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CREATE CHANGE

COVID-19 – an Australian Perspective

Aged Care – what went wrong?

The way forward…what can we learn from our research in hospitals?

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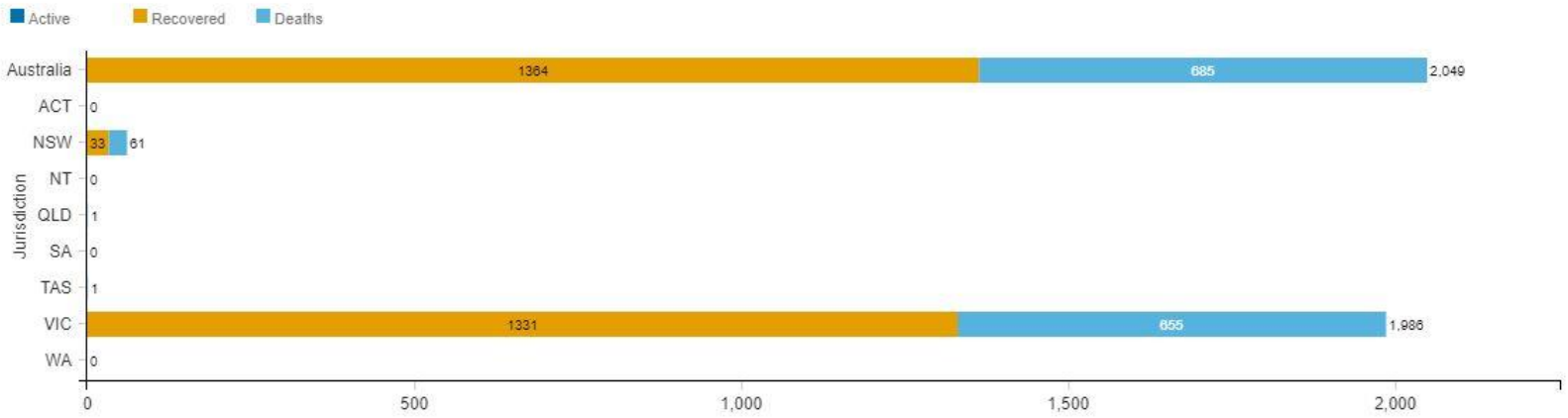
The numbers….

COVID-19 cases in aged care services – residential care

This graph shows the number of confirmed active COVID-19 cases, deaths and recovered cases, in Australia and each state and territory, for people living in Australian Government–subsidised residential aged care facilities.

Source: Department of Health 7/12/2020



** The aged care data comprises data sourced from the Victorian Public Health Events Surveillance System (PHESS) and Commonwealth sources*

Since 22 January 2021

In total population

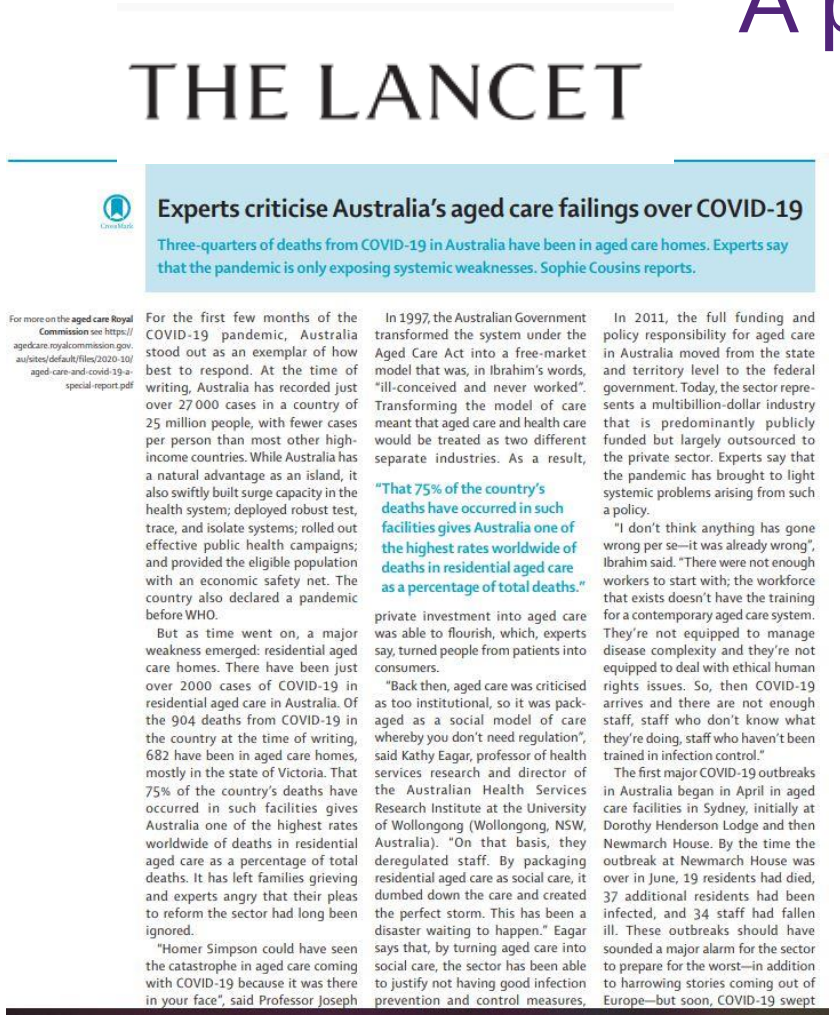
- 27, 872 cases
- 908 total deaths

In Aged Care

- 223 outbreaks across 217 facilities
- 2027 residents infected
- 685 resident deaths
- 2236 staff infected

75% of the country's deaths have occurred in aged care

A perfect storm?



THE LANCET

Experts criticise Australia's aged care failings over COVID-19

Three-quarters of deaths from COVID-19 in Australia have been in aged care homes. Experts say that the pandemic is only exposing systemic weaknesses. Sophie Cousins reports.

For more on the **aged care Royal Commission** see https://agedcare.royalcommission.gov.au/sites/default/files/2020-10/aged-care-and-covid-19-a-special-report.pdf

For the first few months of the COVID-19 pandemic, Australia stood out as an exemplar of how best to respond. At the time of writing, Australia has recorded just over 27 000 cases in a country of 25 million people, with fewer cases per person than most other high-income countries. While Australia has a natural advantage as an island, it also swiftly built surge capacity in the health system; deployed robust test, trace, and isolate systems; rolled out effective public health campaigns; and provided the eligible population with an economic safety net. The country also declared a pandemic before WHO.

But as time went on, a major weakness emerged: residential aged care homes. There have been just over 2000 cases of COVID-19 in residential aged care in Australia. Of the 904 deaths from COVID-19 in the country at the time of writing, 682 have been in aged care homes, mostly in the state of Victoria. That 75% of the country's deaths have occurred in such facilities gives Australia one of the highest rates worldwide of deaths in residential aged care as a percentage of total deaths. It has left families grieving and experts angry that their pleas to reform the sector had long been ignored.

"Homer Simpson could have seen the catastrophe in aged care coming with COVID-19 because it was there in your face", said Professor Joseph

In 1997, the Australian Government transformed the system under the Aged Care Act into a free-market model that was, in Ibrahim's words, "ill-conceived and never worked". Transforming the model of care meant that aged care and health care would be treated as two different separate industries. As a result,

"That 75% of the country's deaths have occurred in such facilities gives Australia one of the highest rates worldwide of deaths in residential aged care as a percentage of total deaths."

private investment into aged care was able to flourish, which, experts say, turned people from patients into consumers.

"Back then, aged care was criticised as too institutional, so it was packaged as a social model of care whereby you don't need regulation", said Kathy Eagar, professor of health services research and director of the Australian Health Services Research Institute at the University of Wollongong (Wollongong, NSW, Australia). "On that basis, they deregulated staff. By packaging residential aged care as social care, it dumbed down the care and created the perfect storm. This has been a disaster waiting to happen." Eagar says that, by turning aged care into social care, the sector has been able to justify not having good infection prevention and control measures,

In 2011, the full funding and policy responsibility for aged care in Australia moved from the state and territory level to the federal government. Today, the sector represents a multibillion-dollar industry that is predominantly publicly funded but largely outsourced to the private sector. Experts say that the pandemic has brought to light systemic problems arising from such a policy.

"I don't think anything has gone wrong per se—it was already wrong", Ibrahim said. "There were not enough workers to start with; the workforce that exists doesn't have the training for a contemporary aged care system. They're not equipped to manage disease complexity and they're not equipped to deal with ethical human rights issues. So, then COVID-19 arrives and there are not enough staff, staff who don't know what they're doing, staff who haven't been trained in infection control."

The first major COVID-19 outbreaks in Australia began in April in aged care facilities in Sydney, initially at Dorothy Henderson Lodge and then Newmarch House. By the time the outbreak at Newmarch House was over in June, 19 residents had died, 37 additional residents had been infected, and 34 staff had fallen ill. These outbreaks should have sounded a major alarm for the sector to prepare for the worst—in addition to harrowing stories coming out of Europe—but soon, COVID-19 swept

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- Predominantly publicly funded but largely outsourced to the private sector

- Aged care and health care treated as two different separate industries.

- Packaged as a social model of care - reduced regulation
- "By turning aged care into social care, the sector has been able to justify not having good infection prevention and control measures, sufficient staff ratios, and adequately trained staff."

K Eager, Prof of HSR, University of Wollongong

“There were not enough workers to start with; the workforce that exists doesn't have the training for a contemporary aged care system. They're not equipped to manage disease complexity and they're not equipped to deal with ethical human rights issues. So, then COVID-19 arrives and there are not enough staff, staff who don't know what they're doing, staff who haven't been trained in infection control…..”

Professor Joseph Ibrahim, head of the Health Law and Ageing Research Unit at Monash University

Top 5 Lessons from Australian IPC research in hospitals……

1. Improve surveillance – data for action (infections and process indicators, AMS PPS)
2. Staffing levels and ratios are important….BUT….
3. …..Need to examine scope of practice of IPs and incentives for credentialing
4. Policy is hard to implement – gap between standards and what is implemented
5. Context is key – not a “one size fits all” solution

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Thank you

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