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## Review of the residential aged care accreditation process

The **Aged Care Crisis Team (ACCT)** supports any adjustments/changes to the *Aged Care Act (1997)* including the *Accreditation Grant Principles 1999* which provide additional protection for vulnerable frail older people.

The ACCT is an independent group of Australian citizens. Members of our group are engaged with the aged-care sector in a variety of ways – as health professionals, as consumers of services and as volunteers.

Our website, [www.agedcarecrisis.com](http://www.agedcarecrisis.com), provides ready access to information and issues relating to the care of frail, older people. Its purpose is to support/inform older people, their family members and carers as they traverse an exceedingly complex system of care.

We receive much feed back on accreditation issues. The tenor of the feed back indicates a high level of community concern. Many family members and carers believe that accreditation teams often miss critical health and care issues, and are deeply concerned about the standard of care provided to family members. The issues raised with us include:-

- The nature and timing of inspections
- The lack of available, accessible information relating to the performance of aged-care homes
- The lack of consumer input to the whole accreditation process.

Our submission aims to accurately reflect these concerns.

We appreciate the fulsome discussion paper provided to stimulate thought and discussion on this issue which is of grave concern to Australians and their families. We welcome the opportunity to respond to this important Review, and look forward to a new, improved system which will provide additional security and protection to all those receiving residential care.

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# 1 Accreditation

The current accreditation system does not adequately measure delivery of care to frail Australians in residential care. The process measures just one thing - the ability of a facility to pass accreditation inspections. Until it is recognised that the accreditation process (as it now stands), and the ability of a facility to deliver compassionate and professional care to residents, are two fundamentally different things then aged care will remain in the chaotic state that it is already in.

It is now possible for an aged-care home to pass accreditation and yet still provide poor care. We see many examples of this in incidents recently highlighted by the media. (The aged-care home where a bed-ridden resident was gnawed by mice is just one of these.)

**The Australian public depends on a rigorous monitoring system for two important reasons:**

1. The first is to be assured that the care provided for their family members is of a high quality. If we are not assured of this then the fear of an unprotected old age permeates the whole community.
2. The second reason is that the accreditation system sets the basic standards of care for all aged-care homes. It should pick up faults in the system (such as the current low staffing levels). In this way the work of the Agency underpins all policy reform.

## 1.1 Accreditation: a conflict of interest

The Aged Care Standards and Accreditation Agency, (the Agency) as it is currently structured, has two conflicting roles. It has a regulatory function and an educative function. These two roles are not compatible. While it is beneficial to have a cooperative body assisting aged-care homes improve the quality of care provided, it is problematical when that body is also performing a monitoring and assessing role and publishing the results of those assessments within the aged-care market place. Such a conflict of interest cannot be sustained and acts against the well-being of frail people in residential care.

Furthermore, we note that some facilities prepare for site audits or assessments with the help of outside contractors. Clearly, if the same contractors are retained by both the facility and the Agency then there may be an even further conflict of interest as the contractors are effectively working for two masters.

An example of this is where one consultancy, whose core business is in providing "quality and legislative compliance services", openly markets it's links as an assessor, advertising it's experiences as an assessor with the Agency. This might be seen by some as an implication that accreditation can be purchased:

*"...has also been successful in assisting aged care services to prepare submissions which have resulted in a number of expected outcomes rated on site audit as 'does not comply', reverted to 'does comply' at decision..."*

### Recommendation

- That the Agency is the key monitoring body. The educative function it currently performs should be provided by a separate organisation.

## 1.2 The nature and timing of accreditation

### 1.2.1 Undue emphasis on documentation

The most common criticism received by the ACCT of the current accreditation system relates to its undue emphasis on documentation. The ACCT receives much feedback about the inadequacy of a system that depends on what is written rather than what is actually done.

A system which takes considerable staff time away from residents in order to complete a myriad of bureaucratic tasks fails both residents and staff. In the current system, documenting the minute details of a person's life has become more important than actually helping them live their lives. Documentation and keeping of records is an important part of care – as is developing well-formulated care plans. However, the current system is out of balance.

For example, much has been written in recent times about the malnutrition experienced by up to 40 percent of nursing home residents. The ACCT questions the point of documenting a person's weight, diet and food intake in detail if there is neither the time, nor resources, to provide nutritious, tempting meals or the assistance required to encourage and assist residents to eat them.

#### Recommendation

- A review of current documentation procedures should occur in order to devise a simpler, more efficient way of recording the care provided to residents.

### 1.2.2 Use of technology

The ACCT notes that, in general, the aged-care sector has not used the advances in new technology to any great effect. Keeping resident records is one area where the benefits of technology are immense. Records should be captured electronically in the form of an EDMS (**E**lectronic **D**ocument **M**anagement **S**ystem) together with standard electronic tracking of care records. That way, any care notes, dietary requirements, medications, etc., would be captured and recorded in "real-time" for each resident and then easily referenced. This would go some way in eradicating anomalies that currently occur with current practice.

#### Recommendation

- A centrally developed and managed EDMS for aged care facilities be implemented (online) across Australia.

Benefits would include:

- 1. The prevention of the duplication of I.T. efforts:** This could assist in the prevention of duplicating efforts amongst individual providers, saving outlay on expensive bespoke systems, as well as ensuring uniform information and consistency of data collection.
- 2. Minimum effort for all staff working in the sector:** One global system would mean that any staff working or moving around within the aged care in Australia, would already understand how to use the system - leaving more care time for residents.
- 3. Reliable data and statistics:** Reliable data relevant to aged care is currently lacking. An EDMS system would enable the collection of data into a central system – thus producing some meaningful statistics and information about people residing in aged-care facilities across Australia.

### 1.2.3 Timing and preparation for inspection visits

The ACCT receives numerous complaints from aged-care workers and from the families of residents about the extensive notice given to providers prior to a site audit. As already noted, such advance notice does not give inspectors the opportunity to accurately review the life of the home on a daily basis (<http://www.agedcarecrisis.com/acc/pdf/thevisitorsarecoming.pdf>) Families do not want to know how homes perform on special occasions. They are interested in having knowledge of day-to-day care.

Elaborate preparations are made by some providers prior to inspection. Staffing rosters are sometimes changed. In some instances, extra furniture is hired in order to create a good impression.

"...It is our view that we should have a system whereby providers are actually proud of the work they do, run a humane, open and transparent facility and welcome inspections at any time..."

We also draw attention to the fact that, to our knowledge, evening visits rarely occur. Yet this is the very time when aged-care facilities have notoriously low, even dangerous, staff/resident ratios.



The ACCT welcomes the increased number of 'spot' inspections but notes that currently prior warning is given of these too.

#### Recommendations

1. That inspections are not announced to anyone concerned prior to the visit.
2. That evening and weekend inspections occur.

### 1.2.4 Lack of consistency

The ACCT believes that there is a lack of consistency in relation to inspections. We understand that such consistency is hard to achieve when inspections are occurring across Australia. However, it is difficult for consumers to understand when inspections of the same facility by different teams has widely differing results. We are aware of several instances where this has occurred.

For example, we note that the  [Agency site audit performed on 9th-11th September 2008](#)<sup>1</sup> awarded a mice-infested home full accreditation. Yet the latest report on the same facility by the  [Agency in April 2009](#), revealed mice plague conditions existed for months prior to the site audit in September 2008.

<sup>1</sup> Accreditation Agency site audit performed on 9th-11th September 2008:

 [http://www.accreditation.org.au/upload/documents/KaringalNursingHome4\\_122567657838062.pdf](http://www.accreditation.org.au/upload/documents/KaringalNursingHome4_122567657838062.pdf)

It also found numerous reports of mouse plague activity documented on maintenance request forms - which were specifically documented (including maintenance logs) in the September 2008 report as having been "reviewed" by the assessment team:

Date	Documentation/Activity
30 June 2008	Mice seen in rooms G5 and J1
7 July 2008	Several mice seen in K7 and J6
9 July 2008	Resident's relative found four live mice in her mother's drawer
12 July 2008	Mice everywhere in Unit 2
13 July 2008	Relative complained of mice droppings daily in the room (maintenance form filled out)
28 August 2008	Mice in kitchen
<b>9-11 September 2008</b>	<b>Accreditation Agency Site Audit: 9th - 11th September Passed all 44 accreditation standards</b>

Another example is where Agency assessors found another home to be non-compliant in excess of 10 standards - yet the Agency over-ruled the assessors findings and found none:

**Review Audit report findings:** Tricare Annerley Nursing Centre - 25 January 2008:  
(report not available on Agency website [as at July 2009]):

"...The assessment team recommended non-compliance in 11 expected outcomes The Agency considered additional information including a submission from the home and actions taken by the approved provider to address the identified issues since the audit, and has found the home to be compliant in all expected outcomes..."

These examples:

- highlight the lack of consistency in the audit (by assessors and the Agency)
- reinforce the view that accreditation is documentation based;
- highlight the lack of transparency in not having past reports (even a recent report in 2008) available on the Agency website; *and*
- highlight the lack of transparency in not publishing the response of the provider

## Recommendations

- That further training be provided to inspectors to ensure consistency of inspections.
- That all reports (not just current) be made available and published.
- That provider responses be made available and published.

## 1.3 Transparency and accountability

The Rudd government has promised greater transparency in all spheres of government but there is little evidence of this within the aged-care sector. We believe that the issue of increased transparency was [largely ignored in the November 2008 revision](#) of the *Aged Care Act 1997*, and subsequent attempts to provide information to consumers have been confusing and piecemeal. They fail to provide a clear picture of what is occurring in practice within Australian aged-care homes.

### 1.3.1 Provider-friendly initiatives

The *Aged Care Act 1997*<sup>2</sup> stipulates that a home's response to an adverse finding be made publicly available. It is contradictory that, in spite of this requirement, responses can also be made in a form which is not available to the public. The Agency seems to openly encourage this practice within the sector. **We note that not one single response was available for the year 2007-2008.**

How a home responds to an adverse report is a critical part of understanding the practices and policies of that facility. The ACCT believes the practice of not publishing these responses detracts from full transparency and accountability.

#### Recommendation

- That providers be required to publish their response to an adverse finding.

### 1.3.2 Quality and quantity of data published

The ACCT is of the view that the information that is actually published by the Agency, is generally highly sanitised by the time it is placed on the Agency website.

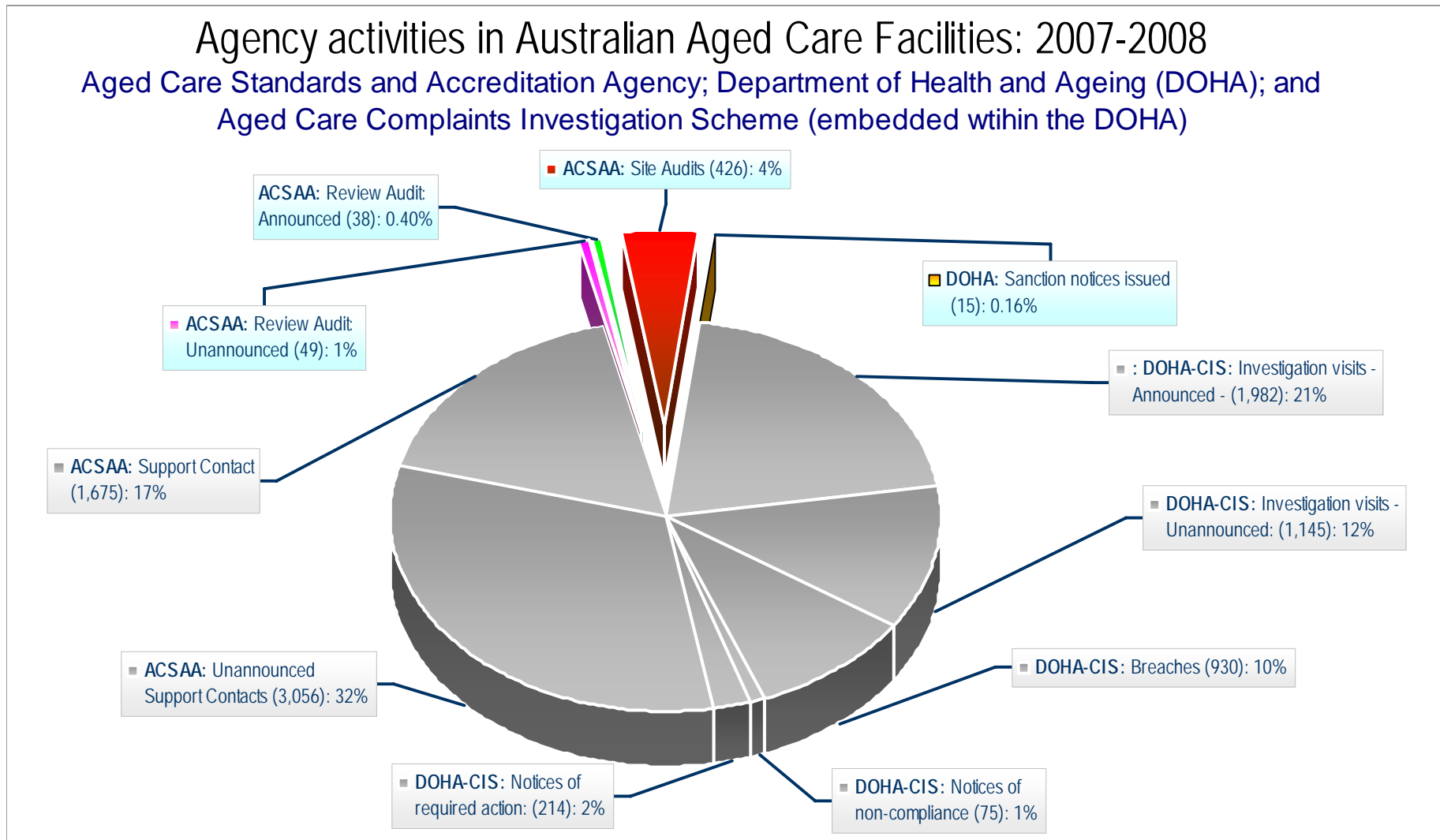
Furthermore, many reports of visits remain unavailable to those seeking information about homes they are considering for residential care. Out of a total of over 8,000 visits to Australian nursing homes in 2007-2008 – conducted by both the Accreditation Agency and the Department of Health and Ageing - only 517 accreditation reports were publicly available. The majority of these reports were cyclical (3 yearly) **site audits** - which were visits known and planned for weeks, or months, ahead.

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<sup>2</sup> *Aged Care Act 1997 - Accreditation Grant Principles 1999: 9.1 Publication of original decisions (2)*  
<http://www.comlaw.gov.au/comlaw/management.nsf/lookupindexpagesbyid/IP200400954?OpenDocument>

The exploded pie chart coloured slices below, outlines information that is publicly available (5% of total monitoring activities), and illustrates that the majority of information *indicated by the slices and pie chart markers in grey*, including accreditation reports, remain out of the public domain:

\* legend and supporting information for pie chart on following page





The information in the table below highlights the limited set of information about Australian nursing homes that the pie chart demonstrates on the previous page. The information that **is publicly available (5% of total monitoring activities)**, is explained below.

Information in the table below in grey - *indicated by the slices and pie chart markers in grey*, remain out of the public domain:

\* *supporting information for table data below demonstrated in pie chart on previous page*

Source: Report on the Operation of the *Aged Care Act 1997* - 1 July 2007 to 30 June 2008

 [http://www.health.gov.au/internet/main/publishing.nsf/Content/44AC5B9CB3577BD0CA256F19001013FE/\\$File/ROACA08.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/44AC5B9CB3577BD0CA256F19001013FE/$File/ROACA08.pdf)

Supporting information available	Agency conducting visit/activity	Purpose of visit/activity	Total	Total %
unavailable	Aged Care Standards and Accreditation Agency	<b>Unannounced Support Contacts</b>	3,056	32%
unavailable	Aged Care Standards and Accreditation Agency	<b>** Support Contacts (**unspecified: telephone or visit)</b>	1,675	17%
<b>available (limited time)</b>	<b>Aged Care Standards and Accreditation Agency</b>	<b>Review Audit: Announced</b>	<b>38</b>	<b>0.40%</b>
<b>available (limited time)</b>	<b>Aged Care Standards and Accreditation Agency</b>	<b>Review Audit: Unannounced</b>	<b>49</b>	<b>1%</b>
<b>available (limited time)</b>	<b>Aged Care Standards and Accreditation Agency</b>	<b>Site Audits ("cyclic" 3 yearly visit - known and prepared for in advance)</b>	<b>426</b>	<b>4%</b>
<b>available (limited time)</b>	<b>Department of Health and Ageing</b>	<b>Sanction notices issued</b>	<b>15</b>	<b>0.16%</b>
*unavailable	Department of Health and Ageing	<b>* Notices of non-compliance</b>	75	1%
unavailable	Department of Health and Ageing (Aged Care Complaints Investigation Scheme - CIS)	<b>Site visits - Announced</b> - during course of investigating a case	1,982	21%
unavailable	Department of Health and Ageing (Aged Care Complaints Investigation Scheme - CIS)	<b>Site visits - Unannounced</b> - during course of investigating a case	1,145	12%
unavailable	Department of Health and Ageing (Aged Care Complaints Investigation Scheme - CIS)	<b>Breaches of Approved Provider's responsibility</b>	930	10%
unavailable	Department of Health and Ageing (Aged Care Complaints Investigation Scheme - CIS)	Notices of required action	214	2%

\* **Notices of non-compliance:** Since 1 July 2009, basic information (excludes detailed summary or report) is published on the Department of Health and Ageing website

Current notices of non-compliance: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-nnc-current.htm>

Archived notices of non-compliance: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-nnc-archive.htm>

Fewer than 5% of all visits carried out by the Agency and the Department for the 2007-2008 had reports publicly available to consumers. As already mentioned, the majority of the 5% of available reports were those of visits prepared for in advance (cyclical 3 yearly site audits).

The current, limited system of late release and early removal of adverse reports from the Aged Care Standards and Accreditation Agency website is also unsatisfactory. Consumers are entitled to the full disclosure of all past, as well as present, reports. Furthermore, information should be presented in a readily accessible format.

## Recommendation

- That all reports of visits be made available to the public.

### 1.3.3 Further information about an aged-care service

The ACCT supports a fully transparent system of care - one where a consumer considering an aged-care facility can learn the type of ownership and structure of that home, whether it has been the subject of failing standards as well as a complaint; the nature of the complaint; and what the provider did to address that complaint. Currently this is not the case.

As it stands now, the Agency does not require the facility to disclose such matters as the incidence of pressure sores, contractures, weight loss and dehydration, complaints, incident reports or improvement logs. Nor do they verify the accuracy of data provided and report on it.

Much of our correspondence reflects this:

"...The Minister for Ageing announced on the 1 July 2009 that a new register is available on the Department of Health and Ageing website which displays the number of non-compliances found for each aged-care facility. This initiative however, does not reveal any of the breaches found by the Department of Health and Ageing's Aged Care Complaints Investigation Scheme (CIS), the main body to whom complaints are made.

I only found this out when I found that my mother's Hostel, which had a finding of 3 breaches of the *Aged Care Act* against it by the CIS in May 2009 following a complaint of mine, showed a clean record on the new website register.

I find this particularly concerning for prospective aged care residents and families who are deciding on options for the best care..."

There is much useful information which is currently unavailable for public scrutiny which could well be easily recorded, and published, in existing Agency reports.

For example:

- Initial date of the approval of the provider by the Department of Health and Ageing
- Date of last change of ownership
- Multi aged-care home ownership
- Type of ownership (eg, private for-profit; non-profit; religious or government entities)
- The existence of resident and family support groups in homes

The *Aged Care Act 1997*<sup>3</sup> contains some existing initiatives<sup>4</sup> (highlighted in red and bolded below) that are not available to the public regarding aged-care services. For example:

#### 86-9 Information about an aged care service

- (1) The Secretary may make publicly available the following information about an \*aged care service:
- (e) the fees and charges connected with the service, including \*accommodation bonds and \*accommodation charges;
  - (g) the name of the approved provider of the service and the names of directors, or members of the committee of management, of the approved provider;
  - (h) the amounts of funding received by the service under this Act;

### Recommendation

- That all relevant information about the organisation and running of aged-care facilities be made available to the public.

#### 1.3.4 Disclosure of information

Since the Agency remodelled its website from 2005 onwards, there is further loss of transparency. On the original version of the Agency's website, previous reports on all aged-care homes could be viewed and the history of a particular home's scores tracked over successive assessments. This is no longer possible, although the public is invited to obtain further reports via email or post.

The difficulty in obtaining older reports removes the accountability of the Agency to explain large variations in assessment scores or other anomalies over short time frames, and denies consumers and statisticians easy access to significant information.

The ACCT also asks why assessment reports are withheld from public scrutiny for periods of up to 6 months and more.

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<sup>3</sup> *Aged Care Act 1997*: <http://www.comlaw.gov.au/comlaw/management.nsf/lookupindexpagesbyid/IP200401791?OpenDocument>

<sup>4</sup> *Aged Care Act 1997 - paragraph: 86-9 (1) Information about an aged care service*  
<http://www.comlaw.gov.au/comlaw/management.nsf/lookupindexpagesbyid/IP200401791?OpenDocument>

**Example:**

In January 2009, a **review audit** was carried out at a nursing facility - both the assessors and the agency found that the home **failed 18 standards out of 44**.

Consumers currently have no way of accessing this information from the Accreditation Agency website. The only evidence to date<sup>5</sup> (*as at July 2009*) is a copy of an old audit report published (September 2006), with a first page updated in the old report that states "*The decision is under review by the Administration Appeals Tribunal*". No other information such as a date when this occurs, is published.

\*The newly launched Department of Health and Ageing's publishing of (archived) non-compliances<sup>6</sup> lists the same facility, as at the **26 March 2009, as** having "addressed the non-compliance". The number of non-compliances were 18 - and the report matching this information is missing from the Accreditation Agency website.

From a consumer perspective, it is logical to assume that information for this facility is already out of date, inaccurate, or misleading.

Why, then, is the review audit report not available for consumers on the Agency's website?

## Recommendation

- That all reports remain available for public scrutiny.

### 1.3.5 Administrative Appeals Tribunal: industry-friendly system for providers

This system protects the rights of providers if they feel they have been unjustly assessed. The ACCT again draws attention to the power imbalance between residents and providers and asks how residents can have **their** rights to quality care protected. Respondents to our web site, as well as the recent disclosures on the ABC's Four Corner's Program, make it quite clear that the current complaints system does not do this. Thus, providers have legal protection and several avenues of reviewing their arguments, while it very hard for frail residents to achieve the same.

The ACCT notes that when there are media reports of poorly performing aged-care homes, providers and their associated organisations are generally unwilling to acknowledge any failings in their homes. They tend to respond aggressively to criticism - citing various incidents as isolated occurrences.

As in the USA, such groups challenge the sanctions aggressively through the appeals process and frequently succeed in overturning sanctions on appeal. The ACCT acknowledges the need for natural justice but notes that the same is not generally provided for families seeking redress for neglect of residents.

<sup>5</sup> Current available report for Tricare Point Vernon Nursing Centre (accessed July, 2009): [http://www.accreditation.org.au/site/pdfs/reports/local\\_TricarePointVernonNursingCentre4\\_1243305196.pdf](http://www.accreditation.org.au/site/pdfs/reports/local_TricarePointVernonNursingCentre4_1243305196.pdf)

<sup>6</sup> \* Archived non-compliances: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-nnc-archive-qld.htm#>

## 1.4 Consumer participation in accreditation

Frail older people are rarely able to speak for themselves. Thus the issues that confront them are generally defined by mainstream professionals. There is no greater example of this than within the current accreditation process. The system is one of 'them and us'.

The ACCT notes moves within the health sector to promote consumer participation. It has been found that such participation promotes improved quality and safety. We therefore ask why consumer participation does not apply within the aged care sector. Although not all residents could participate in such initiatives, family members of loved residents have much to offer.

### 1.4.1 Industry-friendly accreditors

The pool of trained staff to monitor and assess aged-care homes comes from within the aged-care sector and from aged-care bureaucrats – generally middle level professionals. It is very easy for such groups to become desensitised to the very issues affecting the residents they serve. We note that, currently, staff who have experience and training as accreditation assessors are seen as a valuable asset for the companies seeking to be accredited..

Currently, a revolving door occurs as staff move between government and regulator and between regulator and regulated. We feel sure that most accreditors make every effort to perform their role conscientiously, but the ACCT calls for a new approach to the recruitment of inspectors of aged-care homes.

#### Recommendation

- The Agency includes community representatives on every aged-care accreditation panel.

### 1.4.2 Lack of consumer input

As already stated, the ACCT is of the view that there is little, or no, consumer input into the aged-care accreditation process? We ask if the consumer experience is part of the assessor training process, the setting of bench marks and standards as well as the actual inspections. Furthermore we ask if interpreters are made available for those consumers without strong English language skills when inspections occur.

#### Recommendation

- That consumer input be sought for every aspect of the accreditation process.

### 1.4.3 The accreditation criteria

The ACCT calls for a review of the current 44 accreditation standards. It is time to assess whether these are fully indicative of current community standards. In particular, there should be increased monitoring of the level of consumer participation within each aged-care home. For example. what involvement do family members have in the life of the home and does the home encourage and support the development and maintenance of a resident support group.

#### Recommendation

- A review of the 44 standards used for accreditation purposes occur.  
**Consumer participation should underpin this review.**

## 2 In conclusion

The Aged Care Crisis Team is of the view that caring for frail, older people is a collective responsibility which guards and protects the welfare of one of the most vulnerable groups in our society. This view of collective responsibility is at odds with current policies whereby aged-care services are open to the market economy, and frail old people become customers who, in theory, but not in reality, are able to pick and choose from a range of commercial providers. We therefore deplore the current move towards placing the well-being of our family members at the mercy of market forces.

However, if Australians facing the end-of-life are, in fact, to be placed in the hands of corporations and private equity firms, the very least they can expect is to have rigorous systems in place to ensure their physical and financial protection.

We see this as just one step in achieving further accountability and transparency within the aged-care sector and urge that further measures are taken to ensure real security and protection for those experiencing frail old age.

It is our view that a review of the *Aged Care Act (1997)* is long overdue and issues relating to accreditation should be considered in that context.

We are aware that Dr Michael Wynne is making a submission in regard to providing greater community involvement and participation in aged care – which we also support. The whole community has a stake in a system that cares and protects vulnerable people at the end of life. One that lurches from crisis to crisis leaves everyone wanting.

“ **It is time now for the reform of aged care. The solutions required are not rocket science.**

**They include the meaningful involvement of politicians and health bureaucrats with consumers and relevant health professionals. They include looking again at the framework for policy – our aged-care legislation.**

**And most importantly, they include acknowledging that the care of vulnerable people at the end of life is a responsibility that belongs to all of us.**

*Aged Care Crisis*

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## 3 Appendix: References

Below are a series of links to articles which demonstrate the significance of the issues raised in this submission.



denotes web link



denotes PDF file

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### ABC Radio National: Australia's ageing aged care system



Source: ABC Radio National - Peter Mares: 29 May 2009

<http://www.abc.net.au/rn/nationalinterest/stories/2009/2583237.htm>

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### Consumer participation in accreditation - Resource Guide



Source: Consumer Focus Collaboration

<http://www.participateinhealth.org.au/ClearingHouse/Docs/cfcaccredreport.pdf>

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### Nursing Home Transparency and Improvement Hearing



Source: United States Senate - Special Committee on Aging (15 Nov 2007)

David Zimmerman, Professor and Academic Director of the College of Engineering, University of Wisconsin, Madison, WI

<http://aging.senate.gov/events/hr183dz.pdf>

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### We lift the secrecy veil



Editorial, Herald Sun (Editor) - 16 July 2009

<http://www.news.com.au/heraldsun/story/0,21985,25787449-24218,00.html>

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### Report on the Operation of the Aged Care Act 1997 - 1 July 2007 to 30 June 2008



[http://www.health.gov.au/internet/main/publishing.nsf/Content/44AC5B9CB3577BD0CA256F19001013FE/\\$File/ROACA08.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/44AC5B9CB3577BD0CA256F19001013FE/$File/ROACA08.pdf)

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### Ageing Bonanza



<http://www.agedcarecrisis.com/nursinghomes/ageing-bonanza>

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### Regulating nursing homes: The challenge of regulating care for older people in Australia



John Braithwaite, *BMJ* 2001

[http://www.anu.edu.au/fellows/jbraithwaite/documents/Articles/Regulating\\_Nursing\\_2001.pdf](http://www.anu.edu.au/fellows/jbraithwaite/documents/Articles/Regulating_Nursing_2001.pdf)