

**healthcare  
consumers**



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## **HCCA Feedback on the 'Moving to a Residential Aged Care Facility- Information for Hospital Patients and their Carers/Family' Information Sheet**

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The Health Care Consumers' Association (HCCA) of the ACT was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision-making.

HCCA welcomes opportunity to provide feedback on the 'Moving to a Residential Aged Care Facility- Information for Hospital Patients and their Carers/Family' Information Sheet. We see that there is a great need to develop a resource of this kind to assist consumers with the complicated transition process of moving to a residential aged care facility (RACF). However, many of our members are deeply concerned that the tone of the document is inappropriate and does not express an understanding of the stresses and difficulties involved in this life changing event.

The feedback provided below is based on the input of HCCA members, who expressed considerable interest in the document and have gone to great lengths not only to raise concerns, but also to identify solutions.

### **Language and Tone**

Those who read the information sheet commented that the language is too demanding and places the onus on the consumer to 'sort themselves out' and leave the hospital as quickly possible. This gives the impression that the hospital's primary concern is to move patients on rather than ensuring that they have received the best possible care. In particular, focusing on the need to 'free up beds' for other patients is likely to cause feelings of distress and guilt for people already in vulnerable circumstances.

While efficient transfer and discharge of elderly patients is beneficial to the hospital system, it is important not to push consumers into making these important decisions without exploring all reasonable alternatives.

Most of the people who provided feedback strongly believed that the information sheet needed to focus more on empowering consumers to organise the best

possible accommodation for their particular needs and to participate in the transition process.

The language used is too complicated for someone who is not likely to be feeling their best and is still coming to terms with the loss of their independence. More care needs to be taken to ensure that information is presented in a clear and logical manner to make it as easy as possible for the consumer to follow.

### **Terminology**

Although the word 'bed' is easily understood, it may not be clear to all consumers that this term is referring to a position in a RACF.

'Placement' reads like an action that is imposed on a person, rather than a choice that is exercised (even if that choice is made by someone else on their behalf). An alternate phrase may give a more neutral tone.

The term 'expedite' used in the paragraph 'What do I do when I accept a placement offer?' is unnecessary. We suggest it would be better to use a term such as 'organise' to avoid giving off the impression that staff want to get rid of the consumer as soon as possible.

The Department of Health and Ageing website uses the term *aged care home*. This document uses both home and facility. One member suggested that while the latter may be the correct term for health professionals, it sounds very cold.

### **Layout**

First and foremost, it is important to acknowledge that this is likely to be a difficult and stressful time for the consumer and their family and/or carer. The consumer may be experiencing feelings of grief, loss and anxiety, while family members and carers may be feeling guilty for no longer being able to meet their needs.

Following this, there needs to be a statement that 'the Aged Care Assessment Team (ACAT) will meet with you and your family/carer' to make it clear to consumers that their wishes are important, and will be considered. Wherever possible, consumers value face-to-face communication with health professionals in order to discuss their situation and ask any questions they may have. This also provides a greater opportunity for consumers to actively participate in decision making processes.

To assist with creating a more logical flow, we suggest that the paragraph about the role of the Residential Aged Care Liaison Nurse (RACLN) could follow immediately after the paragraph stating that the RACLN is able to advise and assist you in the process.

We also suggest that a flow chart or diagram be included to better illustrate the process. In addition, the names of other documents mentioned in the information sheet could be bolded to make them easier for consumers to identify. It may also be

worth numbering the documents to make them easier to find (if this has not already been done).

Finally, a space could be included at the end of the information sheet for different health professionals to write their contact details on. In this way, the consumer can collect all of the information they need in the one spot.

### **Consumer rights and options**

We strongly suggest that greater emphasis be placed on the rights of the consumer and the different options available to them. Currently, it appears as though the consumer could be forced to accept a placement they do not want.

Will a family member or carer be present during the ACAT assessment? Although it can be difficult for close friends and family to provide an objective assessment of the consumer's abilities, they would be able to provide additional information in terms of past behaviour. Having a familiar face present during the assessment is also likely to make the consumer feel more comfortable.

It is also important not to assume that the consumer's family will always act in the consumer's best interest. Is it possible for an independent advocate to be provided to ensure that the consumer's rights will be protected?

The section on 'changes to billing arrangements' was confronting to many of our members. If a person is unwilling or unable to pay the cost of staying on as an inpatient past the 35 day limit, do they have the option of returning home in the interim? Otherwise, the issue of financial consent would need to be addressed.

Members have queried whether the new reforms that will come into place in June 2014 under the 'Living Longer, Living Better' aged care reform package will render this information sheet out of date. We understand that there will be more community care packages and a focus on consumer directed care which could potentially mean less people being sent to RACFs, as this is often not what the person actually wants.

### **Additional information**

Although we recognise that the authors of the information sheet have aimed to present concise information, our members felt that it would be worthwhile expanding on some of the information provided so that the document could act as a comprehensive summary of the transition process instead of an introduction.

We are concerned that the information sheet does not accurately convey the realities of organising a transition to a RACF. For instance, it would be good to acknowledge the difficulties and challenges of getting into certain facilities. Consumers may not be aware that ACT Health has little to no control over whether a consumer receives their preferred placement.

The information sheet states that a person can attempt to transfer from one RACF to another if they do not receive their first choice of placement. If this is the case, the sheet needs to explain how this could be achieved. While we understand that by this stage the consumer will no longer be the responsibility of the hospital, this information still needs to be provided before the consumer commits to accepting a less preferred placement. It also needs to be recognised that this may not always be a possibility and that there would be costs involved.

There needs to be more information provided about the costs involved with RACF placements and how the Asset Assessment could affect these costs. Consumers need to know that not only will the assessment determine how much they have to financially contribute to the placement, but that it may also determine that their aged pension and access to health care benefits can be removed in full or in part. It could also be suggested that family or carers seek financial advice before making any permanent residential placement decisions.

The section on GPs needs to be clarified and expanded. The term 'doctor' needs to be replaced with 'GP', as consumers are likely to have a number of doctors currently involved in their care. We also suggest including advice on how to go about organising another GP if it is not possible for a person's current GP to come to the RACF. For instance, the person or their family members could try calling practices closer to the RACF to see if any of the GPs already visit the facility.

It is also worthwhile noting that veterans are likely to have different entitlements and will need to meet with the Veterans Affairs Liaison Officer. Contact details for the Department of Veterans' Affairs could be included to the consumer to contact if clarification is required.

This would also be an excellent opportunity to introduce Advance Care Plans, which are often a requirement for being accepted to a RACF. This is an essential aspect of empowering consumers and ensuring that their wishes are respected.

Members also wanted to know whether additional support would be available to assist consumers with completing paperwork. This is a very complex process and involves making some difficult decisions, so it is important that consumers and their family are given as much support as possible. In some instances, the consumer may not even have any family members or carers available and would definitely struggle completing the process on their own.

For further information, we recommend including a link to the Department of Health and Ageing's website: [www.myagedcare.gov.au/aged-care-homes](http://www.myagedcare.gov.au/aged-care-homes). Members have commented that this website contains useful information presented in a warm and positive manner.

Attached is an edited version of the information sheet submitted to HCCA staff by one of our members. The document incorporates a majority of the concerns and suggestions raised in our feedback.

Please do not hesitate to contact us if you require further information

Health Care Consumers' Association of the ACT