



**The Health, Communities, Disability Services and Domestic and Family Violence
Prevention Committee Inquiry into the Health Transparency Bill 2019**

**Prepared by
COTA Queensland**

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Council on the Ageing (COTA) Queensland welcomes this opportunity to provide a submission to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee Inquiry into the Health Transparency Bill 2019

COTA Queensland believes that aged care services in Queensland must continue to be improved through a **person and relationship-centred approach** that supports healthy ageing, **wellness in all its forms (physical, mental, social, spiritual) and inclusion**. Services must be **designed around consumers' needs** and not the needs of aged care providers. Person-centred care supports services in responding to the **diverse needs** of individual Queenslanders.

The views expressed by COTA Queensland are based on the understanding that a central purpose of the Health Transparency Bill is to assist consumers in becoming better informed about services offered by residential aged care facilities and their performance.

Consumers when considering their residential aged care options by and large would like to enter a care environment where they feel at home. Older Queenslanders entering aged care have diverse wants and needs which are the same across any community. Having access to quality information on the operations and performance of residential aged care providers would assist consumers to make informed choices about which residential aged care provider would best meet their needs.

However, the information made available for consumer to access must clearly articulate the model of care used by a residential age care facility. Partial information such as "average daily resident care hours" will only confuse and mislead consumers. A relatively high number of care hours may appear attractive to consumers, however, the overall model of care used by the provider may have a strong clinical focus but lack other key elements of a person and relationship-centred model of care.

The Health Transparency Bill *defines residential care information as information about the personal or nursing care provided to residents at a facility including the staffing involved in providing personal and nursing care*. COTA Queensland strongly recommends that residential care information be defined as **information that fully describes the model of care used by a RACF**, this then could include staffing information. The availability of clinical staff on a 24/7 basis is important but of equal importance is the availability of other staff who support the wellness of a resident in all of its forms (physical, mental, social, spiritual) and inclusion. It must be remembered that a consumer who is considering entering a residential aged care facility is an individual who has their own story and background and this will influence them in choosing which model of care would most suit them. Many still want access to the broader community and their friends and interests and pre-existing health support. Equally, if you are concerned about the possibility of cognitive decline you would want to know that the RACF you are entering will not lock you away from the world under heavy sedation. Instead, the provider encourages residents with dementia to fully participate in social activities and outside excursions and respects you as an individual. Does the provider help residents through reablement to assist them become more active through better physical and emotional wellbeing?

The information provided by RACFs must then be presented in a consistent format that allows consumers to more readily understand the differences in the models of care offered by providers. If providers are allowed to pick and choose what range of information to provide aside from the average daily resident care hours consumers will not get a comparable set of information upon which to make crucial decisions about their future.
