

Improving Palliative Care in

Residential Aged Care

**Pre-Budget Submission 2020-21**

# **Executive Summary**

The Royal Commission into Aged Care, Quality and Safety has demanded systemic change to enable the aged care system to meet the needs of older, vulnerable Australians. The hearings have highlighted inadequacies in accessibility and quality of palliative care in residential aged care and considered how the interface between the health system and aged care be strengthened.[[1]](#footnote-2)

There are many initiatives that a Federal Budget can fund in order to strengthen the capability of the aged care sector. However, a focus on delivering effective and compassionate palliative care in residential aged care not only improves the quality of end of life care but is a highly efficient economic proposition for the health and aged care system as a whole.

**About HammondCare**

Established in the 1930s, HammondCare is an independent Christian charity specialising in dementia care, palliative care, rehabilitation and older persons' mental health services. HammondCare is committed to supporting people who are financially disadvantaged and has a mission to improve quality of life for people in need, regardless of their circumstances.

HammondCare is a recognised leader in both the provision of specialist dementia care services, and innovate palliative and supportive care models.

In FY19, HammondCare cared for approximately 8,800 people in the home and in the community, 1,950 people in residential aged care services and 4,597 people through HammondCare’s sub-acute hospitals. HammondCare’s Dementia Centre is recognised in Australia and internationally for its high-quality research, consultancy training and conferences in the area of best-practice dementia care.

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## The need for better end-of-life care

Australians have to change where they die in the next few decades. Currently, just over half of Australians (54%) die in hospitals with the rest dying in residential aged care (32%) and their own homes (14%).[[2]](#footnote-3) More Australians die in the acute hospital setting as a proportion of the number of deaths than in countries such as New Zealand, France, Ireland and the US.[[3]](#footnote-4)

If Australians do not start to change where we die – if we continue to predominantly die in hospitals – then, with the annual death rate in Australia projected to double to more than 300,000 in the next 40 years, we’ll need the equivalent of an extra 9 New Royal Adelaide Hospitals (opened at a cost of $2.2bn to build for 800 beds), or 15 new Northern Beaches Hospitals (opened at a cost of $1.1bn to build for 488 beds) in the coming three decades – purely for people to die in.[[4]](#footnote-5) For capital costs alone, Australia will need $15-$20b in today’s terms to build these hospitals and, with additional annual operating costs, an additional $3.6 billion annually.[[5]](#footnote-6)

These costs would not include the growing need for the additional hospital services that treat the increased demographic demand for chronic conditions of an ageing population.

End-of-life care for people in residential aged care

Australia can address this situation by improving support for palliative care in different settings – in the home, in hospices as well as in residential care.

For the purposes of this Pre-Budget submission we address the latter: **increasing the provision of palliative care in residential aged care**. This not only improves quality of life at the end of life but also makes economic sense as it has the capacity to reduce avoidable and un-necessary hospital admissions and provide better symptom control, pain relief and comfort for residents and their families at a lower cost.[[6]](#footnote-7)

A 2015 Australian study of residential aged care homes demonstrated that in the last month of life, residents living with dementia who were not receiving palliative care, visited the emergency department 3.1 times more often than those who were receiving palliative care.[[7]](#footnote-8) The additional cost of providing palliative care in nursing homes – which includes increased and upskilled staff, co-ordinated primary care, access to specialist palliative care and round the clock access to controlled medications – is significantly offset by the savings accrued from reduced ambulance transfers, hospital admissions, in-patient hospital stays and hospital deaths. Reducing hospitalisations and ambulance transfers has been estimated to result in cost-savings of approximately $27 million per annum.[[8]](#footnote-9)

Evidence from the Royal Commission into Aged Care Quality and Safety has also highlighted the problematic interface between health services and aged care, emphasising the need to improve palliative care service provision within residential aged care.[[9]](#footnote-10) The Commonwealth Government has also recognised the need for change, allocating $32.8 million in their 2018-19 budget to trial and implement innovative models that support residents requiring specialist palliative care and foster collaboration between residential care homes and palliative care specialists.[[10]](#footnote-11)

The gap in palliative care provision in residential care

Residential aged care palliative care service provision varies significantly between providers and between states and territories. Most nursing homes lack adequate levels of specialised staff to provide the time-limited, intensive support that good palliative care requires. Visiting medical staff, including general practitioners (GPs), similarly lack the necessary training and confidence[[11]](#footnote-12) – as heard in the Sydney hearing of the Royal Commission.[[12]](#footnote-13) These inadequacies often lead to detrimental outcomes for the resident, including symptoms being poorly managed and too often treated as medical emergencies that result in unnecessary transfers to hospital.[[13]](#footnote-14) Limited access to palliative care consultants and insufficient funding are additional barriers to the provision of good palliative care.

The case study of residential aged care resident ‘DE’, presented to the Sydney hearing of the Royal Commission, exemplifies this gap. Staff at DE’s residential care facility failed to adequately communicate DE’s palliative care status to her daughters, including one who was her enduring guardian and authorised representative. DE’s daughters were not included in her palliative care planning and on the night of DE’s death, DE was distressed, in pain and fighting for breath. DE’s daughters noted their mother’s final month of living would have been significantly improved if staff had better training in providing a palliative approach and comfort care at the end-of-life.

No single approach will address the gaps currently present in palliative care service provision within residential aged care. The sector requires a multi-faceted approach which will build palliative care capability across the sector as a whole. However improving palliative care in residential aged care not only improves quality of life for older Australians at the end of their lives but has a strong economic payback for the health and aged care sector as a whole.

1. Commonwealth of Australia, 2019, ‘Royal Commission 28.6.19R1’, Royal Commission into Aged Care Quality and Safety, Online Transcript, 28 June 2019, P-2827, viewed 18 October 2019. <https://agedcare.royalcommission.gov.au/hearings/Documents/transcripts-2019/transcript-28-june-2019.pdf> [↑](#footnote-ref-2)
2. Swerissen H and Duckett S, 2015, ‘What can we do to help Australians die the way they want to?’, *Medical Journal Of Australia,* <https://www.mja.com.au/journal/2015/202/1/what-can-we-do-help-australians-die-way-they-want> [↑](#footnote-ref-3)
3. Broad JB, Gott M, Kim H, et al. 2013, ‘Where do people die? An international comparison of the percentage of deaths occurring in hospital and residential care settings in 45 populations, using published and available statistics’. *International Journal of Public Health*, No, 58, pp. 257-267. [↑](#footnote-ref-4)
4. Estimate only: 150,000 extra deaths/ annum, with an average 15 day stay in hospital (additional 2.25m hospital bed days/ annum) [↑](#footnote-ref-5)
5. Estimate only: 2.25m hospital bed days at a cost of $1,600 per day (total of $3.6bn) [↑](#footnote-ref-6)
6. Australian Institute of Health Welfare (AIHW) Palliative care services in Australia. Canberra: AIHW; 2017, <https://www.aihw.gov.au/reports/palliative-care-services/palliative-care-services-in-australia/contents/summary> [↑](#footnote-ref-7)
7. Rosenwax l, Spilbury K, Arendts G et al. (2015). Community-based palliative care is associated with reduced emergency department use by people with dementia in their last year of life: A retrospective cohort study. Palliative Medicine, 29(8): 727-736. [↑](#footnote-ref-8)
8. Palliative Care Australia (PCA), [The Economic Benefits of Palliative Care and End-of-Life Care in Residential Aged Care [Internet].](http://palliativecare.org.au/wp-content/uploads/dlm_uploads/2017/07/PCA019_Economic-Research-Sheet_4a_RACFs.pdf) Canberra: PCA; 2017. [↑](#footnote-ref-9)
9. Commonwealth of Australia, 2019, ‘Royal Commission 28.6.19R1’, Royal Commission into Aged Care Quality and Safety, Online Transcript, 28 June 2019, P-2827, viewed 18 October 2019. https://agedcare.royalcommission.gov.au/hearings/Documents/transcripts-2019/transcript-28-june-2019.pdf [↑](#footnote-ref-10)
10. Commonwealth of Australia, Budget 2018-19, Portfolio Budget Statements 2018-19, Budget Related Paper No.1.9, Health Portfiolio. p.26, p.77 [↑](#footnote-ref-11)
11. Meera Agar et al (2016) *Evaluation of Lavender Suite: A designated specialist palliative care suite within a residential aged care facility* 8. [↑](#footnote-ref-12)
12. Willoughby Case Study, Testimony of DI, Transcript from Day 18, Monday 13 May 2019. [↑](#footnote-ref-13)
13. Meera Agar et al (2016) *Evaluation of Lavender Suite: A designated specialist palliative care suite within a residential aged care facility* 8. [↑](#footnote-ref-14)