



**SUBMISSION TO:**

**AUSTRALIAN GOVERNMENT**  
**Department of Health and Ageing**

**RESIDENTIAL AGED CARE PROGRAM**  
**REVIEW OF THE AGED CARE**  
**FUNDING INSTRUMENT**

**Prepared by:**  
**SPEECH PATHOLOGY AUSTRALIA**

**March 2010**

The following document outlines the Speech Pathology Australia submission to the Review of the Aged Care Funding Instrument (ACFI).





## **SPEECH PATHOLOGY AUSTRALIA SUBMISSION**

### **REVIEW OF THE AGED CARE FUNDING INSTRUMENT - ACFI**

**12 March 2010**

Speech Pathology Australia welcomes the opportunity to provide comment regarding the current structure and proposed changes to the Aged Care Funding Instrument (ACFI). Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing approximately 4,500 members. Speech pathologists are university qualified health professionals who are specialists in the assessment and management of disorders of communication and swallowing that may present across the life span. Speech pathologists contribute significantly to the care, rehabilitation and quality of life of individuals residing in aged care facilities through the provision of services that maximise communication and swallowing needs, whether this is through direct intervention, education, advocacy or a combination of these. As such, the profession believes it is ideally placed to provide meaningful input into this review of the ACFI.

In 2006, Speech Pathology Australia (the Association) provided comment and recommendations regarding the ACFI tool. The Association was pleased to note that a number of key recommendations made by the Association, namely incorporation of swallowing difficulties (dysphagia) into the tool and a modification of the terminology defining communication problems were later incorporated. However, a number of key recommendations made by the Association remain outstanding, and it is to these that this submission will now turn. Comment will be provided against the key areas as identified within the online submission format.

#### **MATCHING FUNDING TO CARE NEEDS**

It is the position of Speech Pathology Australia that there remains a clear gap in the ACFI with regard to identifying areas for funding that will ensure the *total* care needs of residents are met. Specifically, as stated in 2006 Speech Pathology Australia submission, the ACFI fails to adequately acknowledge the profound impact communication and sensory impairments may have upon the total care needs of residents.





Research indicates that a significant number of residents living in residential care will have impairments affecting their ability to communicate<sup>12 3</sup>. The care needs of residents with sensory losses such as impaired vision and hearing are also commonplace within the aged care population<sup>4</sup>. Communication and sensory difficulties may range from mild disturbances in speech, understanding of language, and reading/ writing, to profound difficulties understanding what is being said and in making basic needs and desires known. Communication and sensory impairments exacerbate and extend the time and complexity of care required by individuals<sup>5</sup>, and thus will impact the level of an individual's functioning in all areas identified within the ACFI (i.e. from nutrition, mobility and personal hygiene, to complex health care). Further, they have the potential to profoundly impact an individual's quality of life, whether this is in relation to carers identifying, communicating and meeting an individual's care needs, in meeting their cultural and religious needs, or in facilitating the degree of connectiveness an individual may have with other individuals. It is only through an increased prioritisation of communication and sensory impairments within the ACFI that these paramount needs can be met.

The ACFI is promoted as an assessment or impairment-only tool. This is at odds with the internationally accepted World Health Organisation's 'Classification of Functioning, Disability and Health (2007)<sup>6</sup>, which acknowledges and meaningfully considers not only the degree of an individual's impairment but also the limitations in their activity (disability) and participation (handicap). As a consequence, the ACFI does not provide any financial incentive for Aged Care Facilities to access services such as speech pathology that have the potential to positively impact residents' functional status and quality of life. Access to an effective form of communication is a basic right; however functional communication skills via speech, communication aids or a combination of both require considerable time and effort on behalf of the speaker/ communicator and their communication partner, whether this be medical, nursing and care staff, or family and other residents. It is the position of Speech Pathology Australia that recognition must be afforded to the significant impact services such as speech pathology can have upon not only the level of care required by residents but also upon a resident's quality of life. Such recognition should rightly be demonstrated by the provision of

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<sup>1</sup> Burnip, L.G., & Erber, N.P. (1996). Staff perceptions of communication difficulty among nursing home residents. *Australian Journal of Ageing* 15 (5), 127-131

<sup>2</sup> Worrall, L., Hickson, L., & Dodd, B. (1993). Screening for communication impairment in nursing homes and hostels. *Australian Journal of Human Communication Disorders* 21, 53-64

<sup>3</sup> Worrall, L., & Hickson, L. (2003). *Communication disability in Ageing: From prevention to intervention*. New York: Delmar Learning.

<sup>4</sup> Mahoney, D.F. (1992). Hearing loss in nursing home residents. Perceptions and realities. *Clinical Nursing Research* 1 (4), 317-332

<sup>5</sup> Potkins, D., Myint, P., Bannister, C., Tadros, G., et al (2003). Language impairment in dementia: impact on symptoms and care needs in residential homes. *Int J Geriatr Psychiatry*. 2003 Nov; 18(11):1002-6.

<sup>6</sup> <http://www.who.int/classifications/icf/en/index.html>





adequate levels of funding that facilitate access to speech pathologists who can provide education and training to residents, family and staff in the use of communication strategies and alternative communication systems. The provision of funding to enable residential care facilities to engage services such as speech pathology “value add” to the care of residents and enable an organisation to demonstrate its commitment to best practice.

It is imperative that the ACFI identify the special care needs of aged care residents from culturally and linguistically diverse (CALD) backgrounds. Cultural and linguistic diversity is currently not addressed within the ACFI. Whilst it is not the position of Speech Pathology Australia that CALD be listed under the ‘ACAP Code List for Health Conditions’, it is essential that recognition be afforded the impact of CALD upon the care needs of residents, both in terms of time taken to communicate effectively and the impact of limited communication and understanding upon the ability of residential care facilities to identify and meet the needs and desires of residents from culturally and linguistically diverse backgrounds<sup>7</sup>.

**DESIGN ISSUES INCLUDING THE ROLE OF HEALTH PROFESSIONALS**

The following information provides comment from Speech Pathology Australia in relation to parameters of the ACFI tool as they relate specifically to the profession of speech pathology. Points of concern are highlighted in yellow; suggested changes are highlighted in blue.

**ACFI 1 NUTRITION**

**1. Current wording:**

Nutrition Checklist	Assistance Level
<p><b>1. Readiness to eat</b> Supervision is:</p> <ul style="list-style-type: none"> <li>. placing utensils in the resident’s hand.</li> </ul> <p>One-to-one physical assistance is required for:</p> <ul style="list-style-type: none"> <li>. cutting up food OR <b>vitamising food</b>.</li> </ul>	

**Points of concern:**

“Vitamising food”.

1. In 2007, the ‘Australian Standardised Terminology and Definitions for Texture Modified Foods and Fluids’<sup>8</sup> were developed by the Dietitians Association of Australia and Speech Pathology Australia as a means to reducing confusion and errors with regard to

<sup>7</sup> Camp, C.J., Burant, C.J., & Graham, G.C. 91994). The InterpreCare System: overcoming language barriers in long term care. *Int J. Ageing Hum Devt* 38 (2) 117-135

<sup>8</sup> Dietitians Association of Australia and The Speech Pathology Association of Australia Ltd. (2007). Texture modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions. *Nutrition and Dietetics* 64 (Suppl. 2), S53-S76. Available at:





modified food and fluids for individuals with swallowing difficulties. These Standards, which do not use the term “vitamised”, are now used nationally and should be referenced within the ACFI tool as a means to maximise safety for individuals with dysphagia;

2. The phrase “vitamising food” suggests that only when food is “vitamised” can a funding claim be made; however, residents of Aged Care Facilities may require a variety of modified food textures (as prescribed by a speech pathologist) that may include ‘smooth pureed’, ‘mince and moist’, ‘soft’( as per the Australian Standards);
3. Limiting the wording to only one type of modified food (in this case “vitamised”) may lead to facilities placing residents on a “vitamised” diet unnecessarily;
4. Many individuals with compromised swallowing require modifications to fluid consistencies. Preparing and providing modified fluids is time consuming, costly (due to the cost of thickening agents) and requires extra time and skill by staff. Limiting the wording to only include “vitamised” foods denies facilities funding when they are diligently providing modified fluid consistencies as well as foods to meet clients’ swallowing needs.

**Proposed changes to wording:**

Nutrition Checklist	Assistance Level
<p><b>1. Readiness to eat</b>            Supervision is:            . placing utensils in the resident’s hand.            One-to-one physical assistance is required for:            . cutting up or providing prescribed texture-modified foods and/or modified fluids.</p>	

**2. Current wording:**

Nutrition Checklist	Assistance Level
<p><b>2. Eating</b>            Supervision is:            . standing by to provide assistance            (verbal and/or physical) OR providing assistance with daily oral intake            when ordered by a dietitian for a person with a PEG tube.            One-to-one physical assistance is required for:</p>	

**Points of concern:**

1. The present wording is misleading - the decision for a resident to engage in safe oral intake (i.e. this includes food and fluid modifications, as well as specific feeding techniques),

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<http://www.speechpathologyaustralia.org.au/library/Modified%20Food%20and%20Fluids%20-%20Texture%20Mod%20Supplement.pdf>





is made by the speech pathologist, not the dietitian. If the dietitian is to order the meal, this must be in response to a speech pathology directive. Decisions relating to the nutritional value of that intake are within the scope of practice of the dietitian;

2. Very few residents are given oral intake whilst receiving PEG feeds – it is unclear why there is a specific reference to oral intake in conjunction with PEG feeds;
3. Poor oral hygiene has been demonstrated to adversely impact the health status and quality of life of individuals with dysphagia<sup>9 10 11</sup>. Specific reference should be made to ensuring attention to oral hygiene.

**Proposed changes to wording:**

Nutrition Checklist	Assistance Level
<p><b>2. Eating</b> Supervision is:</p> <ul style="list-style-type: none"> <li>. standing by to provide assistance (verbal and/or physical) OR providing assistance with daily oral intake when ordered by a speech pathologist for a person with dysphagia.</li> </ul> <p>One-to-one physical assistance is required for:</p> <ul style="list-style-type: none"> <li>. placing or guiding food into the resident’s mouth for most of the meal.</li> <li>. ensuring good oral hygiene.</li> </ul>	

**ACFI 2 MOBILITY**

**Current wording:**

Mobility Checklist	Assistance Level
<p><b>1. Transfers</b> Supervision is:</p> <ul style="list-style-type: none"> <li>. locking wheels on a wheelchair....et al</li> </ul> <p>One-to-one physical assistance is required for:</p> <ul style="list-style-type: none"> <li>. moving to and from chairs or wheelchairs or beds.</li> </ul> <p>Requiring physical assistance with the use of mechanical lifting equipment for transfers.</p>	

**Points of concern:**

1. Due to a heightened risk of aspiration (food entering the lungs), it is critical for individuals with dysphagia to be very well positioned for all meals and oral intake;

<sup>9</sup> Arpin, S. (2009). Oral hygiene in elderly people in hospitals and nursing homes. *Evid Based Dent* 10 (2), 46.

<sup>10</sup> Stein, P.S., & Henry, R.G. (2009). Poor oral hygiene in long term care. *Am J Nurs* 109 (6), 44-50.

<sup>11</sup> Tran, P., & Mannen, J. (2009). Improving oral healthcare: improving the quality of life for patients after stroke. *Spec Care Dentist* 29 (5), 218-221.





2. Many frail individuals are positioned in bed or in “floatation chairs” for meal times. Most often they require being moved (generally by two staff using slide sheets) into an upright posture for safe intake; ongoing readjustment of positioning throughout meal time is often necessary in order to maintain the correct, safe intake posture. This activity is time consuming for staff and requires staff to be skilled in manual handling in order to establish and maintain a client in this upright posture and mid line position throughout mealtimes.

**Proposed changes to wording:**

Mobility Checklist	Assistance Level
<p><b>1. Transfers</b> Supervision is:</p> <ul style="list-style-type: none"> <li>. locking wheels on a wheelchair....et al...</li> </ul> <p>One-to-one physical assistance is required for:</p> <ul style="list-style-type: none"> <li>. moving to and from chairs or wheelchairs or beds.</li> </ul> <p>Requiring physical assistance with the use of mechanical lifting equipment for transfers, including prescribed transfers and repositioning in bed/chair for individuals with dysphagia.</p>	

**ACFI 12 COMPLEX HEALTH CARE**

**1. Current wording:**

Score	Complex Health Care Procedures	Requirements
3	<p>Management of special feeding undertaken by an R/N on a one-to-one basis, for people with severe dysphagia, excluding tube feeding. Frequency at least daily</p>	<p>1. Diagnosis or ACCR AND 2. Directive (registered nurse or medical practitioner or allied health professional). AND 3. Swallowing assessment</p>

**Points of concern:**

1. Speech pathologists are recognised as experts in the diagnosis and management of dysphagia and therefore should be specifically identified in the ACFI tool;
2. Speech pathologists are engaged to assess and train staff to manage complex feeding problems e.g. managing a transition diet i.e. from PEG to oral intake, managing a client with recurrent chest infections due to aspiration; assisting in the management or oral hygiene etc;
3. A facility which employs a speech pathologist to assess and manage dysphagia, and train staff in relation to this should be acknowledged and rewarded by appropriate funding.





**Proposed changes to wording:**

Score	Complex Health Care Procedures	Requirements
3	Management of special feeding undertaken by an R/N or speech pathologist or staff specifically trained by a speech pathologist, on a one to one basis for people with severe dysphagia excluding tube feeding  Frequency at least daily.	1. Diagnosis or ACCR AND 2. Directive (speech pathologist, or in the absence of speech pathologist, then medical practitioner or R/N). AND 3. Swallowing assessment (conducted by a speech pathologist where available).

**2. Current wording:**

Score	Complex Health Care Procedures	Requirements
10	Palliative care program involving end of life care where ongoing care will involve very intensive clinical nursing and /or complex pain management in the residential care setting.	Directive by CNC/CNS in pain or palliative care or medical practitioner.

**Points of concern:**

1. The scope of practice of the speech pathologist includes the management of severe dysphagia and communication problems in end-of-life stage care. This will include management of the individual and education of family/carers;
2. There should be a funding incentive for facilities to employ speech pathologists and other health professionals for assessment / management and implementation of specific interventions related to end-of-life care. This should be acknowledged by the Federal Government as an initiative by an organisation to improve their care delivery and achieve best outcomes for residents;

**Proposed changes to wording:**

Score	Complex Health Care Procedures	Requirements
10	Palliative Care program involving end of life care where ongoing care will involve very intensive clinical nursing and /or complex pain management and /or prescribed allied health interventions in the residential care setting.	Directive by CNC/CNS in pain or palliative care or medical practitioner or allied health professional.





## APPENDIX 1: ACAP CODE LIST FOR HEALTH CONDITION-LONG.

### Points of concern:

Symptoms and signs n.o.s or n.e.c.

#### 1725 Speech and voice disturbances.

This is an extremely broad term to cover a multitude of communication problems that may be experienced by residents in Aged Care facilities. If accurate and comprehensive data is to be collated regarding the health status of the Australian Aged population, ACFI Appendix 1 should include a code that specifically identifies *acquired* speech and language disorders. Doing so would not only draw attention to one of the most prevalent communication problems in this age group<sup>12 13</sup>, but would also have an educative role for residential staff and act as a flag to residential facilities to consider accessing speech pathology services.

Further, as stated previously in this submission, acknowledgement should be given to the presence of cultural and linguistic diversity (CALD).

### Proposed addition:

New Code Aphasia / dysphasia, acquired language disorder.

New Code Cultural and linguistic diversity

As stated previously in this submission, research has demonstrated a strong link between oral hygiene, overall level of health and quality of life<sup>9 10 11</sup>. As such, poor oral hygiene should be included as a disorder under 'ACAP Code list for health conditions' – symptoms and signs n.o.s or n.e.c

New Code Oral hygiene disorder

### OTHER COMMENTS

1. Research has indicated that the incidence of swallowing difficulties (dysphagia) experienced by residents of Aged Care facilities is significant<sup>14 15 16 17</sup>. Whilst the

<sup>12</sup> Moreaud, O., David, D., Brutti-Mairesse, M.P., Debray, M., et al. (2010). Aphasia in elderly patients. *Psychol Neuropsychiatr Vieil* 8 (1), 43-57.

<sup>13</sup> Nydevik, I., Eller, B., Larsen, L., Milton, A., et al. (1993). Functional status of stroke patients in long-term care – a basis for development of rehabilitation and care. *Scand. J Caring Sci* 7 (2), 85-91.

<sup>14</sup> Amella, E.J. (2004). Feeding and hydration issues for older adults with dementia. *Nurs Clin Nth Am* 29 (3), 607-623.

<sup>15</sup> Thomas, D.R. (2008). Hard to swallow: management of dysphagia in nursing home residents

<sup>16</sup> Trupe, R., & Siebens, A. (1984). Prevalence of feeding and swallowing problems in nursing homes. *Archives of Physical Medicine* 65, 651-652.





management of dysphagia will involve the expertise of a number of professionals (including nursing staff, carers, physiotherapists and dietitians), it is imperative that speech pathologists be specifically referred to within the ACFI as the key professionals to assess and guide the management of residents with swallowing disorders (dysphagia).

**2.** Speech Pathology Australia strongly advocates for terminology used within the ACFI to describe different food and fluid consistencies to reflect the 'Texture modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions' (2007)<sup>6</sup>. Management of dysphagia may take many forms, including modification to food and fluids consistencies, which should be viewed as a *prescription* for individuals with dysphagia. By determining the cause and severity of dysphagia, speech pathologists can prescribe the food texture and fluid thickness safest for an individual to swallow. If this prescription is not followed correctly, an individual may face serious health consequences including aspiration (food entering the lungs), dehydration and malnutrition. Aspiration may result in pneumonia which may lead to hospital admission, increased length of hospital stay and, in serious cases, death.

**3.** Whilst a definition of 'allied health professional directive' is provided under ACFI 12 'Complex Health Care', a definition of 'allied health professional' should also be included under the Terminology section of the ACFI User Guide. Not only would this draw attention to the need to consider allied health services for residents of aged care facilities, but would also acknowledge the significant role allied health professionals can play in the provision of specialist services that will impact the level of functioning and quality of life of residents.

**4.** As the ACFI limits its assessment of residents' care needs to 'core measurable needs', there is no opportunity within the tool to indicate the profound impact that communication and sensory problems will have upon the total care needs of residents. As stated previously in this submission, if the ACFI is to be considered a reliable tool to assess and direct the level of services required to meet residents' *total* care needs, acknowledgement of the extended time and increased complexity of care required by individuals with communication and sensory problems must be facilitated.

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<sup>17</sup> Easterling, C.S., & Robbins, E. (2008). Dementia and dysphagia. *Geriatr Nurs* 29 (4), 275-285.





## CONCLUSION

Speech Pathology Australia welcomes this review of ACFI as undertaken by the Department of Health and Ageing and would be pleased to expand on the issues and recommendations raised in this submission. Speech Pathology Australia believes that the ACFI tool must explicitly recognise the role of speech pathologists and other health professionals in the care of residents of Aged Care facilities, and provide funding incentives for these professionals to be engaged. Such an arrangement would ensure that the total care needs of residents are identified and addressed by trained professionals, and would illustrate the commitment of Government and Aged Care facilities to best practice principles and to maximising residents' quality of life.

For further consultation, please contact:

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