

HEALTH, COMMUNITIES, DISABILITY SERVICES AND
DOMESTIC AND FAMILY VIOLENCE PREVENTION
COMMITTEE

INQUIRY INTO THE QUEENSLAND GOVERNMENT'S HEALTH RESPONSE TO THE COVID-19 PANDEMIC

Submission

06 July 2020



ABOUT ACSA

Aged & Community Services Australia (ACSA) is the leading aged care peak body supporting church, charitable and community-based, not-for-profit organisations throughout Queensland and around Australia. Not-for-profit organisations provide care and accommodation services to about one million older Australians.¹

ACSA represents, leads and supports its members to achieve excellence in providing quality affordable housing and community and residential care services for older Australians.

Aged care providers make a significant \$17.6 billion economic contribution to Australia, representing 1.1% of GDP by producing outputs, employing people and through buying goods and services. The direct economic component is akin to the contribution made by the residential building construction and sheep, grains, beef and dairy cattle industries.²

ACSA members are important to the community and the people they serve and are passionate about the quality and value of the services they provide, irrespective of their size, service mix or location.

ACSA CONTACTS

Patricia Sparrow, Chief Executive Officer

Aged & Community Services Australia

Suite 3, Level 6, 24 Collins Street

Melbourne VIC 3000

(03) 9108 0750

Patricia.Sparrow@acsa.asn.au

www.acsa.asn.au

Margaret Haffenden, Policy & Member Support Officer

Aged & Community Services Australia

PO Box 1346

Milton QLD 4064

0406 549 748

Margaret.Haffenden@acsa.asn.au

www.acsa.asn.au

¹ Australian Government, Department of Health, Report on the Operation of the *Aged Care Act 1997*, December 2016.

² Deloitte Access Economics, Australia's aged care sector: economic contribution and future directions, Aged Care Guild, June 2016, page 24.

BACKGROUND

On 22 April 2020, the Legislative Assembly referred an inquiry to the committee with the following terms of reference:

1. That the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee inquire into and report to the Legislative Assembly on the Queensland Government's Response to COVID-19 in relation to the health response only;
2. That in undertaking the inquiry, the Committee should take into account the Australian Government's health response to COVID-19 and its impacts on the Queensland Government's response;
3. That in conducting the inquiry the Committee is to be conscious of any requests for witnesses or materials and ensure that any requests do not unreasonably divert resources from the immediate COVID-19 response; and
4. That the Committee report to the Legislative Assembly by no later than 3 months after the conclusion of the Public Health Emergency declared under the Public Health Act 2005 regarding COVID-19.

As the peak body for not-for-profit aged care providers we are therefore pleased to respond to this inquiry. Our submission addresses the strategies put into place by the Queensland Government's health response to COVID-19 for aged care providers and aged care recipients in Queensland which were implemented in response to the declaration of a public health emergency on 29 January 2020, in relation to coronavirus disease (COVID-19).

RAPID RESPONSE

On 1 April 2020 Queensland Health established the Queensland Health COVID-19 Working Group – Residential Aged Care (Working Group), which is attended on a weekly basis by aged care peak bodies, Palliative Care QLD, Carers QLD, Health Consumers QLD, PHN, Commonwealth Aged Care Regulation (QLD Branch), Aged Care Quality & Safety Commission, QLD Health Strategy Policy and Legislation Branch. ACSA has been pleased to be involved and actively contribute to the outcomes of this work group.

ACSA also commends the Queensland Government for their willingness to work collectively with Commonwealth government agencies and the aged care sector to ensure the uptake and advancement of strategic policy matters associated with the management of COVID-19 outbreaks within aged care.

The purpose of the Working Group is to provide expert advice to Queensland Health, informed by front-line, and provider insights, and person-centred consumer perspectives around COVID-19 matters related to residential aged care in Queensland. The Working Group is also tasked to support key actions and solutions to respond to COVID-19 in aged care settings and became an invaluable asset to Queensland Health throughout the duration of the pandemic.

The Rapid Response Plan was developed by Queensland Health and the Commonwealth Government to quickly mobilise and effectively engage relevant partners in response to COVID-19 outbreak in a residential aged care facility.

The Queensland Working Group played a critical role in the review of the Rapid Response Plan prior to its initial utilisation at the North Rockhampton Nursing Centre during the COVID-19 lockdown in May 2020. ACSA congratulates the Queensland Health for the swift and measured manner in which the COVID-19 episode was managed.

RECOMMENDATION

ACSA recommends that the Queensland Health COVID-19 Working Group – Residential Aged Care continues to meet at regular intervals after the conclusion of the COVID-19 era, to address issues facing residential aged care in Queensland. This will ensure that the expertise and advice provided by the members of the Working Group is not lost and continues.

EMERGENCY DIRECTIVES

Each State and Territory developed their own Aged Care Directives in conjunction with the advice of their State/Territory Chief Health Officer. The Emergency Directives provide direction from Chief Health Officer in accordance with emergency powers arising from the declared public health emergency.

States and Territories update these Directives at specified dates. They contain core information that is similar for each government jurisdiction as defined by the Australian Health Protection Principal Committee (AHPPC) which is the decision-making committee for health emergencies and the Australian Chief Medical Officer.

An example of core information contained in each Directive is notification that people must not enter or remain at a Residential Aged Care Facility if:

- a) 14 days before entry, the person arrived in Australia from outside Australia
- b) 14 days prior to entry had known contact with a confirmed case of COVID-19

There has been differing advice across a range of issues in the individual State/Territory directives. This has been difficult when aged care providers have facilities in multiple states/territories and must comply with differences that exist across multiple Aged Care Emergency Directives.

Separately, a number of ACSA members have concerns about the length of time taken for exemptions to Aged Care Directives to be processed.

RECOMMENDATION

ACSA recommends that directions prescribed under COVID-19 Directives be uniform across all Australian states and territories wherever possible unless local circumstances warrant specific directives.

FORWARD PLANNING

In preparation for the health impacts of the coronavirus pandemic Queensland Health undertook the following measures:

- Increased the number of intensive care beds and elective surgery
- Increased the testing response using fever clinics
- Increased the contact tracing capability
- Increased availability and access to Personal Protective Equipment (PPE)

Intensive care beds and elective surgery

The decision made by the National Cabinet to stop all urgent elective surgery and outpatient appointments enabled Queensland Health to double the number of intensive care beds or ventilated bed capacity across public and private hospitals in Queensland to 800 beds. This action was accompanied by the acquisition of more ventilators. The difficulty with stopping elective surgery for several months is that there is now a back log elective surgery cases which will affect the health and wellbeing of the older Australians.

RECOMMENDATION

ACSA recommends increasing the capacity of elective surgery in all Queensland Health Hospitals, to allow for the backlog of surgery to be addressed, including for older Australians.

Fever Clinics and Contact Testing

Queensland Hospital and Health Services established fever clinics to increase the community testing for COVID-19 in locations outside the setting of hospital emergency departments, which enabled those departments to operate effectively. Queensland Public Health Units utilised contact tracers once a positive case was identified to find symptomless people before symptoms of the disease presented, these people were then quarantined.

RECOMMENDATION

ACSA recommends that mobile fever clinics be operational within aged care facilities and aged care community care centres during the pandemic, particularly where there are suspected or confirmed cases of COVID-19, ensuring residents do not have to leave a facility for testing. This strategy aligns with the Government's announcement on 13 March 2020 to fund COVID-19 pathology testing of residents within residential aged care facilities.

Personal Protective Equipment (PPE)

At the onset of the pandemic the Queensland Government ordered in advance large quantities of PPE, centralised the procurement supply chain and utilised local manufacturers to produce PPE. ACSA members had difficulty in obtaining PPE from local manufacturers and suppliers of PPE and the Primary Health Networks who distributed PPE.

Access to PPE supplies by ACSA members

In March 2020, ACSA began receiving an increasing level of enquiry from members about their ability to source Personal Protective Equipment (PPE) through their normal supplier chains. It became clear there was going to be an unprecedented demand for PPE, including masks, gloves, gowns, eye wear and face shields, as well as hand sanitiser and that members were finding it difficult to source.

ACSA had an existing online member service, ACSA Procurement, that assists members in obtaining supplies. During the COVID-19 pandemic ACSA was able to leverage this online platform quickly into a highspeed matching service of ACSA member PPE needs to suppliers with stock on hand ready for immediate dispatch and/or manufactures of PPE.

Early in the COVID-19 process it became evident the overseas suppliers our members had previously relied on were now unreliable, with overseas governments diverting manufacturing output to their own countries first and overseas manufacturers who had committed to supply, diverting that supply for larger and more profitable contracts³. The ACSA Procurement service therefore chose to focus only on Australian suppliers and/or manufacturers of PPE.

Although demand was high, ACSA found there was often not necessarily a shortage of PPE, but rather a lack of a central repository of information of where this equipment was available within Australia. This experience has shown us that technology can be used successfully to resolve such challenges and can assist in putting aged care providers in touch with appropriate suppliers more quickly.

Throughout the COVID-19 pandemic Queensland Health aged care facilities and private residential aged care providers could only obtain access to supplies of PPE from National Stockpile in the event of a confirmed case of COVID-19 case and the supplies would be distributed by the Queensland Government. ACSA members raised concerns about messaging by the Department of Health on how and when to access PPE from the National Stockpile and how efficiently the supplies of PPE could be distributed by Queensland Health to aged care facilities especially remote regional facilities.

RECOMMENDATION

Work should occur to ensure that we are well prepared ahead of another pandemic. The full range of PPE needs to be stockpiled to a level able to cope with the current and future pandemics and define what constitutes essential equipment, supplies and medicines required for national emergencies and health pandemics ensuring secure national manufacturing and supply chain capabilities.

³ <https://theconversation.com/7-lessons-for-australias-health-system-from-the-coronavirus-upheaval-141122>

ADDITIONAL CONSIDERATIONS

Transfer of COVID-19 positive residents to hospital for treatment

At 8pm on the 14 May 2020 an enrolled nurse working at the North Rockhampton Nursing Centre tested positive for COVID-19 and became the initial index case for the infection. The QLD Chief Health Officer, QLD Premier and the QLD Public Health Unit were notified, and the aged care facility immediately went into lockdown. By the next morning, the State Disaster Co-ordination Group had been set up and the Incident Management Team and the Co-ordination Team were established and the Queensland Health Rapid Response Plan for COVID-19 in a Residential Aged Care Facility was enacted and COVID-19 RACF Response Flow Chart was utilised.

On the 15 May 2020 at the direction of the Chief Medical Officer, 35 residents were transferred to private and public hospitals in Rockhampton and the remaining residents were spread out in the nursing home to ensure that each resident had their own bedroom and bathroom. This was undertaken as an important strategy to minimize the potential spread of COVID-19 amongst residents.

ACSA believes to ensure expert medical treatment is provided to all aged care residents who present as positive for COVID-19 and advanced infection control precautions are established and maintained during their treatment of the disease, all residents must be transferred to local private or public hospitals for initial and ongoing treatment until recovery of the disease is achieved. The collaborative effort between aged care homes and their local hospitals can prevent escalation of an outbreak.

Residential care facilities are homes, not hospitals. They are not set up for the level of isolation needed to manage COVID-19 and they are not equipped with the advanced infection control capability, infrastructure, or other resources to manage an outbreak of COVID-19 in the way that acute care services are.

Evidence highlights that working in partnership with the local state health services is a critical success factor in the containment and management of outbreaks in aged care facilities. Where there has been early transfers of positive cases from an aged-care facility to an acute hospital, containment and clinical management of the positive cases has been more successful than where the cases were managed within the aged-care facility, especially in the early stages (Opal Bankstown, Quakers Hill and Dorothy Henderson Lodge).

ACSA commends Queensland Health for the action they took in transferring residents to hospital during the COVID-19 episode in Rockhampton and that any further outbreaks of COVID-19 be managed in the same way. The transfer of many residents out of the facility to public and private hospitals where appropriate isolation requirements (single room and ensuite) could be immediately implemented showed how collaborative effort between aged care homes and their local hospitals can prevent escalation of an outbreak.

RECOMMENDATION

ACSA recommends that protocols be established to manage further outbreaks in residential aged care including the transfer of COVID-19 positive cases to hospital.

Workforce

When the COVID-19 outbreak was declared at the North Rockhampton Nursing Centre in May 2020, it became evident that the existing aged care staff working in the facility would need to be replaced and self-quarantine for two weeks if exposed to the index case of COVID-19.

The Public Health Network Brisbane North and Hospital and Health Services in Queensland worked together to enable the deployment of medical and nursing staff to work at the North Rockhampton Nursing Centre and the utilisation of the Commonwealth Surge Workforce if required. Allied Health students from CQ University working under supervision provided essential therapy for residents who remained at the North Rockhampton Nursing Centre during lockdown. This was an effective strategy.

ACSA's Workforce and Development Team, offers a service to aged care providers to attract, recruit, develop and retain employees who are right fit and have the required skills and knowledge to enable the delivery of quality services to older Australians and can provide support in this space.

ACSA Aged Care Services Workforce Hub is a platform for connecting job seekers and employers. It supports:

- Individuals looking for work and;
- Aged Care Service organisations looking for employees.

Individuals looking for work can:

- Apply to be included on the *Employment Register* and matched to employers looking for staff in their region.

Aged Care Service organisations seeking staff can:

- Access the *Employment Register* to search for individuals seeking work in their region.

Telehealth

At the onset of the COVID-19 pandemic, the Government announced in late March an expansion of Medicare-subsidised telehealth services to provide for ongoing access to essential primary health services for all Australians, including for older Australians living in their own home and in aged care facilities.

The use of telehealth in residential aged care has proven to be a useful approach enabling them to continue to 'meet' with their GP and receive the medical care they require to stay healthy. The use of this technology is extremely relevant for Queensland because of the geographical vastness of the State and the remoteness of some rural residential aged care facilities. The use of telehealth has also enabled staff to work remotely during the pandemic.

A recent survey conducted found that more than 80 per cent of those who were offered telehealth services used it, of these a similar proportion viewed the service as excellent or good quality.

RECOMMENDATION

ACSA recommends that telehealth initiatives continue in the post-COVID era, this is an opportunity to reset the health/aged care interface.