



Media Release

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Royal Commission needs to investigate quality of palliative care in aged care

Ahead of today's roundtable meeting with Senior Australians and Aged Care Minister Ken Wyatt, Palliative Care Australia (PCA) CEO Liz Callaghan is calling on the Royal Commission into aged care to closely examine the diverse needs of aged care consumers, families, carers, aged care staff and service providers in providing palliative and end-of-life care.

"There needs to be a focus on death, dying and palliative care service provision in the Royal Commission's Terms of Reference. Palliative care should be seen as core business for aged care no matter the setting," Ms Callaghan said.

"60,000 people die in residential aged care facilities each year. Ultimately most people using aged care services are in the last years of their life, and they should be supported to have a high quality of life, right to the end of life.

"We need to examine the quality of palliative care provision within aged care services and the capacity of the aged care sector to ensure people receive appropriate referrals and access to specialist palliative care and other support services, including after hours.

"Currently, the newly released Aged Care Standards do not specifically mention palliative care. PCA has consistently called for a specific palliative care standard to be part of the Aged Care Quality Standards to come into effect on 1 July 2019.

"Also, the funding models provided through ACFI and RUCS do not adequately address funding for palliative care provision. Any funding is limited to assessing residents who are in the last days or weeks of life, and staff need training to be able to recognise the signs of deterioration.

"All aged care services require staff who are trained and equipped to recognise the need for appropriate end-of-life or palliative care, including appropriate pain and other symptom management and the signs of impending death.

"All staff should also be provided with grief and bereavement training and support as long-term and close relationships are formed with residents and their families. Upskilling the aged care workforce in this area would not only assist in supporting the families and carers of the person who has died, but also increase support and resilience for other residents and the staff themselves," Ms Callaghan said.

In addition, PCA would like to see a study into the quality of life until death in aged care services.

"Any examination of the quality of aged care provision must also consider how the care needs of aged care services consumers are monitored through ongoing clinical assessments, and how both clinical and social feedback is used to change care plans, have these care plans actioned responsively, and allow a person to move between levels.

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“To date, there has not been adequate information about the drivers for ensuring residents have a good death in aged care services or the ability for services to benchmark against best-practice palliative care provision. A detailed study into the status quo is required to ensure a quality of life until death for residents and better inform care practices,” Ms Callaghan said.

ENDS