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SA & NT Inc

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Please note some of the articles provided have additional papers which can be downloaded or links to another website page. In some cases these documents are linked to the ACS Members Only section of this website and will require a Username and Password. All members have been issued with a Username and Password. If you have not received this please contact the Communications Officer with your contact details and you will be issued with your access details.

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From the CEO's desk

An update on the Campaign for Care of Older Australians (CCOA)

Please [click here to read Campaign Bulletin No. 2](#). This Bulletin explains the CCOA policy document **The Grand Plan**, which outlines issues that need to be addressed along with solutions CCOA want the Government to implement.

The **formal launch** of the CCOA Grand Plan will take place Sunday 20 June. The Grand Plan is a broad based community awareness campaign which will profile famous older and younger Australians who have formed a relationship based on friendship, respect and mentoring. These relationships – across many spheres including the arts, music, and sport – will be profiled to gain public interest.

As part of the Grand Plan campaign ACS SA & NT and ACAA-SA are setting up a **local Operations Group** to assist with monitoring and maintaining media interest. The membership of the group is representative of the CCOA consortium.

Further details about The Grand Plan will be regularly provided.

As part of the Campaign, meetings have now been held with the Leader of the Opposition (Isobel Redmond), and

the Opposition's Ageing spokesperson (Vicky Chapman) and with senior bureaucrats from the Health Department representing Minister Hill's office. A meeting is also planned with OFTA representing the Minister for Ageing. Overtures to gain access to the Premier and Treasurer's offices are being made through CPR consulting.

A good program of meetings with politicians and/or key advisers has also been organised for the CEO's visit to the Northern Territory (28–30 June 2010).

Advocacy (Lobbying)

State

Members recently raised concerns with ACS about OFTA's intention to extend recurrent HACC Funding & Service Agreements, due to expire 30 June 2010, **for only 1 year**, to 30 June 2011. At the recent ACS/OFTA meeting the issue was discussed, with ACS informing OFTA this was not occurring nationally, had created anxiety and additional burden for SA HACC providers and was an unnecessary caution given there was a transition period for the COAG reforms.

OFTA expressed willingness to look into this further, although ACS now understands that the new HACC Funding and Service Agreements are only to 30 June 2011. ACS has gone back to OFTA on this issue.

ACS Marketing/Promotions Group

This group met with the CEO for the first time on 7 June – the discussions were very valuable and the group will meet quarterly to discuss media opportunities. In summary the **following matters were discussed** and/or action agreed upon.

- Where possible and appropriate, any media, marketing and promotion should reflect the national '*Can't Do it Without You*' campaign.
- Develop an ACS media kit for targeted distribution to specific and relevant media personnel, including key facts and figures and sample story leads – with photo/film opportunities.
- Create a 'For the Media' tab on the ACS SA & NT website where key issues can be listed and facts and figures can be easily sourced, plus a list of interview personnel who understand media requirements and can make themselves available
- Work in tandem with key organisations when newsworthy items could also promote the industry – softer feel-good stories about our client group with a segue to hard data – relevant facts and figures affecting the industry.

ACS has already moved to **develop the media kit** and will make adjustments to its website when the media kit is finished.

ACS Bushfire Risk Management Plan

As a support for community members in preparation for the next bushfire season, ACS has developed a ***Bushfire Risk Management Plan. Basic Guidelines for Community Care Providers***. The plan was developed in consultation with the Country Fire Service (CFS) and the Local Government Association.

The resource will assist community care providers to develop their own risk management plans and provides ample information and links to useful websites. The final plan is now available for members only.

Randstad News

For over 20 years, Randstad has been supporting the needs of employers and the careers of jobseekers right across South Australia.

Beating the 'winter blues' in your workplace

Chilly winters are synonymous with colds and flus that may strike your workforce at any time and leave you functioning on skeleton staff. But with long, icy work days looming, will your employees look to a 'sickie' to ward off the winter blues?

June and July give us some of the longest days each year, and challenging ourselves to get out of bed and make it through a long day in the office – especially in these colder months – can all just seem too hard, and taking a 'sickie' seems like the only option.

The Randstad 2010 World of Work Report identifies that one of the biggest human capital challenges for business leaders this year will be improving employee productivity – and in winter, when everyone just wants to stay home under the covers, this challenge only increases.

“Winter not only has an impact on people’s health, meaning more legitimate sick days, but can result in lower morale and decreased productivity levels,” says Tim Pearce, from the Adelaide office of recruitment & HR specialist services provider, Randstad.

“Office morale plays a key role in productivity, and ensuring your employees are involved, inspired, happy and motivated can mean the difference between eager staff who add to your bottom line, and people ‘calling in a sickie’ because braving the cold or a long day seems too much.”

Noting that across the country key motivators for productivity are a belief in the organisation’s vision and goals, and relationships with managers, the World of Work Report names the top motivator for employees in 2010 as an

understanding of how they contribute to organisational goals.

“Identifying these motivators is a great guide for employers in the aged-care industry who are facing another winter with some employees who will lack motivation, or who are suffering from the winter blues,” says Tim. “Applying this information in your workplace through strategies that motivate your employees and show them their value can make a big difference.”

“Marketing activities and internal incentives aimed at encouraging your employees to make targets and meet goals during this period can give them a better understanding of the positive impact they make on your company,” says Tim.

“And if employees are tired out by the long days, encourage use of annual leave for long weekends or short holidays so they come back refreshed and ready to build your bottom line. Temporary employees are a good option for filling gaps, and can add a few days of fresh enthusiasm to your workplace.”

With taking a ‘sickie’ often translating to ‘winter blues’ during colder months, it is more important than ever to understand how to build productivity. The Randstad 2010 World of Work Report, a compilation responses from 3000 participants, answers ten of the burning questions keeping leaders awake at night, giving important guidance on issues from engagement, motivation, productivity, through to attraction, retention, salary, and leadership. For a copy of the report, please register at www.randstad.com.au

General News

ACSA National Report - Issue 232

Articles in the latest edition include:

- Next Generation Community Care Conference Success
- Research to Assess IT Capacity in the Aged Care Sector- 2nd Week June Start Appointments
- Aged Care Indexation Subsidy Rate
- Who Will Fund Wage Boost in Aged Care, Minister?
- Palliative Care Funding
- Training Aged Care Workers
- National Rental Affordability Scheme Round Four Calls for Applications
- Not for Profits to benefit from Corporate Law Changes
- 45 and Up Research Findings on Health of HACC Clients
- Researching Community Care with Older People Agency Accreditation

Please [click here to access](#) a copy.

Best Practice Guidelines for Vocational Placement

In 2009, ACS developed a model **Vocational Placement Agreement** (VPA) in consultation with industry and Training Providers.

The VPA aims to improve the learning and employment outcomes for students participating in vocational placement by assisting **Aged Care Providers and Training Providers to:**

- maximise their ability to provide a consistent and high quality approach to vocational placement,
- reduce the likelihood of liability as a result of confusion over responsibilities, inconsistent work practices or misunderstandings about the minimum requirements expected, and
- contribute to the desired result of better prepared and better supported students and ultimately suitably competent graduates

ACS is now pleased to announce that the **Best Practice Guidelines for Vocational Placement**, the companion document to the VPA is now ready for distribution.

ACS would like to acknowledge the work of the RTO Engagement Work Group in putting this together (list of Work Group members in document) as well as the writer Christine Ellis from Adit Communications.

A copy of the Best Practice Guidelines [can be downloaded here.](#)

Australia developing new Alzheimer's treatments

The newly-established Australian biotech, BACE Therapeutics, has received funding from the Medical Research Commercialisation Fund (MRCF) to develop new treatments for Alzheimer's disease. The funding is to develop drugs that block the enzyme, beta secretase, which **appears to be directly involved** in the early development of Alzheimer's disease.

The BACE Therapeutics investment and research program builds on the findings of Dr. Brian Smith, from Melbourne's Walter and Eliza Hall Institute of Medical Research, who discovered two compounds that bind beta secretase (also called BACE1). Although therapies exist that **temporarily ease** the symptoms of Alzheimer's there is a need for treatments that slow or stop its progression.

Preliminary finding after inquest into death of resident

This [inquest finding](#) was circulated at the request of the Minister for Ageing, Hon Jennifer Rankine MP.

Continence Aids Payment Scheme (CAPS)

The Continence Aids Payment Scheme (CAPS) 'transfer and authority to direct' **form is now available** on the

The Continence Aids Payment Scheme (CAPS) transfer and authority to direct **form is now available** on the Australian Government's bladder bowel website.

The form **will enable clients** to use, in limited circumstances, a family member, carer or other responsible person to act on their behalf. Continence Aids Assistance Scheme (CAAS) clients can use their Centrelink Correspondence Nominee, Department of Veterans' Affairs (DVA) Trustee to act on their behalf to transfer to the CAPS. This form also enables clients to direct their CAPS payments to an organisation that can assist them in the purchase of their continence products, if clients wish.

Please [click here for more information](#).

Caring for Older Australians – Productivity Commission's Issues Paper

The Productivity Commission is **seeking input and views** for reforms in the delivery of aged and community care services through its issues paper, "[Caring for Older Australians](#)".

The paper highlights the challenges arising from changing demands in the delivery of care services to older Australians. It also reviewed the issues and recommendations from at least five major inquiries calling for significant reforms in aged and community care. The paper is seeking input and consultations from various stakeholders in the **following key areas:**

- Service delivery framework
 - Strengths and weaknesses of how aged care services are delivered via residential, community, flexible and respite care.
 - Availability and accessibility of services.
 - Interface of aged care services with the wider health and social services sector.
 - Ability of the current system to meet future challenges.
 - Services to older people with special needs – those living in rural and remote locations, Indigenous Australians, CALD older people, veterans, older people with mental illness or disability and older gays and lesbians.
- Retirement villages
 - Clarify the distinction between retirement villages and residential aged care.
 - Regulatory and financial issues facing retirement villages.
 - Interaction of retirement villages with the broader aged care service system.
 - Barriers to entering retirement villages.
 - Role of retirement villages in providing social housing for low income or disadvantaged older Australians.
- Objectives for government involvement in the aged care system.
- Aged Care Funding
 - Appropriateness of current government subsidies.
 - Accommodation bonds and charges.
 - Provision of choice.
 - Funding implications with interfacing with disability and hospital system.
 - Incentives to increase efficiency and productivity.
- Role of Regulation
 - Level and scope of regulation and enforcement.
 - Regulatory reforms for lasting improvements in aged care.
 - Protection of rights of older Australians.

- Role of different levels of government
 - Will the changes announced in government roles and responsibilities really benefit the aged care system?
 - Any identified risks? Opportunities?
 - Fiscal implications.
- Workforce issues
 - Remuneration and retention of aged care workforce.
 - Attractiveness of working in aged care.
 - Options to secure skilled workforce.
 - Support for informal carers and volunteers.
- Transition issues
 - Minimise adjustment cost in moving to a new system.
 - Transitional arrangements / changes in regulations, funding settings.

Initial submissions to the Commission are due by 30 July 2010.

Further information on the inquiry, including information on how to make a contribution, and copies of the Issues Paper can be found on the Productivity Commission's website at www.pc.gov.au or by contacting the Commission on (02) 6240 3223.

The Commission will release its draft report in December 2010 and provide a final report to the Government in April 2011.

Mandatory Reporting for Health Professionals

A new national regime for mandatory reporting of health professionals will **apply from 1 July 2010**. The *Health Practitioner Regulation National Law* makes all health professionals liable to make mandatory reports in relation to the conduct of other health professionals.

The mandatory reporting applies across the **10 health professions** regulated under the new legislation - doctors, nurses, dentists, optometrists, osteopaths, pharmacists, physiotherapists, chiropractors, podiatrists and psychologists. Health professionals are obligated under the new legislation to report other health professionals **under these circumstances:**

- practicing while intoxicated by alcohol or drugs;
- engaging in sexual misconduct in connection with practice;
- placing the public at risk of substantial harm in his or her practice because of impairment;
- placing the public at risk of harm in his or her practice in a way that constitutes a significant departure from accepted professional standard.

Although it is not an offence or criminal act if a health practitioner fails to make a mandatory report. Health professionals are encouraged to **report any notifiable acts** to the *Australian Health Practitioner Regulation Agency*. In some instances, the failure to make a mandatory report can be referred to the relevant Board for consideration as to whether the failure constitutes misconduct, and the relevant Board would decide what, if any, sanctions apply. The mandatory reporting also applies to students as the new law also requires them to be regulated under the AHPRA.

Phone-in for older people and their families – 24th or 25th June

The phone-in for Older People and their Families is an ARC-funded research project conducted by University of South Australia and Flinders University to develop older-person-centred models of family mediation to **prevent the financial abuse** of older people by their family members.

Older persons (and members of their family) who are **concerned about exploitation** of their money or property by other family members can contact the team for a confidential phone interview.

You will not be asked for your name or for any information that will identify you or others.

Please phone on 24th or 25th June 2010 between 10 am and 8 pm. Ring (08) 8303 0590 or toll free for country callers: 1800 188 158.

Coming Events

Will I have to sell my house? Understanding aged care admissions

Saturday 24 July 2010, 2 pm–4 pm

Adelaide Pavilion, Veale Gardens, Park View Room, Cnr South Tce & Peacock Road, Adelaide

BOOKINGS ESSENTIAL

An invaluable **free information session** for older people and their families to learn more about applying to, and living in, a residential aged care facility.

This information session is designed for people needing information on aged care residential admissions and individuals on a residential facility waiting list and their family members, to learn more about living in low level care (hostel) or high level care (nursing home) and to help make the admission process smoother. It will add to the information you already have from your aged care provider.

Topics will include:

- Applying to an aged care facility – important hints and tips, how different residential facilities manage their waiting list, policies and keeping applications current
- What to expect when moving into residential care – preparation required, rights of residents and accepting an offer
- The financial implications – costs involved, pension/DVA impact and will I have to sell my home
- Information displays from not-for-profit aged care providers

Please see registration form for the full program and feel free to distribute to your networks

Please see registration form for the full program and feel free to distribute to your networks.

Call for papers – IAHSA Conference in 2011

In 2011, the International Association of Homes and Services for the Ageing (IAHSA) will partner with the American Association of Homes and Services for the Aging (AAHSA) to host the IAHSA/AAHSA Global Conference & Exposition to CELEBRATE AGE.

The conference theme, CELEBRATE AGE, provides an excellent opportunity to showcase the most innovative programmes from around the world, along with an exciting forum for the exchange of both practical knowledge and new strategies focused on the provision of care and services for older adults.

Share your expertise, innovations and organizational successes with colleagues from all corners of the world. Accepted proposals will also be eligible for consideration for the 2010-2011 IAHSA Excellence in Ageing Services Award.

Important Dates

- **31 August 2010:** Proposal Submission Deadline
- **1 April 2011:** Notification of Decision for Participation

News for Residential Providers

South Australian Legionella Regulations and Guidelines

A member has recently raised the **significant costs incurred** with complying with the South Australian Legionella Regulations and Guidelines. ACS is **keen to receive feedback** in particular from Regional members about the costs incurred in complying with such regulation.

Email: residential@agedcommunity.asn.au or PH: 08 8338 7111

SA Health Smoke Free Policy

On 31 May 2010, SA Health introduced a Smoke Free Policy to all SA Health premises. For further details see the SA Health Smoke Free Policy.

As it currently stands the SAHealth Smoke Free Policy **will apply to residents** of Commonwealth funded Residential Aged Care located on Health SA premises. The SAHealth Smoke Free Policy includes banning smoking from the entire premises including the outdoor area.

Country Health SA has been granted a six-month exemption and in the meantime have to develop a model to comply with SAHealth Smoke Free Policy.

ACS is **currently liaising** with SA Department of Health, Department of Health & Ageing, Aged Care Standards and Accreditation Agency and Aged Rights Advocacy Service to clarify the scope of the SAHealth Smoke Free Policy as well as any implications in regards to Residents Rights and Compliance Issues.

ACS is **keen to receive feedback** about the SAHealth Smoke Free Policy from members: Email: residential@agedcommunity.asn.au or PH: 8338 7111.

Residential Care Manual 2009, Edition 1, Update 1, Following Legislative Amendments

In 2009, the Residential Care Manual was updated to help approved providers comply with their responsibilities under the Aged Care Act 1997 (the Act) and the Aged Care Principles (the Principles); and to assist the staff of aged care services understand the regulation of residential aged care.

The Manual acts as a plain English guide to Australian Government-subsidised residential aged care, legislated under the Act and the Principles and administered by the Department of Health and Ageing.

Whenever there is a change to either the Act or the Principles, the **Department will update the Manual.**

Aged care providers were issued with hard copies of the Manual in 2009. However, updates which occur throughout the year will be made to the **online version** of the Manual only. Providers can then print out these updates and insert them into the relevant sections of their editions of the Manual.

The Residential Care Manual can be [accessed here](#).



Therapeutic Goods Administration (TGA) Safety Notice

The May Safety Notice informs Health Services of **medical device recalls and product corrections** that have been issued by the Therapeutic Goods Administration (TGA)

News for Community Providers

Community falls prevention program reduced fall rates in the UK

A community falls prevention program for older people in the UK reported a **55% reduction** in the rate of falls. The program targeted people who have fallen and called an emergency ambulance but were not taken to the hospital. Researchers from the University of Nottingham identified that this was a high risk group and designed a rehabilitation service to prevent further falls.

The intervention consisted of individualised home training and group training programs. The **interventions at home** included:

- Training in strength and balance for at least six sessions led by the physiotherapist;
- An assessment of hazards in the home and modifications to the environment, including provision of equipment such as chair raisers, minor adaptations such as grab handles, and
- Advice, such as removal of items from the floor and improved lighting; and practice in getting up from the floor (provided by the occupational therapists).

The nurse completed a review of drugs and blood pressure readings. As required, the participants were referred to other agencies such as the family doctor for a medical review, or social care for help at home. The **group training consisted** of:

- A rolling programme of 12 group sessions on fall prevention, twice weekly over six weeks, in local community centres.
- Each session lasted two hours, including one hour of muscle strengthening and balance training led by a physiotherapist and one hour of education and functional activities led by an occupational therapist.
- Sessions also covered advice on nutrition, pacing, strategies for coping with activities of daily living, hazards in the home, equipment, footwear, and how to get up from the floor.

Results of the program which ran over 16 months involving 210 participants showed participants in the rehabilitation service halved their rate of falls in the subsequent year and had higher scores in the Barthel Index.

The full details of the article can be viewed at the [British Medical Journal website](#)

ACSA National Community Care Conference

The conference was a great success with an **array of interesting presentations** and great networking opportunities. There was a positive and fun atmosphere at the conference and a good number of delegates were ACS SA & NT members.

The 'state of origin' ten pin bowling competition in the trade exhibition provided entertainment in the breaks. ACS SA & NT had a lively and enthusiastic team and missed out on taking the winners' trophy by 1 point. However, we did win the best 'Team Spirit Award' which was even more prestigious, I believe. The award-winning team were Prue Galvin (Team



Captain), Patrizia Kadis, Sue Reid, Anne-Marie Gillard, Catriona Condon with Team Manager Peta Braendler.

Photo: CEO Alan Graham and Community Services Manager Peta Braendler, with a friend at the Conference.



Diabetes awareness for people working in a community care setting

[Click here for the registration flyer](#)

Presented by Diabetes SA **Tuesday 27 July 2010**, 9 am–11 am

Facts:

- Diabetes is Australia's fastest-growing chronic disease
- It is the seventh highest cause of death in Australia
- An average of 55,000 people are diagnosed every year
- More than 3 million Australians have diabetes or prediabetes

This session will provide participants with **introductory information about diabetes and practical solutions** to managing the care of people living with diabetes.

- What is diabetes?
- Strategies for how to manage diabetes in the community
- Blood glucose monitoring
- Managing foot care
- Hypoglycaemia – what is it and how to manage it
- Dietary considerations

Bring along your questions about diabetes and have them answered by a Credentialed Diabetes Educator.

National Disability Agreement

The Community and Disability Services Ministers met in Adelaide on the **4th June 2010** to progress key national reforms for people with disability and their carers and children's services. See the [Communique](#) for further information.

Housing

NRAS Round 4 now open

Round Four calls for applications to the National Rental Affordability Scheme opened on Monday 14 June 2010

This round encourages applications from investors wanting to build at least 20 new affordable rental homes for low and moderate income households, with priority given to applications to build 100 or more homes.

Applications for Round Four will be assessed as they are received and **will close on 14 December 2010**.

Under the scheme the Commonwealth Government has combined with State and Territory Governments to offer incentives to institutional investors and housing providers.

Under this program:

- Homes are rented out for at least 20 per cent below market rate to tenants who meet income eligibility requirements.
- Each of the homes has to be newly constructed.
- Successful applicants receive an annual incentive of \$9,140 for each approved dwelling, indexed annually to the rental component of the CPI for ten.

Independent Living Units which are part of a retirement village and operate under the relevant State or Territory's legislation regarding retirement villages may be eligible under the Scheme.

As NRAS specifically aims at affordable rental housing, the tenant must not be required to make an in-going contribution for these dwellings. There also must not be any compulsory services which are linked to the tenancy, such as provision of meals, care, etc.

How well do older Australians utilise their homes?

A study from the Australian Housing and Urban Research Institute (AHURI) reported that the **majority of older Australians** regard their houses as suitable for their needs. The research study sought to understand how older home owners regarded and utilised their housing and land, and their views about more efficient alternatives. It also examined the role of housing and neighbourhood design in enabling people to remain living in their own homes. **Key points raised** in the research include:

- The majority of older people view their dwelling as suitable for their needs.
- The majority of older people want to age in their own homes with appropriate supports.
- Viable Design was shown to have the greatest benefit at the lowest cost.
- For the majority of older home owners living in conventionally designed housing and wishing to age in place, home modification was expected to be necessary at some point.
- Neighbourhood design and provision of neighbourhood facilities can enhance or inhibit participation.
- Older home owners are extremely dependent on private motor vehicles for access to activities.

The report **also recommended changes** in policy to enable older Australians to better utilise their homes:

- Policy makers looking to improve efficiency of land use by seeking to encourage older home owners to move into smaller dwellings will need to consider that present larger homes still may play an important role in healthy ageing by accommodating retirement hobbies or part time work, and facilitating visits by family members.
- Older home owners will usually seek to remain in a community-based setting—proximity to family and friends, as well as medical, transport and familiar community facilities all play a role in anchoring people to their present house and neighbourhood. This indicates there will remain a need to fund a community-based model of support services (such as home and community care) into the future.

- Guidelines and standards for accessible design require improvement.
- Improvements to public transport infrastructure and more creative use of taxis are necessary to permit all to participate in activities outside the home.

The full report can be downloaded from the [AHURI website](#).

Rural and Regional News

A Bright Future for Rural Health

The Australian Rural Health Education Network (ARHEN) recently released a publication outlining the **potential innovations for rural health delivery** in Australia.

The publication, “***A Bright Future for Rural Health: Evidence-Based Policy and Practice in Rural and Remote Australian Health Care***”, reports on 19 projects covering the areas of clinical services, Indigenous health, mental health, service delivery and workforce development.

The report provides a snapshot of the state of health services in the vast areas outside the main centres of population as well as offering potential solutions to challenges involving health service delivery in the bush. The **featured ‘stories’ in the 5 sections** of the publication cover the following topics:

- **Clinical Service**
 - Improving treatment for heart attacks in remote Australia
 - Pilot training program for chronic disease self-management in rural Australia
 - Lifestyle modification programs for diabetics that work
 - Abdominal aortic aneurysm screening in Broken Hill
- **Indigenous Health**
 - Strategies to better recruit, retain and support Indigenous medical students
 - The Flinders Model of self-management of diabetes amongst Aboriginal people
 - Partnership modelling of birthing
- **Mental Health**
 - Care model for women dependent on illicit drugs
 - Mental health emergency access in remote Australia
 - Practice nurses as care managers in a collaborative care model in managing depression in patients with heart disease or diabetes
- **Service Delivery**
 - Accessing expert clinical support
 - Rural palliative care services
 - Oral health in remote NSW
 - Benefits of outsourcing in Tasmanian rural hospitals
 - Evidence of sustainable models of primary healthcare in rural and remote Australia

- **Workforce**

- Demographic change and transition to retirement of rural and remote workforce
- Expanding role of paramedics in northern Queensland
- Using information technology in training and mentoring in rural areas
- Rural Inter-Professional Program Emergency Retreat (RIPPER): A simulation enhanced undergraduate rural inter-professional program at the University of Tasmania

The publication was funded by the Department of Health and Ageing and edited by Anne Larson and David Lyle.

Workplace Issues

Industrial updates from EMA Consulting

EMA Note Issue 9 2010: Use of Salaries for Employees covered by Modern Awards

EMA Note Issue 10 2010: 2010 Annual Wage Review

Research, Publications & Grants

Increased Pensioner and Beneficiary Living Cost Index seen for March 2010 quarter

The Australian Bureau of Statistics reported that the Pensioner and Beneficiary Living Cost Index (PBLCI) **increased by 1.2%** in the March quarter 2010. The PBLCI was designed to answer the question: *'By how much would after tax money incomes need to change to allow age pensioners and other households whose principal source of income is government benefits to purchase the same quantity of consumer goods and services that they purchased in the base period?'*

Housing (+1.8%) **made the greatest contribution** to the quarterly rise due to increases in utilities and rents. Health (+7.2%) also saw increases for the quarter as a result of rises in pharmaceuticals. The increase in pharmaceuticals is the result of the cyclical reduction in the proportion of consumers who qualify for subsidised medication under the Pharmaceuticals Benefit Scheme at the start of each calendar year.

Offsets were also recorded with the most significant provided by clothing and footwear (-4.2%) and household contents and services (-1.2%) due to falls in children's and infants' clothing and furniture and furnishings.

The PBLCI (+1.2%) showed a larger increase compared to the CPI (+0.9%) for the same period. Rises for

pharmaceuticals, for which PBLCI households have a significantly higher proportion of expenditure, recorded strong increases for the March quarter.

PBLCI households also have a relatively **higher proportion of expenditure attributed to food items** than the wider CPI population group, especially for fruit and vegetables, which recorded rises for the quarter (driven by fruit price rises, partially offset by falls in vegetable prices).

Information on genetic testing for health professionals

The National Health and Medical Research Council (NHMRC) released a publication to assist health professionals and the public in understanding genetic testing. The NHMRC document, 'Medical Genetic Testing: Information for Health Professionals', was designed to provide easy access to information on **advances in genetics and DNA testing**. The paper also discusses issues in the clinical, ethical, legal and social considerations involved with genetic testing, specifically in:

- direct to consumer testing, personalised medicine and other emerging technologies; and
- genetic testing for purposes other than the direct health care of the individual such as; relationship testing, insurance, workplace or sport applications, and research.

The paper **will be able to support** the health professionals in:

- assisting patients when considering genetic testing;
- ordering the appropriate genetic test;
- interpreting its result in the context of clinical decision making; and
- providing follow-up care and support to the patient and family.

The paper identifies key issues that should be considered in relation to genetic testing, and identifies relevant resources, guidelines, standards, and requirements that are pertinent for the delivery of genetic testing in Australia.

Most deaths from asthma occur among older people

The Australian Institute of Health and Welfare (AIHW) report, 'Asthma among older people in Australia', showed that over 92% of the 402 asthma deaths in 2006 were among people aged 45 years and over. The AIHW report also revealed that most deaths were associated with chronic obstructive pulmonary disease or bronchiectasis and acute respiratory infections with the average age at death being 79 years.

Other **key findings of the report** were:

- There are two broad patterns of asthma prevalence over the life course. The older pattern begins around 45 years of age.
- Among older Australians, asthma is more prevalent among females (10.8%) than males (7.4%) but the gender difference lessens with age.
- Asthma is considerably more prevalent among older Indigenous (19.4%) than non- Indigenous (9.1%) Australians of the same age (45 years and above), particularly among females (25.4% compared to 10.7% for non-Indigenous females).
- In 2004–05, the prevalence of asthma in older Australians was significantly higher for those living in the most disadvantaged localities, compared with the least disadvantaged localities.
- The rate at which asthma is managed in primary care declined between 1998–99 and 2007–08

- The rate at which asthma is managed in primary care declined between 1998–99 and 2007–08.
- The asthma hospital separation rate in older Australians declined between 1999–00 and 2006–07 by around 40% and the average length of stay also fell.
- Acute respiratory infection in asthma sufferers appeared to increase between 1998 and 2006. This occurred despite relatively stable infection rates in the general population.

The report can be downloaded from the [AIHW website](#).

Primary carers for people with arthritis or osteoporosis getting older

The Australian Institute of Health and Welfare report, ***Primary carers of people with arthritis and osteoporosis***, highlighted the growing problems being faced by many primary carers of people with disability due to arthritis and osteoporosis. The report indicated that most of the carers are older Australians who themselves need assistance and whose caring duties were often making their problems worse.

With the ageing of Australia's population, the number of people with profound or severe disability from arthritis and osteoporosis is expected to rise and the accompanying ageing of primary carers also expected to **become a major issue**.

Based on data from the 2003 Australian Bureau of Statistics Survey of Disability, Ageing and Carers, the report showed that 40% of primary carers of people with arthritis and osteoporosis were 65 years or older and 70% had physical problems and limitations of their own, which were sometimes exacerbated by the care giving process.

In general, **women assume the role** of primary carer more often than men. However, this pattern is reversed among carers of people with arthritis, with men making up about 55% of primary carers, as osteoarthritis and rheumatoid arthritis are both more common in women than in men, particularly among older age groups.

The AIHW report also showed that the main reason for people assuming the primary caring role was family responsibility and that they believed they could provide better care than someone else. The **majority of primary carers** indicated that support or improvement was needed in terms of financial assistance and respite care.

The full report can be downloaded from the [AIHW website](#).

Self-check test for dementia

Specialists in treating Alzheimer's disease from the Ohio State University Medical Center have developed the Self-Administered Gerocognitive Examination (SAGE) to **help identify individuals with mild thinking and memory impairments** at an early stage.

SAGE is a self-administered test to screen for early dementia. The handwritten self-assessment **takes less than 15 minutes** to complete and could assist in the diagnosis and subsequent treatment of memory disorders, including Alzheimer's disease.

Treatments for Alzheimer's and dementia are more effective when they are introduced in the earliest stage of the

disease. The SAGE is a reliable tool for evaluating cognitive abilities and helps identify mild thinking and memory impairments at an early stage.

The SAGE self-assessment is **available free of charge** at <http://www.sagetest.osu.edu>

ACS Education & Training Events

ACS 2010 Training Program

The 2010 Training Program is constantly updated. Registration forms for the events will be placed on the website as they are prepared, and also sent to members. Please mark this page as a bookmark and return to it regularly to view any changes and additions.

BRAND NEW courses in July

Respecting Patient Choices

Tuesday 7 July, 9.45 am–12 pm

The Respecting Patient Choices Program commenced in SA at The Queen Elizabeth Hospital in 2004. The program's aims include:

- Quality end of life care and good death clinical care consistent with patient's preferences when capacity is lost;
- Improved decision making process; Improved patient's well-being by reducing frequency of over or under treatment;
- Reduce patient's concern regarding possible burden placed on family and others.

The program philosophy supports respect for a person's autonomy and dignity and does not support euthanasia or assisted suicide.

This practical and interactive session will provide information about:

- What the RPC program is
- How to fill in the forms
- What it means to the patient or client
- How it impacts upon the care that is provided

The training is accredited by the Royal College of Nursing Australia and attracts 2 CNE points for professional development towards annual registration.

Diabetes awareness for people working in a Community Care setting

Presented by Diabetes SA **Tuesday 27 July 2010, 9 am–11 am**

Facts:

- Diabetes is Australia's fastest-growing chronic disease
- It is the seventh highest cause of death in Australia
- An average of 55,000 people are diagnosed every year
- More than 3 million Australians have diabetes or prediabetes

This session will provide participants with introductory information about diabetes and practical solutions to managing the care of people living with diabetes.

- What is diabetes?
- Strategies for how to manage diabetes in the community
- Blood glucose monitoring
- Managing foot care
- Hypoglycaemia – what is it and how to manage it
- Dietary considerations

Bring along your questions about diabetes and have them answered by a Credentialed Diabetes Educator.

Stress Management

Presented by Mike Fenwick, **Thursday 22 July 2010, 9.30 am–12.30 pm**

Have you ever been overwhelmed by issues that people describe as 'stressful'? Do you sometimes feel others don't know what you are going through? Are there lots of things happening to you? Any headaches, back pain, tummy upsets, palpitations, anger, sleeplessness, or lethargy after sleep?

Participants will learn to:

- Identify stressful 'warning signs' and begin to develop a personal stress profile which identifies tolerance levels/points, personal triggers, vulnerabilities & habitual responses. Begin your own action research now.
- Apply strategies that can assist you to avoid, prevent, manage & process stress
- Understand how your personal response affects physical & emotional health

We can work it out

Presented by Mike Fenwick, **Thursday 29 July 2010, 9.30 am–12.30 pm**

Conversations and thinking required for managing a range of negative behaviours in the workplace.

All workplaces have a range of 'different' behaviours from a range of different personalities on a minute by minute basis. Managing and addressing some of those negative behaviours can sap a lot of emotional and physical energy. What do we say? How do we get other ways of thinking in place to support productivity and the team goals?

Participants will learn how to:

- Understand some reasons for negative behaviours and a range of options for addressing them
- Have conversations with staff that employ a variety of ways of positive interaction about the workplace and the team/organization's goals
- Provide entry points for staff to think in a variety of modes to assist in deeper ways of thinking about issues

Industry Education & Training



NDSP (National Dementia Support Program) Training and Education Workshop and Short Course Series

This round of sessions **commences in July** – [click here for further information](#) about each session.

- Wednesday 7th July, 1.30 pm–4.30 pm **Understanding the person with dementia**
- Wednesday 25th August, 1.30 pm–4.30 pm **Introduction to a person-centred approach to dementia care**
- Wednesday 8th September, 1.30 pm–4.30 pm **Effective communication in dementia care**
- Wednesday 29th September, 1.30 pm–4.30 pm **Meaningful activities**
- Wednesday 6th October, 1.30 pm–4.30 pm **Younger Onset Dementia**
- Wednesday 27th October, 1.30 pm–4.30 pm **Dementia and Depression**

2010 Dementia Advanced Behaviour workshops

The South Australia Dementia Behaviour Management Advisory Services (SA DBMAS) invites you to attend advanced behaviour workshops:

- Tuesday 13th July, 9.30 am–12.30 pm **Dealing with aggressive behaviours**
- Monday 9th August, 9.30 am–12.30 pm **Sexually inappropriate behaviours in dementia**
- Tuesday 9th September, 9.30 am–12.30 pm **Responding to changed behaviours in dementia care**
- Thursday 21st October, 9.30 am–12.30 pm **Dementia Care and the Environment**
- Thursday 4th November, 9.30 am–12.30 pm **Wandering behaviours and management strategies**
- Friday 3rd December, 9.30 am–12.30 pm **Spaced Retrieval as a behaviour management tool**

Please [click here for details about each workshop](#).

Member Services



ACS SA&NT has entered into arrangements with a range of businesses to provide cost effective and quality services to its members. Please be advised that ACS SA&NT has entered into these arrangements with a financial benefit for the Association. Currently arrangements have been made with:

Access OCAR – Employment Assistance Program
EMA Consulting – Industrial Advice Service

Do you have an Employee Assistance Program?

As part of our ongoing commitment to strengthen services and opportunities for Members, ACS SA&NT is pleased to be able to provide members with access to an Employee Assistance Program (EAP). ACS SA&NT has entered into an agreement with Access OCAR Workplace Consulting to provide an EAP to members at a substantially reduced rate. (Payment is made on a quarterly basis)

An EAP is a confidential counselling service designed to offer an effective means of assisting employees with problems that may eventually affect job performance and personal well-being. Employees have access to qualified counsellors who are located outside of their workplace and are trained to help people identify and resolve their problems. It has been advised that the Unions are in favour of EAP in businesses and often quality and standards accreditation also favour EA programs.

Access OCAR Workplace Consulting will provide the services of the EAP to members who join this service. Click [here to download an expression of interest form](#). Upon completion of this form Access OCAR will contact you to commence the service.

Industrial Advice Service



Since 1 July 2006 EMA Consulting has been providing ACS Members with Industrial Relations Assistance. EMA consultants are highly qualified, trained, experienced and are contemporary leaders in their profession. As an ACS Member, you have access to EMA for the following services:

Telephone Advisory Service

- Unlimited access to discuss any Industrial Relations topic
- Deal with IR Consultants
- No charge per call ~ generally limited to 15 minutes per issue. If it does take longer than this, it generally means the issue is complex and you need to get specific advice.

Wage Rate Summary

- Nurses (ANF ~ SA Private Sector)
- Nurses SA
- Clerks SA
- Health Service Employees

Consultant Service

EMA will provide consulting services for all ACS Members at a discounted hourly rate of \$230 per hour, which is a saving of \$50 per hour. This includes access to a full range of user pays services such as AWAs, training, workers compensation, disputes and collective agreements.

Telephone (VIP toll free number) 1800 632 812

Advisory Service (08) 8221 6565

Telephone (08) 8221 6665

Facsimile (08) 8221 6660

Website www.emaconsulting.com.au