Public Health Association of Australia submission on the Revised Aged Care Quality Standards

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia.

The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Introduction

PHAA welcomes the opportunity to provide input to the revised Aged Care Quality Standards consultation. The following submission will focus on how oral health has not been provided the level of elevation in the revised standards that the Royal Commission on Aged Care Quality and Safety (RCACQS) has indicated it should. An outline will also be provided of what we recommend be addressed in the revised standards regarding oral health.

Oral Health Care in Australia

A range of registered dental practitioners in Australia provide oral health care and dental services for persons living in a care home or receiving care at home. These include dentists, dental specialists, oral health therapists, dental therapists, dental hygienists, dental technicians, and dental prosthetists. The Public Health Association of Australia understands that evidence-based twice-daily oral health care is integral to good oral health, that some residents/clients require assistance with twice-daily oral health care, and that some residents/clients need appropriate and timely referrals for dental consultations and dental treatment. Sadly, these three simple steps are not being delivered to the standard required in Australia today.

When oral health care is not being delivered to the appropriate standard for residents/clients, this results in referrals for oral health conditions to General Practitioners (GPs) and subsequent prescriptions of antibiotics and pain relief (Kruger and Tennant, 2015; and Kane, 2017). Worst still, poor oral health can also lead to potentially preventable hospitalisations and deaths from aspiration pneumonia or infective endocarditis (Goldberg et al., 2019; Munro et al, 2018; Lockhart, et al, 2009; Sjögren et al., 2008).

Dental practitioners see repeatedly that persons living in care homes have rotting teeth, infected gums, sore mouths, dental pain, oral infections, and ill-fitting and dirty dentures. Nurses and carers try their best to provide ‘mouthcare’, but these persons are unable to diagnose and treat dental diseases. We can do better, and older persons deserve better. Some older persons, sadly, enter a care home with years, if not decades, of dental neglect.

For adults, dental treatment is not part of Medicare (except for Veterans’ Affairs), aged care, home care or the NDIS. Many older persons cannot afford or access the private dental system, and since COVID-19, the waiting lists for dental treatment in the public sector have grown to over 2 years. For those living in regional, rural, and remote areas, the situation is even worse. And as 85% of dentistry is provided in the fee-for-service private sector, the poor suffer the greatest burdens of disease. If anyone is missing out on any care, it is always oral health care.

PHAA Response to the Revised Aged Care Standards

Royal Commission on Aged Care Quality and Safety

The PHAA Oral Health Special Interest Group acknowledges and supports the RCACQS recommendations pertaining to oral health in full, (Royal Commission Aged Care Quality and Safety [RCACQS, 2021). These include:

- **Recommendation 19:** Urgent review of the Aged Care Quality Standards, in particular best-practice oral care, with sufficient detail on what these requirements involve and how they are to be achieved.
- **Recommendation 38:** Residential aged care to employ or retain a level of allied health care appropriate to each person's needs, including at least one oral health practitioner.
- **Recommendation 60:** Establish a Senior Dental Benefits Scheme for people who live in residential aged care or in the community especially in regional, rural, and remote areas.
- **Recommendation 79:** Review Certificate III and IV courses and consider including oral health as a core competency.
- **Recommendation 114:** Immediate funding for education and training for the aged care workforce to improve the quality of care, including oral health.

The draft Revised Aged Care Quality Standards, in its current form does not sufficiently address the concerns and recommendations put forward by the Royal Commission. Good oral health is fundamental to health and wellbeing. As articulated by the Royal Commission, any amendment of the Age Care Quality Standards requires sufficient detail on what the requirements are for best-practice oral care and how this is achieved (RCACQS, 2021). Although some elements of oral health are included in the revised standards, it largely ignores the important role of regular and supported daily oral hygiene care, wherever appropriate by care providers. For instance, Outcome 5.4 Comprehensive Care (action 5.4.2) states "The provider implements a system for the delivery of evidence-based comprehensive care that responds to clinical safety risks including but not limited to … oral health" (Department of Health and Aged Care [DHAC], 2022, p. 32-33). This statement is too vague to offer any meaningful oral health care policy change and direction for providers, residents and family members. Similarly, action 5.4.13 states that "The provider implements processes to ensure: a) timely clinical oral health assessments are conducted b) referral to oral health professionals when required c) access and use of products and equipment required for daily oral hygiene" (DHAC, 2022, p. 35). Again, this does not provide sufficient direction as to how to achieve best-practice oral care, thereby not meeting the higher bar requested by the Royal Commission (RCACQS, 2021).

Elevating Oral Health in the Revised Aged Care Standards

Specific Timeframes for Best Practice.

To clearly communicate best-practice in oral care, evidence-based examples of timeframes for assessments and planning need to be specifically articulated in the Aged Care Standards. For instance, specific times stated for when an oral health care assessment and the development of an oral health care plan should be completed upon a person's admittance to a care home or home care service. We recommend the revised standards be amended and the following recommendations be included into the corresponding Aged Care Quality Standards for Outcome 5.4, Comprehensive Care:

- Action 5.4.2 The capture of current dental practitioner contact details for the resident/client upon admittance or within an evidence informed timeframe from the admittance to a care home or home care service.
- Action 5.4.2 The recording of information to inform payment options for dental services. This includes Veterans' Affairs gold card, private ancillary health insurance, and/or identification as Aboriginal or Torres Strait Islander Peoples.
- These actions could be included as part of an oral health assessment.

Oral Health Assessments

We recommend the revised standards be amended and the following recommendations be included into the corresponding Aged Care Quality Standards for Outcome 6.2, Assessment of nutritional needs and preferences and Outcome 5.4, Comprehensive Care:

- Action 6.2.1 An oral health assessment should be required as part of an oral health standard. The oral health assessment will contribute to an understanding of the factors leading to the older person's ability to eat and drink with natural teeth and/or functional dentures. This must be conducted upon admittance or within an evidence informed timeframe from the admittance to a care home or home care service.
- Action 5.4.13 Assessment and care plan should include the state of oral health (teeth, gums, dentures, mouth) and when the resident/client last attended for a dental check-up.
- Action 5.4.2 The recording of natural teeth or dentures for the resident/client when the person is admitted to a care home or home care service.

Accessing Care

We recommend the revised standards be amended and the following recommendations be included into the corresponding Aged Care Quality Standards for Outcome 5.4, Comprehensive Care and Outcome 2.8: Workforce Planning:

- Action 5.4.13 The appropriate transport options for dental consultations and dental treatment to fixed dental facilities.
- Action 2.8.1 Having an oral health practitioner as part of a retained allied health team.
- Establishment of the Senior Dental Benefits Scheme.

Training the Nurse and Personal Carer Workforce

We recommend the revised standards be amended and the following recommendations be included into the corresponding Aged Care Quality Standards for Outcome 5.4, Comprehensive Care and Outcome 4.2, Infection prevention and control:

- 5.4.13 The provision of appropriate aids and medicaments for oral hygiene by the facility (for example, denture brushes and denture cleaning paste or soap for persons with partial or full dentures).
- 5.4.13 Referral pathway from personal care workers to supervisory nursing staff and or General Practitioner within an aged care facility or home care service. This includes appropriate prescribing of antibiotics and pain relief for chronic oral health conditions.

- 5.4.13 The appropriate oral health clinical referral pathway for residents/clients with natural teeth and/or dentures – when, how and to whom – for fixed, mobile, virtual and artificial intelligence assisted dental services.
- 5.5.4 Referral pathway for residents/clients requiring oral health medications for palliative care, end-of-life care, dry mouth, fungal infections and/or oral lesions.
- 4.2.2 Standard operating procedures for Personal Protective Equipment for nurses and personal care workers performing twice-daily oral hygiene with residents/clients.
- Immediate funding for education and training to improve the quality of care, including oral health.
- Review Certificate III and IV courses to consider including oral health care as a core competency.

The PHAA acknowledges that the Royal Commission recommendations 19, 38, 60, 79, and 114 are relevant to oral health and these recommendations must be implemented to support best practice in oral health for aged care. The revised Aged Care Quality Standards need to meet the raised bar for oral health created by the Royal Commission. In their current form however, the Standards are not adequate to enact the required urgent changes to oral care. The revised Aged Care Standards must be more assertive in elevating the necessary oral health actions to achieve better health outcomes. We welcome the opportunity to work with the Department of Health and Aged Care and other key stakeholders to ensure details on best practice for oral health is captured under the Revised Aged Care Quality Standards.

Conclusion

PHAA supports the revision of the Aged Care Quality Standards, and we are keen to ensure best practice in oral health care is clearly articulated and included within the new Quality Standards, as outlined in this submission. The PHAA appreciates the opportunity to recommend to the Commission:

- Ensure that the emphasis on oral health care in the Royal Commission Final Report is reflected in the new Aged Care Quality Standards.
- Provide specific timeframes for actions to be completed.
- Include oral health assessments as a Quality Standard action.
- Ensure improved access to best-practice oral health care is addressed.
- Include oral health care education as part of best practice.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Terry Slevin
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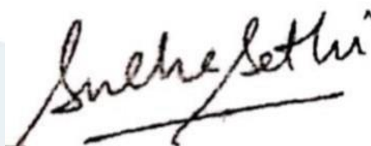

Mr. Tan Nguyen Dr. Sneha Sethi
PHAA Oral Health Special Interest Group Co-convenors

25/11/2022

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