

1. REPORT SUMMARY

1.1 INTRODUCTION

The audit was carried out as a part of the Auditor-General's program of performance audits of key areas of ACT Public Sector operations.

The audit was conducted from March to November 1996. At its commencement, the audit covered the two following sub programs in the Department of Health and Community Care as it then was:

- Residential Services
- Community Nursing

In July 1996, ACT Community Care was separated from the Department of Health and Community Care and purchaser-provider arrangements were introduced. As a result of the changes Residential Services and Community Nursing were moved to ACT Community Care with provider of service responsibilities. Residential Services was renamed the Disability Program.

The audit used financial information from 1994-95 and 1995-96.

The audit also reviewed the planning processes for determining access of disabled persons to the Disability Program.

1.2 AUDIT OBJECTIVES

The objectives of the audit were to provide an independent opinion to the Legislative Assembly on whether:

- the Disability Program has been managed effectively and efficiently; and

The Disability Program and Community Nursing

- Community Nursing has been managed effectively and efficiently.

The audit opinions are set out following:

AUDIT OPINIONS

Disability Program

- with significant exceptions, management has delivered the Disability Program reasonably effectively;
- because of a lack of financial information it is not possible to form a conclusive opinion on the efficiency of the Disability Program; however evidence gathered in the audit indicates that the Program's per resident costs may be materially higher than in other jurisdictions.

Community Nursing

- management of Community Nursing has delivered services effectively, and efficiently

Access To Disability Program Services

- In the past there has not been a clear planning approach to meeting demand for services; instead accommodation has been provided when availability occurs rather than on the basis of rigorously assessed priorities.

1.3 BASES FOR AUDIT OPINIONS

The bases on which each audit opinion was formed are set out following:

1.4 DISABILITY PROGRAM (*Chapter 3*)

The opinion that *with significant exceptions, management has delivered the Disability Program reasonably effectively* is based on the following findings:

- the services provided by the Disability Program are generally consistent with the principles and objectives of the Disability Services Act (Commonwealth) and the ACT Disabilities Act 1991;
- the range of services and activities provided have been adequate in comparison with current standards of care operating elsewhere in Australia; emphasis however has been given to domestic activities such as cooking and cleaning rather than to other important areas including employment, educational and leisure activities;
- the effectiveness of the activities within homes has been impeded by a lack of clear policies, procedures and directions related to the implementation of programs within homes; and
- the delivery of the Disability Program has not been based on clear strategic directions and a planning approach which ensures that staff, parents and residents all have a clear understanding of what is to be achieved.

Comments

The standard of Disability Program provided is generally consistent with the principles and objectives of the relevant ACT and Commonwealth legislation. These standards specify minimum levels of accommodation to be provided in community based care as well as the types of services which should be provided. In general, the ACT compared satisfactorily against other jurisdictions in this regard.

There were concerns however about the services provided to clients within the homes. While the range of services and activities was found to be adequate when compared with standards of care elsewhere in Australia, there were concerns about the balance of the activities, with more emphasis on domestic activities such as cleaning and cooking, and less on employment, educational and leisure activities.

As well, there were deficiencies in the implementation of programs in homes and the delivery of Disability Program. For these reasons, it was concluded that the Disability Program was delivered reasonably effectively however there were significant exceptions.

In comments provided later in this Chapter, the Chief Executive of ACT Community Care stated that the Program has been aware of the issues identified by the Report, and that substantial improvements have taken place in the Program since the audit was conducted.

The opinion that *because of a lack of financial information it is not possible to form a conclusive opinion on the efficiency of the Disability Program*; and that *the limited evidence however gathered in the audit indicated that the Program's per resident costs may be materially higher than in other jurisdictions* is based on the following findings:

- costs of services, including staffing, within individual homes or across types of homes have not been specifically identified or managed in the past;
- data collected recently by ACT Community Care indicated that ACT salary rates for staff servicing residents in homes are equal to, or more than in other Australian jurisdictions;

- on the basis of limited indicative comparative information gathered in the audit the per resident costs of ACT Disability Program homes appear to be materially higher than in other jurisdictions; it must be recognised however that this data is not supported by comparative information on levels of disability within the various homes; and
- the cost per resident in ACT Disability Program homes appears to vary in inverse proportion with the number of residents in a house rather than particular support needs.

Comments

The lack of financial information maintained by the Program on costs of operating homes precluded the audit from forming an objective opinion on the efficiency of the Program. For the audit to have developed a conclusive opinion on efficiency, a time consuming work analysis would have been required. To undertake this type of comprehensive analysis was beyond the resources available to the audit and was therefore not undertaken.

The limited available information however suggests that the cost of disability resident places in the ACT may be materially higher than in other Australian jurisdictions. However because of inherent uncertainties in the comparability and completeness of data it is not possible to come to a definitive conclusion based on the available information.

Comment By The Chief Executive Act Community Care

Comment by the Chief Executive of ACT Community Care is provided below:

The Disability Program has been aware of the issues identified by the report and substantial improvements have taken place in the Program in the period since the audit was conducted.

The Disability Program has developed a clear understanding of its vision, its role in the services system for people with a disability, its core business, and the values which underpins its work. These are documented in the Disability Program Strategic Directions Plan released in January 1997, which also documents the key actions to be undertaken by the Program in order to meet its goals of quality improvement.

Additional comments by the Chief Executive are presented in *Chapter 4* of this Report.

1.5 COMMUNITY NURSING SERVICES (*Chapter 5*)

The opinion that *management of Community Nursing has delivered services effectively and efficiently* is based on the following findings:

- The range and quality of services provided by Community Nursing have been endorsed through accreditation by the Australian Council for Health Care Standards and are at least the equal of services provided in other States;
- ACT Community Nursing compared favourably with similar services in other States in key cost efficiency indicators; and
- Resident satisfaction with the services provided by ACT Community Nursing is high.

Comments

ACT Community Nursing was assessed as effective and efficient. The services provided have been endorsed through accreditation and are at least equal to those provided elsewhere. There is also high

resident satisfaction and it compared favourably in key cost efficiency indicators.

1.6 INDEPENDENT LIVING CENTRE (*Chapter 4*)

As a result of its review of the Independent Living Centre (ILC) the audit concluded that there is no over-riding reason why the ILC needs to be operated from within the Disability Program. With its specific resident base, its size, and its current charging for some services it could be managed using a commercial approach. Comparable services around Australia are often managed as not-for-profit organisations or are part of not-for-profit organisations.

In relation to this issue the Chief Executive ACT Community Care responded:

A recent review of the Independent Living Centre has concluded that the service fits equally well in the Disability Program as it does in other parts of ACT Community Care. The Program has embarked on a program of reform for the Independent Living Centre which will result in improved outcomes for the consumers of the service.

1.7 ACCESS TO DISABILITY PROGRAM SERVICES

The opinion that *in the past there has not been a clear planning approach to meeting demand for services and, instead, accommodation has been provided when availability occurs rather than on the basis of objectively assessed priorities* is based on the following:

Within the purchaser/provider model the Department of Health and Community Care is responsible for monitoring demand for disability services and for purchasing services from Government and non-government service-providers to best meet these needs within the disability budget.

The Department was unable to provide evidence to the audit of the level of unmet demand for accommodation. Anecdotal evidence from parents/carers and advocacy groups suggested that at any point in time the unmet demand would be in the order of 100 persons seeking accommodation support.

The Department advised that it is being asked increasingly to fund services to people with the most severe disabilities. This means that the provision of accommodation support services has to be prioritised and less urgent demand cannot always be met. People who are unable to access fully-supported accommodation are generally referred to respite, day services and other alternatives according to their individual situations.

Comments By The Chief Executive, Department Of Health And Community Care

The Department uses priority of need of individuals as the basis for allocation of disability services. This is affected to some degree by the use of historical distribution of services, particularly in the area of supported accommodation. It is very difficult to reduce the service being provided to an individual even when the person is assessed as having a less critical need than others who are waiting for services. This process must be managed with sensitivity to avoid negative outcomes for current and potential service users.

All eligibility and priority of access decisions must be based on clear policy and on sound evidence. The Department is working with service providers and with other jurisdictions to develop effective policies and assessment processes.

1.8 SUGGESTIONS FOR FUTURE ACTIONS

The following actions are suggested for addressing the findings of this Report which need attention:

Disability Program

The Chief Executive has advised that the audit findings in relation to the following issues are being addressed:

- range of services and activities taking place in homes;
- policies, procedures and directions related to the implementation of programs within homes;
- clear strategic directions and a planning approval which ensures all involved have a clear understanding of what is to be achieved; and
- financial information on costs of operating homes.

Accordingly it is suggested that ACT Community Care should carry out a review in 12-18 months to determine the effectiveness of the implementation of the planning, operational and financial reforms. The review should include a detailed examination of the costs of operating residential homes.

The audit also observed that the Independent Living Centre could benefit from being separated from the Disability Program. The ACT Community Care

The Disability Program and Community Nursing

Chief Executive, after consideration, disagreed with separation but did indicate that a program of reform for the ILC would be implemented. It is suggested therefore that the operations of the ILC should be included in the proposed review of the Disability Program in 12 to 18 months time.

Access to Disability Program Services

In relation to the audit finding on access to the Disabled Program it is suggested that action should be promptly taken to devise and implement policies and processes which ensure that access is provided to disabled persons on the basis of an objective, fair and equitable assessment of the priorities of needs.

DISABILITY PROGRAM

2. OUTLINE OF DISABILITY PROGRAM OPERATIONS

2.1 INTRODUCTION

This Chapter provides a description of Disability Program activities and an outline of the financial arrangements for the services.

2.2 DESCRIPTION OF ACTIVITIES

The Disability Program, which is part of ACT Community Care, is the ACT Government provider of accommodation and support services to people with disabilities. The objective of the Program is to increase the quality of life and inclusion of people with disabilities in the ACT community. It has responsibility for effectively and efficiently providing a range of professional, advisory and support services to people with disabilities.

The services provided include:

- Accommodation support;
- Respite and recreation services;
- Professional and community support services;
- Disability therapy services; and
- Independent Living Centre (ILC).

Following is an outline of the method of delivery of each of the services other than the ILC which is separately reviewed in *Chapter 4* of this Report.

2.3 ACCOMMODATION SUPPORT

The Disability Program is charged with the task of helping to effectively integrate people with an intellectual disability into the community and encourage their use of common public services such as public libraries.

The Program operates 42 houses throughout Canberra to support the needs of more than 140 intellectually disabled persons requiring care and accommodation. The accommodation services are provided predominantly in accordance with principles and objectives of the Commonwealth *Disability Services Act* and the *ACT Disabilities Act 1991*.

Most of the houses provide accommodation and staff for a range of resident groupings including 2, 3, 4, 5 and 6 residents. One house provides support for 12 severely disabled persons. All houses are rented from ACT Housing.

Houses run by the Disability Program operate under two distinct models.

The first model is known as '*Accommodation*'. Under this model all costs relating to the operation of the houses, including food, electricity and accommodation costs, are met by the Disability Program.

Houses operating under the second model, the '*Resident Funded Accommodation Scheme*' (RFAS), operate generally with the residents meeting the accommodation, food and other costs associated with the running of the house and the Disability Program providing the required staffing.

The service is regionalised into three regions: Belconnen/Gungahlin, Woden and Tuggeranong, enabling the grouping of houses in similar areas and the assignment of staff to specific regions.

2.4 CENTRE BASED RESPITE CARE

Two staffed houses are provided in order to house, on a temporary basis, persons with an intellectual disability who normally reside with their family or carers. One house is used for children aged between 1 and 16 years of age and the other for persons over 16 years. This service is provided to allow family or carers to take a break from the special demands placed upon them in caring for disabled persons.

2.5 PROFESSIONAL AND COMMUNITY SUPPORT

The Disabilities Program provides support where necessary through psychological assessments, counselling and behaviour management for people who exhibit extremely difficult and challenging behaviour in the community. Support is provided to Disability Program staff to assist in managing people with major behavioural problems. Social work support is also provided to people living with a disability, accessing support in the community, and dealing with conflict, problems, grief, personal relationships and growth.

2.6 RECREATION SERVICES

The Disabilities Program provides recreation assessments, advice and information on recreation and leisure options, recreation programs including

holiday and adventure programs and information for staff and other organisations.

2.7 DISABILITY THERAPY SERVICES

Therapy Services consists of professional staff who provide speech, occupational and physiotherapy services mainly to the general community through house and school visits. Support is also provided to people being supported within Disability Program houses.

2.8 PROGRAM EXPENDITURE

The funding for the Disability Program (\$13.1m in 1996-97) is mainly provided through payments by the Department of Health and Community Care for purchase of services. Under these arrangements a small amount is also provided as Individual Support Packages for particular clients. In both cases, the level of funding is determined by the Performance Management Unit in the Department of Health and Community Care.

The 1996-97 budget for the Disability Program was split between activities in the following manner:

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| | \$ |
|------------------------------------|-------------------|
| Residential Group Houses | 9,703,100 |
| Independent Living Centre | 262,000 |
| Therapy Services | 366,100 |
| Professional and Community Support | 429,600 |
| Respite and Recreation | 1,018,100 |
| Administration/Management | 1,321,900 |
| Total | 13,100,800 |

3. AUDIT OF DISABILITY PROGRAM

3.1 INTRODUCTION

This Chapter describes the findings from the audit of Disability Program.

3.2 FINDINGS FROM THIS CHAPTER

- *the services provided are generally consistent with the principles and objectives of the Disability Services Act (Commonwealth) and the ACT Disabilities Act;*
- *the range of services and activities provided have been adequate in comparison with current standards of care operating elsewhere in Australia; emphasis however has been given to domestic activities rather than to other important areas including employment, educational and leisure activities;*
- *the effectiveness of the activities within homes was impeded by a lack of clear policies, procedures and directions related to the implementation of programs within homes;*
- *the delivery of Disability Program has not been based on clear strategic directions and a planning approach which ensures that staff, parents and residents all have a clear understanding of what is to be achieved;*
- *costs of services, including staffing, within individual homes or across types of homes have not been specifically identified or managed in the past;*

- *data collected recently by ACT Community Care indicates that ACT salary rates for staff servicing residents in homes are equal to, or more than in other Australian jurisdictions;*
- *on the basis of limited indicative comparative information gathered in the audit the per resident costs of ACT Disability Program homes appear to be materially higher than in other jurisdictions; it must be recognised however that this data is not supported by comparative information on level of disability within the various homes; and*
- *the cost per resident in ACT Disability Program homes appeared to vary in inverse proportion with the number of residents in a house rather than particular support needs;*

3.3 AUDIT APPROACH

Approximately three quarters of the expenditure of the program is for accommodation services provided to residents in homes. The balance is spread over:

- the Independent Living Centre
- Therapy Services
- Professional and Community Support Service
- Respite and Recreation; and
- Administration.

Because of the importance, in both operational and financial terms, of the services in the residential homes the audit of the Program focussed on these services. A review of the operation of the

Independent Living Centre was also performed (*see Chapter 4*).

3.4 SERVICES PROVIDED TO RESIDENTS IN HOMES

The audit surveyed several homes to review the operations and gain an appreciation of the level of support being provided to residents, the structures of the rosters within homes and the activities occurring within the homes during different parts of the day.

The following observations were made:

- the staff's approach to working in the homes with residents was observed to feature a high level of commitment by the staff and extremely positive attitude to their responsibilities;
- houses generally have a mixture of either low level and medium level support, or medium and high level support residents;
- information provided on the activities occurring on daytime rosters (9.00am - 4.00pm) indicated that the largest amount of time was occupied by domestic chores and resident travel support. Domestic chores included house cleaning, bedroom cleaning, clothes washing, ground maintenance, cooking and shopping;
- the information on social outings indicated wide variations within the homes, including varieties of activities which ranged from 1 to 9 per week per home and the number of activities which ranged from 2 to 7; and
- the formal programs provided also varied widely across the homes with the variety of programs ranging from 2 to 10 and the number of programs

conducted daily in homes from 4 to 11; the types of programs included bathing and hygiene skills, preparing snacks and meals, communication skills, physiotherapy and speech therapy.

The range of services and activities were considered adequate in comparison to current standards of care operating elsewhere in Australia. However there was more emphasis on domestic activities such as cooking and cleaning and less emphasis on providing a balance over other areas such as employment, educational and leisure activities.

3.5 MEETING RESIDENTS' NEEDS

Staff are strongly committed to a better quality of life for residents. However they sometimes seemed to be unable to express and implement this vision in practical terms. The effectiveness of the activities within homes was considered by the audit to be impeded by a lack of clear policies, procedures and directions related to the implementation of programs within homes.

The audit found, for example, that:

- there was a significant amount of individual planning for residents occurring within homes although the approach, methodology, processes and practices differed across homes;
- there was a lack of consistency in approach within and across homes, leading to confusion in the minds of the patients and carers; anecdotal information provided by some stakeholders suggested inconsistency in standards of support within homes;

- the individual planning approach adopted in homes varied considerably and was not always well understood by families or carers; families and carers were not widely consulted in the development of programs and expressed considerable frustration at decision making related to their children;
- there was no sense of direction about each resident's future and an absence of a vision about what is realistically achievable for each resident in terms of achievements of similar services in Australia and overseas;
- access to specific professional support services (e.g. therapy groups, behavioural interaction services, social workers, special therapists) was inconsistent across homes and there was a lack of adequate backup from staff with appropriate qualifications and experience (e.g. physiotherapists, occupations therapists, psychologists, special educators, skilled programming staff);
- Although many activities occur within the homes there is little information available on the achievement of outcomes for residents; and
- The Department has not attempted to classify levels of disability of individual residents to enable it to ensure that adequate resources of the appropriate types are available within the Program to fully meet the residents' needs.

3.6 PRINCIPLES AND OBJECTIVES OF DISABILITIES LEGISLATION

The Commonwealth *Disability Services Act* and the *ACT Disabilities Act 1991* set out minimum standards and desirable levels of service to be

achieved in the provision of the Disability Program. The audit found that although there are several significant issues which should be addressed the Disability Program generally complies with the principles and objectives of the legislation in that:

- The provision of accommodation to people with a disability within houses located in the community is consistent with the objectives of the Act which includes objectives related to integration into the community;
- the range of services available within the homes are aimed at the objectives of the Act which require persons with a disability to receive the services necessary to achieve their maximum potential as members of the community; and
- the movement away from institutional care has been largely achieved although services at the Maplestone Complex have some elements of this type of care still remaining.

3.7 FINANCIAL ANALYSES OF DISABILITY PROGRAM HOMES COSTS

Lack Of Financial Information

The largest component of the total costs for Disability Program is the operating costs of the homes totalling some \$8.134m in 1995-96. The audit found that:

- costs of services within individual homes or across types of homes have not been collected and used in decision making processes;

- costs associated with staffing of individual homes have not been specifically identified or managed in the past; and
- data collected recently by ACT Community Care indicates that ACT salary rates for staff servicing clients in homes are equal to, or more than in other States.

Cost Of Disability Program Homes

As the Department did not have information on the full costs of operating the homes, the audit performed an independent analysis of the costs and developed costing models.

The model incorporated the overhead costs of running the Disability Program (with the exception of the Independent Living Centre) and the cost of support services such as behavioural interaction services and therapy services for people in the homes. The approach was based on the new arrangements for regionalised management which were introduced in 1996.

Details of the analysis are presented in the tables on the next page which provide comparative data across the two accommodation types (*RFAS* and *Accommodation*) and across various house sizes. Included in this analysis is the larger home (*Maplestone*) which has 12 residents.

The analysis which covered 9 representative homes found:

- *RFAS* homes cost between \$51,403 and \$112,577 per resident per year;
- *accommodation* homes cost between \$74,024 per resident per year to \$84,587 per resident per year;

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- the 12 bed home for people with a severe disability (*Maplestone*) incurs a cost of \$64,800 per resident per year;
- the per resident costs of 2 resident homes are very high in comparison with houses with more residents;
- per resident costs of homes with 3, 4, 5 and 6 resident appear to generally be similar; and
- the lowest per resident cost was within the larger (12 bed) home; this type of accommodation however has the potential to be in conflict with the principles and objectives of the Commonwealth *Disability Services Act* and the *ACT Disability Act*.

Resident funded homes - cost comparison per resident per annum

| Residential Service Type | Number of clients | Resident Cost Per Yr |
|--|-------------------|----------------------|
| RFAS | | \$ |
| Thomsitt | 6 | 61,335 |
| Ruwoldt | 4 | 51,403 |
| Dalziel | 3 | 72,650 |
| Abbott | 2 | 112,577 |
| <i>Average Cost per RFAS Resident p.a.</i> | | 74,491 |

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Accommodation houses - cost comparison per resident per annum

| Residential Service Type | Number of clients | Resident Cost Per Yr |
|---|--------------------------|-----------------------------|
| Accommodation | | \$ |
| Maplestone | 12 | 64,800 |
| Burns | 5 | 84,587 |
| Hardman | 4 | 81,105 |
| Desailley | 3 | 74,024 |
| Corree 9+9A | 4 | 80,771 |
| <i>Average Cost per Accommodation Resident p.a.</i> | | 77,057 |

Comments

Although the Department considered that the differences between the homes was due to the level of resident disability within the homes, and consequently the level of service required, the audit found that no particular pattern emerged which pointed to a direct relationship between the average cost per resident and the level of support needs. The cost per resident appeared to vary in inverse proportion with the number of residents in a house rather than particular support needs.

3.8 COMPARISONS WITH THE COSTS IN OTHER STATES

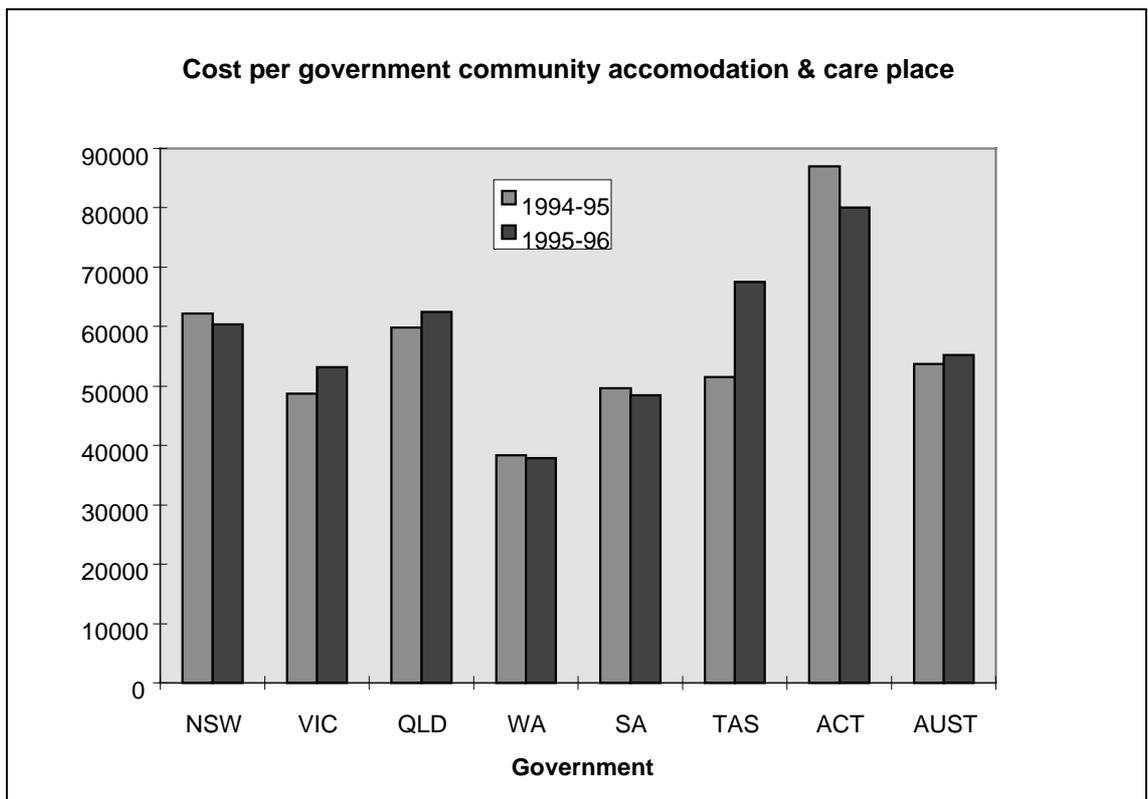
Information on the costs of Disability Program accommodation was obtained from *Volume 2* of the *Report on Government Service Provision* produced by the Steering Committee for the Review of Commonwealth/State Service Provision. The Report included some unit cost data for the cost of Government provided community accommodation and care places (see table below).

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The Steering Committee emphasised that the data presented was indicative only and should not be taken as conclusive.

Costing and operational data capable of being used in a definitive manner is in its early stages of being developed within State and Territory systems and caution should be exercised in taking action on this cost information without further investigation.

There are concerns about the comparability and completeness of data from other jurisdictions. These concerns are reflected in the Steering Committee's comments in its Report and are supported by the Audit Office's own experience in using financial and performance information from other jurisdictions.



Comment

On the basis of the information in the table, the cost per place in community accommodation and care in

the ACT appears higher than in other jurisdictions. Whether this difference is attributable to a higher cost structure or smaller residences in the ACT, or to deficiencies in the data from all of the jurisdictions cannot be reliably determined. It should also be recognised that the data is not supported by clear information on level of disability within homes and should therefore be regarded at this stage as no more than indicative only.

It is noted that recent initiatives have been taken to reduce costs through changes to rosters which address issues such as overtime and sleepovers.

3.9 COMMENT BY THE CHIEF EXECUTIVE OF ACT COMMUNITY CARE

The Disability Program has been aware of the issues identified by the report and substantial improvements have taken place in the Program in the period since the audit was conducted.

The Disability Program has developed a clear understanding of its vision, its role in the services system for people with a disability, its core business, and the values which underpins its work. These are documented in the Disability Program Strategic Directions Plan released in January 1997, which also documents the key actions to be undertaken by the Program in order to meet its goals of quality improvement.

The Disability Program is participating in ACT Community Care's accreditation process, and is developing a suitable accreditation mechanism. The quality assurance frameworks being implemented are based on internationally recognised best practice.

A comprehensive policy manual has been developed, which includes policies on Individual Planning, and on Case Management and Coordination. The implementation of these policies, which will begin in June 1997, will put in place the structures needed by staff to provide a high quality service, and will enable the documentation of outcomes for consumers. Intensive training for all staff, including all casual staff used by the Disability Program, is planned for June/July 1997, and this training focuses on Individual Planning and other key policies.

The Disability Program is undertaking a significant program of workplace reform, which includes the reclassification of direct support workers, the introduction of a flat sleepover rate, and a revision of all direct support staff rosters. It has also included a review of the duty statements and selection criteria for all direct service staff, based on nationally agreed competency standards.

The Disability Program has begun work on the development of a needs assessment tool that will provide accurate information about the support needs of a consumer, and upon which the individual plan, and the allocation of resources can be based. Combined with this work will be a review of the models of service delivery used by the Program, in order to determine where modifications of the models can be used to improve service delivery and achieve better outcomes for consumers. The implementation of these mechanisms will place the Disability Program at the forefront of the provision of services to people with a disability in Australia.

In relation to comments about costing data, the audit does not appear to consider the effects of the environmental context in which the Program operated at the time the audit was being undertaken. In particular, it does not note that one of the impacts of the rapid changes that occurred was that

some of the administrative and management processes that had been in place were no longer appropriate, and that during the time of the audit were replaced by more effective processes. One should not, from this finding, assume that such processes have never been in place. The costings for 1995-96 were indeed fragmented, but it is not correct to say that these costings were never in place, or were never used in decision making. By November 1996, service costings had been re-established.

3.10 SUMMARY

In summary, Disability Program services are provided to people with a disability in the ACT in a manner which is generally consistent with the relevant Commonwealth and Territory legislation. The range of services and activities being provided were considered adequate to meet current standards of care in Australia although the emphasis has been on domestic activities rather than on other important aspects including employment, educational and leisure activities.

The delivery of accommodation services would be enhanced by a more strategic approach to planning and delivery of services than existed at the time the audit was being conducted. Implementation of programs within homes requires a comprehensive set of policies, procedures and directions to ensure that those people living in the homes receive fully effective services.

As described in the comments provided by the Chief Executive of ACT Community Care steps are being taken to introduce strategic planning to the delivery of services and to improve the services provided within the resources made available by Government. Cost management of the services however needs to

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be improved to ensure that accountability is met at all levels: Government, residents and parents/carers.

Due to the Program's lack of financial management data, for the audit to have developed a conclusive opinion on efficiency, a time consuming work analysis would have been required. Performing the necessary comprehensive work analysis was beyond the resources available to the audit and was therefore not undertaken.

Limited comparative financial information suggests that the cost of resident places in the ACT may be materially higher than in other jurisdictions. However, because of inherent uncertainties in the comparability and completeness of data, it is not possible to come to a definitive conclusion on efficiency.

4. INDEPENDENT LIVING CENTRE

4.1 INTRODUCTION

As was mentioned earlier, the Independent Living Centre (ILC) is part of the Disability Program operations. This Chapter summarises the operations of the Centre.

4.2 SERVICES PROVIDED BY THE CENTRE

The ILC is located at Weston. It provides advisory and information services relating to the provision of equipment and resources for people with disabilities, their families, health professionals and other interested parties. Over 1,200 items of equipment are located at the centre for trial and evaluation.

The centre provides an occupational therapist and/or a registered nurse to help facilitate evaluations. Services are provided to people from both within the ACT boundaries and in NSW. A small charge is made for its services.

ILC's services are not confined to the aged or people with a particular disability. They include rehabilitation advice to the aged, people with a disability and work related injuries and span a range of demands from ACT Government Services as well as services to Federal Government Departments (e.g. to Defence).

4.3 CONCLUSION

There is no over-riding reason why the ILC needs to be operated from within the Disability Program. With its specific resident base, its size, and its current charging for some services it could be managed using a commercial approach. Comparable services around Australia are often managed as not-for-profit organisations or are part of not-for-profit organisations.

4.4 COMMENT BY THE CHIEF EXECUTIVE ACT COMMUNITY CARE

A recent review of the Independent Living Centre has concluded that the service fits equally well in the Disability Program as it does in other parts of ACT Community Care. The Program has embarked on a program of reform for the Independent Living Centre which will result in improved outcomes for the consumers of the service.

COMMUNITY NURSING

5. OUTLINE OF COMMUNITY NURSING SERVICES

5.1 INTRODUCTION

This Chapter describes the activities and financial arrangements for ACT Community Nursing.

5.2 COMMUNITY NURSING SERVICES ACTIVITIES

ACT Community Nursing provides a wide range of services including:

- Domiciliary and specialised home nursing;
- Infant health services incorporating both clinic and home visits;
- Parenting workshops;
- Immunisation programs;
- Palliative care including grief counselling;
- Consulting services for the Disability Service's residential program;
- Community health education; and
- Specialist nurse consultants in stomal therapy/incontinence, gerontology and oncology.

5.3 COSTS AND SERVICES

ACT Community Nursing receives funds from two sources. The Community Nursing 1995-96 budget of \$7,135,548 was sourced from:

- the ACT Government \$5,912,900 (82.8%); and
- the Commonwealth Government \$1,222,648 (17.2%).

The Commonwealth Government funds were provided through the Home and Community Care program (HACC, \$1,011,691 or 14.2%), the Medicare Incentive Program (\$159,960 or 2.3%) and the Department of Veterans Affairs (\$50,997 or 0.7%).

To provide its services the ACT Community Nursing's staff equivalent was 165.5 full-time persons. Total costs were \$6.547m. Salaries and wages made up the most of the total cost (93.4%), with administrative costs (3%) and medical and surgical supplies (2%) the other major expenditure items.

In 1994-95 the total number of services provided, excluding health programs, was 217,407. It has been estimated that with the addition of health programs, services would total approximately 232,000.

Community Nursing is divided into several operating services:

- Adult And Family Health Service
- Maternal And Child Health Service
- Palliative Care Service
- Nursing Education And Support Service

Each of these services is discussed following:

5.4 ADULT AND FAMILY HEALTH SERVICE

The Adult and Family Health Service provides home nursing services as well as rehabilitation, prevention, education services with support to carers also provided. Services are provided over 7 days from approximately 7am to 11pm although after hours services are limited. There are no age limitations for service eligibility. Predominantly, clients are those in post acute inpatient care, people with a disability, people with chronic illnesses and the frail aged.

The ACT area is broken up into three areas with a team designated to service each area. Basic information on each team is:

North Canberra

- based at Belconnen Health Centre;
- covers Belconnen and Gungahlin (estimated population 90,000);
- team is led by a Clinical Nurse Consultant with the equivalent of 12 full-time clinical nurses and 1 enrolled nurse; and
- the budget for 1995-96 was approximately \$614,000 plus specific recurrent items.

Central Canberra

- based at Narrabundah Health Centre,
- covers North and South Canberra (estimated population 60,000);

- the team is led by a Clinical Nurse Consultant with the equivalent of 18 full-time clinical nurses and 6.5 enrolled nurses;
- coordinates the evening service for all areas;
- participates in the post acute early discharge program; and
- the budget for 1995-96 was approximately \$642,000 plus specific recurrent items.

South Canberra

- based at Phillip Health Centre;
- covers Woden, Weston and Tuggeranong (estimated population 150,000);
- the team is led by a Clinical Nurse Consultant with the equivalent of 15.5 full-time clinical nurses and 4 enrolled nurses; and
- the budget for 1995-96 was approximately \$717,000 plus specific recurrent items.

The equivalent of 11.7 full-time staff in the Intellectual Disability program (an Adult and Family program sub-program), are located at the Lower Jindalee Annex. These staff provide services to 120 residents in residential homes (see *Chapters 2 and 3*).

Services provided include direct resident care, health assessment, consultancy and residential carer education. 1995-96 budgeted expenditure was \$481,000.

In addition to the teams there are three clinical nurse consultants (CNCs) who are specialists in stomal therapy and incontinence, oncology and gerontology. All teams have access to the CNCs who may also run clinics in each area. There are

Community Liaison Nurses located at Canberra and Calvary Hospitals to ensure appropriate referral and continuity of care. Budgeted expenditure for these staff have been allocated across the area teams.

5.5 MATERNAL AND CHILD HEALTH SERVICE

The Maternal and Child Health Service provides a wide range of services aimed at improving health and supporting parents and children. Services range from ante-natal classes, post natal visiting, immunisation clinics, audiometry and child health clinics through to IV drug user groups and parenting classes.

Services are provided five days a week from 9 to 5 with a few night clinics and groups being held. The service focuses on children up to 18 years and their families with an emphasis on special needs groups including:

- Non English speaking cultures;
- Aboriginal and Torres Strait Islanders;
- Families at risk, including the economically disadvantaged; and
- Youth health including gender issues.

As for the Adult and Family Health program the Maternal and Child Health program has three teams each with a designated area of the ACT. Basic information on each team is:

North Canberra

- based at Kippax Health Centre;

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- covers Belconnen and Gungahlin (estimated population 90,000);
- the team is led by a Clinical Nurse Consultant with the equivalent of 14.3 full-time clinical nurses;
- provides hospital liaison with Calvary Hospital;
- runs 7 child health clinics, 2 immunisation clinics, school screening at 32 primary schools and 8 high schools, 1 family care centre, 2 lactation consultant clinics and 4 different parenting groups; and
- the budget for 1995-96 was approximately \$640,000.

Central Canberra

- based on the ground floor of the ACT Health Building;
- covers inner North and South Canberra (estimated population 60,000);
- team led by a Clinical Nurse Consultant with the equivalent of 8.6 full-time clinical nurses;
- provides hospital liaison with John James Hospital; and
- runs 5 child health clinics, 2 immunisation clinics, school screening at 29 primary schools and 14 high schools, 1 audiometry centre, 4 different parenting groups and 5 special clinics. The special clinics target IV drug dependent families, young pregnant women and groups in low-cost housing areas; and
- the budget for 1995-96 is approximately \$371,000;

South Canberra

- based at Tuggeranong Health Centre;
- covers Woden, Weston and Tuggeranong (estimated population 150,000);
- team led by a Clinical Nurse Consultant with the equivalent of 22 full-time clinical nurses;
- provides hospital liaison with Woden Hospital;
- runs 10 child health clinics, 2 immunisation clinics, school screening at 50 primary schools and 12 high schools, 1 family care centre, 3 different parenting groups and 2 special clinics for Vietnamese and Croatian families with an interpreter on location; and
- the budget for 1995-96 is approximately \$1.04m.

5.6 PALLIATIVE CARE SERVICE

The Home Based Palliative Care Program (HBPC), in conjunction with the Adult and Family program, provides 24 hour specialised care to terminally ill clients, their families and carers. A close working relationship is held with the ACT Hospice Society Volunteer Program. This voluntary program is also responsible to the Assistant Director of Nursing of the HBPC on a daily operational basis. The voluntary program has 2 coordinators and approximately 90 volunteers.

The HBPC is responsible for the Canberra metropolitan area, a population size of 300,000 people. The 1995-96 budget for the program is approximately \$637,000. The HBPC is located at

the hospice managed by the Little Company of Mary. A close working relationship is held with staff of the hospice to ensure continuity of care.

The program is managed by an Assistant Director of Nursing with a Clinical Nurse Consultant and the equivalent of 12.7 clinical nurses as additional staffing. Included in these numbers is a Grief and Loss Counsellor.

5.7 NURSING EDUCATION AND SUPPORT SERVICE

The Nursing and Education Support Service team is responsible for nurse education, personnel, management support, information systems, occupational health and safety and infection control.

Managed by an Assistant Director of Nursing the program is staffed by the equivalent of 2.5 full-time Nurse Educators, 1 Staff Officer, 1 Information System Officer, 1 Nurse Manager, 1 Administrative Support Officer (ASO) Level 5, and three ASO Level 2's. The 1995-96 budget for the program is approximately \$580,000.

All statistical and financial information for Community Nursing staff of this program.

5.8 MONITORING AND REPORTING

The lines of reporting and accountability within Community Nursing are clear. The Director of Nursing (DON) is responsible for four major areas of services being education/support; maternal and

child care; adult and family health and palliative care each headed by an Assistant Director of Nursing (ADON).

ADONs are responsible for the operating and financial performance of their programs. Formal reporting is communicated at weekly Executive meetings attended by the DON and the four ADONs.

All statistical and financial information is produced by the staff of the Education / Support program. Monthly, quarterly and annual reports are produced for review by the Executive and are then forwarded to the ACT Department of Health and Community Care. Before forwarding, each program manager and area team leader receives detailed reports of expenditure against budget for each income and expenditure item. Each variance is explained and a variance report presented to the Executive.

Statistical reports are also prepared on monthly and annual bases. These reports detail services at four levels, the level of service and type of service, the program level and then at the overall service level.

5.9 PERFORMANCE MEASUREMENT

In response to the desire for better resident outcomes the Community Nursing Service has incorporated performance measures into its program plans. In the detailed operating plan prepared for each service, performance indicators and measures are set for each goal.

Several of the key measures are listed below:

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- Incorporation and measurement of outcome measures in each resident care plan;
- Benchmark or best practice comparisons;
- Resident and carer satisfaction surveys included in all project evaluations;
- Assessment of the time between referral and assessment;
- Management of waiting lists;
- The results of the mapping of clients to adult and child health clinical protocols; and
- The number of groups and attendees at groups.

In addition to individual performance indicators and measures, the Community Nursing Service maintains a rigorous quality management program. A file audit of 20-30 files and a resident satisfaction survey of approximately 10% of clients is completed each year. As well each service program is fully evaluated every three years. These evaluations include client, carer and staff satisfaction questionnaires as well as focus groups, an attendance/service record review, a policy and protocol review and an evaluation and review of the program's objectives.

6. COMMUNITY NURSING SERVICES AUDIT

6.1 INTRODUCTION

This Chapter outlines the audit work done in relation to Community Nursing and presents the findings from that work.

6.2 FINDINGS FROM THIS CHAPTER

- *The range and quality of services provided by Community Nursing have been endorsed through accreditation by the Australian Council for Health Care Standards and are at least the equal of services provided in other States;*
- *Resident satisfaction with the services provided by ACT Community Nursing is high; and*
- *In key cost efficiency indicators ACT Community Nursing compared favourably with similar services in other States.*

6.3 QUALITY OF SERVICES

Introduction

The audit reviewed information on the quality of services and resident service delivery in order to form a view on the effectiveness of the ACT Community Nursing Service. The following two matters were covered:

- Range And Quality Of Services; and

- Resident Service Delivery Effectiveness.

Range And Quality Of Services

The audit found that the services provided by ACT Community Nursing Services are both appropriate and wide ranging.

On the basis of the professional knowledge and experience of the audit team it is considered that the services provided are at least comparable with those of community nursing services in other states.

The services have been accepted as appropriate for accreditation by the Australian Council for Health Care Standards. In 1995, the Community Nursing Service achieved three year accreditation from the Australian Council on Health Care Standards. Minimal recommendations were made by the survey team and implementation of the recommendations has been planned.

The Community Nursing Service has in place a strategic plan for 1994-1997 and has commenced preliminary data collection to enable the next three year plan to be developed.

Resident Service Delivery

Resident satisfaction survey

The 1995 resident satisfaction survey comprised 21 questions in the following three broad categories:

- Interpersonal skills/resident communication;
- Resident empowerment/resident participation in planning of care; and
- Standard of direct care.

Questionnaires were mailed to 300 clients with a reply paid envelope enclosed. The overall response rate was 52%.

The survey reported high resident satisfaction across a range of service activities related to the operation of the ACT CNS.

In summary, the response to the survey was positive and comparisons with prior years surveys showed improvement in most areas with the movement to include clients in care planning, resident empowerment and communication being areas of most improvement.

A significant fall in the number of clients referred to other services led to a separate review of clients need for further referral.

Service evaluations and reviews

Individual service evaluations and reviews are undertaken regularly. Recent projects include:

- The evaluation of the staff appraisal process;
- The evaluation of Child Health Clinics;
- The development of Child Health Policies;
- Participation in the Rehabilitation Review;
- Participation in ACT Health's Cancer Management Project;
- The Manual Handling project; and
- A complete review and revision of the Operational manual.

Conclusion On Quality Of Services

In summary, the services provided through ACT Nursing Services are comprehensive and the level of resident satisfaction with these services is particularly high. The audit concluded that ACT Community Nursing was effective in the provision of services.

6.4 FINANCIAL ANALYSIS

Introduction

A financial analysis of the ACT Nursing Services was undertaken in conjunction with data available from:

- The Illawarra Area Health Service and Community Health Services (IAHS);
- The Royal District Nursing Society of South Australia (RDNS); and
- The Child and Youth Health Service (CYHS, formerly the Child and Family Health Services, CAFHS) in South Australia.

For comparison purposes, the two South Australian service providers, the RDNS and CYHS were combined.

These other services were considered to provide a range of community nursing services similar to those provided by ACT Community Nursing.

In the analyses, the two comparison community nursing services are referred to as *Service A* and *Service B*.

Data Collected

Data collected for the exercise were broadly defined into the following four categories:

- Organisational details;
- Financial information;
- Statistical information; and
- Other information.

Result of the Comparative Analysis

The information was analysed to provide comparative information on several financial indicators:

- Cost per service;
- Number of services per full time equivalent (FTE) staff member;
- Clinical staff structure; and
- Number of services per capita

Information on each of these indicators is presented following:

Cost per service

The cost per service was calculated by dividing total cash and salaries costs by the number of services provided. The comparisons for the costs per service are set out in the following table:

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Total cost and total salary per service

| Measure | ACT CNS | | | Service A | | | Service B | | |
|-------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | 92-93 \$ | 93-94 \$ | 94-95 \$ | 92-93 \$ | 93-94 \$ | 94-95 \$ | 92-93 \$ | 93-94 \$ | 94-95 \$ |
| Admin. salaries per service | 1.76 | 2.72 | 2.01 | N/A | N/A | N/A | 3.90 | 4.21 | 4.41 |
| Clinical salaries per service | 24.94 | 24.79 | 24.34 | N/A | N/A | N/A | 21.62 | 21.87 | 21.94 |
| Total salaries per service | 26.70 | 27.51 | 26.34 | N/A | 33.82 | 42.95 | 27.44 | 28.87 | 28.27 |
| Total cost per service | 28.25 | 28.79 | 28.30 | N/A | 44.20 | 58.74 | 38.23 | 42.18 | 42.74 |

Initial examination of the data showed that the ACT had a significantly lower total cost per service when compared to the other services. This difference however was found to be due to the absence of many costs from the ACT data. Unlike the other services the full costs of the service are not passed onto the service. Costs such as, property costs, major medical supplies, motor vehicle operating costs and equipment depreciation costs are accounted for by ACT Health rather than ACT CNS. Comparison on the basis of total costs as shown in the table is therefore not a reliable indicator.

In order to make the analyses comparable, the salaries costs per service were calculated. In practice, salaries costs are the major component of the overall costs of operation. On this basis, the ACT and *Service B* were comparable.

Service A's salaries costs were somewhat higher than either the ACT or *Service B*. The differences appear to result from the ACT and *Service B* mainly employing nurses as clinical staff. *Service A* had a mixture of medical, allied health and nursing staff which would be expected to be more expensive than nurses only.

Number of services per full time equivalent (FTE) staff members

The number of services per full time equivalent staff members provides information on the relative efficiency of the organisations being compared.

Information collated on the services per total FTE is set out in the table below:

Services per total FTE staff

| Measure | ACT CNS | | | Service A | | | Service B | | |
|----------------------|---------|-------|-------|-----------|-------|-------|-----------|-------|-------|
| | 92-93 | 93-94 | 94-95 | 92-93 | 93-94 | 94-95 | 92-93 | 93-94 | 94-95 |
| Services per FTE No. | 1,476 | 1,360 | 1,441 | N/A | 752 | 647 | 1,298 | 1,283 | 1,287 |

On the basis of this information, the higher number of services per total FTE in the ACT CNS than *Service A* or *Service B* suggests that it is of at least comparable efficiency.

Clinical staff structure

In the delivery of services each service provider determines the most appropriate mix of staff to deliver those services within the funds available. In *Table 5.4*, the percentage of staff within staff categories are compared for the ACT and *Service B*.

The predominant difference between the two services was in their use of Level 1, and 2 and enrolled nurses staff.

For Levels 3, 4 and 5 the proportions of staff are approximately the same. However the higher proportion of Level 2 nurses in the ACT was offset by the higher proportion of Level 1s in *Service B*. In comparison, the ACT made greater use of enrolled nurses.

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As a result, the ACT CNS staff profile would involve a lower cost profile than that of *Service B*.

Estimated staff profile

| Estimated Measure | ACT CNS 94-95 | Service B 94-95 |
|-------------------------------|------------------|--------------------|
| Director of Nursing - Level 5 | 0.64 % | 0.77 % |
| Assistant DON - Level 4 | 2.56 % | 2.43 % |
| Registered Nurse - Level 3 | 15.24 % | 12.77 % |
| Registered Nurse - Level 2 | 66.71 % | 55.43 % |
| Registered Nurse - Level 1 | 4.38 % | 27.02 % |
| Enrolled Nurse | 10.47 % | 3.23 % |

Services per capita

The number of services per capita provides an indicator of the relative degree of servicing to the community by the community nursing services.

It was noted previously that the ACT CNS had the lowest cost per service. In order to determine whether or not this resulted from overservicing (by conducting non essential services thereby lowering the cost per service) the audit compared the number of services per 100 persons in the community serviced.

On this analysis, the number of services per 100 persons in the ACT was the lowest of the group.

Services per capita

| Measure | ACT CNS 94-95 | Service A 94-95 | Service B 94-95 |
|--------------------------|------------------|--------------------|--------------------|
| Services per 100 persons | 77.42 | 98.00 | 82.00 |

In order to determine the appropriate number of services, resident need, the treatment profile, and the services supplied by each service provider would have to be examined separately. However,

it can be concluded that the ACT CNS service numbers are comparable with the other services.

Conclusion On Community Nursing Costs

In summary the audit found that ACT Community Nursing compared favourably in key cost efficiency indicators:

- the salary cost per service in the ACT was lower than the compared services;
- the number of services per FTE staff was higher than in comparable services

On the basis of these findings, the audit concluded that the services provided are cost efficient when compared to other Australian jurisdictions.
