (often due to costs) and insist on providing wound care themselves. Basic training for family members is another duty of care vs financial viability issue for providers. Training in infection control measures for family (and care staff) is important to support antimicrobial stewardship.

Some proposed training content

- Wound management education should always focus on wound prevention.
- Additional practical instruction on 'aseptic technique during wound management' is necessary for staff, other the RNs or ENs, responsible for changing dressings.
- Regular education such as; addressing nutrition, continence care, personal hygiene and skin care, using standard precautions, principles of infection prevention and control, maintaining a safe environment or falls prevention provide the knowledge and skill to prevent wounds.

Members from rural and regional areas stress the major issue they have with sourcing appropriate education for staff as much education is offered in metropolitan areas. This requires staff to travel, often including an overnight stay, which limits the number of staff who can participate as very tight financial and staff resourcing place barriers in the way of staff development. When attempting to source education from specialist wound nurses at the local public hospital, these specialist nurses are often too stretched to provide education to the local RACF.

The availability of RNs in rural and regional areas is an ongoing issue for providers or residential aged care.

Recommendation 13 – Review funding for chronic wounds in RACFs

LASA agrees with the draft report that, currently, the ACFI as it relates to wound management does not cater for 'real time' variables, when accounting for the cost of providing best practice wound care. Therefore, this likely increases the total costs of managing chronic wounds in RACF due to delayed healing or non-healing of wounds.

The issue is further exacerbated by the fact that under current arrangements RACFs are unable to charge consumers for dressings and related medical devices, as funding for these consumables must be covered under current funding arrangements. The cost of wound dressings is a significant cost for

RACFs that providers are unable to offset and this restricts the range of wound care products they can offer.

Increase in ACFI funding for complex wounds is necessary to improve the quality of wound care. ACFI funding for wound care should cover:

- Nurse Practitioner diagnosis and advice/care
- Subsidies to cover expensive dressings or equipment e.g. VAC machines
- Higher ACFI funding if RN's are attending dressings daily or lesser if only weekly RN review is required.

LASA supports the Working Group recommendation that a review of funding for the management of complex wounds in aged care via the ACFI should include consideration of both time and personnel required for:

- chronic wounds;
- complex venous, arterial and foot ulcers in residents; and
- the provision of appropriate consumables.

LASA also supports the Working Group's recommendation that any funding model in the RACF setting should specifically address wound management, encourage best care, and include access to an advisory service and adequate consumables to encourage use of evidence based practice within RACFs, including the appropriate level of nursing staff for wound care and wound based education and training requirements of RACF staff.

Home care

If a customer has extensive wound care requirements (particularly expensive wound care products or alternating air pressure mattresses for example) this may be difficult to accommodate on a low level Home Care Package and may compromise treatment options.

It can be difficult to meet duty of care in relation to wound care whilst balancing the customer's preferences for spending their Consumer Directed Care budget. Some customers elect to spend their funds on items other than clinical care or do not have enough surplus if a wound arises unexpectedly. This leaves providers with a dilemma around duty of care vs financial viability.

Recommendation 14 – Access to wound care experts in RACFs

Wound management and tissue viability is one of the most complex aspects of aged care. As highlighted in LASA's response to Recommendation 12, ensuring access to wound experts when appropriate is an essential element for wound management, particularly in RACFs where staff have various levels of skills and experience in wound management.

- While LASA supports the Working Group's recommendation for improved access to wound experts, including service teams (on-site or telehealth enabled, where appropriate), to assist staff to provide evidence-based wound management for chronic wounds for residents, it is important to note that there are a number of systemic barriers that limit access to the specialist services (especially in rural and remote areas) such as lack of availability (of experts) and lack of incentives to attract these experts to the residential aged care setting. Therefore, efforts need to be directed toward increasing the availability of wound management experts (such as training more GPs/Nurse Practitioners with advanced skills) and providing incentives (including better remuneration) to attract these health professionals to the residential aged care setting. Further, referral pathways and community

links for partnerships should be investigated as part of an incentive program.

Further, LASA Members propose that:

- Local wound specialist nurses should maintain an overview of all wound and skin integrity issues in the RACF.
- Every RN and EN should have access in person, via telephone or telehealth to a wound specialist for advice, referral and education.
- Local wound specialist nurses should be trained to undertake wound debridement. Latest evidence supports the notion that aggressive wound debridement is effective in reducing wound bioburden and in promoting healing. Wound debridement increases the effectiveness of antibiotics and antimicrobials and contributes so to antimicrobial stewardship.
- Autolytic methods of debridement are slowly becoming available to general RNs and ENs for use in aged care facilities.
- Timeliness to adequate care. Government needs to review MBS and allow Nurse Practitioners to order Doppler investigations so appropriate care can be implemented where a Nurse practitioner is available. Vascular occlusion and chronic arterial / venous ulcers are often left undiagnosed waiting on GP review same resulting in inadequate and expensive dressings used.

With regard to the use of telehealth, please see LASA's response to Recommendation 8.

Recommendation 15 – Hospital acquired wounds

For many RACF residents, access to State-funded health services, and/or Commonwealth-funded primary care or specialist services, is variable. Often, older people, their carers and family have multiple, disconnected and duplicative interactions with the health system and longer lengths of stay in hospitals. As such, the appropriate provision of services for this population cannot be met by one provider nor one sector. That is, services for older people with complex health needs, their carers and families must be coordinated through a shared plan with joint accountability.

LASA has long argued the importance of developing a more integrated model of care for people moving between state and federally funded care programs in achieving optimal outcomes for aged care recipients, including those with chronic wounds.

We support the Working Group recommendation that the Federal Government work with the Australian Commission on Safety and Quality in Health Care and Aged Care Quality and Safety Commission to improve the management of patients being discharged from private and state-based hospitals with hospital acquired wounds, often with insufficient or no documentation of the presence of wounds. And that mechanisms should be developed to monitor and provide feedback on wounds incurred in the hospital system in order to improve provision of care and prevention of wounds in this setting. Members are seeking confirmation whether this approach would be a state-wide directive. They are also considering whether monitoring of hospital-acquired wounds would require changes to aged care providers' policy framework.

We also agree that consideration should be given to developing appropriate feedback mechanisms to institutions to improve wound prevention and management for any episode of care, with collection of appropriate data and documentation being an important factor in enabling improved

multidisciplinary communication within and between health care sectors, and ensuring continuity of a patient's care.

Regional governance organisations were created by the Australian Government (PHNs) and state and territory governments (LHDs) to address local health service gaps and promote the coordination of care across systems. However, to date these organisations have not adequately focused on the special needs of older Australians, particularly those with complex care needs who are unable to travel to receive care. It is necessary that the aged care sector is connected and embedded into the broader health system, particularly at the local level where PHNs can partner with state/territory services and aged care service providers to improve access to high quality healthcare for older Australians.