

## Finding solutions: delivering quality aged care in rural and remote Australia

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In 2000, the Commonwealth Department of Health and Aged Care commissioned *Alt Beatty Consulting* to undertake a survey of regional, rural and remote aged care in over 20 services across Australia. The aim was to identify and document the common features that contribute to successful practice in a sometimes challenging environment. The team working on the project comprised Merilyn Alt, Dianne Beatty, Ruth Baxter and Elizabeth Statis.

The project provides concrete accounts of innovative practice, told from the perspective of the participants. Twenty-three case studies display how communities in rural, regional and remote Australia are taking up the challenge of providing quality aged care for their seniors and working hard to create their own highly individualised solutions to cater for their particular situations and needs.

The project provides useful pointers to other rural and remote aged care providers. It explains why each of the twenty-three services chose to emphasise particular factors in their practice.

### APPROACH

The services were selected in a consultative process which included Commonwealth, State and Territory Government aged care staff, industry and consumer peak bodies and the Aged Care Standards and Accreditation Agency. The selection was also informed by current literature on quality processes, benchmarking and leading practice in aged care.

The services covered represent a mix of service types, target groups, sizes, locations across every state and the Northern Territory. They include residential, community care and flexible care services, as well as combinations of these.

Six of the ten residential services also provided community care. A number of services incorporated registered training organisations.

Service locations ranged from Broome and Bunbury in the west, Angurugu on Groote Eylandt in the north, Alice Springs in the centre to Esperance in Tasmania, the most southern aged care home in Australia.

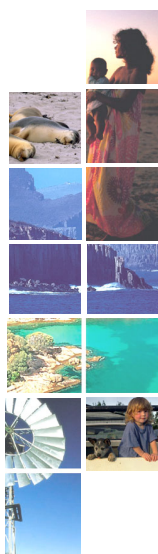


Table 1 Service type of the case studies by state and territory

State/territory	Major service type				Total
	Residential care	Community care	Multi-purpose service	Other service	
New South Wales	3	1		1	5
Victoria	3	1	1		5
Queensland	1	1			2
South Australia	2		1		3
Western Australia		1	1	1	3
Tasmania	1	1		1	3
Northern Territory				2	2
Total	10	5	3	5	23

The catchments of these services ranged from 300 to 600 000 square kilometres, with their budgets varying from \$194 000 to \$5.4 million. The smallest residential service had 12 beds, two care packages and six self care units. The largest residential service had 146 beds, 16 care packages and 14 self care units.

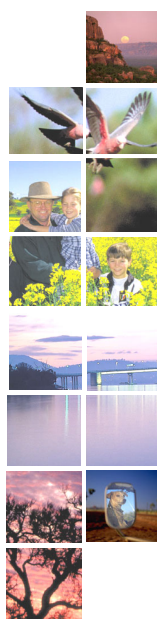
A researcher from *Alt Beatty Consulting* visited each of the services and interviewed board members, management, staff, clients and their families to learn how aged care is delivered locally. The views of other stakeholders outside the service were also sought. The purpose of the interviews was not to evaluate or judge the service but to let those involved give their own account of their practices, aspirations, challenges and successes. The study therefore closely reflects the views of the people involved in the day-to-day life of the services.

## COMMON THEMES

During the visits, the difficulties associated with service delivery in regional, rural and remote areas were often raised. They include:

- the additional costs and limited economies of scale, particularly in remote areas
- staff recruitment and retention
- supporting populations dispersed over large areas
- a lack of basic infrastructure
- long distances to be covered by both providers and clients with very limited public and community transport.

However the study also showed the many different ways these services have tried to address these challenges. It demonstrated that there are advantages available to service providers in rural and remote areas, particularly in the high level of support offered from within the community to the development, management, operation and activities of such services. It showed that communities in rural, regional and remote Australia are taking up the challenge of providing quality aged care for their seniors and working hard to create their own highly individualised solutions to cater for their particular situations and needs.



Perhaps the most significant common theme that emerged from the survey is that the issue of aged care goes to the very heart of a rural or remote community.

## SUCCESS FACTORS FOR AGED CARE SERVICES

The study clearly demonstrated the great commitment of aged and community care staff to their clients and their carers, as well as to quality, improvement, development and innovation. From the literature and study, a number of key factors emerged in which success could be demonstrated. These fall into three broad areas: governance and management; client centred quality; and organisational dynamics.

Not all the services involved in the survey were strong in all of these features. While some exhibited many success factors, others had fewer. Most were still developing or refining their local solutions.

It is also important to note that these success factors are not the only important characteristics of the services surveyed. They are, however, among the features that contribute to the successful response by a service to its particular situation.

## GOVERNANCE AND MANAGEMENT

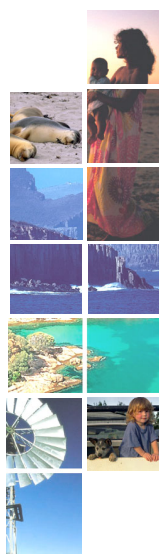
### Strong, visionary local governance

The boards, advisory committees or management structures of these services are visionary. They are committed and well-informed, with strong local ownership of services incorporated into their structure. These governing bodies know their community, its services and resources well and understand their community's history, needs and future directions. They are outward looking, exploring practice in other parts of Australia and internationally for innovation which could assist the design of their responses to local need. In collaboration with their communities, they are prepared to develop their own plans and solutions to aged care needs, combining their knowledge with evidence-based planning to ensure that the socio-economic features and health status of their community inform their development.

### Effective business management practices

These organisations have business processes which enable effective planning, implementation, monitoring, and accounting for:

- the provision of quality care
- financial management
- general organisational management
- continuous improvement.



## Open communication

These governing bodies have a clear understanding of their role as setting broad directions and overall policy, and let the managers and staff run the day-to-day operations. There is evidence of good working relationships and open communication between these bodies, managers, staff, clients, families and other stakeholders.

## Significant involvement of consumers and community stakeholders

Boards and Managers have a good knowledge of the community and effective linkages with related services and providers. They see their service as part of the local support system and aim to complement, and work with, other services. Their service links are strong, valued and regularly used.

Stakeholder involvement and feedback is actively encouraged. Services have developed easy ways of getting regular consumer feedback and input into service delivery. Volunteers extend the support offered to clients and their families and, through their involvement, reinforce the feeling of community ownership. Other significant community stakeholders are usually business, local media and other service providers.

### *Governance and management example – Upper Murray Health and Community Services, Corryong, Victoria*

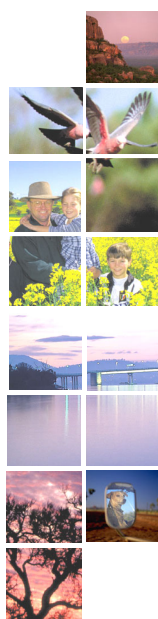
Corryong is 140 kilometres east of Albury-Wodonga, in the foothills of the Snowy Mountains. The catchment population of this multi-purpose service (MPS) is just over 3000 people and declining. It offers a full array of services from acute to flexible community support. Its continuing care program is used to integrate its service mix and to provide a co-ordinated approach to each individual's needs. It uses a common approach to assessment and care planning throughout its care settings. Documentation and referral processes have been streamlined to avoid repeated information requests and to promote ready access to appropriate support options. Staff work in teams across the organisation, with shared responsibility for achieving planned outcomes, often combining clinical and program roles.

Consumer participation in service planning is strong, with consultations conducted via public meetings, surveys, formal presentations, facilitated discussion groups, and by use of a trained community liaison group and an employed Consumer Health Advocate.

The model of evidence based needs assessment used by Upper Murray enables the Board of Management to compare the service's current service provision with identified service needs informing resource allocation decisions. This has led to a major shift in service delivery emphasis from beds to home-based support.

The service's differences and sophistication were related to:

- its adherence to a population health model (involving community based needs identification and evidence based planning)



- the self containment of its catchment area
- the vision of its management in being able to understand and progress the model to its full potential.

For the community to get the full potential of the MPS model, it must be empowered. You need to educate people so they can be informed to make good decisions. (Chief Executive Officer)

## CLIENT CENTRED QUALITY

### A client focused service

This is demonstrated by genuine attempts to address individual needs, including responsiveness to cultural, spiritual, emotional, social, financial, cognitive and physical needs. "Flexible" and "responsive" are frequently used words when describing these services. Their use reflects these services' capacity for lateral thinking and their ability to operate outside "normal" service practice. Typically, this covers the more unusual, human side of providing aged and community care.

#### *Client focused service example – Remote Area Dementia Service, Bollon, Queensland*

The Blue Care Remote Area Dementia Service is based at Bollon in south west Queensland and covers a large sparsely populated rural and remote catchment area that extends from 120 kilometres west of Brisbane to the South Australian border. It is characterised by scattered communities, vast distances and very restricted infrastructure (both in terms of services and worker availability). The population density is extremely low making it difficult to establish a viable range of services.

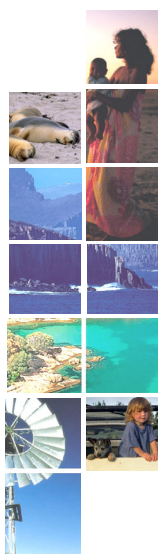
The service offers whatever respite best fits the client's needs (be it live-in or otherwise) with a heavy reliance on local solutions involving all stakeholder and community resources.

As we talked some amazing management strategies came to light but the best one I think was the way in which the family were managing Father's desire to check the water level in the house dam both day and night. They had installed sensor lighting in the garden and down the path to the dam and had fenced the dam with an electric fence. When he left the house at night, the lights would come on showing him the way. When he arrived at the dam he would touch the fence, realise something was wrong, go a little further, touch it again and usually by then he'd forgotten what he was doing and so turn around and return back to his bed. Mother explained that she always woke when he got out of bed but that now she no longer followed him but simply lay awake until he returned in about 10 minutes ...

The challenge is to design services relevant to people's lifestyles, whilst remembering that not everyone fits rural farming stereotypes ... It's all about being flexible to meet the individual's needs .... networking is more than half of the job. (Support Officer)

### The service is accessible

There is usually a welcoming, comforting atmosphere and a safe environment. This is not just a physical issue. Accessibility involves the attitudes and behaviours of staff,



the access policies of the service and the information which is available to clients and the public.

***Accessible service example – Central Australia and Barkly Region Carer Respite Centre, Alice Springs, Northern Territory***

This service has a vast catchment of some 660 000 square kilometres, including 28 Aboriginal communities and their outstations, plus the urban centres of Alice Springs and Tennant Creek. Its strategies to support carers must therefore suit the cultures, experiences and lifestyles of its clients and workers within their particular geographical contexts. A training camp for Indigenous workers was described.

The training camp was held in a creek bed approximately eight kilometres from the community. It commenced at midday. Workers and those they care for, plus bedding and cooking gear, duly arrived in overloaded vehicles amongst a lot of dust and excitement.

During the afternoon the trainers and workers told stories and discussed particular problems concerning dementia. Workers were able to participate fully while keeping an eye on their responsibilities.

After a big camp dinner, the day ended with the women singing softly as the fires burnt lower. As we all settled into our swags the singing changed to a hum. A great way to end the day.

Morning arrived and everyone was amazed at how quietly the night had passed. A woman who normally disturbs the community during the night slept like a top.

The trainer seized this unusual event as a training opportunity. She explained that the woman had been given attention all afternoon and evening and she felt safe, warm and nourished. She was with family and participated in the singing. This demonstrated to all the participants a practical way to deal with some of the behaviour difficulties experienced by workers. (Co-ordinator)

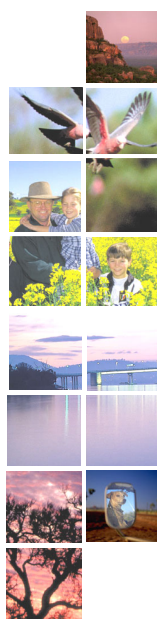
**Quality in all aspects of service**

This is demonstrated by attention to reliability, risk management, appropriateness, effectiveness and a constant striving for continuous improvement. Innovation may occur through being prepared to try different ways to achieve goals, sometimes leading to restructure or redesign of existing service models. Remodelling can make a service more viable or better suited to the needs of its community.

Seamless service delivery for elderly people as their needs change is an important aspect of quality care. This, and addressing identified gaps in service provision, requires close and co-operative working relationships between service providers.

***Quality service example – Kimberley Aged Care Services (KACS), Broome, Western Australia***

The Kimberley region of Western Australia has a population of 30 539 of which 35% is Indigenous and an area of some 420 000 kilometres. The service model is unique in that it combines the HACC state government administrative and planning functions, with ACAT, care package, carer respite centre and HACC service delivery. Staff are employed at four levels:





***Innovative model and team example – Hills Mallee Southern Aged Care Facility, Strathalbyn, South Australia***

This is a residential aged care service built around 32 beds across six country hospitals. The hospitals are typical of hospitals located in small rural towns. They were developed and are operated with significant local community involvement, are seen as an integral part of the local service infrastructure and all previously had long-stay residents. Under the model, each campus retains its local identity but is now part of a regional home.

The service developed from a partnership formed in 1995 between the hospitals, the regional health service and the Commonwealth and State Governments. The aim was to locate more aged care places in the region and to retain and refurbish the hospitals in each town. The project involved extensive community consultation, education and building modifications. The Hills Mallee Southern Regional Health Board owns the 32 bed licences which are distributed to each of the six hospitals according to need and can be re-located as circumstances change. The locations in 2001 were Lameroo (five), Karoonda (four), Tailem Bend (eight), Meningie (six), Mannum (seven), Mount Pleasant (ten).

Regional roles are undertaken by staff in different health units. For example, the regional co-ordinator of this project is the Executive Officer/Director of Nursing of a health service and nursing home in another town. The Human Resources Manager for the region is the chief executive officer of one of the participating hospitals. The financial aspects and residents agreements are all managed by the regional finance manager. Representatives of each of the six hospitals meet with the regional co-ordinator and the administrative officer on a monthly basis as a management group for the regional service. In addition, an aged care sub-committee of the regional board works with the regional service as part of the partnership.

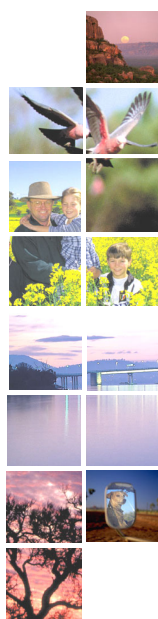
Most of the hospitals faced potential viability problems in the near future if their service focus had remained static. So the model is seen as having overcome the future threat of closure of the hospitals. The project has been more successful financially than was envisaged and has already achieved a surplus which is being used for ongoing education and equipment upgrades.

The secret to the success of this project has been its co-operative approach and involvement of the three tiers of service delivery. The State and Commonwealth have worked together from the start. It has been a win-win situation for everyone involved.  
(Member, Regional Health Board)

Other service models in the study included:

- a residential facility designed to replicate the Derwent Valley of the thirties (Corumbene, New Norfolk, Tasmania) and a facility designed to integrate into its suburban surroundings (West Park Nursing Home and Hostel, Goolwa)

A notable feature of this site is the total absence of any of the visual elements normally associated with institutionalised care. From the street, West Park Nursing Home and the co-located hostel present as a series of modern, single-storey homes and small cottages that are largely indistinguishable from their neighbours. (Executive Summary of Aged Care Accreditation Report)



- a Host Family Respite Service for people with dementia in Bunbury, Western Australia. This service aims to provide a weekend's break for their carers (from Friday afternoon to Monday morning) by using specially recruited and trained host families; and
- services designed to meet specific cultural needs (Booroongen Djugan Aboriginal Corporation, Kempsey, New South Wales; Shepparton Multicultural Hostel, Victoria; and Angarrumanja at Angurugu, Northern Territory).

## DEVELOPMENT AND POLICY ISSUES

This study demonstrates examples of responsiveness, improvement and innovation in rural and remote areas. It shows that although rural and remote areas face particular challenges, they also benefit from strong community support and from being forced to think outside the square. However, while innovation may emerge from the isolated efforts of individuals or communities, government may play a role in nurturing innovation. This may be through means such as:

- wider dissemination of information about initiatives, the rationale for them, their successes and failures
- the development of effective outcome indicators to guide communities and service providers in the evolution of aged services appropriate to their local needs.

## PRESENTER

**Dianne Beatty** has worked as a consultant since 1991, and previously for the Commonwealth Government (1975–1985) and the NSW Government (1985–1991). In Canberra she worked for the Social Welfare Commission and the Departments of Social Security and Community Services, including as director responsible for planning, research, policy development and administration of centre and family-based child care.

In 1985, Dianne moved to the New England area of NSW, and was responsible for the regional development of services for aged people and people with a disability, including those funded under the then new Home and Community Care (HACC) program.

Dianne has complemented her national and state consultancy work with a significant portfolio of local, regional, rural and Indigenous development projects. This work has included evaluations, development of quality management systems and assisting services and communities to improve their internal and inter-organisational working relationships, co-operation and efficiency.

Dianne has qualifications in resource, business management and quality improvement. She is a member of the Commonwealth's Aged Care Workforce Committee.

