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The community and health service working together to grow the local workforce

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We find ourselves at a significant crossroads in aged care service provision. The Royal Commission into Aged Care Quality and Safety has put the spotlight on aged care in a way that has not been experienced before. Evidence has been provided from families, often sharing distressing experiences of care, medical experts, aged care bodies and unions. We also have had changes to the Standards from the Accreditation Agency. From July 1 2019 we will be accredited against the Aged Care Quality Standards developed by the Department of Health in collaboration with consumers, carers, aged care providers, aged care workers, clinicians and other experts.

Adding to the cauldron of aged care service provision is the growing number of people living with dementia and increasing pressure on a diminishing aged care workforce. As a nation, we must address the shortages in professional health occupations and rethink the current training and workforce structures to enable people to transition from home to residential care eagerly and in partnership with a confident workforce.

Even in these times as we traverse new territory, there can be a glimmer of excitement, not only for the providers of the aged care and consumers, but also for broader industries which support the aged care services. We have an opportunity to re write the script for how services can be delivered in partnership with consumers and the training organisations who prepare the workforce.

In Loxton, a rural town in the Riverland of South Australia, we have a population of around 7,500 people and are surrounded by a number of similar sized towns with similar industries and services. Locally, we are fortunate to have a 22 bed hospital and co-located aged care home for 58 people. For the first time in our memory, we have had some difficulty recruiting quality direct care workers to work in our aged care home. Similarly, our regional community health service is also struggling to recruit staff to meet the demands for home care packages.

To build a workforce in these competitive times, we need to be innovative and look beyond the horizon to ensure we have a sustainable and attractive option for people entering the workforce.

Where should we look for support?

Loxton and Districts Health Advisory Council

The local Health Advisory Council (HAC) is a group of community members responsible for managing the assets and fundraising of our health service and they are steadfast in their support for our local

health services. With a strong history of fundraising, the HAC has raised literally hundreds of thousands of dollars in a multitude of ways to ensure all departments, the grounds and the fabric of the complex is maintained in a manner that meets the needs of our proud community. The days of community owned hospitals may be long gone, but the “sense of ownership” has not. So it was without hesitation, the HAC considered ways to support our community and ensure we have a clear plan for building aged care workforce capacity.

Rural Training for Direct Care Attendant Scholarship recipients

In recent years, the HAC has supported both the nursing and midwifery workforce by offering nearly \$40,000 in scholarships to student nurses and to registered nurses undertaking midwifery. The HAC, under the Chair of Sally Goode, then embarked on a similar program for Direct Care Attendants (DCAs) – a workforce critical to aged care services not just in residential care, but also supporting people live in their own home longer.

Buoyed by the success of the midwifery scholarships, HAC resolved to offer scholarships to local residents to gain Certificate III Personal Support (Ageing and Home & Community).

It was hoped to provide an incentive to attract the right person to undertake the training, and be trained accessing a nationally registered training program. With the knowledge that the workforce shortage wasn’t isolated to our local town, the HAC felt it appropriate to open the scholarship and training program up to people from other towns, demonstrating a vision to support a wider community.

The aim was to ensure a steady supply of appropriately trained people from the community to meet the workforce needs – both within the residential facility and the community and develop this into the “transition of care” for our community members moving in to a residential facility. It was also important to have the students trained on site in the hospital complex, enabling students to work with local equipment and be familiar with the facility by undertaking clinical placements within the residential home and local community.

Consulting with the local aged care and community management, it was concluded that the training should also be specifically tailored to our needs. It was important that the preferred training organisation not only met national registration requirements, but was also willing to modify the curriculum to ensure the content included aspects important to our local needs and the future direction of consumer driven care. We made preliminary enquiries with several Registered Training Organisations (RTOs), and then sent out a proposal request, which set out very clearly what we wanted. To further support the program, the preferred RTO was to be experienced in Work Ready. Work Ready is a state government initiative to provide subsidised training for specified industries and qualifications. Eligibility is complex, and to ensure a smooth implementation, the successful RTO, must understand how the system operates (<http://www.skills.sa.gov.au/>) It is a very inclusive and very generous initiative with literacy and numeracy requirements, which ensure candidates are given eligibility commensurate with their level of competence.

For Certificate III in Individual Support, eligible students receive a Work Ready subsidy of \$2095. It is because of the Work Ready subsidy that Loxton & Districts HAC were able to consider offering the scholarships to a number of applicants. With the provision of the Work Ready subsidy, HAC then covered the remaining portion of the fee charged by the RTO, plus the cost of DCSI clearances.

EQUALS International, an Adelaide based company, were chosen as the preferred training body. Their 25 year history of providing training to health services and willingness to contextualise the

training program set them apart. Additionally EQUALS provided extra training for Cert III Personal Support (Home and Community) at no extra cost, so our students qualified with Cert III Personal Support (Ageing, Home & Community) enabling them to work across residential or community care.

Criteria were established for the scholarship application process and following a public information night, applications were received from 17 local people. Interviews were held to select scholarship candidates. As a result, in 2018, 11 students were supported to undergo training on site in the Loxton Hospital Complex for a total expenditure of community funds of \$2,460.

The successful applicants met criteria including:

- Australian citizen (or permanent resident)
- resident in the Riverland for at least 3 years
- eligible for State Government Work Ready status
- achieve literacy requirements of Work Ready.

All students were aware there was no guarantee of employment at the completion of the training as this was a scholarship supported program only. Towards the end of the training however it was apparent, the students were well positioned to apply for local employment in Aged Care OR Home and Community settings. The advantage for these students is that they had already been observed in the work environment and their suitability was monitored throughout the 160 hours of clinical placement with regular liaison with the clinical facilitator. Two students also undertook clinical placement in Home and Community.

Two of the nine students left the region, but all the remaining seven are now employed in the Residential Aged Care facility at Loxton.

For the Loxton HAC, this culmination of seven jobs as a result of the training scholarship was immensely satisfying. The scholarships had been funded by donations from the community to the Hospital Complex, and this was a very visible benefit for those donations.

This training opportunity has allowed a number of people to embrace opportunities that they may never had considered. Amongst the newly employed Direct Care Attendants are two mature age ladies who had been employed for twenty three years as vineyard hands at a local table grape vineyard. Needing to change direction, and with the drive to work hard, they applied for the scholarships and won their place in the course. They are now working as Direct Care Attendants, embracing the opportunity to make a difference to the lives of the people living in the aged care home and with a new valuable skill set that would not have been possible without the training offered at Loxton.

Following feedback from the students and management of the Loxton Nursing Home, a meeting was held with EQUALS management, modifying and planning the training program with a vision to make an even greater impact.

Looking beyond the horizon allowed us to visualise the need to not only address the workforce shortage through scholarships, but to also consider how we could influence the training and at the same time improve the consumer's journey from community to residential care.

For decades now women have enjoyed continuity of carer models for their pregnancy and birth journeys. The benefits of this type of care are well known, including decreased intervention rates

and increased confidence and satisfaction levels. It stands to reason, that the most vulnerable group in our community would benefit from a similar continuity of care and carer concept, when transitioning from community to residential care.

The initiative to have a training program which will broaden employment opportunities across residential *and* community is one step in a goal to support people who make this transition. It is also imperative that the training programs themselves undertake a significant change to ensure those who are trained enter the workforce with not only the direct care skills but also with an awareness of consumer driven care and a knowledge of the Aged Care Standards embedded. Historically, the training curriculum dedicated limited time to educating the students on these national requirements. In collaboration with the training organisation, it is envisioned the training program at Loxton will have the Standards embedded in every session and forming the foundation of the program. This will ensure the student's focus shifts from task orientation to the consumer wishes and the outcome for the consumer. The timing is perfect to change our national health care training programs for aged care workers, turning the programs upside down and build skills knowledge upon the Standards rather than the Standards being the cherry added on top. When newly trained care workers enter the work force embracing the principals of the Standards as their foundation and deliver services from a consumer driven and evidence based perspective, we are at a place when providers and consumers can be confident we have it right.

With the new Standards and consumer focus in mind, Loxton Aged Care and Community Health services in the Riverland and Mallee region, have a plan to improve the information transfer and ultimately the continuity of care, when people find themselves relocating as their care needs increase.

It has been our experience when people enter the residential home, there is a gap in the information around the care that has been provided in the community. Often family members are unaware of some of the intimate details of care that a community health worker is privy to as per their care plan, one example may be continence needs which the consumer may not have felt comfortable sharing with family. This often delays optimal care upon admission and increases the anxiety levels and potentially can impact the dignity and privacy of a new resident. The first stage of our transition of care, with the consumer's consent, is for the community services care plan to be available to the nursing staff at the aged care home. This provides in depth information about mobility and personal care needs, setting a path for a smoother transition and foundation to the care plan during that crucial early assessment phase. A process readily implemented.

The second stage of the plan, to be trialled, is for an aged care staff member to meet the family and consumer, along with the community carer, in the home of the consumer, before they enter the aged care facility. This will enable the consumer to be in a better position to share their life story surrounded by the memories in their home and give the aged care staff member a greater appreciation of the life circumstance of the new resident. There is so much more that can be gained from the firsthand experience of being a guest in someone's home. For the consumer to be able to invite a health care worker into their home and to share, from a position of power, what their needs are is very important.

If the face to face contact is unable to be accommodated, for example many people suffer an incident or health decline and are admitted to hospital, then transfer to aged care, in these instances, the community care plan is available to hospital staff and is part of the information transfer to aged care. Additionally after transfer to the aged care home, the community care worker

will meet in aged care with the new resident and care staff to share information and assist with care planning. This step takes some coordination but again, is relatively simple to achieve.

The final stage of the plan will ultimately see full collaboration between all stakeholders on this important life journey from community to residential. The community care worker, trained through the local program equipping them for both community and residential care, will accompany the consumer into residential care. Being the allocated carer for two weeks, the care worker will play a key role in information sharing and care planning. There are many benefits of this continuity carer model. From the consumer's point of view, they will have a key person who is known to them, has perhaps been caring for them for the past couple years and understands their needs, who will be able to share that knowledge, which in turn will lessen some of the anxiety the older person may have when having to repeat personal care needs to strangers. Having that known personal care provider to continue with the daily personal needs for a transition period will also have inestimable benefits. We have heard that a person new to aged care may be seen in various stages of nakedness by as many as 20 different carers in their first week in residential care. In addition to the many benefits, this continuity of carer model will help preserve that most dear to us and at most risk when entering a residential care – our privacy and dignity. During the transition period the known carer will be able to help formulate the care plan, handover the care needs each shift and support the new resident in a way that has not been available previously.

In a reciprocal workforce arrangement, a residential direct care attendant will be able to work in the community. This flexibility will not only support the workforce in both environments, there is the potential to bring the personalised care culture of community service into the residential setting.

Importantly, the trial will inform the continuation and expansion of this initiative in the region, but it can also inform state and national workforce policy to support local 'grow your own' sustainable, fit-for-context workforce solutions in partnership with community.

Focussing on a continuity of care model, this initiative will create employment opportunities for appropriately trained workers to support the elderly people who are transitioning from home to residential care. This program is an excellent example of how the community, the local hospital service, community health service and Local Health Network (LHN) are working "better together" to create an employment pathway designed to meet the needs of our community.

Presenters

Sally Goode has been connected with the health industry in Australia since 1977, when she fulfilled her childhood dream and started training as a nurse at the Austin Hospital in Melbourne. She then diversified into occupational health nursing and later became the owner and managing director of a very successful occupational health and safety consultancy in Melbourne for nearly 20 years. Sally moved to the Riverland in South Australia in 1998, and continued to run her OHS consultancy in Melbourne until 2009, when she retired. Sally has been associated with the Loxton Hospital Complex since 1999 when she joined the then Board of the Hospital. She transitioned to the Loxton & Districts Health Advisory Council in 2008, becoming the Deputy Presiding Member, and then in 2010, the Presiding Member, a position she has held since. She is also a Community Visitor, and makes regular visits to local disability houses, Day Options facilities and the Riverland Regional Mental Health Unit. She has been the driving force behind this innovative training collaboration between the Loxton & Districts Health Advisory Council and the Loxton Hospital Complex to raise the profile and training of care assistants by providing competitive scholarships to local community members.

Merridee Seiboth has over 40 years' experience in the nursing and midwifery professions, mostly full time, working predominantly in a rural environment. Currently Merridee is the Director of Nursing & Midwifery at the Loxton Hospital Complex SA. The health service, well supported by the local community, is a 22-bed acute facility and has a co-located home for 58 residents in aged care. Over the years she has worked on many SA country-wide projects, most recently a 'second reviewer' concept when there is not a second midwife available onsite for hourly CTG reviews. Merridee believes a rural environment brings the best opportunities to experience nursing and midwifery over the entire spectrum of life, sharing experiences with community members during births, illnesses and, importantly, as they pass. Having raised six children and currently a carer for an elderly mother suffering dementia, also allows her to have a greater understanding of the needs of the people in her community. With ever-increasing difficulties in recruiting staff to rural areas, Merridee is conscious of the need to explore innovative opportunities to encourage people to take up employment in the region and to support those who are often practising in isolation from colleagues.