

Response ID ANON-PW8Z-PGWN-N

Submitted to **Streamlined Consumer Assessment for Aged Care**
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Tell Us about Yourself

A What is your name?

Name:
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B What is your email address?

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C What is your organisation?

Organisation:
Polio Australia

D What stakeholder category/categories do you most identify with?

Disability support organisation

E Where does your organisation operate (if applicable)? Otherwise, where do you live?

All States and Territories

F May we have permission to publish parts of your response that are not personally identifiable?

Yes, publish all of my response except my name and email address

Section 3 Design Principles

1 Are the proposed design principles appropriate for a streamlined assessment model? Are there any other principles that you believe should be included?

Please limit your answer to approximately 500 words or less.:

Polio Australia would like to raise the important issues of assistive technology, particularly for people in the aged care system living with disability.

As you may be aware, thousands of people in Australia are living with disability as a result of polio. This disability may be a result of lifelong mobility and other impairments as a direct result of paralysis incurred during the polio infection. In addition, disability may result years after the infection due to the Late Effects of Polio (LEoP), which includes Post-Polio Syndrome (PPS).

The LEoP is a progressive condition, and includes symptoms such as increasing muscle weakness, severe fatigue, chronic pain, sleep and breathing problems and difficulty with speech and swallowing. There is no medical treatment for the LEoP/PPS, so it is largely managed on a symptomatic basis. Treatment may include:

- orthotic bracing (usually customised) to support weak muscles and/or over-used and stretched joints;
- use of mobility aids to relieve weight on weak limbs and to prevent falls;
- customised shoes to address unequal leg lengths, which can be the cause of back pain and requires extra energy to walk;
- use of wheelchairs or motorized scooters for long-distance mobility;
- recommendation of weight loss;
- recommendation of specific select exercises to avoid disuse weakness and overuse weakness;
- management of pain and fatigue through lifestyle changes, reduction of activity, pacing, stretching, and use of assistive devices;
- use of ventilation support at night to address hypoventilation.

As such, it is important to recognise that persons ageing with a disability, such as those related to a polio history, often have significantly more complex needs than those without disability.

Section 5: Entry Processes

2 What issues need to be considered for assessment providers to manage intake and triage under a streamlined assessment model? (e.g. staff skills required of a triage function; consistency of operational processes; and resource implications)

Please limit your answer to approximately 500 words or less.:

It is important to distinguish between frailty and disability. For example, someone may be living with a complex disability but not experiencing frailty. Some

conditions, such as the Late Effects of Polio, may also include significant fluctuations as well as an overall progression. It is important for the assessor to base their overall assessment on all available information, rather than simply what they may observe – especially if a client with a fluctuating condition is having a “good day”.

Recommendations for services and assistive technology given by health professionals and medical specialists should be taken into account when assessing a person's complex needs. Communication between the referrer, assessor and other relevant health and medical professionals/service providers should be facilitated as part of the assessment process.

3 How can a streamlined assessment model enhance referrals and collaboration between health professionals, My Aged Care and a national assessment workforce?

Please limit your answer to approximately 500 words or less.:

4 How do you think the triage process should operate to expedite access to a single time-limited CHSP service? What are the risks and how could these be managed?

Please limit your answer to approximately 500 words or less.:

It would be advantageous to ensure that: a) all assessors had a professional health background, and b) the assessment workforce were further trained to look beyond the medical model and consider disability.

For example, a person wearing an orthosis due to Post-Polio Syndrome may require hand rails in their bathroom, a toilet riser and non-slip mats, to ensure they are able to maintain their independence in personal care. They may also require a scooter or other mobility device to allow independent community access and to enhance participation in community life. If simply looking at a medical model – only the orthosis would be required.

A holistic approach would ensure the clients' needs are met, both on a medical and disability model.

The risk otherwise remains, that a client with assistive technology is viewed as able, whereby they would not be able to function without their aids and equipment, and they would not receive the appropriate package. This risk can be overcome by taking into account their ongoing disability and need for assistive technology in order to complete daily activities.

5 How can support plan reviews be better managed under a streamlined assessment model?

Please limit your answer to approximately 500 words or less.:

Section 6: The Assessment Workforce

6 What qualification and competency requirements do you believe are needed for a national assessment workforce? What particular areas of assessment practice require clinical expertise and/or multidisciplinary team-based approaches?

Please limit your answer to approximately 500 words or less.:

Currently, the RAS (Regional Assessment Service) assessments and ACAS (Aged Care Assessment Service) assessments fail to adequately capture an individual's disability-related needs for support. This is because these assessment processes focus on a very medicalised model of need which is inconsistent with the principles that underpin the current disability policy landscape. At the same time, many RAS assessments are often undertaken by people with no health background who may have a limited understanding of an individual's complex needs.

It would be beneficial to ensure that assessors have a professional health background, and that the assessment workforce were further trained to look beyond the medical model and consider disability. Additional training in managing complex disabilities could also be provided.

7 What design features will enable assessment providers to operate an integrated workforce which is capable of delivering assessment for people across the full continuum of aged care needs?

Please limit your answer to approximately 500 words or less.:

There are a range of conditions which the person may be experiencing, that are not simply "aged care" issues. Polio survivors in Australia are ageing with a disability, and although they may have spent most of their lives independently and without issue, this can decline rapidly as they age.

It is important to distinguish between frailty and disability. For example, someone may be living with a complex disability but not experiencing frailty. Some conditions, such as the LEOp, may also include significant fluctuations as well as an overall progression. It is important for the assessor to base their overall assessment on all available information, rather than simply what they may observe – especially if a client with a fluctuating condition is having a “good day”. Recommendations for services and assistive technology given by health professionals and medical specialists should be taken into account when assessing a person's complex needs.

8 What training and other initiatives should be considered to build the capability of the national assessment workforce?

Please limit your answer to approximately 500 words or less.:

It would be advantageous to ensure that: a) all assessors had a professional health background, and b) the assessment workforce were further trained to look beyond the medical model and consider disability. For example, a person wearing an orthosis due to Post-Polio Syndrome may require hand rails in their bathroom, a toilet riser and non-slip mats, to ensure they are able to maintain their independence in personal care. They may also require a scooter or other mobility device to allow independent community access and to enhance participation in community life. If simply looking at a medical model – only the orthosis would be required. A holistic approach would ensure the clients' needs are met, both on a medical and disability model.

9 What assurance mechanisms should be put in place to ensure the achievement of quality assessment outcomes for senior Australians?

Please limit your answer to approximately 500 words or less.:

10 What should be considered in the design of a streamlined assessment model and a new national assessment workforce to achieve efficiency and deliver the best value for money?

Please limit your answer to approximately 500 words or less.:

Section 7: Assessment in a Hospital Setting

11 How should aged care assessment work for people in a hospital setting under a streamlined assessment model? What issues need to be considered?

Please limit your answer to approximately 500 words or less.:

Section 9: Wellness and Reablement

13 How should wellness and reablement be further embedded in assessment practice under a streamlined assessment model? What strategies do you support and how should they be implemented?

Please limit your answer to approximately 500 words or less.:

Providing Assistive Technology greatly improves the lives of people over 65 years, and particularly those living with a disability, and provides significant economic advantages. Adding a focus on assistive technology to the streamlined consumer assessment for aged care, will provide clients with the technology they need to lead better quality lives and maintain their connection in the community. This also has the potential to reduce demand in other areas such as acute health and community care.

Section 10: Linking Support

14 How can more effective and consistent linking services to vulnerable older people be delivered under a streamlined assessment model?

Please limit your answer to approximately 500 words or less.:

Section 11: Additional Comments

15 What do you believe are the key benefits, risks and mitigation strategies of a streamlined assessment model for aged care?

Please limit your answer to approximately 500 words or less.:

Polio Australia see many benefits to the streamlined assessment model for aged care. We identify a few risks which can be overcome with simple considerations:

- People with a disability are not given appropriate care. To overcome this, ensure that a person's complex needs are considered, especially given the nature of some disabilities that includes both day-to-day fluctuations and overall progression, and, consider the complex assistive technology needs of those living with a disability.
- Assessors do not assess individuals for their disability. To overcome this, ensure that assessors have a professional health background and provide additional training for assessors in managing complex disabilities

16 What implementation and transition issues will require consideration in the design of a streamlined consumer assessment model?

Please limit your answer to approximately 500 words or less.: