

Osteopathy Australia wants to thank the Department of Health and Aged Care (DoHAC) for inviting stakeholders and community members to provide feedback on the Strengthened Aged Care Quality Standards.

In this submission, we focus on our recommendations to further strengthen the Aged Care Quality Standards. Our submission provides tangible examples of how DoHAC can best implement our suggestions to ensure collaborative, inclusive and best-practice multidisciplinary care is provided to older Australians.

Osteopaths are key members of multidisciplinary teams, making an important contribution to the health system through preventative and treatment-focused care. The skills and training of osteopaths enable them to work across a wide variety of musculoskeletal conditions to improve the health status of older Australians.

### Osteopathy and Osteopathy Australia

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession, and consumer's rights to access osteopathic services. Our core work is liaising with state and federal government and all other statutory agencies, professional bodies, and private industry regarding professional, educational, legislative, and regulatory issues. Osteopaths in Australia are university-qualified allied health practitioners registered with the Australian Health Practitioner Regulation Agency (Ahpra). Most registered osteopaths are members of Osteopathy Australia.

Osteopaths achieve their qualifications through either a dual bachelor's or a combination of bachelor's and master's degrees. These courses encompass anatomy, biomechanics, human movement, and the musculoskeletal and neurological systems. They also cover clinical intervention techniques, all of which are grounded in a biopsychosocial approach to management.

### Our feedback on the Strengthened Aged Care Quality Standards

This section details our feedback on the relevant individual Aged Care Quality Standards. If an Aged Care Quality Standard has been omitted from the following feedback, it means we do not have further comment on it.

#### Outcome 2.7 – information management

- Information management should be compliant with the *Privacy Act 1988*

#### Outcome 2.8 – workforce planning

- There is no acknowledgement of the allied health workforce strategy that is underway. This should be integrated into the workforce planning arrangements for aged care.
- There is no acknowledgement of how to address allied health or any workforce issues occurring in regional, rural and remote areas
- There is a lack of acknowledgement of how allied health professionals will be engaged and how the right mix of musculoskeletal allied health professionals will be utilised.

#### Outcome 2.9 – human resource management

- There is no acknowledgement that training for new and existing staff will need to occur. This includes updating existing policies and ensuring they are compliant. We welcome additional consultation on the New Aged Care Act and discussions about how delays in its commencement may impact the sector.

#### Outcome 3.1 – Assessment and planning

- 3.1.4 care and services plans need to include who is providing care to the older person. This should include multidisciplinary team involvement including physiotherapists, occupational therapists, speech pathologists, osteopaths etc. Previous independent assessments should be utilised to reduce duplication.
- 3.1.4 care and services plans are able to be accessed by not only the older person. This should be accessible by the multidisciplinary care team too. This team is pivotal in providing high-quality care to older Australians. Communication of care plans with the multidisciplinary enables streamlined, best-practice care and avoids duplication.

#### Outcome 3.4 – Coordination of care and services

- 3.4.1 – The provider, in partnership with the older person, identifies others involved in the older person's care and ensures coordination and continuity of care. We suggest updating this to include 'the provider, multidisciplinary team and older person' who can work together to identify the care required.

#### Outcome 4.1a: Environment and equipment at home

- 4.1.1 where care and services are delivered in the older person's home, as relevant to the services being delivered, the provider identifies any environmental risks to the safety of the older person. We suggest including the multidisciplinary team as a part of the process to help identify any risks when providing care to the older Australian.

#### Outcome 4.1b Environment and equipment in a service environment

- Equipment used in the delivery of care and services is safe and meets the needs of older people. We suggest clarifying how we determine whether the equipment is safe and meets needs. We also propose that multidisciplinary team discussion and case conferencing are required to determine whether equipment needs are being met.

#### Intent of Standard 5

- What is the intent? We suggest that providers collaborate with multidisciplinary teams to operationalise the clinical governance framework

#### Actions

- 5.3.1 – The provider implements a system for the safe and quality use of medicines. We suggest that a process is in place to review medication post-fall.
- 5.3.2 – same as above

#### Outcome 5.7: Palliative care and end-of-life care

- There is no acknowledgement of how care is provided in the middle of an older Australian's journey. We suggest adding this as an additional area of care that is provided to the older Australian.

## Evidence mapping

We suggest DoHAC considers the following as a part of the evidence mapping material:

- How will the framework be updated if there are increased prescribing rights following the scope of practice review?
- The consultation is to help providers, aged care workers and other stakeholders to understand the revised standards, however, the draft guidance is noted to be for providers only.
- What about multidisciplinary team care in the home care space and in residential aged care facilities (RACFs)? There is a lack of acknowledgement of the multidisciplinary team and the care they can provide to an older Australian.
- There is no information on the between admission to a residential aged care facility (RACF) and end-of-life care. We suggest this is expanded upon as an older Australian may require care in the middle of their aged care journey that extends beyond their original admission to a RACF before end-of-life care is required.
- There is no information about between the initial assessment of an older Australian in the home and end-of-life. The older Australian may choose to die in their own home. The end-to-end care journey requires consideration.

## Worker guidance

The following section provides further details to enhance the capabilities of workers and ensure the provision of high-quality care for older Australians.

### **Standard 1. The person**

- This standard should ensure the older Australian has all the information needed to make informed choices.
- There is a lack of integration of how family/carers can assist an older Australian if they are unable to make a decision.

### **Standard 4. The environment**

- The allied health musculoskeletal multidisciplinary team can help support older Australians to move freely and comfortably in the residential environment. The care they provide can assist in fall prevention care and other musculoskeletal health conditions.

### **Standard 5. Clinical care**

- Empower older people to take risks, make choices about their care and optimise their quality of life. We suggest that this is re-worded so that older Australians take informed, positive risks to improve their quality of life.

Osteopathy Australia would again like to thank the Department of Health and Aged Care for the opportunity for consultation. For any additional information or comments, please get in touch with us by phone at 02 9410 0099 or by email at [clinicalpolicy@osteopathy.org.au](mailto:clinicalpolicy@osteopathy.org.au).