



24 January 2020

The Honourable Richard Tracey AM RFD QC,
The Honourable Tony Pagone QC and
Ms Lynelle Briggs AO

Dear Commissioners,

Re: Royal Commission into Aged Care Quality and Safety - Consultation Paper 1: Aged Care Program Redesign

Wounds Australia is the peak body for wound care and management in Australia. Wounds Australia exists to reduce the harm caused by wounds and work to ensure all Australians receive high-quality, best-practice wound prevention and care. Wounds Australia is guided by five key principles while working to achieve its vision:

- Our actions are informed by evidence
- We collaborate with patients, carers, families, health professionals, governments and industry
- We acknowledge the social determinants of health
- We are continuously improving
- We operate within our code of conduct and in an ethical manner.

Wounds Australia is a membership-based organisation that was first established in 1994 as an association of member states and territories before nationalising in 2015. Our members are drawn from the disciplines of nursing, medicine, pharmacy, podiatry, aged care, allied health and medical research across all Australian states and territories. Reflecting our long history and diverse membership base, Wounds Australia has a deep and practical understanding of the issues relating to wound management and care. Therefore, it is opportunistic for Wounds Australia to assist with the redesign of Aged care program with a core focus on optimal wound management within this setting.

Wounds Australia's Response to Consultation Paper 1:

Wounds Australia agrees with the suggested new principles specifically that all services within aged care should be underpinned by respect and support for the rights, choices and dignity of older people. Quality, safe care and equity of access should be ensured regardless of location. Whilst the principles have a focus on end of life care, optimising quality of life and supporting recruitment and retention of a skilled workforce, there is limited focus on the clinical need to support the person with nursing and allied health services to stay within their home environment. Specifically avoiding hospital admissions for unmanaged wounds as an example.

Wounds Australia would like to further strengthen the principles with a focus on wound management by considering the below;

1. Affordable and universal access to wound management resources. However, by returning full financial control back to the consumer as has occurred within home and community can hinder treatment plans for managing wounds as consumers are less likely to utilise the most appropriate treatments if they are costly.
2. Provide ease of access to credentialed wound care specialists to provide support with pathways for referrals provided on identified websites such as 'My Aged Care', informed by Wounds Australia. Wound care should be provided by credentialed wound practitioners who are recognised as having the required standards of practice of wound care¹
3. Provide a multidisciplinary approach to wound management with nurses, allied health practitioners and diagnostic services.
4. Provide best practice health services by influencing Universities to support wound management within core curriculums.
5. Invest in telehealth services that can allow for credentialed clinicians to manage their wounds within the home setting avoiding admission to aged care homes and hospital.
6. Diverse groups must also be considered particularly those who identify as Aboriginal or Torres Strait Islander as these minority groups have the highest rates of wounds with considerable delays in specialists' reviews resulting in devastating consequences such as early aged amputations. Telehealth would further support these groups living in remote and regional areas.
7. There should also be a consideration for educating the consumer for wound management to not only support concordance to treatment plans but to also allow for informed choice and decision making.

The most appropriate model of delivery should include a case management framework. This would allow for a central case manager to oversee the needs of the consumer in partnership. This would also improve clinical outcomes as case managers would identify early the need for referrals for increased expertise in wound prevention and management. Early intervention and prevention are far superior to later wound management in the case of most wounds. A more wholistic thinking in terms of skin integrity, such as outlined by Campbell et al² in "The Skin Safety Model: Reconceptualising Skin Vulnerability in Older Patients", is also a more appropriate strategy. The case manager should then have a stronger focus on preventive measures.

¹ Wounds Australia Standards for Wound Prevention and Management (3e, 2016)

² Campbell, J., Coyer, F., & Osborne, S. (2016). The Skin Safety Model: Reconceptualizing Skin Vulnerability in Older Patients. *Journal of Nursing Scholarship*, 48(1), 14-22.

To start there is a need for clear communication between hospital and residential aged care staff to notify the receiving aged care home/hospital that a returning consumer or new admission does have a pressure injury, skin tear or any wound for the receiving facility to prepare all resources prior to admission. This would reduce wounds from deteriorating whilst awaiting the appropriate resources once the resident has arrived. This could be achieved with a case management system, as a case manager would have accountability to manage this. The current system of multiple clinicians managing the needs for consumers is too cumbersome creating confusion for what has been actioned. Should the older persons' care needs change the case manager would have overarching vision into the changes and implement swift action.

Furthermore, case management models may fail if not well planned and implemented. This should include establishing singular case management indicator screening tools to outline from admission the consumer's need and wants. Tools should essentially capture a foundation of support needed by the consumer and their wishes. The rollout of assessment tools offers a person centred, comprehensive psycho-social assessment framework for consumers. The process of completion of this tool facilitates the development of a detailed goal focused care plan, which can be used by the case manager to integrate these goals into their service delivery, making meaningful impacts on consumers quality of life and avoidance of wounds.

Skin integrity and safety requires a wholistic approach that integrates many other aspects of preventative care (continence, falls, nutrition, medication management, etc) and involves all members of the care team from personal care attendants through to nurses, managers, allied health, medical staff, family and of course consumers at the heart of all decisions. Skin care, skin hygiene and where required application of compression garments should be an essential basic level of care whether in the home or in residential care. Therefore, employees require appropriate training and ongoing training to be able to identify at risk individuals and to develop an individualised management plan. These plans must be evidence based, well documented and actioned, with pressure relieving devices, wound dressings and other wound resources made available. Ongoing review will be required with clear pathways to escalate treatment as required and staff ratios requiring attention.

Overall, Wounds Australia seeks to be involved in the process of redesign for Aged care with a focus on wound management and sustainability for improved services.

We welcome the opportunity to provide further information to assist the work of the Royal Commission into Aged Care Quality and Safety.



Blake Wilson

Chief Executive Officer
Wounds Australia