



Tanunda Lutheran Home Inc.

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Dear Commissioners,

On behalf of the Tanunda Lutheran Home Inc. (TLH) we welcome the opportunity to respond to you following the calling for submissions relating to the impact of the coronavirus (COVID-19) on the aged care sector and for allowing me to share the TLH story.

By way of introduction: I have 45 years nursing experience, 33 years military health experience and 20 years' experience working in the aged care industry, the last 5 years as Chief Executive Officer and Director of Nursing of a not for profit residential aged care facility and retirement villages throughout the Barossa Valley which are owned by the Lutheran church and operated by TLH Board.

Leading and managing TLH has been a privilege and challenging with the pace of changes over the past years. TLH has been in operation for over 70 years, is a 120 bed facility, where care and wellbeing is provided, 105 independent living units providing retirement living services, 190 employees with the average age of our paid workforce being between 40 and 44 years. We have 120 volunteers – average of over 70 years of age - supporting the organisation. Having a volunteer Board of Management who are all from the local community ensures strategic direction is positive and ensuring it is meeting the Aged Care Standards and the community of Barossa Valley's expectations.

As the Chief Executive Officer, I pride myself in keeping well abreast and involved in things related to the aged care and retirement living industry. Many hours are spent in researching, studying, and attending meetings and conferences. Change management is a key focus to the leadership team. I am a visionary and encourage strategic direction in the way I manage the TLH services. I am proud of the team in conjunction with our residents and families delivering empowerment, person centred care and satisfaction of high quality aged care services aligned with expectations.

Over the years of working in the aged care industry I have personally practiced an open style communication with the residents, family members, staff and visiting general practitioners (GPs). My management style is one of respect and inclusiveness of all who live or work in the organisation.

Accepting change comes with risk and challenges. I have been successful in adapting and implementing change to gain support in the organisation. The current aged care standards are continually being assessed and continuous improvement is encouraged and driven by the Residents, Staff and Stakeholders. We are well versed to Resident Centred Care and practice good human resource management.

In describing the facility – buildings are generally in excess of 40 plus years old and spread out over a large area – located in the beautiful township of Tanunda. There are four separate areas referred to as “neighbourhoods”. It consists of a “memory support unit” of 36 residents, in the other three neighbourhoods we have residents with various levels of high care needs and behaviour management. The average age of our residents is approximately 85 plus years old. Most of our residents are not able to mobilise very far. Current occupancy is 97 percent. Since COVID-19 we continue to admit residents into permanent and respite beds following stringent medical assessments. We have the ability to close down any one of the neighbourhoods should there be an infection control issue such as COVID-19, seasonal influenza or Gastroenteritis. Throughout our neighbourhoods we have the dedicated equipment to ensure care of residents and support of staff can continue in a lockdown situation.

TLH has proved over the last couple of years that our Infection Control measures, policies and procedures work very well. There have been no recorded outbreaks of either the seasonal influenza or gastroenteritis throughout the Home and no lockdown situations have been necessary. We carry a minimal amount of infection control stores - PPE.

When we as an organisation were aware of the growing risks of the COVID-19 virus and the impending of a pandemic being announced, we rapidly initiated review of our environmental situation, Infection Control and associated policies. The executive team were very responsive to the requirements to protect the staff and residents from being adversely affected during the pandemic situation.

Initially we instigated reducing the number of entrance doors open to staff and visitors to enter the facility. We have a total of thirteen doors open to people to access the Home. We have

now only one door at the front entrance that is accessed and monitored by staff. Even before the COVID-19 situation increased we had purchased the infrared thermometers and developed our own surveillance, documentation, data collection and procedures to do health checks on staff, volunteers and visitors. The official SA Health COVID-19 information was placed on the TLH website to ensure information was available.

Through initial meetings, letters and emails, we communicated with staff, residents, families, representatives, staff and all contractors of the fact that we had reduced access to the Home and that entry checks were being conducted. The reaction from our residents, families, staff and contractors was very understanding, positive and all supported our swift action in protecting everyone from risk of COVID-19. A small number of complaints were received indicating people were not happy about having to gain entry from the one door – (too far to walk from facility carparks). At all times the TLH Board Members were kept informed of all decisions and changes being implemented. We noticed a heightened awareness by staff and our residents – if residents showed signs of a cough, sore throat or a temperature then a short lived level of panic seemed to occur until it was discovered COVID-19 was eliminated. Any staff member that presented with respiratory type symptoms are asked to not come to work but to stay at home. To date, two residents in the Home and two staff members have been tested and received negative results of COVID-19 testing.

To assist in managing social-isolation of residents, increasing anxiety or depression we increased our chaplaincy staff from 1.5 FTE to two fulltime positions and revised employment hours of our lifestyle team to better cope with the increased workload. Our volunteers were screened and authorised to enter the facility to assist with one on one resident conversations. As a side note: it has been identified that during the reduction of active visitors in the neighbourhoods that there has been a noticeable reduction in resident detrimental behaviours. It is known that residents with dementia can become over stimulated and do cope better with a quiet environment. TLH has very intensive behavioural measures in place utilising various methods to ensure all residents remain comfortable and safe. Using gardening, religious activities, music / singing activities, artwork, the attendance to the men's shed, one on one activities and exercise to assist in behaviour management before and during the COVID-19 pandemic situation.

When the information from the Prime Minister and the World Health Organisation sources started to indicate the COVID-19 pandemic was announced, we took the stance to further restrict any chance of an outbreak in the Home. All non-clinical staff offices were relocated away from the clinical areas. No staff member was asked to work from home. Staff were

educated by accessing the online SA Health courses and internal face to face education. At this time, we attempted to purchase stock of PPE without success as suppliers could not fill orders due to global demand and shortages.

At TLH we conduct Commonwealth Home Support Services (CHSP). On a daily basis we would normally have up to 20 clients attending our respite facility for socialisation and meals. This onsite service was cancelled and clients were provided various forms of continued support services in their home by our staff. The clients were initially very upset as to not being able to attend the facility but have enjoyed the changes implemented by our creative staff. Various activities completed in the clients home have ensured clients are kept busy. Meals have been provided by our kitchen and delivered to clients to ensure they have a nutritious meal each day.

The CHSP podiatry and physiotherapy services and appointments for external community clients were all postponed until further notice. The contracted podiatrist commenced doing home visits for which clients were very grateful. The hairdressing salon has continued to provide services for the residents of the Home for which again the residents were really appreciative. External clients appointments have been cancelled.

As the number of COVID-19 cases grew throughout the country we adopted guidelines and directives as outlined by government sources. At no stage were any residents told to stay in their rooms. All residents were informed they could not leave TLH but were encouraged to mobilise throughout the facility including our secure outdoor areas, with the exception of the administration and office areas. Over the Easter long weekend when it was established that the Barossa Valley had a large number of COVID-19 positive cases a “No Visitor” policy was instigated. The GPs who would normally visit their patients in the Home were given the option of using tele-health which some preferred to do. The restriction was inclusive of volunteers, contractors and residents, the exception being those in palliative care. This was maintained and assessed on an individual basis. All family members of our residents were contacted by phone. Once again only a couple of family members were negative about the restriction. The residents, volunteers and staff were informed and counselled through the reasons of why the policy was upgraded. Many volunteers were disgruntled at not being able to continue their service but understood the risk to the residents and themselves.

During the Easter period a number of overseas tourists were visiting the local wineries and being accommodated in local motels in the vicinity of Tanunda. It was discovered that these two separate groups had symptoms of COVID-19. In total 39 people have tested positive for

COVID-19. Due to the number of people affected the Barossa Valley region identified and listed as a “COVID-19 hot spot”. Directives were made that local residents were not to leave the region and visitors should not enter. Implications ranged from technicians or trades people not able to attend to work in the Barossa Valley or in particular our Home. Some agency staff would not attend the Home for clinical shifts and many meetings were cancelled outside of the Barossa or local area. We were able to receive stores and food via the normal supply chain. We have many staff who live outside the Barossa Valley region who continued to work their shifts as allocated. Our staff were encouraged to practice the social-distancing rules at home and ensure they did not put themselves at risk by going into public spaces or shopping centres.

Our social wellbeing and activity staff re-organised the activity schedule of events to comply with the social-distancing rules and to reduce social isolation for our residents. Our organisation introduced Zoom meetings and additional staff to assist with residents and other activities relating to the changes made. Introduction of social media systems to encourage other ways to communicate with friends and relatives has occurred. Attempts to gain PPE via SA Health was unsuccessful as we didn't qualify by not having any COVID-19 affected residents and other medical suppliers couldn't provide.

Resulting from discussion with the local SA Pathology staff it was ascertained that they would not be performing the COVID-19 testing on residents in aged care facilities. Through cooperation with the Tanunda Hospital staff, two of our registered nurses were educated and trained on how to perform the COVID-19 test and provided with the necessary testing equipment and PPE.

Through the use of the local community based media, meetings with the residents, letters to residents, families, volunteers and staff, we have managed to keep people well informed and engaged. The community reaction to the shared information has been very positive with over 100 very positive and encouraging letters and emails received supporting the stance taken by the management team. A very successful initiative of having children and people in the local community write letters to our residents in the Home saw many communications received and enjoyed by all residents and staff.

With the increasing media hype, high volume of information from various government agencies, aged care industry leaders and professional peak bodies, staff, residents, families and the community started to become confused, agitated and uncertain about the future. An increase in phone calls were received by staff from family members trying to confirm what were conflicting stories being said by others but not by our organisation. The greatest issue

concerning us was the lack of support directly provided to our organisation. Being located in the Barossa Valley where the largest cluster of people tested positive for COVID-19 in South Australia even with calls to the State Department of SA Health we were not given any assistance as we had no active cases in the Home. Requests for PPE and sourcing remained a priority.

Major concerns have occurred with the number of “Directives” supplied by authorities. It is frustrating when the various documents don’t match in the outlined Directives causing confusion to those who need to decipher and implement them.

Management of the annual influenza is part of our year calendar. It is recognised this year will be heightened to deal with COVID-19 and the Influenza virus over this winter. What has caused an issue to our normal processes is having to check everyone who enters a facility to ensure they have received the current flu vaccination. To ensure the process of meeting the expectation places the staff of facilities under enormous pressure. TLH has initiated a vaccine checking process, purchased computer software and other equipment and employed extra staff to specifically coordinate the entry of visitors and the management of computer and paper records - all has come at a cost to our organisation.

It is understood that in times of pandemic and a State of Emergency, expedient change is to be expected. It is much more difficult for small organisations such as TLH to react and afford the changes necessary to meet the new Directives. Educating volunteer board members, staff, residents and families in short timeframes causes anxiety and a level of mistrust due to the lack of consultation and involvement throughout the many changes. This caused a backlash of complaints that required investigation causing even more work for the already overloaded executive staff. The negative conflicting comments made by government leaders (Federal and State) in the media about the work we pride ourselves in makes our employees feel disheartened, targeted and stressed resulting in peoples uncertainty and some considering leaving the aged care sector.

When reviewing the pandemic situation at a time when financial viability is difficult and there is increased government and media scrutiny, a not for profit, stand-alone organisation needs to make difficult and complex operational decisions. TLH is borderline financially viable. It is recognised that there has been assistance in the form of the ACFI rebate of \$2.00 per resident per day for six months. For our organisation that equates to \$45,000.00. We have then received a COVID-19 payment of \$50,000.00 when we submitted our BAS Statement. On the 1 May 2020 the Prime Minister announced the one off payment of \$1,350.00 per resident in

rural areas to assist with covering the costs of COVID-19 expenses – this equates to \$150,000.00 to TLH. With all received amounts TLH will cover the costs of the expended funds in relation to the COVID-10 pandemic to date. However, much of our expenditure will be ongoing until the risk of the COVID-19 pandemic is eliminated.

At the time of writing this submission, I can confirm TLH has remained COVID-19 free and have now been successful in obtaining a six month stockpile of the PPE and medical consumables that came at an overall cost of \$170,000.00 to the organisation. It is recognised that the cost of the individual items of PPE had been at a premium, but at least it is reassuring we have the items needed to protect residents and staff. The total expended amount during this pandemic has so far been \$200,000.00. The TLH board members recognise the importance of supporting the executive staff in their recommendations to operate the Home in a way that protects all who live and work in it.

As the COVID-19 positive free days increased the Barossa Valley was declared free of any cases and TLH moved from a “lockdown” situation to “restricted visitation”. We retain our right to ensure over the coming weeks that visitors are free of any cold symptoms and have had their seasonal influenza vaccination. We have the one door accessible for visitors to enter. All visitors are asked to produce evidence of receiving the vaccination. TLH has employed contracted staff members to maintain a data base of visitors to the Home, take photos of and prepare a vaccination card that can be used when visiting again.

TLH has over the past years ensured we have employed registered nurses to cover the entire 24 hour shift period, seven days a week. This comes at an ever increasing cost that is not being covered by the current aged care funding (ACFI) or the lack of CPI funding increases. The number of experienced registered nurses available and suitable to employ has reduced. The registered nurses now completing Degree courses through the various universities are not provided with the level of knowledge or have not gained enough experience to immediately work in an aged care facility. The demand for experience, responsibility and accountability of registered nurses employed in aged care has increased dramatically. In the past it was accepted that nurses could retire into working in aged care facilities – that is no longer the case, as the workload is intense, heavier and at times stressful. During this time of the COVID-19 pandemic the registered nurses need to be flexible in day to day tasking of staff and be confident in their practice of nursing assessment and infection control skills. They need to ensure their junior staff are supervised closely to adhere to infection control procedures.

During the last six weeks the morale of the residents has been variable. As changes were made and communicated there was initial anxiety that then calmed down. Our CHSP residents really suffered until they became engaged in the new home services provided by the CHSP staff – they have now adapted very well. In regard to the volunteers, some have reacted more than others – we have volunteers who have been here for a very long time and volunteering at TLH is what makes their lives worthwhile and pleasurable. We are keeping in touch with them and look forward to their return. Our regular and casual staff are coping. They have been well informed, educated and valued each day. Staff have indicated how grateful they are that they remain employed – some are picking up extra hours which reduces our requirement to use Agency staff. Senior staff have completed extra tasks associated to the COVID-19 pandemic tasks assigned to them: increased number of surveys and various assessments, development of policies and relevant documentation and increased resident or family contact. I believe we have a good culture that has accepted the current changes. I am proud of the commitment for what they do for the TLH residents and families.

The offer made by the Federal government to give a financial bonus of \$800.00 in July and October 2020 to the “frontline workers” has a bittersweet outcome. It is very disappointing that this offer is only for clinical staff. The question needs to be asked why hotel services, administration and maintenance staff who are providing direct services on a daily basis to residents are not being considered for the bonus. All the staff at TLH deserve to receive the bonuses. By not including all aged care staff in the bonus scheme a reduction in morale is likely to occur and a greater degree of separation happen between staff groups. It is unfortunate that as an organisation TLH doesn’t have the financial ability to pay those non – clinical staff who under the current bonus scheme are not eligible.

On a professional note, I would like to encourage Royal Commission to investigate the Aged Care industry to further enhance the training and appointment criteria for executive staff wanting to work in the sector. Being a Leader in the aged care sector is challenging as there are multiple business, clinical, human resources, Standards and regulations to consider and adhere to. In my opinion, just by being an executive, or a finance manager or a clinical expert doesn’t mean you are going to make a good leader in an aged care organisation. The levels of responsibility and accountability in the job at senior levels are increasing risk to the organisation, staff and residents and even the individual resident. I would like to see mandatory training to ensure all senior staff are educated in the detail of how to manage an aged care service as expected by the current Aged Care Standards.

Currently there are seven (7) Peak Professional Bodies involved in representing various elements of the aged care sector. They all profess to be working to protect those in the industry by representing us to the various authorities. However, there always seems to be mixed messages coming from the professional organisations – the large bodies are probably more active and supportive, due to larger memberships and more funding which they use to support their members and deal with political, professional and social issues. I would like to see all professional bodies combining their resources and then work with the various authorities using one voice to improve our stance in the community. It is recognised that the seven professional bodies have agreed to approach the current financial crisis in the aged care sector together.

TLH staff have considered the future requirements to protect the residents and workforce. TLH will maintain the closure of the extra external doors to the Home. All current staff have received updated training in the donning and doffing of PPE and the seasonal influenza vaccination, including many of our volunteers. All future staff employed will be expected to have had the vaccine. There remains the shortage issues accessing the influenza vaccine – limited access to the vaccine for those over the age of 65 years in the rural areas have been experienced which means some people cannot enter the Home at this stage – TLH continues to monitor this situation. In the TLH reception area I have coordinated the setup of facilities to ensure the ongoing support to visitors to streamline the access into the Home. A vaccination record (the size of a business card) has been developed with the ability to have an ID photo placed on the back. This will save time for visitors when accessing the Home on multiple occasions. The ongoing “restrictive visitation” practise and health assessments will ensure that during the oncoming seasonal influenza season, there is a reduced risk of residents contracting or suffering from the symptoms of influenza. TLH has enough PPE to deal with any outbreaks of influenza in the Home. As recommended by authorities, restrictions will be monitored and revised as necessary to comply.

In closing, the last number of weeks in the aged care industry has been challenging. This submission is written with the objective of assisting with the current change process via the Royal Commission. My request is for those in national or state leadership positions, when making decisions about the future of aged care services, consider the excellent work and care performed by the majority of organisations like ours and that we are given greater credence than those who do not do so well. Comments made to the media using generalisations cause increased impact on professionals upholding their standards of care to each facility. The effects of the current media storm following the comments from politicians and so called experts, again put aged care executives / managers in a bad light increasing confusion and negativity in the aged care industry.

I welcome consideration of our submission during this time of heightened awareness. I believe it is now time to publicly encourage those Boards, Executives and Managers who lead aged care organisations doing what is right in these most challenging times, with very little real support or acknowledgement from those overseeing the aged care industry as a whole.

Lessons learnt by TLH during the COVID-19 pandemic:

- Staff, residents, families and stakeholders have responded very quickly and positively to changes implemented.
- TLH had procedures in place prior to authorities announcing what should / could be in place – documentation, visitor assessments / screening tools, data base, PPE and restrictive visitation.
- TLH has good communication processes both internally and externally – written, verbal and electronically.
- Staff, residents, families, stakeholders and other professionals are appreciative of the leadership and visionary style of the organisation.
- Staff are trained in infection control measures and supported with access to PPE items.
- The TLH board members are well informed and appreciative of the efforts by the executive team and staff.
- The use of technology has taken the organisation to a new level of conducting meetings and sharing information with the introduction of the Board Member Portal and use of the online Zoom meeting process.
- Having the extra external doors locked has improved TLH's overall access and security of the Home.
- TLH has identified there are many of our staff that very inventive when it comes to keeping the residents entertained and supported.

Suggestions to be taken into consideration by the Royal Commission process:

- All aged care employees should be included in the COVID-19 bonus scheme suggested by the Federal Government
- Greater acknowledgement and respect of the value the volunteer organisational boards are providing to their services and to the aged care industry
- Not all aged care providers are doing the wrong thing – the minority shouldn't be allowed to control the industry reputation

- We who are working in the aged care industry should not need to spend hours defending ourselves from those who do not work in the industry
- Consider whether senior aged care staff should have to complete mandatory training to meet all aged care standards and operational needs of aged care facilities either prior to or when employed in the aged care sector.
- Investigations into the current training requirements of registered nurses to ensure they are better prepared for the work in aged care facilities and associated fields of the aged care sector.
- Media needs to bring a balance of good and bad to what is broadcast to the public
- Use of Government “spin” controlled to ensure facts are used rather than hearsay from the minority.
- Reduce knee jerk reactions and decisions to prevent panic and uncertainty by our residents, families or staff.
- Communicate with the industry far more expediently and before media involvement
- Consider the inclusive cost of changes currently being considered before making them mandatory – the viability of many aged care organisation will depend on the financial outcomes of the Royal Commission.

Yours faithfully,



Lee Martin

Chief Executive Officer/Director of Nursing

Tanunda Lutheran Home Inc

Cc:

- **Mr Tony Pasin**, MP, Federal Member for Barker
- **Honourable Stephen Wade MLC**, SA Minister for Health
- **Rosetta Rosa**, LASA State Manager SA/NT