

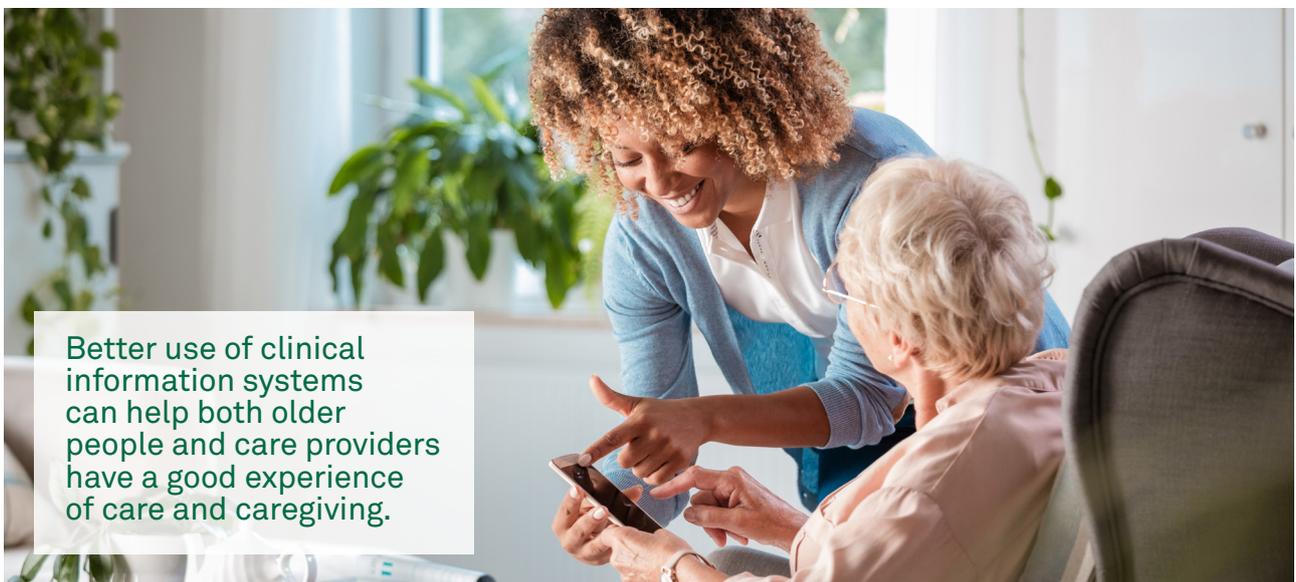
# The role of digital technologies to create a positive experience of care and caregiving in aged care

Our aged care system is front of mind for us all as the future of that system is in the spotlight following the Final Report of the Royal Commission into Aged Care Quality and Safety, released on 1 March 2021. At Telstra Health we are focused on supporting the Australian aged care sector as it navigates the changes contained in the Commission's Final Report, and the many challenges and opportunities those changes will present. We also acknowledge the implications for providers in the wider health system who are involved in the care of older Australians, and our role in the technology sector to help bring about quality, connected aged care no matter where people live or receive care.

The Report '*Care, Dignity and Respect*' put forward 148 wide-ranging recommendations, including the creation of a new Aged Care Act to enshrine Rights, the introduction of a System Governor and Inspector-General of Aged Care, and a series of recommendations for improved quality and safety, funding models to support those improvements, professionalisation of the workforce, and innovation and technology. There is a clear mandate for change not only to how residential care services are governed and funded, but how older people are cared for across the health and aged care sectors, including the imperative for aged care that is integrated, supportive and enables us as individuals

to safely stay at home for as long as possible. The Final Report highlights a clear role for digital health technology to play in holistic responses to these issues.

In designing that digital response, we can accelerate uptake, benefit and sustainability by building on and leveraging existing digitisation in the aged care and health sectors and importantly, use of standards to drive interoperability between systems and settings. This will help ensure initiatives are not siloed and can be developed further as the sector matures digitally and as the new models take hold.



Better use of clinical information systems can help both older people and care providers have a good experience of care and caregiving.

We have identified four key areas where digital health initiatives would form a valuable part of the wider response to the Report:

01

Improve safety through wider use of electronic medication management systems

02

Enhance use of digital records to support quality and continuity of care

03

Help to ensure the right people are providing the right care at the right time

04

Better inform policy and system improvement

**01 Improving safety through wider use of electronic medication management systems.** These systems can help to reduce errors and harm to residents by accurately documenting what medications are prescribed, how and when they are administered to the resident, and prompt staff to check a dose with an RN or prescribing clinician before administration of a medication. Connecting medication information digitally between aged care facilities, GPs and pharmacy would significantly help to improve medication safety, especially across transitions of care, such as planned or emergency hospital admissions. Many will be unaware that at least 80% of all residential care beds have digital clinical systems and about half of those beds already have medication management systems. This means we have a strong base to build on.

**02 Enhancing use of digital records to support quality and continuity of care.** Once aged care facilities have high quality, codified data, it can enable software systems to provide better alerts and decision support for members of the care team, enabling better-informed decision-making including prompts around authority to act and escalation to other healthcare professionals. The collection and use of data for improved clinical governance and implementation of quality standards enables clinicians, personal carers and administrators of residential care organisations to have visibility of quality indicators and risks in their organisation. This will ultimately drive and align care standards across primary, community, acute, aged and disability care.

Further, once key data are digitised, there is significant opportunity to improve sharing of that information between care settings. Data and clinical interoperability enables a plan of care that can connect and provide continuity between the residential care facility or in-home care providers, Emergency Departments, community pharmacists, and the person's GP, Geriatrician and allied health providers. Being able to seamlessly connect critical information across these settings is important for all care, and critical for aged care if we are to take advantage of the opportunity to maintain people's functional independence, and where risk of medication error, and issues with access to and continuity of care are more acute.

Indeed, the Final Report calls out the need for high quality data and interoperable systems to better support care across the system and has been called out as important to improve individuals' experience and outcomes. This goal reflects the experience and benefits in the wider health sector as it's grown towards more interoperable systems.

The My Health Record (MHR) also has a role to play and we've heard from aged care clients that there are a few key areas it would be of highest value:

- i. admission into residential aged care when the facility often doesn't have the information from the person's GP, as a high proportion of people move geographic location when they enter residential care; and
- ii. transfer between a care facility (or in-home care) with Emergency Departments – where medication records are particularly valuable and where the most harm occurs when they are lacking.

Mandatory adoption of the MHR as recommended in the Final Report, should focus on areas of highest benefit and acknowledge other clinical and administrative workflows that may be leveraged.

**03 Helping to ensure the right people are providing the right care at the right time.** Being able to plan and connect workers with the right skills with the right people within a facility or at home is critical for safe, effective and efficient care. Increased adoption of software that enables providers to verify and schedule allocation of particular resources will help ensure the workforce is optimised, and if the Recommendation to include Personal Care Workers in the AHPRA framework is adopted, this would enable software systems to check the AHPRA system in real time to ensure registrations are current.

**04 Digitised and interoperable records also support transparency of performance and benchmarking at a national level to better inform policy and system improvement.** The Final Report calls out the need for reliable, accessible and comprehensive data on safety and quality, and that data systems need to be able to work together and share information for this purpose. We anticipate real time national collections of quality data for benchmarking and public transparency, that will be drawn from clinical systems and leverage other national data sets. This will be critical as the new policy framework develops and iterates, including approaches to funding. It's critical these changes are data driven, with the important caveat that the fitness for purpose of data and capability in the aged care sector to measure cost and activity will take time to establish, keeping in mind the long road trodden by hospitals and health services over many decades to be able to measure and cost activity as it relates to outcomes.

It's important to note that these uses of technology are often interdependent, and that some are more mature than others. For example, bedside clinical systems have a high level of adoption and the potential for immediate enhancement (80% of beds) whereas the ability to use clinical data to accurately cost for outcomes in aged care will take a longer time to achieve.

## Where to now?

Adoption of digital standards and technology have played a critical role to enable interoperability and the evolution of models of care in health care and population health, and we should look to that experience to inform sector wide uplift and integration of aged care. That experience suggests the following specific enablers for the scale of technology response in aged care:

- **Higher quality, codified data** will be a key driver in all the above applications. Codifying those data that are of highest value will enable use and reuse at the bedside, for clinical governance Board level and for quality oversight and accreditation at a national level. Adopting the 'collect once, use many times' principle as outlined in the Report, means that data capture should happen as a by-product of core care workflows, if we're to enhance data quality and reusability, and minimise time of adoption and burden of compliance.
- **A data-driven, rather than document-driven approach to sharing information**, such as use of Fast Healthcare Interoperability Resources (FHIR) standards, will not only more readily enable clinical interoperability, but also accelerate the opportunity for analytics and data-driven insights. Many systems in health are already adopting FHIR, including the MHR and hospital systems. Telstra Health has a program of FHIR standards adoption across our ecosystem, enabled by our FHIR server (one of only two operating in Australia at scale).

- **Platforms and federated systems that connect people and information** across settings to be person-centric. The Report acknowledges that data recommendations are dependent on information and communications systems that can harness data and information from across the aged care system and coordinate that information to support the new aged care arrangements we recommend. This suggests a distributed, federated model enabling GPs, hospitals and aged care to readily interface with each other and play a direct role to support care and patient wellbeing, but also to support guidelines adherence and system governance. In our experience, working in close partnership with other industry players and providers to create a standards-based ecosystem is the most effective, efficient and sustainable path to achieve this outcome. Again, the MHR has a contributing role to play here.
- Finally, operation within **appropriate data governance** frameworks that are aligned across health, aged and disability sectors, including Privacy legislation and parameters around the use of Healthcare Identifiers and MHR. In terms of technology enablers, standardised identification and authentication services can support security and access control in a consistent way for all providers regardless of the service type or where the person is receiving care.

There are unique characteristics of the aged care sector, and given the need to and improve the interface between aged and health services, there is an opportunity to both leverage the experience and investment in health sector digitisation and interoperability, but also working closely with providers of innovative technology already being used in the aged care sector.

These considerations should guide development of the overall technology response in the aged care sector.

Telstra Health's vision *to realise a connected and improved digital health experience for all* means that older Australians, their carers, and their health professionals and care workers all have a positive experience of care and caregiving everyday with the support of digital technologies.

At Telstra Health we are focusing investment in platforms to safely connect clinical data across acute, residential and community aged care services, pharmacy and primary care, including integration with holistic virtual care capabilities, telehealth, electronic scripts, remote home monitoring, smart homes technology, and analytics for hospital avoidance, risk stratification and real time clinical decision support.

We are continuing this investment in Australian digital health capability because we want to make the technology part of the big changes in our health and aged care system the easy part; something to enable, not hinder, the care and system changes that ultimately sustain new models.

To discuss how we can support your organisation

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