



APA Aged Care Survey 2007



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

AGED CARE SURVEY 2007

FOREWORD

The Australian Physiotherapy Association (APA) advocates for equitable access to quality physiotherapy and optimal health care for all Australians. We assist our members to provide quality physiotherapy through professional excellence and career success. The APA is committed to ensuring that government policy decisions do not adversely affect the delivery of physiotherapy within our communities.

The National Gerontology Group (NGG) has a significant member base as a clinical subspecialty group of the APA. The group's philosophy of care is centred on 'enabling independence', which physiotherapists strongly promote in the residential aged care sector.

However physiotherapists practising in the area of gerontology often work alone which can be professionally isolating. The promotion of independence in the elderly can appear to be an uphill battle.

The introduction of the Aged Care Funding Instrument (ACFI) by the Federal Government has been of great concern to the National Gerontology Group since its proposal in 2005. In response to these concerns the APA undertook a survey to gauge the level of physiotherapy provided to clients in RACFs. The results of this survey are contained in this report. It establishes an important benchmark of the current level of physiotherapy service delivery.

The Association intends to monitor closely any changes to the level of physiotherapy provided to the elderly in our community following the implementation of the ACFI in March 2008.

A handwritten signature in black ink, appearing to read 'Peter Fazey'.

Peter Fazey
President

A handwritten signature in black ink, appearing to read 'Jane Louis'.

Jane Louis
Chair – National Gerontology Group

ABN 890 042 65150

NATIONAL OFFICE • PO Box 437, Hawthorn BC, VIC 3122 • Level 1, 1175 Toorak Road, 3124
Tel: (03) 9092 0888 • Fax: (03) 9092 0899 • www.physiotherapy.asn.au • Email: national.office@physiotherapy.asn.au



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

AGED CARE SURVEY 2007

ACKNOWLEDGEMENTS

Author: Fiona Hilton (Research Officer APA National Office), with assistance from Jonathon Kruger (National Manager – Public Policy) and Damian Mitsch (National Manager – Physiotherapy Business).

The APA wishes to acknowledge Jane Louis National Gerontology Group Chair for her assistance and APA members who completed the survey.

First published 2007

© Copyright Australian Physiotherapy Association 2007

This work is copyright. Apart from any use permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from the APA.

Australian Physiotherapy Association
PO Box 437, Hawthorn BC
Victoria 3122
Phone: +61 3 9092 0888
Fax: +61 3 9092 0899
Email: national.office@physiotherapy.asn.au
Web site: www.physiotherapy.asn.au



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

AGED CARE SURVEY 2007

CONTENTS

1. Executive Summary	4
2. Introduction	5
3. Background to the Aged Care Funding Instrument (ACFI)	6
4. Survey Results	7
4.1.0 Employment status at RACF	7
4.2.0 Number of beds at RACF	7
4.3.0 Number of hours of employment	7
4.4.0 Amount of time spent with clients in a clinical setting at this RACF	7
4.4.1 Amount of time spent on documentation/paperwork at this RACF	7
4.4.2 Amount of time spent discussing care plans with staff at this RACF	8
4.5.0 Number of physiotherapists employed at surveyed RACFs	8
4.6.0 Every client in this RACF receives the physiotherapy treatment from a qualified physiotherapist	8
4.6.2 Client's therapy needs are adequately met in the RACF	8
4.6.3 The number of hours per week that non-physiotherapist staff members undertake tasks that are most appropriately undertaken by a physiotherapist	9
4.6.4 Physiotherapists are valued at this RACF	9
4.6.5 Clinical consultation time is adequate for clients in this RACF	9
4.6.6 Generally, communication is good between physiotherapist and other RACF staff regarding client care planning	9
4.7.0 The facility uses Medicare funding for allied health	9
4.7.1 If the facility does not use Medicare items, the primary barrier to their use is thought to be the following	10
4.7.2 With the introduction of the Aged Care Funding Instrument, the RACF has led me to believe that my hours of employment will	10
4.8.0 As a physiotherapist, what changes would you like to see happen over the next 2 years in this RACF?	10
4.8.1 Are there any other concerns you have regarding this RACF?	10
4.8.2 What do you see as the biggest problem/issue regarding physiotherapy and RACFs?	10
5. Discussion	11
6. Appendix – Methodology & Raw Data	12



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

AGED CARE SURVEY 2007

I. EXECUTIVE SUMMARY

In 2007 (July – September) the Australian Physiotherapy Association (APA) surveyed physiotherapists who work in Australian Residential Aged-Care Facilities (RACFs). The purpose was to gain a better understanding of the current level of physiotherapy available to residents, and a physiotherapy workforce view of the potential impact of the implementation of the Aged Care Funding Instrument (ACFI) in March 2008.

A total of 157 survey forms were completed over the three month period by APA National Gerontology Group members and APA Physiotherapy Business Australia members. The survey was also made available to non-APA members to gather as much feedback as possible. The results from all these groups have been pooled.

The survey found that 66% of physiotherapists employed in a RACF believed clients did not receive the physiotherapy treatment they required from a qualified physiotherapist. Of those that disagreed, 25% strongly disagreed.

Over half of the respondents disagreed that client therapy needs in RACFs were met adequately. However, 54% agreed that clients who require care receive appropriate care which is often delivered by non-physiotherapy staff. 63% surveyed said tasks which were most appropriately undertaken by a physiotherapist were undertaken by other staff members at least 3 hours per week. The survey results established that 54% of physiotherapists working in RACFs believed that clinical consultation time with clients is currently inadequate.

A significant majority (78%) of physiotherapists rated overall communication with other RACF staff regarding client care planning as good. 81% agreed that physiotherapists were valued in their particular RACF workplace.

The survey results showed that the majority of physiotherapists did not use the Medicare funding available for allied health services through the Enhanced Primary Care (EPC) initiative. On average only 20% of facilities in the survey utilised allied health Medicare funds. The three primary barriers to utilising Medicare items from a physiotherapy point of view are:

1. RACF staff are not aware of Medicare funding (39%)
2. Doctors too busy to contribute to the care plans of clients (40%)
3. Doctors are not prepared to contribute to the care plans of clients (37%)

54% respondents are yet to have any indication from their RACF workplace as to whether the number of hours of employment will change with the introduction of the ACFI. Alarming, approximately 10% recorded that their employment will decrease to some degree and 1% signalled that their employment will cease completely.

This survey has highlighted some of the areas for concern to residents of RACFs. The APA will carry out further surveys after the implementation of the ACFI to identify changes which may arise following its implementation.



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

AGED CARE SURVEY 2007

2. INTRODUCTION

It is now well established that Australia has an ageing population. In 1999, 12% of the population was aged 65 and over. Based on current trends this percentage is projected to double within fifty years, while the number of people aged 65 and over is projected to double within thirty years. As a consequence of this demographic trend Residential Aged-Care Facilities (RACFs) and the care requirements of the elderly have become a high priority for Australia. Currently funding for care is based upon the Resident Classification Scale (RCS) method, however in 2008 the new Aged-Care Funding Instrument (ACFI) will replace RCS and target funding on the individual resident's care needs rather than on the facility as a whole.

The Australian Physiotherapy Association (APA) has voiced concerns to the Federal Government since the ACFI pilot in 2005. Concerns were raised when a number of aged-care facilities indicated that there would be a reduction of the level of physiotherapy available to the residents once the ACFI is introduced. APA Members expressed alarm about the potential impact on

residents and standards of care in RACFs. In particular, members were concerned that the proposed funding instrument may encourage RACFs to keep their residents in the most dependent state possible to maximise the facility's funding. The Department of Health and Ageing (DoHA) assured that APA that if this was to occur it would be a breach of Accreditation Standards. The Accreditation Standards state that residents must be referred to appropriate health specialists in accordance with the resident's needs and preferences.

The purpose of the survey undertaken by the APA was to evaluate current trends in the care of residents, in particular the impact (if any) the ACFI has on physiotherapy services in RACFs. The first survey was carried out from July 2007 to September 2007 in order to determine the baseline level of service in the community prior to the introduction of ACFI. Subsequent surveys will be undertaken once the ACFI has been introduced to determine any changes in the level of physiotherapy services available to residents in RACFs.



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

AGED CARE SURVEY 2007

3. BACKGROUND TO THE AGED CARE FUNDING INSTRUMENT (ACFI)

Information sourced from: Department of Health and Ageing.

The ACFI is a resource allocation instrument. It focuses on the main areas that determine care needs among residents. The ACFI assesses core care needs as a basis for allocating funding.

The ACFI has been produced to replace the RCS. RCS is the current system employed to classify residents of aged-care facilities thus ensuring accurate subsidies are assigned to approved Residential Aged-Care providers. In 2002 a review of the RCS funding model took place where it was found that care assessment and documentation was driven to ensure maximum funding was secured via classification of residents as a defensive action against departmental audits.

The ACFI is intended to function very differently to the RCS. The ACFI focuses on dependency (need for care) rather than the care provided by an aged care home. Thus, the ACFI does not imply or prescribe particular health care interventions (including allied health services and therapies). According to the Department of Health and Ageing (DoHA), it has been designed to be simpler, shorter and easier to use than the RCS. Together, these features are intended to streamline and simplify the funding system so that aged care homes spend less time on paperwork and more time providing care.

The ACFI has been designed to:

- Better match funding to the complex care needs of residents;
- Reduce the documentation required of aged care providers to justify funding; and
- Achieve higher levels of agreement between aged care staff and departmental review officers in review audits (known as validation).

The ACFI is a component of the Australian Government's \$1.6 billion aged care package – Securing the future of aged care for Australians. The introduction of the ACFI has been delayed several times but it is expected to be

implemented on the 20 March 2008.

The funding instrument is centred on resident's need for care rather than on the care available at a particular aged-care facility. Aged-care providers are still responsible for care planning and care intervention programs, however ongoing care documentation which was required to secure funding under the RCS is not required for the ACFI.

As outlined in the ACFI User-Guide developed by DoHA, ACFI entails a funding instrument and funding model. Twelve care need questions are used to determine the level of care necessary for the individual and thus the funding requirement.

The ACFI has also been devised to reduce the number of funding categories for basic care from 8 to 3, which are outlined below.

The ACFI as a calculator of the residential aged care subsidy

There are three components of residential care subsidy are determined by the ACFI:

- Activities of Daily Living (ratings on Nutrition, Mobility, Personal Hygiene, Toileting and Continence questions are utilised to determine the level of the basic subsidy)
- Behaviour Supplement (ratings on Cognitive Skills, Wandering, Verbal Behaviour, Physical Behaviour and Depression questions are utilised to determine the behaviour supplement)
- Complex Health Care Supplement (ratings on Medication and Complex Health Care Procedure questions are utilised to determine the complex health care supplement).

The amount of each of these that is payable in respect of a particular resident depends on the ratings (A, B, C or D) for each of the ACFI questions (1 – 12). Diagnostic information about mental and behavioural disorders and other medical conditions is also collected.



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

AGED CARE SURVEY 2007

4. SURVEY RESULTS

The following results were collated from the survey responses. The number of responses varies for different questions as it was not compulsory to respond to all.

4.1.0. Employment Status at RACF, 157 respondents

	Number	Percentage
Ongoing, permanent	58	37%
Contract employment	87	55%
Other	12	8%

Of those that answered "other", the majority of respondents worked through a consultant/agency/contractor agreement.

4.2.0. Number of beds at RACF (157 respondents)

	Number	Average bed per facility
Total Number	14496	~92
High-Care	8626	~60%
Low-Care	3798	~26%
No indication of bed type	2072	~14%

4.3.0. Number of hours of employment (per week)

	Number	Average per facility
Total Number	1853.45	11.7 hours/week
Paid	1756.20	~95%
Unpaid	102.25	~5%

It was assumed that those who did not signify whether it was paid/unpaid employment that the employment hours were paid.

4.4.0. Assuming that all clients require physiotherapy care in the RACF setting, in a normal week how much time was spent with clients in a clinical setting at this RACF? (154 respondents)

Average time spent per client per week	4.45 minutes
Range	24 seconds – 30 minutes

4.4.1. In a normal week how much time do you spend on documentation/paperwork at this RACF? (156 respondents)

Average time spent on paperwork per week	22.40 minutes
Range	0 – 60 minutes



4. SURVEY RESULTS – CONTINUED

4.4.2. In a normal week how much time do you spend discussing care plans with staff at this RACF? (157 respondents)

Average time spent on care-planning per week	9 minutes
Maximum time	60 minutes
Minimum time	0 minutes

4.5.0. Number of physiotherapists employed at surveyed RACFs (157 respondents)

	Number	Percentage
One physiotherapist employed	135	86%
2 or more physiotherapists employed	22	14%

4.6.0. Every client in this RACF receives the physiotherapy treatment they require from a qualified physiotherapist (157 respondents)

	Number	Percentage
Strongly agree	5	3%
Agree	26	17%
Neutral	21	14%
Disagree	64	41%
Strongly disagree	39	25%

4.6.1. Client’s therapy needs are adequately met in the RACF (154 respondents)

	Number	Percentage
Strongly agree	3	2%
Agree	37	24%
Neutral	31	20%
Disagree	62	40%
Strongly disagree	21	14%

4.6.2. Clients that require care receive appropriate therapy; however this is often delivered by non-physiotherapy staff (153 respondents)

	Number	Percentage
Strongly agree	25	16%
Agree	59	38%
Neutral	15	10%
Disagree	50	33%
Strongly disagree	4	3%



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

AGED CARE SURVEY 2007

4. SURVEY RESULTS – CONTINUED

4.6.3. The number of hours per week that non-physiotherapist staff members undertake tasks that are most appropriately undertaken by a physiotherapist (152 respondents)

	Number	Percentage
Less than 1 hour per/week	29	19%
1 – 2 hours per week	26	17%
3 – 4 hours per week	28	18%
5 hours or more per week	69	46%

4.6.4. Physiotherapists are valued at this RACF (153 respondents)

	Number	Percentage
Strongly agree	64	42%
Agree	59	39%
Neutral	19	12%
Disagree	8	5%
Strongly disagree	3	2%

4.6.5. Clinical consultation time is adequate for clients in this RACF (153 respondents)

	Number	Percentage
Strongly agree	6	4%
Agree	41	28%
Neutral	23	15%
Disagree	61	39%
Strongly disagree	22	14%

4.6.6. Generally, communication is good between physiotherapist and other RACF staff regarding client care planning (152 respondents)

	Number	Percentage
Strongly agree	46	30%
Agree	73	48%
Neutral	25	17%
Disagree	6	4%
Strongly disagree	2	1%

4.7.0. The facility uses Medicare funding for allied health (139 respondents)

	Number	Percentage
Yes	28	20%
No	111	80%



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

AGED CARE SURVEY 2007

4. SURVEY RESULTS – CONTINUED

4.7.1. If the facility does not use Medicare items, the primary barrier to their use is thought to be the following: (165 responses; individuals could choose more than one response)

	Number	Percentage
Medicare system is too hard to understand	14	9%
RACF staff are not aware of Medicare funding	42	25%
Doctors are too busy to contribute to care plans	42	25%
Doctors are not prepared to contribute to care plans	38	23%
Other	29	18%

4.7.2. With the introduction of the Aged Care Funding Instrument, the RACF has led me to believe that my hours of employment will: (139 respondents)

	Number	Percentage
Increase substantially	0	0%
Increase slightly	1	1%
Remain unchanged	50	36%
Decrease slightly	8	6%
Decrease substantially	5	3%
Cease completely	1	1%
No indication given by the RACF	74	53%

4.8.0. As a physiotherapist, what changes would you like to see happen over the next 2 years in this RACF?

Of the 136 respondents, the most frequent answer (47 respondents) was the need for more hours allocated to physiotherapy in RACFs. Second to this response was the need for more adequate funding and a qualified allied health assistant to carry out tasks delegated by the physiotherapist.

4.8.1. Are there any other concerns you have regarding this RACF?

Of the 81 respondents, the biggest concern was that other staff in the particular RACF were not adequately trained to undertake tasks delegated by physiotherapists (approximately 48% indicated this response). Once again funding and adequate time to assess clients were also prevalent responses.

4.8.2. What do you see as the biggest problem/issue regarding physiotherapy and RACFs?

Of the 136 responses the following answers were the most prominent:

	Number (approx)	Percentage
Lack of funding	45	33%
Lack of communication	18	13%
Too much paperwork required	12	9%
Staffing problems (untrained/low staff numbers)	28	21%
Undervaluing physiotherapy	10	7%
Other	23	17%



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

AGED CARE SURVEY 2007

5. DISCUSSION

As the results demonstrate, physiotherapy service in RACFs varies significantly. 54% of physiotherapists working in RACFs believed that clinical consultation time with clients is inadequate using the current RCS method. Clinical time spent with a client ranged from twenty-four seconds to thirty minutes assuming all clients required the same level of physiotherapy treatment. In reality physiotherapy treatment is not divided equally among high-care and low-care residents and those requiring more treatment are allocated more physiotherapy time. Despite the differing allocations of therapy, the minimum time of twenty-four seconds is absurdly low.

The results highlighted that 66% of physiotherapists believed clients did not receive the physiotherapy treatment they required from a qualified physiotherapist. Of those who responded (154 respondents), over half disagreed that client therapy needs in RACFs were met adequately. However 54% of physiotherapists agreed that clients requiring care receive appropriate care which is often delivered by non-physiotherapy staff. Many physiotherapists were concerned with the staffing problems and that adequate training to perform tasks did not take place (Tables 4.8.1, 4.8.2). In addition to this observation, of 152 responses, 63% of physiotherapists said tasks which were most appropriately undertaken by a physiotherapist were undertaken by other staff members at least 3 hours per week.

A significant majority (78%) of physiotherapists rated overall communication with other RACF staff regarding client care planning as good

and 81% of 153 respondents agreed that physiotherapists were valued in their particular RACF workplace. Thus it would appear that communication between other staff and physiotherapist is not a major issue, rather the lack of funding to maintain best practice therapy for clients (Table 4.8.2) appears to be the chief issue regarding physiotherapy delivery.

The survey results showed that the majority of physiotherapists did not use Medicare funding that is available for allied health services through the Enhanced Primary Care (EPC) initiative. On average only 20% of facilities in the survey utilised allied health Medicare funds. The three primary barriers to not utilising Medicare items from a physiotherapy point of view are: RACF staff are not aware of Medicare funding (39%), doctors too busy to contribute to the care plans of clients (40%), and doctors are not prepared to contribute to the care plans of clients (37%).

At this stage the majority (54%) of physiotherapists have not had any indication of altered employment conditions from their RACF. Alarming, approximately 10% recorded that their employment will decrease to some degree and 1% signalled that their employment will cease completely.

Analysis of the current survey results already indicates areas of concern for residents of RACFs, particularly regarding clinical time allocation, which appears to vary significantly depending on the facility. The APA will carry out further surveys after the implementation of the ACFI to distinguish future disparities which may arise following its implementation.



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

AGED CARE SURVEY 2007

6. APPENDIX

METHODOLOGY

Sampling

The survey was conducted online from 26 July 2007 through to 15 September 2007. Respondents comprised: the NGG and Physiotherapy Business Group of the APA; the survey was also passed on to other physiotherapists working in RACFs to increase the sample size and gain as much feedback as possible. Respondents were requested to answer a series of questions which comprised short answer responses and also multiple choice questions (for instance, a 'strongly agree' to 'strongly disagree' option).

Survey Design

Successive draft surveys were composed in consultation with National APA senior management and the APA NGG Chair before reaching a final version. The survey was then converted to an online instrument which could be accessed via a link through the APA website. Testing of the online survey took place to ensure it was accessible via the website link.

Analysis and Reporting

After the closing date (15 September 2007) of the online survey the raw data was downloaded to Microsoft Excel (2003). After cleaning, the data was then pooled and analysed giving the survey results which can be viewed in Section 4 of this report.

APA Aged Care Survey 2007

First published 2007

© Copyright Australian Physiotherapy Association 2007

This work is copyright. Apart from any use permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from the APA.

Australian Physiotherapy Association
PO Box 437, Hawthorn BC
Victoria 3122

Phone: +61 3 9092 0888
Fax: +61 3 9092 0899

Email: national.office@physiotherapy.asn.au
Web site: www.physiotherapy.asn.au