



From left: Vera Hewitt and Anne Borthistle

Giving back to the community and taking control

Giving back power and independence to residents has been a recent theme at Gold Coast-based Lady Small Haven Hostel.

Just one of its lifestyle activities has seen residents set up and operate their own craft stall, the profits of which they split between the home and external charitable causes.

All aspects of the stall operation, from picking sale dates to advertising, manning the stall, supply of goods and cash handling have been undertaken with minimal guidance from staff, said Diversional Therapist Jannene Holt, who maintains that independence is the key aim. "The most important aspect of this activity is that residents have been able to promote their own independence and also a feeling of 'giving back to the community'.

The most recent stall was its Mother's Day themed stall, which sold a range of craft and health goods created by a group of low and high care residents, and which sent a percentage of its profits to an orphanage charity in Cambodia.

"It doesn't matter whether someone is incapacitated in some way or not, as there is always some job they can participate in," said Jannene. She said that running the stall has also been a great way for many of the residents to reconnect with earlier memories of work. "One or two ladies have told me how this has highlighted positive memories of their careers and previous lives in sales or retail buying. This is good news as it reinforces normality in their lives and let's them get back in control of their own lives."

Just a word



We received positive feedback about our new feature 'case in point' introduced in last month's edition of The Standard.

In this edition we include a new hypothetical case study about the supply of medications to residents in a residential aged care home and explore some of the dilemmas involved in the management of medications facing approved providers. This month's 'case in point' includes our viewpoint on the issue, as well as a view from the Pharmacy Guild, a legal perspective and an approved provider's viewpoint.

A stylized, handwritten signature in black ink, consisting of a large 'M' and 'B' followed by a horizontal line.

Mark Brandon
Chief Executive Officer

Continence Aids Payment Scheme – more choice for the Australian public

From 1 July 2010, Medicare Australia will deliver the new Continence Aids Payment Scheme (CAPS). This scheme will replace the current Continence Aids Assistance Scheme (CAAS).

The CAPS provides eligible people with a direct payment into their nominated bank account, to assist them to meet some of the costs of their continence products. The CAPS will enable these people to choose where and when they purchase their continence products.

The eligibility criteria for the new scheme is the same as the current scheme.

To be eligible for the CAPS payment a person must:

- be five years of age or older
- suffer from permanent and severe incontinence caused by an eligible neurological condition or another eligible condition provided they have a valid Centrelink Pensioner Concession Card
- have the health condition verified by a health professional.

A person is not eligible for the CAPS if they:

- receive assistance for continence aid products through the Extended Aged Care At Home (EACH) or EACH Dementia packages
- receive assistance for continence aid products through the Department of Veterans' Affairs Rehabilitation Appliances Program, or
- are in receipt of high care from a provider receiving a subsidy in respect of that care.

A CAPS recipient, or their representative, is required to inform Medicare Australia of any change in their circumstances that might affect their eligibility for the scheme. This can be done by calling Medicare Australia on 132 011.

Medicare Australia is currently writing to CAAS clients to transfer them to the new scheme. CAAS clients who provide Medicare Australia with additional information, including bank account details, will receive their first CAPS payment in the first two weeks of July 2010.

Medicare Australia will accept new applications for the CAPS from 1 July 2010.

Key changes to note from 1 July 2010:

- the public will no longer be able to access the CAAS
- Medicare Australia will begin making payments to CAAS clients who have completed their transition to the CAPS from 1 July 2010
- CAPS application forms for new applicants will be available from the end of June 2010 at www.bladderbowel.gov.au and from Medicare offices.

For more information call **1800 807 487**, email continence@health.gov.au or go to www.bladderbowel.gov.au

Better Practice 2010 diary dates

Melbourne	26-27 August
Sydney	16-17 September
Brisbane	14-15 October



RCNA
CNE points
offered

For more information go to www.accreditation.org.au or call 1800 728 589.

Michael Goldsworthy

Michael Goldsworthy is known throughout the Aged and Community Services industry for assisting boards, chief executive officers and senior management teams in strategic planning, performance management, governance, mergers, risk management and organisational development.

Working in a framework of change management, strategic planning and project management, Michael has worked with over 5,000 community businesses (Not-For-Profits) and some 400 aged and/or community care organisations throughout Australia. His many case studies are a testament to the engagement, support and resources Michael offers boards and leadership teams.

Michael has a profound understanding, practical experience and proven track record in assisting leadership groups (boards, chief executive officers and senior management teams) address the challenges and opportunities arising from growing and developing their aged and community care organisation. For over 20 years Michael has regularly presented at a wide variety of international, national and state conferences as well as numerous Better Practice conferences. He is well known for his unique, graphic models, clarity of thought and his informative and practical presentations and solutions.



◀ Michael Goldsworthy

Recently, Michael has been presenting a paper on *“Developing an Effective Working Relationship with your Governing Body; Common Challenges, Practical Solutions”*.

His presentation abstract stated, “Whilst the framework and principles of governance are increasingly well understood by boards and chief executive officers of aged care organisations, the practical implications for some CEOs/DONs remains a challenge. This presentation is squarely focused on identifying and discussing the common challenges faced by CEOs/DONs and the practical solutions to these challenges”.

Attendees at this presentation will gain a clear understanding of:

- the typical challenges and practical solutions
- several tools/techniques that could be used
- other participants issues, ideas and solutions.

Michael Goldsworthy is a speaker at Better Practice 2010. For more information or to register, go to www.accreditation.org.au or call 1800 728 589.

Education courses and seminars dates and locations

Courses		Seminars	
This course attracts 22 RCNA CNE points when participants attend the full course.		This seminar attracts 7 RCNA CNE points when participants attend the full seminar.	
Understanding accreditation: a practical toolkit for homes course – three day		Managing risk to avoid non-compliance	Achieving compliance with 1.8 Information systems
NSW	9-11 November 2010, Parramatta	NSW	3 November 2010, Wollongong
QLD	29 November-1 December 2010, Stones Corner	VIC/TAS	18 March 2011, Albury
SA	9-11 November 2010, Modbury	QLD	9 December 2010, Toowoomba
WA	19-21 October 2010, Mt Claremont	SA	23 November 2010, Glen Osmond
		WA	14 March 2011, Mt Claremont
			3 September 2010, Blacktown
			16 February 2011, Mildura
			2 September 2010, Byron Bay
			3 December 2010, Naracoorte
			24 February 2011, Mt Claremont

For more information go to www.accreditation.org.au or call 1800 728 589.



Case in point

This month the case in point scenario goes to residents' rights, the practicalities of operations of a home, and management responsibilities.

A nursing home has 75 residents, comprising mainly high-care residents who have been long-term residents of the home. The home has a relationship with a nearby pharmacy whereby the pharmacy provides blister packs of residents' medicines in accordance with the instructions of the residents' treating medical professionals. This service is provided at no cost to either the home or the residents, and the home does not receive a commission or any other form of payment from the pharmacy.

Eleven residents have insisted that their medicines be provided by a pharmacy of their own choice. These pharmacies levy a delivery fee for this service. This means the home is dealing with 12 different pharmacies, 11 of which supply medicines in differing formats. Of the 11 residents, four have recently told the home they are concerned at paying the additional delivery fee.

The DON believes it would be simpler, safer and more efficient and effective if all residents' medications were supplied by the one pharmacy. The DON wants to make it a condition of the residents' agreement that all medications must be supplied by the pharmacy with which the home has a long-standing and satisfactory relationship. The pharmacy has told the home it would be prepared to make an annual payment in return for an exclusive arrangement. The DON could use this to schedule additional residents' activities.

From the Aged Care Standards and Accreditation Agency Ltd

When assessing against the Accreditation Standards, expected outcome 2.7 Medication management requires that "*residents' medication is managed safely and correctly*" and homes need to implement a medication management system and processes in order to achieve this outcome. This includes being able to ensure correct recording, ordering and administration of resident medications. It also includes monitoring of any self-administration of medication by residents.

However, in matters of choice and decision making, the rights of residents need to be considered. Both the Accreditation Standards and the Charter of Residents' Right and Responsibilities refer to the rights of residents to their personal, civic, legal, and consumer rights. The Standard Three principle states that "*residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community*". Expected outcome 3.9 Choice and decision-making requires that "*each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people*". The Charter of Residents' Rights and Responsibilities also refers to the right of residents "*to maintain control over, and continue making decisions about, the personal aspects of his or her daily life*" and to "*maintain his or her personal independence*".

Therefore, home's need to demonstrate that residents' rights to exercise choice and make decisions are enabled so their personal and civic rights are uninterrupted as a result of moving into a residential aged care home. This includes ensuring residents (or their representatives) are able to participate in decisions about all aspects of care and services they receive in the home including enabling residents to retain their preferred medical officer, health specialists and supplier of pharmaceutical needs where possible.

Pharmacy Guild response

Toni Riley, National Councillor, Pharmacy Guild of Australia

The scenario is one that pharmacies supplying a residential aged care home encounter frequently and generally the resident is the “loser” in this situation and it causes many a headache for both staff and the pharmacy supplier.

The Charter of Residents’ Rights and Responsibilities is interpreted in a manner which assumes that all residents have the right to choose their own pharmacy supplier and in some cases either the resident or their families do just that, generally due to long-standing relationships with this particular pharmacy. And of course the contracted supply pharmacy knows this as well – so it should not come as any surprise to a supply pharmacy that some of the residents in the home may well choose to use another pharmacy.

The problems generally arise when the alternate pharmacy is not available for after hours provision of medicines or not able to meet the delivery schedules that the resident and the home expect. Personally, I can give many examples of residents in homes I provide services to, who have chosen to have another provider, became ill at night, on a weekend or public holiday and the home had no after hours contact details. The options open to the home are to either ask the resident’s family to find a place to have this dispensed (and of course the medicines may not be supplied in the format required by the home) or failing this the staff call on me and appeal to my compassion and ask me to provide the required medicines. And then of course, this generally means that I will never actually get any payment for the medicines as the resident does not want to have my pharmacy provide their medicines! It’s a moral and ethical dilemma at this stage.

I know this isn’t the question but this is the dilemma supply pharmacies are generally exposed to. Supply pharmacies need to have good working relationships with the homes we supply, plus the staff enjoy the skill, knowledge and service the pharmacy brings to them, so it is very hard to discount such requests. My yard stick is always –if this was my mother, what would I want to happen? Simple answer really.

From many years of experience, I have found that the greater the number of pharmacies the residential care staff are required to work with, the greater the number of problems that arise – issues include time frames for supply, confusion about who provides the residents’ medicines, who is responsible for organising adequate supply and who organises the scripts! And then the issue about timely delivery!

Obviously as a supply pharmacy one of the considerations to be explored initially is – when and how often to deliver; certainly the cost of the delivery will be contractual and in my experience nil. This is always a negotiation point and of course compliance for the contracted pharmacy is a KPI generally...not so sure how this can be manipulated with any other pharmacy to fit the home’s requirements. Maybe that is the reason other pharmacies levy delivery charges.

You would not be surprised that many pharmacies are beginning to levy a charge for a delivery – it is a substantial cost to a pharmacy to provide an appropriate delivery service to customers and the economic reality is that the cost is increasingly shared by the pharmacy and the recipient of the delivery. There is actually nothing preventing this happening – I guess the important point here is that the consumer be made aware of the levy prior to providing the service.

I am not surprised that families are unhappy about the extra delivery charge, but they did exercise a “right” to select another (and in this case more expensive) supplier – maybe the responsibility needs to be put back on the people making this choice...you could use the contracted supplier and receive many additional benefits, including a free and timely delivery service or you can choose another supplier for which the home can make no guarantees!

As to the pharmacy service provider to the home, making a decision to provide an annual payment for exclusivity – there is nothing stopping this happening or determining how this is distributed by the home. This may well be to the benefit of the residents too. But I think the real issue is about quality and quantity of service to the residents themselves. Medicines are a huge part of the care of residents in high care homes, and I cannot understand why anyone would choose to have a provider who is not experienced in this specialised area of practice and able to provide a 24 hour/ 365 day a year service.

A legal perspective

Provided by Brian Herd, Aged Care Services, CARNE REIDY HERD LAWYERS

Exclusive arrangements with pharmacies

What are the implications of an aged care facility (ACF) including a condition of its residents' agreement that residents' medications must be supplied by the pharmacy with which the ACF has an exclusive supply arrangement and the ACF accepting a fee from the pharmacy for this exclusive arrangement?

Trade Practices Act

Without considering the effect of any relevant provisions of the various State laws that may apply, Sections 47(6) and 47(7) of the Commonwealth Trade Practices Act (1974) prohibit the practice known as third line forcing. Third line forcing is a specific form of exclusive dealing which involves parties agreeing on the supply of goods or services on condition that the purchaser (in this case the resident) buys goods or services from a particular third party. It also occurs where there is a refusal to supply goods or services because the purchaser will not agree to that condition.

If an ACF makes it a condition of the resident's contract, that residents must have medications supplied by a particular pharmacy the Aged care facility is, in effect, refusing to supply aged care services unless that condition is agreed to. It would therefore be engaging in third line forcing which is prohibited and for which there can be substantial penalties.

This is the case regardless of whether or not the pharmacy pays a fee to the Aged care facility for the exclusive arrangement.

Charter of Residents' Rights and Responsibilities

Requiring residents to agree to such a condition would also be a breach of the Charter of Residents Rights and Responsibilities set out in the User Rights Principles 1997. The relevant parts of the Charter are that each resident has the right to:

- Full and effective use of their personal, civil, legal and consumer rights; and
- Have their individual preferences taken into account.

The residents' right to choose which pharmacy will supply their medications cannot be restricted by forcing them to use the Aged care facility's preferred pharmacy through a condition of the residents' agreement.

Accreditation Standards

The residents' right to participate in decisions about the services they receive is also contained in the Quality of Care Principles 1997 under Accreditation Standard three. It is articulated as part of expected outcome 3.9 Choice and decision making, as well as in the Standard three principle, which states:

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Guidelines for pharmacists

The right of residents to obtain pharmacy services from any pharmacist of their choosing is also acknowledged by the Guidelines for Pharmacists in relation to the provision of pharmacy services to residential aged care facilities published by the Pharmaceutical Society of Australia in November 2001. Pharmacists would need to consider whether they are breaching the Society's professional practice standards and guidelines.

Better option

Rather than make it a condition of the resident agreement that they use the Aged care facility's preferred pharmacy, the facility should advocate the cost savings and other benefits associated with using the preferred supplier.

A response from a residential aged care provider

Anglican Retirement Villages (ARV)

- At ARV we do have a contract with a pharmacy that is preferred. This is to facilitate ease of streamlining signing sheets and consistency in packing and delivery times etc.
- Residents are informed of our preferred pharmacy provider and that staff are preceptored in the blister pack system. However, they do have the choice to remain with their current pharmacy supplier and any system that they choose should provide the same safe guards.
- The DON/Manager of the facility would approach the residents pharmacy suppliers to ensure the safe administration of medications.
- The resident can choose any pharmacy supplier as part of their rights and choices. At ARV we do have more than one pharmacy supplier. We inform new residents and relatives that any system they choose should provide the same safe guards as our system.
- The best approach here is to inform residents and their representatives of what is available to them and inform them of costs etc. We advocate strongly for safe systems.
- Regarding acceptance of monies from the pharmacy. ARV does not manage its contracts this way and so we are unable to comment.
- If residents choose to remain with a different pharmacy supplier then systems need to be implemented across the facility so staff are aware of this and understand where orders etc need to be placed. These systems will provide a more effective and safe way of managing the residents medication i.e. list of residents who use different suppliers and the contact numbers for changes in medications, delivery times and shut off times for processing new requests etc.
- In terms of Accreditation Standards we advocate for safety.
- At ARV our contracted pharmacy supplier provides the majority of packs and sign sheets to our residents, for those residents that choose to remain with their own pharmacy, our contract pharmacy will provide the sign sheets for those residents so they are consistent. Again the home would need to negotiate these things and provide training to staff regarding the expectations and processes that need to occur to ensure a safe and effective delivery system is implemented.

Do you have a 'case'? Let us know. Email: editor@accreditation.org.au

Delivered at your home

Understanding accreditation courses were introduced in March and are now running both publicly and direct to organisations. Recently, the course was delivered direct to organisations in Tasmania, South Australia, Queensland and New South Wales to residential aged care homes and health organisations.



The aim of the course is for participants to come away with a better understanding of the accreditation process, audit principles and methodology and to feel confident to conduct internal audits in their own homes.

“The group had a good mixture of experience – in acute and aged care. They were all keen to push themselves and learn how they can do things better, and to share their experiences with the other participants. Even though they said they were stretched, they said it was rewarding as they gained a lot out of the experience,” course facilitator Tony Rigley said.

“We recognised the wealth of experience in the room and facilitated the course using the collective knowledge and experience of everyone in the group. It makes the learning experience much more valuable, and means participants aren’t just listening to a presenter but actively involved in their own learning.”

“It is a challenging course, not only for the participants but also for the facilitators. But the participants came away with a real understanding of how they can apply assessment methodology in their own homes.”

Tony said the key to the course is the activities. They have been specifically designed to provide the skills and tools to be taken back to the workplace and used immediately with little or no adaptation.

“Participants praised the tools and their immediate useability, not only for self-assessments but to help in skilling up other staff to better understand the accreditation process.

“Quite literally you can do the course and be conducting self-assessments with the tools provided the next day,” Tony said.

For more information and dates and locations for the Understanding accreditation: a practical toolkit for homes course, go to www.accreditation.org.au.

Can’t come to us? We can conduct the course at your workplace. See www.accreditation.org.au or call 1800 728 589 for details.

Feeling good at Carramar Hostel

Improving inner strength and happy lifestyles has been the positive outcome for residents at Queensland's Carramar Hostel.

The 73-bed Blue Care aged care facility recently partnered with the South Brisbane GP Practice Group and Access Health, to provide residents with a series of regular workshop sessions on the two areas of self esteem and pain management.

Initially targeting those residents who were displaying signs of social isolation and/or challenging behaviours, the program recognised that many older people can be resistant to the idea of group therapy.

Because of this, it was important to begin the program with a series of one-on-one sessions, said Carramar Manager Elma Fourie. "Many of our residents may have had difficult circumstances in their life which can mean it's difficult for them to build a feeling of trust with people.

"Therefore it was great for us to have a psychology student come to us who undertook one-on-one-sessions with selected residents who were either socially isolated from other residents or who were displaying challenging behaviours."

These sessions focused on the importance of confidentiality agreements, the benefits of group work, explanations surrounding pain management and therapy, and the attendance that would be required from them if they agreed to participate in the workshop sessions.

Following the one-on-ones, the self-help groups were initiated in which residents took part in 'Increasing Self Esteem' in the morning and 'Pain Management' in the afternoon.

"The goal for our morning session was to generally increase residents' overall quality of life," said Elma, and therefore topics covered included grief and loss, ageing positively and understanding anxiety and depression whilst adjusting to residential living.

Afternoon sessions on pain management comprised areas such as 'The Role of your Emotional State,' 'Progressive Muscular Relaxation' and 'Using peaceful imagery to control anxiety'.

Following some great success stories with residents who have reported significant pain alleviation or who are now more actively participating in social activities, Elma said Carramar is now continuing with the program sessions every second week.

"We have some really beneficial strategies in place which have ended up with some great feedback and results from our residents."



Aged Care
Standards and Accreditation Agency Ltd

Contact information

The Editor, Aged Care Standards and Accreditation Agency Ltd.
PO Box 773, Parramatta, NSW, 2124
email: editor@accreditation.org.au

© Aged Care Standards and Accreditation Agency Ltd. *The Standard* August be copied in whole. *The Standard* is intended to provide general information only and should not be taken as constituting professional advice. Readers should obtain further advice in relation to issues raised in *The Standard*. Mention of a person, home, company or product does not mean endorsement by the Agency.

To be added to *The Standard* mailing list or to receive extra copies, email your address/ mailing details to the editor: editor@accreditation.org.au or download your copy from www.accreditation.org.au