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Committee Secretary
Senate Standing Committees on Community Affairs
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To the Senate Standing Committees on Community Affairs,

RE: The Aged Care Bill 2024 [Provisions]

Touchstone Life Care welcomes the opportunity to make a submission to the above inquiry with a specific focus on the recommendations made by the Royal Commission for the Inclusion of Digital Advance Care Planning in the New Aged Care Act.

We believe the new Act should more comprehensively address the need for reliable ACP, including:

1. Mandatory digital ACP integration;
2. Support for aged care providers to adopt digital interoperable solutions;
3. Enforce ACP Completion and Sharing; with,
4. Ongoing monitoring and compliance.

The evidence for, and requirements of these recommendations, are outlined below.

For context, Touchstone Life Care is a leading cloud based digital advance care planning management platform built and housed in Australia to address the needs of all states, health and aged care providers, and those preparing for significant changes towards the end of their life.

Recognising the Federal Government's commitment to interoperability and a rights-based approach to aged care, the platform aligns with the 2021 National Framework for Advance Care Planning Documents, the National Palliative Care Strategy, the new Aged Care Bill, National Interoperability and Data Standards, the Strengthening Medicare Taskforce report, and supports 67 actions listed in the Strengthened Quality Standards. It also meets the requirements of the Australian Privacy Principles, and best-practice decision-making principles.

By providing guided creation and sharing of advance care plans ahead of need, and making them available at the point of need as a verified single source of truth, the platform addresses the needs of aged care providers to demonstrate performance in digital advance care planning, while still allowing choice to the consumer as to what documents they complete, how and when they are completed, and with whom they are shared. For example, an aged care customer could choose to create and share an Advance Care Directive at Common Law or a State based directive, or indeed media, while still allowing the provider to meet their Quality Standards benchmarks

The platform also includes real time translation, and features to address needs for accessibility and cultural diversity, as well as patient controlled seamless sharing between acute and aged care providers, GPs, MyHealthRecord, ambulance, hospices, and community settings.

Reflecting on the Royal Commission

As a leading provider of digital solutions for advance care planning, Touchstone Life Care recognises the importance of aligning policy with the Royal Commission's recommendations, specifically Recommendations 31, 37, 66, and 68.

- Recommendation 66(b) emphasises the need for staff of aged care services to provide paramedics with an up-to-date summary of a resident's health status, including medications and advance care directives, when an ambulance is called;
- Recommendation 37 (c) (iv) recommends for residential care provides to integrated high quality and safe care based on assessed needs, which allows for personalised care, regular engagement, and a coordinated and integrated range of supports including palliative and end-of-life care;
- Recommendation 31 recommends care management should be provided in a manner that respects any wishes of the person to be involved in the management of their care; and
- Recommendation 68 (a) (i) is that every approved provider of aged care delivering personal care or clinical care uses a digital care management system meeting a standard set by the Australian Digital Health Agency and interoperable with My Health Record.

It is heartening to see recommendations for privacy and person-centred care addressed in the draft bill, in particular:

- Chapter 3, Part 4 97 *Compliance with Aged Care Quality Standards* and 99 *Commitment to continuous improvement towards the delivery of high-quality care*;
- Division 2- 117 *Protection of personal information*;
- Part 5- Division 1.120 A registered provider must ensure, so far as reasonably practical, that the conduct of the provider does not cause adverse effects to the health and safety of individuals to whom the provider is delivering funded age care services, 121 (1) A responsible person of a registered provider must exercise due diligence to ensure that the provider complies with the provider's duty under section 120. (2) includes taking reasonable steps: (c) to ensure that the registered provider has available for use, and uses, appropriate resources and processes to manage adverse effects to health and safety of individuals accessing funded aged care services delivered by the provider; and (d) ensure that the registered provider has appropriate processes

for receiving and considering information regarding incidents and risks and responding in a timely way to that information ;and (e) to ensure that the registered provider has, and implements, processes for complying with any duty or requirement of the registered provider under this Act; and

- Chapter 6- regulatory mechanisms -a reportable incident includes a specified act, omission or event involving an individual to whom the registered provider is delivering funded aged care services or a specified act admission or even.

However, many of the Royal Commission's recommendations for digitisation, accessibility, coordinated care, integration, interoperability, privacy and patient controlled data relating to advance care planning are not addressed or enforceable under this Draft.

Without support for widespread adoption of an interoperable digital advance care planning , the current manual processes will continue with concerning and ongoing outcomes that include:

- wrongful CPR and critical care delivery that does not align with a patient's recorded wishes;
- residents and families who are aggrieved when agreed care choices that have been communicated by phone, speech or on pieces of paper are not followed, including inappropriate transfers to hospital emergency intrusive medical interventions and life extending treatments;
- elderly patients who are too unwell, or have lost the capacity to speak or make decisions for themselves, having to wait longer than necessary for treatment in emergency departments or being hospitalised while efforts are made to find out if an ACP exists, and if so validate it and ascertain if it is up-to-date and shared with family;
- residents and consumers' sensitive health data being inappropriately transferred or shared including by fax, emails, handwritten documents and other measures that do not meet the privacy requirements outlined in the Draft Bill; and
- arguments between ambulance responders and staff of aged care providers.

Much of this is avoidable with a properly constructed and accessible digital ACP.

The use of paper and PDF-based forms:

ACP documents are usually created and stored in static formats, such as paper and PDFs, resulting in illegible, conflicting or outdated directives with no single source of truth, and a lack of validity or verification (as well as accessibility).

For example, as a doctor I have repeatedly seen ACPs up to 40 pages long with tick boxes that include both boxes ticked for CPR and not for CPR. More recently as a digital health technology CEO, managers of residential care facilities report that they fill in the forms on behalf of the resident then fax it to the Receptionist of the GP, who signs it on behalf of the GP and faxes it back, and they fax it to members of the resident's family who sign it and fax it back.

Lack of access during transitions of care:

ACP documents are not included in the hospital transfer summaries leaving healthcare providers and ambulance services without meaningful and critical information. Furthermore, there are often significant delays after admission to residential care —often lasting months—before family meetings are held to discuss and finalise ACPs. As a result, many residents remain without a completed ACP, exposing them and their care providers to unnecessary risks.

Lack of sharing with substitute decision makers and sharing without regard to privacy concerns:

Numerous reports have highlighted cases where residents had a valid advance care directive (ACD), but it had not been shared with substitute decision makers, resulting in conflict and delayed decision making, wrongful CPR and more

Recommendations for the Aged Care Bill

To address these challenges, we recommend the following actions be included in the new Aged Care Bill:

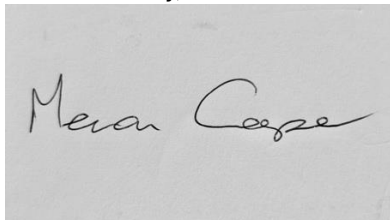
1. **Mandatory Digital ACP Integration into clinical management systems**
Numerous studies (attached) support the benefits of digital integrated interoperable ACP in improving the quality of care, reducing hospital admissions, and ensuring that care aligns with the individual's preferences like those provided by Touchstone Life Care;
2. **Support for aged care providers to adopt digital interoperable solutions:** Aged care providers should be supported to adopt digital ACP systems that are interoperable with existing clinical management systems, health and ambulance systems to ensure ACPs are readily accessible during care transitions and emergencies as per Recommendation 66 (b);
3. **Enforce ACP Completion and Sharing:** Providers must ensure that ACPs are completed in a timely manner and shared with all relevant parties, including families, healthcare providers, and ambulance services, as outlined in Recommendation 66(b); and
4. **Ongoing Monitoring and Compliance:** The Aged Care Quality and Safety Commission should actively monitor ACP completion and usage, and enforce penalties for non-compliance for those who cannot demonstrate an organisation wide digital advance care planning system, to ensure that residents' wishes are respected.

By supporting and promoting the adoption of digital ACP platforms, the new Aged Care Bill can significantly improve the quality of care for older Australians, particularly during critical transitions between residential aged care and hospital care. This approach is not only aligned with the recommendations of the Royal Commission but also with the broader goals of digital transformation and rights-based care.

Thank you for your consideration of these vital recommendations.

Touchstone Life Care stands ready to assist in the implementation of these digital solutions and contribute to the ongoing improvement of Australia's aged care system. We would welcome the opportunity to provide further advice to the Committee, including in person.

Yours sincerely,

A rectangular box containing a handwritten signature in black ink. The signature is written in a cursive style and reads "Merran Cooper".

Dr Merran Cooper
CEO, Touchstone Life Care