ACFI Survey 2014
Foreword

The Australian Physiotherapy Association (APA) advocates for equitable access to quality physiotherapy and optimal health care for all Australians, and is committed to ensuring that government policy decisions do not adversely affect the delivery of physiotherapy within our communities.

The introduction of the Aged Care Funding Instrument (ACFI) by the Federal Government has been of great concern since its proposal in 2005 and introduction in 2008. In response to these concerns the APA undertook a series of surveys to gauge the level of physiotherapy provided to clients in residential aged care facilities (RACFs).

The first survey in 2007 established the level of physiotherapy service delivery before the introduction of the ACFI. In 2009 APA surveyed the effect of the introduction of the ACFI.

The 2014 survey monitors the effect of the ACFI and members’ experiences and perceptions of its implementation.
Executive summary

• Optimal pain management has been compromised since the introduction of the Aged Care Funding Instrument (ACFI)

• The current funding model is prescriptive, rigid and not based on clinical assessment, need, or best practice.

• The ACFI creates financial incentives to treat residents, which encourage rorts and over-servicing. It also channels funding to passive treatments to manage pain rather than evidence-based, active treatments and causes resident dependence, rather than developing independence and function and the quality of residents’ life.

• An interdisciplinary team, including nurses and key allied health practitioners such as physiotherapists, podiatrists, dieticians and psychologists, should help revise 4a and 4b.

• Pain management in Residential Aged Care Facilities (RACFs) should instead be part of multimodal physiotherapy services. Such services should be patient-oriented, flexible, outcomes-focused and based on evidence-based clinical assessment and need.

• The model should support resident independence and allow for preventative interventions, exercise, falls prevention and an emphasis on mobility and function.

• Respondents have raised concerns about pay, staffing, and professional standing; technology, equipment and facilities; training; treatments and interventions; and the administration of the ACFI and RACFs
Background

The Aged Care Funding Instrument

The Aged Care Funding Instrument (ACFI) is a resource allocation instrument for determining care payments for residents of aged care homes. The ACFI assesses care needs as a basis for calculating and allocating funds to the aged care facility.

The ACFI framework applies twelve ACFI questions that fall within the following three Domains:

- Activities of Daily Living (Questions 1-5 on Nutrition, Mobility, Personal Hygiene, Toileting and Continence)
- Behaviour Supplement (Questions 6-10: Cognitive Skills, Behaviour, and Depression)
- Complex Health Care Supplement (Questions 11-12 on Medication and Complex Health Care).

This survey concerns the Complex Health Care Supplement, question 12a and 12b

Items 12 4a and 4b

Facilities may seek funding for providing services under either 4a or 4b. Items 4a and 4b relate to therapeutic massage and/or pain management involving technical equipment specifically designed for pain management. Equipment includes electro-therapeutic equipment such as Transcutaneous Electric Nerve Stimulation (TENS), interferential therapy, ultrasonic therapy, laser therapy, and wax baths. The Department of Health and Ageing does not maintain an exhaustive list of equipment that can be included as this is subject to change over time.

4a: Complex pain management provided by an allied health professional or registered nurse involving therapeutic massage and/or pain management using technical equipment specifically designed for pain management, performed at least weekly and involving 20 minutes of staff time.

4b: Complex pain management provided by a listed allied health professional and the directive given by a medical practitioner or listed allied health professional. This will involve therapeutic massage and/or pain management involving technical equipment specifically designed for pain management and ongoing treatment as required by the resident, at least 4 days per week.

2014 Survey

This survey was conducted online from 21 February 2014 to 30 April 2014. All members of the APA’s Gerontology Physiotherapy Australia (GPA) and Physiotherapy Business Australia (PBA) were invited to participate in the survey and encouraged to forward the survey to any physiotherapist working in an RACF.

This year, 370 respondents answered questions. The number of responses varies considerably because it was not compulsory to respond to all questions. In 2009, APA received 206 responses and 157 in 2007.
Results

Question 1: asked for an email.
Total respondents: 229; skipped this question: 141.

Question 2: asked for the name of the RACF.
Total respondents: 228; skipped this question: 142.

Question 3: State/Territory of RACF.
Total respondents: 219; skipped this question: 136.

The number of responses received from each state or territory broadly reflected the population of those states or territories except for NSW which was overrepresented (approx. % of national population: 32%), and Victoria (approx. % of national population: 25%) and Queensland (approx. % of national population: 20%) which were underrepresented.

Responses by State/Territory

4. What type of employment do you have at this RACF?
Total respondents: 170; skipped this question: 185

- Comparison with the 2009 results indicates a decrease in the percentage of respondents who are in permanent ongoing employment.

<table>
<thead>
<tr>
<th>Type of employment</th>
<th>2014</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing, permanent</td>
<td>32%</td>
<td>40%</td>
</tr>
<tr>
<td>Contract employment</td>
<td>63%</td>
<td>55%</td>
</tr>
<tr>
<td>Other*</td>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>

* consultant or contractor agreement.
5. **How many beds are there at this RACF?**

   Total respondents: 167; skipped this question: 188.

   The percentage of high care beds has increased.

<table>
<thead>
<tr>
<th></th>
<th>Number of beds</th>
<th>Beds per facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number</td>
<td>14388</td>
<td>21,775</td>
</tr>
<tr>
<td>High-Care</td>
<td>9333</td>
<td>12,406</td>
</tr>
<tr>
<td>Low-Care</td>
<td>5050</td>
<td>6,761</td>
</tr>
</tbody>
</table>

6. **In a normal week, what are the total hours of employment at this RACF?**

   Total respondents: 167; skipped this question: 188

<table>
<thead>
<tr>
<th></th>
<th>Total hours</th>
<th>per facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number</td>
<td>3172</td>
<td>2,495</td>
</tr>
<tr>
<td>Paid</td>
<td>2945.4</td>
<td>2,275.5</td>
</tr>
<tr>
<td>Unpaid</td>
<td>225.6</td>
<td>219.5</td>
</tr>
</tbody>
</table>

7. **In a normal week, how many hours do you spend with clients in a clinical setting at this RACF?**

   Total respondents: 167; skipped this question: 188.

   - 7.11% of all hours worked are unpaid; 4.49% of clinical hours are unpaid
   - 66.33% of all hours worked are considered clinical; 68.19% of paid hours worked are considered clinical

   **Hours spent with clients**

   - Total hours: 2104
   - Total hours: 2009.4
   - Unpaid: 94.6
8. In a normal week, how many hours do you spend with clients on pain management?

Total respondents: 167; skipped this question: 188.

• 46% of physiotherapist time is spent on pain management

**Time spent with clients on pain management**

- Total hours: 1456.5
- Total hours: 1429
- Unpaid: 27.5

9. In a normal week, how many hours are spent with clients providing non-pain management treatment?

Total respondents: 167; skipped this question: 188

• 25% of physiotherapist time is spent on non-pain management treatments.

**Hours spent providing clients non-pain management treatment**

- Total hours: 798.25
- Total hours: 762.75
- Unpaid: 35.5
10. In a normal week how many hours do you spend on documentation/paperwork at this RACF?

Total respondents: 167; skipped this question: 188
- 27% of physiotherapist time is spent on administration and paperwork

**Hours spent on paperwork**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total hours</td>
<td>865.05</td>
<td></td>
</tr>
<tr>
<td>Total hours</td>
<td>777.95</td>
<td></td>
</tr>
<tr>
<td>Unpaid</td>
<td>87.1</td>
<td></td>
</tr>
</tbody>
</table>

11. Every client in this RACF receives the physiotherapy treatment they require from a qualified physiotherapist.

Total respondents: 161; skipped this question: 194
- 55% of respondents believe RACF clients do NOT receive the physiotherapy treatment they need.

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2014</strong></td>
<td><strong>2009</strong></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>9</td>
</tr>
<tr>
<td>Agree</td>
<td>22</td>
</tr>
<tr>
<td>Neutral</td>
<td>14</td>
</tr>
<tr>
<td>Disagree</td>
<td>42</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>13</td>
</tr>
</tbody>
</table>
12. **In the RACF, what proportion (%) of services that should be undertaken by a physiotherapist is carried out by non-physiotherapist staff?**

Total respondents: 168; skipped this question: 195

- Respondents report a decreasing proportion of physiotherapist services are being carried out by non-physiotherapists since 2009.

**Proportion (%) of physiotherapist services undertaken by non-physiotherapist**

Additional comments:
- …therapy assistant does excellent work appropriate to her training.
- …we are greatly under resourced.
- Registered nurses conduct massage as per the ACFI guidelines.
- There is no longer a physio employed at the facility at all.

13. **Clinical consultation time is adequate for clients in this RACF.**

Total respondents: 161; skipped this question: 194

- 60% of respondents do not believe clinical consultation time is adequate

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>5</td>
</tr>
<tr>
<td>Agree</td>
<td>20</td>
</tr>
<tr>
<td>Neutral</td>
<td>15</td>
</tr>
<tr>
<td>Disagree</td>
<td>44</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>16</td>
</tr>
</tbody>
</table>
14. In the last 2 years, my hours at the RACF have:

Total respondents: 149; skipped this question: 214

- 40% of respondents report an increase in hours worked at the RACF

15. Do you think that Pain Management 4b should have a minimal time frame on the duration of treatment?

Total respondents: 130; skipped this question: 225

- 40% Yes
- 60% No

16. If you answered yes to the questions above, what time frame should be applied to Pain Management 4b?

Total respondents: 14; skipped this question: 214

Most respondents considered that 10-20 minutes per person per treatment 1-3 times per week was commonly sufficient to respond to pain management interventions under 4b.

Few believed that four treatments per week were necessary, and that setting the number of treatments at either one or four per week was arbitrary. Most proposed a more flexible approach based on clinical need. This was often considered to be one to three treatments per week or as required and continued no longer than clinically necessary and treatment should be subject to assessment, referral and recommencement as necessary.

A repeated response was that the current model is prescriptive, rigid and not based on clinical assessment, need, or best practice. A model based on clinical need, evidence based practice, patient need and drawing on a variety of modalities and interdisciplinary teams would be in the best interests of consumers.
17. **How could pain management funding change to better meet the needs of your clients?**

Total respondents: 126; skipped this question: 229

**Problems with the ACFI 12 4a and 4b**

This survey highlighted a lack of support for 4a and 4b of the ACFI. In practice, 4a and 4b create incentives to treat residents not based on clinical need but to receive related funding. One respondent called the ACFI 12 4a and 4b a ‘racket that needs to be cleaned up.’

The ACFI creates financial incentives to treat residents, which encourage rots and over-servicing. It also channels funding to passive treatments to manage pain rather than evidence-based, active treatments and causes resident dependence, rather than developing independence and function and the quality of residents’ life.

Respondents noted that the ACFI is prescriptive, inflexible and allows only limited interventions that are passive and not supported by evidence-based practice. This does not make best use of physiotherapist skills; it removes professional judgement to assess and review as clinically appropriate, and to manage pain and effect reablement.

The ACFI promotes inequitable service delivery. For example, residents of small facilities, more likely in remote or rural locations, miss out on any physiotherapist treatment if these facilities cannot employ a physiotherapist to work 4 days a week to comply with 4b; and the present system is used by some facilities to cover the cost of non-funded physiotherapy.

**Recommendation**

An interdisciplinary team, including nurses and key allied health practitioners such as physiotherapists, podiatrists, dieticians and psychologists, should help revise 4a and 4b.

Pain management in RACFs should instead be part of multimodal physiotherapy services. Such services should be patient-oriented, flexible, outcomes-focused and based on evidence-based clinical assessment and need. The model should support resident independence and allow for preventative interventions, exercise, falls prevention and an emphasis on mobility and function.

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

Total respondents: 136; skipped this question: 219

The following are extracts of the responses to this question:

**Workforce**

- Physiotherapists should carry out an initial assessment after which a physiotherapist assistant should be allowed to perform pain management treatment.
- Increase hours of physiotherapy treatment and increase the availability of physiotherapists and physiotherapy assistants so more clients receive 1:1 and group treatment.
- Allow more autonomy for the physiotherapist to develop and apply the most effective treatment.
- Employ a permanent physiotherapist to maintain or improve residents’ function, fitness, balance, reduce falls risk as well as implement a better pain management program.
- Employ a Registered Nurse on duty 24/7
Technology, equipment and facilities

• Invest in manual handling, gait aids and other equipment and appliances for clients.
• Invest in a gym or a properly equipped treatment room where residents can be seen by a Physiotherapist.
• Upgrade facilities – such as bathrooms – to suit the abilities of all residents and improve safety.
• Use an iCare electronic medication management system.

Training

• Increase training of staff about manual handling, postural seating and matters relating to physiotherapy.
• Improve education and share information about residents’ medical conditions and specific needs.
• Promote the role of the physiotherapist in providing services beyond pain management.

Treatments and interventions

• Promote evidence-based measures for reablement and to improve function and quality of life.
• Promote preventative physiotherapy – such as falls prevention – and the maintenance of fitness for residents’ independence and safety.
• Allow additional clinical time to deliver programs and individualised treatment plans developed by physiotherapists.
• Incorporate hydrotherapy as an outing and focus on exercise and movement to decrease pain as supported by the literature.
• Have seating assessments carried out by trained seating specialists.
• Improve treatment for incontinence rather than using pads.
• Increase the focus on rehabilitation and fund rehabilitation following specific incidents, such as falls, fractures or strokes.

Administration

• Rationalise the documentation required by the facility, managing entity or for ACFI.
19. **What do you see as the biggest problem/issue regarding physiotherapy and RACFs?**

Total respondents: 140; skipped this question: 215

The following are extracts of the responses to this question:

**ACFI**
- As described above, the ACFI model is considered the cause of problems for physiotherapy in RACFs.

**Workforce**
- A lack of physiotherapists diverts physiotherapist resources from preventative interventions, assessments and treatment.
- A lack of trained staff prevents residents receiving necessary help with prescribed exercises and other treatments.
- As frontline providers of care, a lack of hours for carers, including 24/7 care, impacts residents’ overall quality of life.

**Technology, equipment and facilities**
- The benefits of community care are important. However, if people come into residential care they increasingly present with more complex problems. RACF’s are less well equipped to meet the needs of these residents in sufficient – High Care now really means ‘Extra High Care,’ and High Care residents are in Low Care facilities.
- The provision of, and dependence on unsuitable equipment, such as walking frames, leads to other conditions (e.g. respiratory, digestive inter alia)
- Difficulty in funding equipment for mobility and manual handling equipment undermines safety and residents ‘quality of life’.

_I am passionate about improving the independence of our residents, but find it so difficult as there does not seem to be funding for this at any level; and in fact the current instrument works to promote and reward dependence and difficult and challenging behaviours._

**Training**
- There is insufficient training of physiotherapy assistants and care staff. Untrained staff are asked to treat residents, in an effort to reduce costs.
- Management refuses to release the Physiotherapy Assistant (PTA) for Australian Physiotherapy Association (APA) education as they have carer duties on other days.

**Treatments and interventions**
- Physiotherapists should also be funded for time spent helping residents remain mobile, exercise to prevent falls, maintain functional ability to allow for improved quality of life.

**Administration**
- Administration of the ACFI and other documentation related to the management of the RACF is a considerable burden which diverts resources from resident care.
- Communication between the staff and other healthcare providers does not support best practice: poor communication of falls and hospitalisations, for example, means residents ‘slip through the cracks’ and health issues are not adequately addressed.
20. **Are there any other concerns you have regarding this RACF?**

Total respondents: 101; skipped this question: 254

The following are extracts of the responses to this question:

**ACFI**
- The future of quality physiotherapy in aged care is being compromised.
- Staff are all anxious and confused about ACFI.
- Stretching the truth or adjusting other professionals’ assessments to match or increase ACFI funding needs.
- Lot of pressure on ACFI staff to maximise categories to gain funding so hostel can make ends meet.

**Workforce**
- There are no longer many facilities employing physios on staff. The wage scale for new employees is insulting.
- People who make clinical decisions are not clinicians so they don’t understand the clinical needs (not just in physio but all clinical) to provide a good service… people who work in head office don’t even go to the RACFs to understand the impact of their decisions on the RACF.
- There is a lack of staffing on the floor e.g. dementia unit of 17 residents has 1 staff member available for a 2 hour period each afternoon. Very poor management and culture, and education/training.
- High turnover of both managerial staff and nursing staff. There is no continuity for the residents.
- Everyone working there seemed quite stressed - not good for staff or residents.

**Technology, equipment and facilities**
- Very poor physical environment - unsafe for staff and residents, admitting residents with disabilities way beyond level of care available - e.g. no specific secure dementia area; residents with BPSD in same area as cognitively able residents causes distress to all.
- Lack of bariatric equipment and bariatric sized rooms.

**Training**
- Poor manual handling techniques and poor communication have led to many falls and secondary issues that could have easily been avoided.
- Also there is limited specific training and ongoing education even through the APA for physiotherapists in aged care facilities.

**Administration**
- The assessors from Federal Dept. of Health and Ageing seem more interested in whether facilities have perfect paperwork rather than standard of care and whether physio actually does a good job.
- That the physiotherapy specific questionnaires are not standardised making results invalid, non-transferable, etc.
Conclusion

Respondents have identified the current funding model is prescriptive, rigid and not based on clinical assessment, need, or best practice.

The ACFI creates financial incentives to treat residents, which encourage rorts and over-servicing. It also channels funding to passive treatments to manage pain rather than evidence-based, active treatments and causes resident dependence, rather than developing independence and function and the quality of residents’ life.

The survey identifies that the funding model needs further refinement. An interdisciplinary team, including nurses and key allied health practitioners such as physiotherapists, podiatrists, dieticians and psychologists, should help revise 4a and 4b in particular.

4a and 4b should promote resident independence and allow for preventative interventions, exercise, falls prevention and an emphasis on mobility and function. It should allow for pain management in RACFs as part of multimodal physiotherapy services. Such services should be patient-oriented, flexible, outcomes-focused and based on evidence-based clinical assessment and need.
Contact:

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
Website: www.physiotherapy.asn.au