

Government delivers building blocks for aged care reform

THE FEDERAL government's historic commitment of \$17.7 billion towards aged care reform in the Federal Budget provides the building blocks for a substantial overhaul of the sector.

We have seen a three-part response in the budget including:

- a record level of funding
- a detailed government response to nearly all of the Royal Commission's 148 recommendations
- a five-year plan for reform.

The royal commission found after more than two years of inquiry that many aspects of aged services are unacceptable and unsustainable, finding in particular failures of successive governments with respect to funding, regulation and policy.

The Federal Budget also made significant steps

towards addressing three issues of urgent concern for older Australians, aged care workers and service providers.

These include creating 80,000 new home care packages over two years to deal with the waiting list of nearly 100,000 people, relief for aged care homes under financial pressure, and workforce support including more care minutes per day and 34,000 funded training places for workforce development.

The budget response also adopted the recommendations for a new Aged Care Act which places the individual at the centre, an independent Inspector-General, an aged care advisory council to oversee the system, greater transparency in how funds are spent, independent pricing authority and a better resourced regulator.



Sean Rooney, CEO of Leading Age Services Australia

These are the building blocks, which if effectively implemented will enable a transformation of Australia's aged care system where 1.3 million older Australians receive aged care services and 360,000 staff work.

The aged care sector acknowledges the potential of

the government's response, which largely meets the 15 key priority areas nominated in a campaign by aged care provider peak bodies grouped together as the Australian Aged Care Collaboration.

However, ultimately realising the intent of the royal commission's recommendations will come down to implementation and getting underpinning policy, regulation and funding right.

There is much work to be done and there remain a number of royal commission recommendations the government is yet to commit to including funding of a much-needed wage rise for the aged care workforce, a dental benefits scheme, mandatory minimum qualifications for personal care workers, and a sustainable funding model to allow for the delivery of higher quality care into the future. ■

Clinical education: a multidisciplinary approach

CLINICAL EDUCATION in aged care, and across health generally, has traditionally focused on hospital teaching models for individual health profession disciplines such as medicine, nursing and health sciences.

It is seen as an essential component of health professional education and critical to ensure quality of patient and client care.

More recently a broader approach has been developing across the health sector that takes into account multiple disciplines such as law, psychology and economics, and provides exposure to other clinical settings, including community, primary and residential care.

Associated with this expansion of multidisciplinary frameworks in clinical education is the development of the clinical governance framework and its role in supporting all staff involved in direct or indirect care provision.

The Australian Commission on Safety and Quality in Health Care



Associate Professor Marguerite Bramble, president of the AAG

defines clinical governance as the "set of relationships and responsibilities established by a health service organisation between its governing body, executive, clinicians, patients and consumers to deliver safe and quality health care".

Similarly, the definition of high-quality care as defined by the Aged Care Quality and Safety Commission includes a clinical governance framework in standard eight and how it relates specifically to "antimicrobial stewardship, minimising the use of

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restraint and open disclosure".

For aged care organisations in Australia the integration of clinical governance frameworks provides opportunities to develop a robust corporate governance culture where the collective roles and responsibilities of patients, consumers, clinicians, healthcare teams, managers, directors and governing bodies are taken into account.

There is evidence that

some more innovative aged care organisations in Australia have started integrating the clinical governance framework into their mission and values.

This is reflected in the promotion of new senior leadership positions in clinical governance that aim to enculture quality of care and enable continuous improvement in service provision across the organisation.

We now need the development and integration of clinical education models that meet quality standards across all layers of aged care organisations.

Models would include the teaching of integrated quality improvement processes across all aged care settings, based on clinical governance principles promoting person-centred care, accessibility, universal entitlement and inclusiveness. ■

