

What COVID-19 experience tells us about aged care leadership

THE COVID-19 experience has been dramatic and unprecedented for almost all of us. In the ageing space it's been heightened by the fact that older people, especially those with other health issues, are among the most vulnerable to the effects of the virus.

Within that cohort, older people living in aged care homes are the most vulnerable. Experience in a number of other countries has been terrifying and appalling with preliminary data indicating residents are between a third and two thirds of deaths in different European countries including the UK, and also in the USA and Canada.

As I write, Australia has had the most remarkable reduction in the transmission of the COVID-19 virus. Six out of eight jurisdictions had no new cases in recent

days and the overall rate is very low. That is great news for all older Australians and aged care home residents in particular. If COVID-19 is not transmitting in your community it cannot get into your community's aged care home.

Nevertheless, more than 25 per cent of deaths in Australia have been aged care residents, which is sobering. But the majority of those have tragically occurred in the Anglicare Newmarch home in western Sydney, apparently started by one staff member working six shifts while positive but undiagnosed and asymptomatic.

It's probably inevitable that reviews will conclude mistakes were made at Newmarch in trying to control the outbreak by the provider, the federal Department of Health and



Ian Yates, chief executive of COTA Australia

NSW health authorities. But the vast majority of homes with cases had those outbreaks contained and managed with only one or two deaths, if any.

Overall aged care has been a success story for the sector, the health services,

the government and the community.

However a key problem has been the excessive lockdowns put in place by probably a majority of providers for too long even where there was no COVID-19 and ignoring calls from family carers and other loved ones, GPs and other clinicians. This was at a significant physical and mental health cost to frail and vulnerable residents, especially those with advancing dementia.

COTA initiated the industry code to sort out a balance between visits and safety. We shouldn't have had to do that, but it reflects on the provider sector in Australia that we had to, rather than just advocating for our constituents.

A lesson to be reviewed sooner rather than later, we hope. ■

Responses to the pandemic may help transform our future

WHAT A CHANGE a month can make as we negotiate our way through this tough Covid-19 pandemic. Those providing aged care services are particularly hard hit with extra limitations for older people and some aged care facilities becoming hotspots.

Many in the sector are feeling stressed; older people themselves may feel afraid of falling ill and staff must adapt and make rapid decisions. As a priority we need to support you, our health care, disability, aged care and social service workers to safely provide services during this pandemic.

But looking forward we can consider that some pandemic solutions may revolutionise our future.

In a recent AAG response to the BMJ Editorial *Covid-19: control measures must be equitable and inclusive* we highlighted three key response areas. I argue that these innovations could change our future for the better.



Professor Christine Stirling, president of the AAG

We firstly proposed that primary health care and community-based services be boosted as much as possible to keep older Australians out of hospital. Many new outreach services have been successfully piloted and now is the time to boost and expand these.

Services such as hospital in the home, telehealth, remote home monitoring, and nurse practitioner led care can do an enormous amount to keep

“...we need to support you, our health care, disability, aged care and social service workers...”

older Australians away from hospitals while providing improved care and outcomes.

Secondly, we are finding solutions to counter the impacts of physical distancing and limited visitors for older Australians such as the innovative use of technology to prevent social isolation. The adoption of technology linked with social initiatives can also relieve the social isolation of the many residents of aged care facilities who do not receive visitors under normal circumstances.

A good example of this is The Kindness Pandemic Facebook group started

by Dr Catherine Barrett, AAG's 2019 Glenda Powell Travelling Fellow, to spread acts and news of kindness during this time. At the time of writing the group has over half a million members.

Finally, we highlighted that an ethical framework, such as that proposed by United States medical ethicists Emanuel et al, is needed to address potential rationing of resources for the pandemic.

Any promotion and transparency around ethical frameworks during a pandemic can prevent ageism and raise both knowledge and conversations in society that can benefit us post pandemic.

A better community understanding of shared decision making, goals of care, reablement and palliation might benefit us all into the future through better outcomes. ■

