



Government of **Western Australia**
WA Country Health Service



WA Country Health Service Strategy for Older People 2022–27

**A GLOBAL
LEADER
IN RURAL
AND REMOTE
HEALTHCARE**



Acknowledgements

The WA Country Health Service acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

Using the term—Aboriginal

Within Western Australia (WA), the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

Using the term—on country

For the purposes of this document, on country represents a term used by Aboriginal people referring to the land to which they belong and their place of Dreaming.

Using the term—older people

In this document, the definition of an older person is someone aged 65+ (for non-Aboriginal people) or 50+ (for Aboriginal people).

The Australian Government has determined that planning for aged care services takes into account the specific needs of the Aboriginal population aged 50 and over. This is due to the fact that access is determined by need. A broader age group is used because of the greater need for care at a younger age for Aboriginal people.¹

Definition of cultural security

Cultural security is the provision of programs and services offered by the health system that will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. To be culturally secure, programs and services need to:

- identify and respond to the cultural needs of Aboriginal people
- work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community
- recognise and reflect on how these factors affect health and wellbeing.

Please note: Aboriginal people should be aware that this publication may contain images or names of deceased persons in photographs or printed material.

Photos have been used with written permission. For further information please contact WACHS Communications.

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“Our country health services continue to grow and achieve great outcomes. It is important we listen to the people that we strive to help – older people in our communities reflect the true wealth of our social fabric.”

WACHS Regional Manager, Aged Care.



Each year around sixty per cent of WACHS hospital inpatient bed days are used by people aged 65 years and over.



Providing high quality health and aged care services for older people in country areas is core business for the WA Country Health Service (WACHS).

WACHS is committed to providing flexible and innovative services that allow older people to live independently and remain in their local communities and on country for as long as possible.

Regional health services provide care and treatment for older people in hospitals and in the community. This ranges from acute medical and surgical care to subacute care services like rehabilitation and geriatric review and management, as well as outpatient services and community care services.

High quality end-of-life and palliative care is also an important part of the patient journey so that older people can remain close to their family and carer support networks.

WACHS plays a vital role in the delivery of aged care services in many regional areas. WACHS is a provider of residential aged care services at a stand-alone facility in the Pilbara, residential and home care services at Multi-Purpose Service (MPS) sites, and in the community. Regional Aged Care Assessment Teams (ACATs) located in WACHS hospitals assist older people to transition to aged care services which are funded by the Australian Government.

The care needs of older people with chronic and complex conditions, vulnerable populations, the needs of older Aboriginal people, those who are frail and older people who experience abuse are a priority.

WACHS continues to test and implement contemporary and innovative services, particularly in the use of digital communication technologies to meet the care needs of a diverse older population scattered across a geographical area of 2.5 million square kilometres.

Partnerships with consumers to design and improve services in regional communities, which range from reablement services to maintain health and wellbeing through to end-of life and palliative care services, will determine local responses.

Message from the Board Chair

General Practitioners (GPs) and Aboriginal Community Controlled Health Services (ACCHSs) are often the first point of contact with the health care system for older people. Collaboration will be key to responding to the challenges posed by future pandemics and environmental changes. WACHS will continue to support them in their primary care role in regional communities through strong partnerships and linkages.

Our commitment to high quality health and aged care services is not possible without recognition of the highly skilled workforce that cares for older people in local regional communities. WACHS places a strong emphasis on training and education programs for staff that place the older person at the centre of care.

The **WACHS Strategy for Older People 2022–27** (the Strategy) aligns with the *WACHS Strategic Plan 2019–24* priorities of addressing disadvantage and inequity, building healthy and thriving communities in collaboration with our partners, and supporting our staff to deliver great care. This aligns with the Department of Health's *Sustainable Health Review* (2019), which called for new models of health service delivery for older people that focus on improved patient outcomes, increased treatment-in-place and hospital avoidance.²

In addition, it acknowledges and builds upon the recommendations of the *Royal Commission into Aged Care Quality and Safety Final Report* (2021).

The Strategy will help to ensure older people living in country WA receive the care they need, when they need it, in ways that are user friendly, sustainable and effective.

DR NEALE FONG

BOARD CHAIR

WA COUNTRY HEALTH SERVICE

Planning for the future – setting the scene

COMMUNITY EXPECTATIONS FOR AGEING WELL

Older people expect and aspire to have active, productive and fulfilling lives. They are increasingly more informed regarding their rights and the choices available. Generational demographic changes are helping to redefine the experience of ageing and expectations of the types of services older people require.

Older people wish to receive medical care that enables them to enjoy good health and have the choice to utilise new technology and digital communication devices that allow them to remain at home and in their communities. They also expect to be consulted on their needs and to tap into their knowledge, experience and wisdom.

Independence, resilience and optimistic health attitudes characterise this generation. These positive attributes help older people age well.³

Higher levels of physical frailty and/or mental health conditions can occur in some people who live to an older age. This requires a more complex range and higher intensity of health and aged care services.

DEMOGRAPHIC TRENDS

The proportion of the population that is ageing is growing each year. Between 2016 and 2026, the total number of Western Australians aged 80 years and over is expected to increase by more than 50 per cent.⁴

In country WA, the projected population of people 65 and over is expected to increase by 3.5 per cent annually, reaching 122,000 by 2030–31.



In 2016, it was estimated that 6,300 people live with dementia in country WA. By 2050, it is estimated to increase to 21,000 people.³

HEALTH TRENDS

Chronic (long-term) conditions such as cancer, coronary heart disease and diabetes are becoming more common among older people. Declining physical and mental health capacity associated with increasing co-morbidities and complexity of health care needs leads to greater use of hospital and community-based health services.

Older people living in the country have lower life expectancy and higher risk of illness, chronic conditions and injury than older people living in major cities.³

Older people who require more complex care have lesser access to necessary specialist services in regional areas, resulting in poorer health outcomes. Greater use of innovations in digital communication and treatment technologies and education in their uses are necessary to provide greater access to better health care for people in country communities.

HEALTH AND AGED CARE

The State Government is responsible for the funding and delivery of care provided in hospitals as well as providing acute nursing and rehabilitation services for people who have been discharged from hospital.

The Australian Government funds aged care services in the community and in residential care. It also supports the key touch points for community based primary care through funding of Medicare and the Pharmaceutical Benefits Scheme.

Services delivered in the subacute care setting and the community to restore a patient's functional mobility and wellbeing are important. The aim is to prevent or limit dependency as people age and live longer lives. Health promotion and prevention programs are delivered in the community that promote and raise awareness of healthy lifestyles and encourage regular screening for preventable diseases.

The ability to deploy a sufficiently skilled workforce and coordinated, flexible service models are necessary to respond to the multiple challenges of providing care beyond the immediate resolution of an acute health condition and the physical setting of a hospital.

Planning for the future – setting the scene

These challenges are magnified across one of the largest and least densely populated geographical areas of any health jurisdiction in the world.

Seasonal fluctuations and the impact of travel and tourism across WA also present further challenges in ensuring continuity of service delivery for aged care recipients.

SUBSIDISED AGED CARE

Currently, aged care services in the home and in residential facilities are subsidised by the Australian Government and access to higher levels of care is means tested. In residential care, people who receive the full aged pension are charged a daily fee, which is equivalent to 85 per cent of the pension.

Care in the home is subject to an income tested fee. A client on the full pension is not subject to an income tested fee, but will be asked to contribute to their care in the form of a small daily fee.

Safeguards are in place for people who have difficulty in contributing to the cost of care.

It is also important for older people to be assured that while contribution to their care is sought, they can always negotiate fees if there is financial hardship.

ROLE OF PRIMARY CARE AND THE OLDER PERSON

For the older person, the primary care sector is generally the first and most important point of contact people have with the health system.⁵

The rural GP and/or the services provided by regional ACCHSs provide the initial diagnostic, treatment and referral services for medical care and recovery in the community. They also provide in-reach services for older people who receive aged care services in facilities and in MPSs.

WACHS values the strong partnerships and linkages that have been fostered over time with regional primary care providers and supports them in their role to provide patient centred care in culturally appropriate settings.

At a population health level, community based approaches in primary health care, including preventive health and health promotion programs, are designed to improve the overall health and well-being of older people. WACHS works in partnership to support primary care organisations and local community based organisations to plan and deliver these programs.⁶

AGEING AND FRAILTY

"Frailty" describes a combination of complex health issues, chronic disease, declining physical functional ability and/or mental health. Older people who are frail are at higher risk of prolonged hospitalisation, adverse outcomes and long-term institutionalised care.

The care of older people with complex conditions and multi-disciplinary care needs is fundamental for acute hospitals.⁷ Unlike WA metropolitan hospitals, there is limited access across WACHS to geriatricians who have specialist training and expertise in treating frail older people. Specialist services are not readily available in some local areas. It is especially important for emergency department and acute care staff across WACHS to be able to meet the specific care needs of older people in the hospital setting.



The number of people experiencing dementia in Australia is projected to increase to 451 people per day by 2036 and over 650 people per day by 2056.

Sustainable Health Review: Final Report to the Western Australian Government (2019)



Planning for the future – setting the scene

It is the challenge of WACHS to provide flexible service models that increase access to specialist geriatrician expertise in the community and hospital settings.

The general workforce, including all medical, nursing and allied health staff and unregulated health workers, requires appropriate training and education to effectively care for the specific needs of this vulnerable group.

OLDER ADULT MENTAL HEALTH

Depression, delirium and dementia affect an older person's mental and physical health and wellbeing.

Depression is recognised as a “leading cause of disability worldwide and a major contributor to the overall global burden of disease”.⁸ For example, it can impact on a person's recovery from a stroke⁹ and quality of life for a person living with Parkinson's disease.¹⁰ The presence of delirium and effective management can also affect an older person's recovery from a broken hip.^{11,12}

Depression is also very common among people with dementia. Depressive symptoms have been estimated to occur in approximately 20–30 per cent of people with dementia.¹³

Dementia affects a person's cognitive ability and impacts adversely on individual functional independence. It is the single greatest cause of disability for older Australians aged 65 and over.¹⁴

It is also the second leading cause of death of Australians. In 2016, dementia became the leading cause of death of Australian women, overtaking heart disease for both men and women.¹⁴

Caring for a person with dementia can place great strain on carers and family networks as they try to support the person to remain independent at home for as long as possible. This is difficult in country areas where access to timely diagnosis and support services for clients and carers can be limited.

Management of behavioural and psychological symptoms associated with dementia (BPSD) is a challenge for services in regional and remote areas where the availability of in situ psycho-geriatric professional advice and medical care is limited or non-existent.

Training and education on the diagnosis and use of clinical assessments specific to each condition (and in many cases, their co-existence) and their management is required for older people to receive safe, effective treatment and high quality care.

END-OF-LIFE AND PALLIATIVE CARE

Australia has been successful in the prevention of premature death in the under 65 age group. While this is a testament to a strong health care system, increasing numbers of people are dying at an older age and many are frail.¹⁵

Health and aged care providers have a professional responsibility to provide care for an older person and their families that allows for independence, choice and dignity at end-of-life and enables appropriate care in an appropriate setting. Commitment to shared decision making should respect the wishes of the patient at end-of-life. People choosing voluntary assisted dying should be supported to do so by WACHS staff.



Planning for the future – setting the scene

Palliative care across WACHS is core business. It will be essential to build capacity and support the workforce in training for end-of-life care and high quality palliative care.

In doing so, older people living in rural and remote regions can remain and die in their communities and on country where they, their families and their carers are well supported.

OLDER ABORIGINAL PEOPLE

The National Agreement on Closing the Gap includes a specific target that Aboriginal people enjoy long and healthy lives with the life expectancy gap between non-Aboriginal people closed within a generation by 2031. Nationally, life expectancy in Aboriginal populations is less than that of non-Aboriginal populations by at least 10 years. In WA, the difference is 8.6 years for men and 7.8 years for women.¹⁶

Aboriginal people face a greater burden of health conditions earlier in life that can lead to premature onset of age-related conditions and disability.

The journey for older Aboriginal people in country WA requires recognition of familiarity of care givers and customs and the important role of social supports delivered within service models that are culturally safe and secure. It is also important to understand the very strong spiritual importance for Aboriginal people of ageing and dying on country.

WACHS recognises the work being done across Australia and WA to ensure that Aboriginal people have equitable access to health and aged care services. Partnerships with GPs, ACCHSs and providers of community services, including good quality housing, is vital for older Aboriginal people to be able remain in their communities and on country.

OLDER PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

In WA, over 30 per cent of the population was born overseas, which makes WA home to a significant number of older people who come from diverse cultural backgrounds and who have a wide range of cultural traditions and beliefs. There are also many older people from non-English speaking backgrounds who, while having lived and worked in Australia since a young age, may not have developed proficiency in English.¹⁷

A study of 37 WA Local Government Areas (LGAs) in 2016 identified that almost 25 per cent of older people with low English proficiency lived in regional LGAs.¹⁷ Navigating access to aged care services in a complex system is compounded by a lack of proficiency in English and is a factor impacting and impeding access to aged care services for many older people.

People from non-English speaking backgrounds have also been identified as having proportionally higher representation in the use of home care services and proportionally lower representation in residential care services.¹⁷

This data is valuable for WACHS in planning how to effectively deliver safe and inclusive healthcare to older people living in regional and remote WA, which meets the healthcare needs of older people and celebrates and respects their cultural diversity.



Planning for the future – setting the scene

PREVENTING ABUSE OF THE OLDER PERSON

Abuse of the older person is recognised as a serious problem for older people in Australia. Studies have estimated that the prevalence of this form of abuse is between two per cent and 14 per cent, with neglect occurring at possibly higher rates. It can take various forms, such as physical abuse, psychological or emotional abuse, financial abuse, sexual abuse and neglect.¹⁸

Older people who are frail, disabled, suffer cognitive impairment and are physically more dependent on care and assistance, are more vulnerable to abuse. Health and aged care services must recognise that the prevalence of abuse of the older person may grow as the population ages and respond to the need for specific training and education in this area.

Workforce training and education programs will need to balance personal dignity and autonomy with protection and safeguards.

PLANNING FOR THE CHALLENGES POSED BY PANDEMICS AND ENVIRONMENTAL CHANGE

The COVID-19 health pandemic has prompted WACHS to respond to the challenges of safeguarding and protecting older people who receive health and aged care services in regional areas. WACHS will continue to learn and prepare for future such events.

The COVID-19 pandemic has provided valuable lessons in planning strategies and service responses for vulnerable older populations. Similarly, the challenges for service delivery continuity posed by environmental changes and extremes in climatic conditions such as heat waves, floods and drought also require WACHS to be prepared to manage the health and aged care needs of older people in a flexible and innovative manner.

Community responses to national public health and environmental emergencies have shown that older people are very capable of adapting to change and new models of care, as well as the learning and adoption of new digital technology communication skills.



Planning for the future – setting the scene

WA's older adult population (people aged 65 years and over) is projected to rise by 50 per cent in the next 10 years.

65+

↑50%

IN THE NEXT
10 YEARS



In WA in 2018, 87 per cent of surveyed older people rated their health as good, very good or excellent, up from 80 per cent in 2015.²⁰

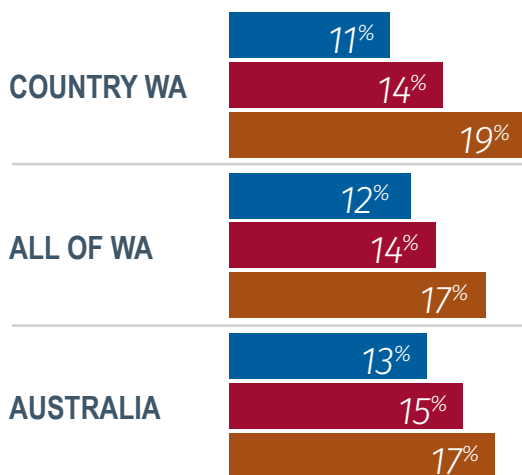


Snapshot: health of older people

POPULATION

% of people over 65yrs in population

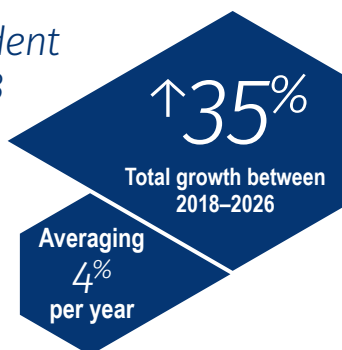
2006 2016 2026



Estimated Resident Population 2018

79,878

Aged 65+
in WA country

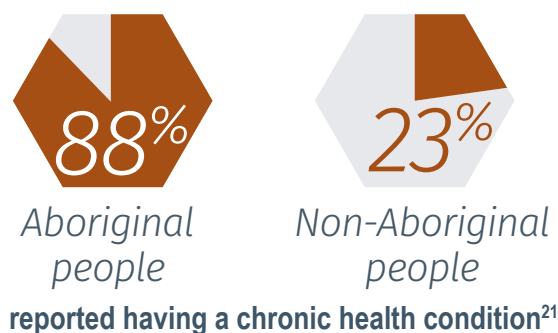


Proportion of Aboriginal people 50+ and non-Aboriginal people 65+ receiving permanent residential care²⁰



PEOPLE WITH CHRONIC CONDITIONS

In 2014-15 in Australia for people aged 55+,



DEMENTIA PROJECTIONS

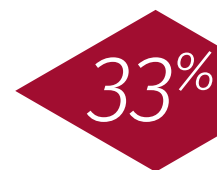
Estimated numbers of Australians with Dementia²²

	2016	2036	2056
COUNTRY WA	7,712	17,412	27,005
METRO WA	30,353	66,749	116,952
ALL OF WA	38,065	84,161	143,957
AUSTRALIA	400,833	760,672	1,100,890

WA COUNTRY HOSPITALISATIONS

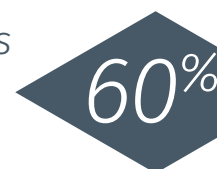
WACHS hospitalisations in 2019–20

Aged 65+



WACHS occupied bed days in 2019–20

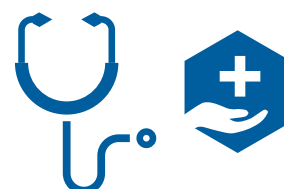
Aged 65+



Numbers of hospitalisations for accidental falls for country residents



Median age of people admitted to subacute care in WACHS hospitals in 2019–20 for:



Healthy ageing in country WA

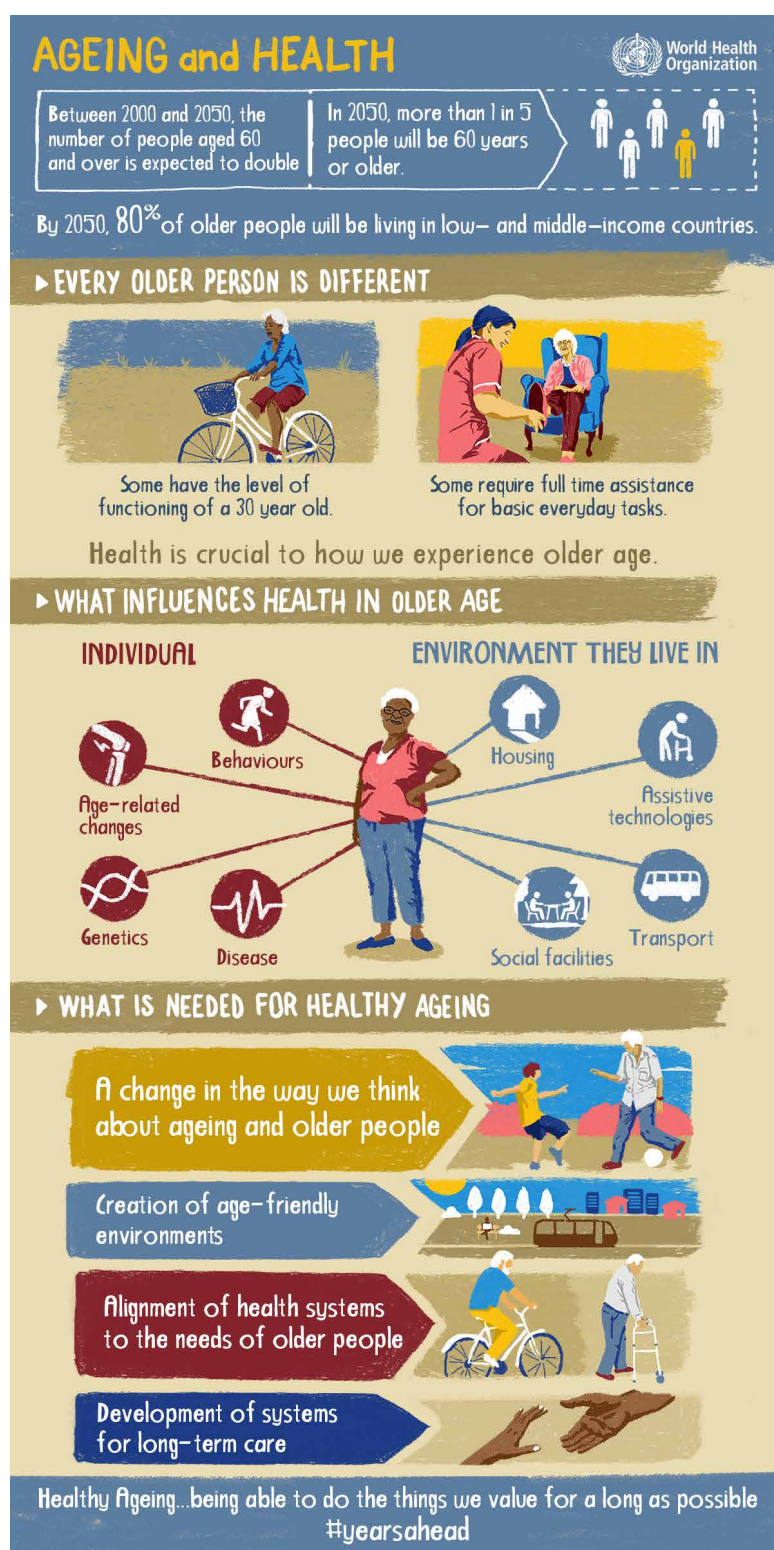
In May 2016, the World Health Organization (WHO) launched the world's first ever global strategy and action plan on ageing and health to guide and provide worldwide leadership to ensure older people can live long and healthy lives.²³

The development of the **WACHS Strategy for Older People 2022-27** aligns with the strategic objectives of the WHO and articulates a firm commitment to action for healthy ageing for older people across WACHS regions.

The *Strategy* closely aligns with the intent and spirit of the WHO global strategy for healthy ageing and will help to shape the way the community, the WACHS Board and Executive, and the whole WACHS workforce think about ageing and older people.

It is the aim of WACHS to ensure that as many older Western Australians as possible receive appropriate health care services where required; that there is a greater availability of community care services and that older people will be able to live in supportive age-friendly environments in communities and on country.

The World Health Organization defines healthy ageing as the process of developing and maintaining the functional ability that enables well-being for people in older age.²³



Source: World Health Organization: Ageing and Life-course

The WHO global strategy and action plan on ageing and health outlines five strategic objectives:

- commitment to action on *Healthy Ageing* in every country
- developing age-friendly environments
- aligning health systems to the needs of older populations
- developing sustainable and equitable systems for providing long-term care (home, communities, institutions)
- improving measurement, monitoring and research on *Healthy Ageing*.

The role of WACHS in aged care

The Australian Government drives structural changes in the residential aged and community care sector as part of its overarching funding and policy development role. The recommendations from the *Royal Commission into Aged Care Quality and Safety Final Report* (2021) are the latest outcomes to drive change across the sector.

Vulnerable populations that are characterised by low-economic status, high economic costs of infrastructure development, workforce constraints and low levels of demand, combine to deter non-government and private providers to enter the market for the provision of aged care services, and related services such as disability.

The role of WACHS in the delivery of direct aged care services in the community is fluid in its responsiveness to the varied needs across the different regions. WACHS will actively partner with and support alternative service providers to enter regional markets where the demographic and market profile justify viable service delivery, in line with Australian Government direction.

For regions where alternative providers of aged care are still under-represented, WACHS will continue to develop and trial innovative models of quality aged care while working with alternative providers to establish their own footprint in the region.

WACHS will continue to actively work with local communities to engage private and not for profit providers to develop viable and sustainable services and to acknowledge the role of non-government providers in aged care service delivery. Through closer collaborative working, there are opportunities to deliver alternative evidence-based, health and aged care service models that focus on wellness and reablement to support older people to age well in their local communities.

This may require the development of innovative or hybrid models to make sure the needs of local communities are met. Opportunities to trial clinical in-reach programs for residential care facilities in partnership with GPs will be part of this approach.

Flexible services that promote the safe discharge and transition between the aged care sector, the health care system and disability services are also key opportunities, as well as a focus on hospital avoidance service models for older people.

The *Royal Commission into Aged Care Quality and Safety Final Report* (2021) presents many opportunities for WACHS to develop more high-quality aged care services. In particular, commitments relating to the maintenance and expansion of the MPS Program will further assist in providing aged care services for older people in regional communities across WA.²⁴

The Report also recommends that high quality dementia and palliative care should be considered core business for aged care service providers. This includes services provided through the blended MPS service model.

The strengthening and consolidation of linkages to WACHS specialist palliative care teams and consultancy support will make it possible for people to remain in their local communities for as long as possible.

Innovations in telehealth service models with in-reach services to private residential services and WACHS sites will support people to age in place in regional areas

WACHS AND MULTI-PURPOSE SERVICES

WACHS is approved by the Australian Government to deliver flexible aged care services at 38 regional MPS sites.

The MPS program is a unique funding model that blends a mix of health and aged care services to meet the care needs of older people living in regional communities.

The Australian Government funds the aged care places in the MPS, while acute services and infrastructure costs are managed by WACHS. Admitted and non-admitted hospital services, community care and residential aged care services are delivered by local staff at the WACHS health service.



The role of WACHS in aged care

The MPS program is especially suited for WACHS regional locations where availability of private aged care providers is limited or non-existent.

An independent review of the MPS model has confirmed that the MPS program is “a sound model for delivering integrated health and aged care services in rural and remote communities”,²⁵ which was further supported by the *Royal Commission into Aged Care Quality and Safety Final Report* (2021).²⁴

WACHS will work with the Australian Government and local communities to improve access to MPS home care and residential services by advocating for blended funding models to address infrastructure deficits,

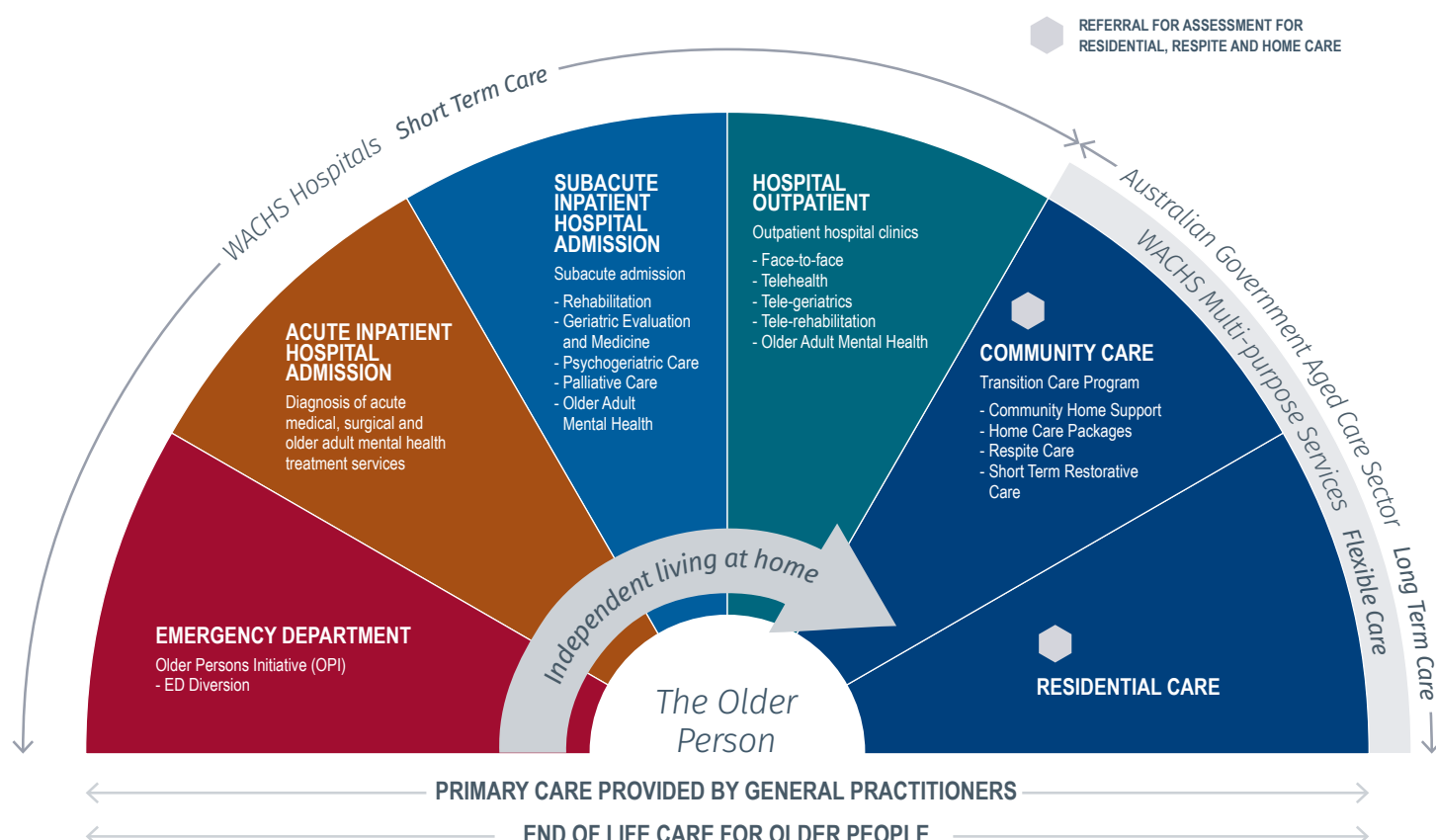
workforce constraints and the challenges of meeting the medical and aged care needs of older people who require long-term home care and residential care in small regional communities.

By engaging with local communities, WACHS can provide opportunities for care to be delivered by local people to the local aged care population. This creates sustainable employment opportunities and strengthening of relationships within communities, and enables older people to remain and die in their local community.

WACHS'S ROLE IN AND INTERFACE WITH AGED CARE SERVICE DELIVERY

Continuum of care for the older person who resides in a WACHS region

– interface with Australian Government aged care sector



Vision: A global leader in rural
and remote healthcare



Mission: Improve the health, wellbeing and independence of older people in country WA.

DIRECTION 1

Right care,
right time,
right place

DIRECTION 2

Transparency
and governance

Directions

DIRECTION 3

Skilled
and valued
workforce

DIRECTION 4

Leadership,
collaboration
and support



Direction | 1

RIGHT CARE, RIGHT TIME, RIGHT PLACE

WACHS is committed to providing health and aged care services closer to home and on country for older people in regional and remote areas.

Excellent person-centred care is informed by active and ongoing consideration of individual goals of care, inclusion of families and carers and a shared decision-making process between health professionals, partner agencies and the older person.

Health professionals, including those in the acute care setting, require up-to-date specialist knowledge about the care needs of older people, so that they are equipped with the right tools and skills necessary to prevent deterioration and improve the older person's health and wellbeing.

Some older people require temporary episodes of care when they leave hospital, such as rehabilitation therapies, falls prevention or cognition therapies so they can continue their improvement when they leave hospital and regain their health and wellbeing. In some cases, older people may not need to be admitted into hospital or can be discharged early through targeted support packages designed to maintain their health and wellbeing.

Effective care coordination for older people with chronic and complex needs is an important part of the service delivery landscape. Integrated care models will enable smooth transition between different service delivery areas of WACHS, primary health care, disability services and the aged care system. This includes strong communication and care coordination with GPs and ACCHSs.

Consumers also require clear information about their health and aged care needs in a language and format they understand as they move from one service provider to another across the public, non-government and private sectors

Appropriate end-of-life care that is informed by shared decision making between the older person, family/carer and clinicians should be articulated through a formalised process.

In order to provide equity of access to services, WACHS is continually searching for new ways to achieve these aims, embrace innovation and take advantage of new and effective communication technologies that overcome the barriers of long distance, workforce skills gaps in expertise and high costs.



"A wonderful innovation and saved me many months of waiting time"

TeleGeriatric clinic client



"TeleGeriatrics enables the older person to receive a specialist outpatient clinic assessment from their home town, saving both time and providing support for health issues in a timely manner."

WACHS Clinical Lead, Geriatric Medicine



Direction | 1

RIGHT CARE, RIGHT TIME, RIGHT PLACE

OUTCOMES

Contemporary service provision appropriate to the healthcare needs of older people

- Implementation of specific models of care and clinical and primary care pathways tailored to meet the individual needs of the older person that focus on shared decision making, individual goals of care and the inclusion of carers.
- Implementation of formally recognised comprehensive geriatric assessment and rehabilitation pathways with formalised clinical criteria common to both WACHS and linked metropolitan hospitals.
- Implementation of formally recognised pathways and clinical referral criteria for the management of older people with mental health conditions in the hospital and outpatient settings.
- An expanded range of outpatient clinics in regional areas with a focus on regaining and maintaining functional independence for older people. Clinics should include falls prevention, older adult mental health clinics for management of dementia, delirium and depression, management of continence issues, mobility, rehabilitation and geriatric evaluation and management where the holistic care needs of the older person are assessed and treated.
- WACHS staff work with interpreters for Aboriginal and patients from culturally and linguistically diverse backgrounds, and aged care residents and their carers, to provide clear and effective information. Printed information is provided in relevant community languages.
- Provision of flexible home care services in regional areas that are under-represented by alternative providers.
- Older people with cognitive impairment and mental health conditions and their carers are supported through accurate and timely diagnosis, flexible models of care and appropriate community services.

- Flexible clinical services supporting aged care facilities, residents, staff and family ensure the older person receives appropriate and timely intervention. This includes working with GPs and residential aged care facilities to ensure timely transfer of patient information between primary care, aged care services and hospitals.
- Age-friendly care is delivered for the benefit of the older person across WACHS.

Innovative technologies and funding models that deliver healthcare services for older people

- Expanded coverage of TeleGeriatric clinics provide Geriatrician consultations via telehealth for older country people living in their communities.
- A TeleRehab model of care improves service delivery for older people in country areas where there is limited access to rehabilitation specialists. This includes inpatient and outpatient models of care, including in the community and in the home.
- Consolidation of the operation of the TeleStroke acute stroke pathway provides older country patients with improved access to metropolitan specialist stroke care.
- In-reach acute inpatient telehealth consultation and advice when required for older patients where on-site specialist consultation is not available.
- In-reach care advice service for private residential care facilities using seamless end-to-end digital communication technology.
- Electronic records system to assist with risk screening of older people who present at country Emergency Departments. The risk screening assessment and outcomes are integrated into the hospital medical record.
- Development of a culturally safe, comprehensive assessment tool appropriate for older Aboriginal people that is used across WACHS sites.
- Exploration of safe home monitoring systems that actively support people to age at home.
- Exploration of delivery models for digital home care services.



"A first rate consultation"

"This is a great service, no going to Perth or waiting time involved".

TeleGeriatric clinic clients

Direction | 2

TRANSPARENCY AND GOVERNANCE

The implications of change arising from a constantly evolving health and aged care system and cost effective funding models will drive the need for clear business rules, robust data analysis and sustainability modelling to inform the design of services, improvements and the ongoing sustainability of health services.

Strong governance mechanisms that promote high quality service delivery and adherence to national health and safety standards are also required.

Older people have a right to be treated with respect and dignity whether in their own homes or in residential aged care. WACHS will strengthen its role in compliance and meeting the accreditation standards as well as compulsory reporting to protect older vulnerable people.

OUTCOMES

Sustainable health services

- Quality leadership groups will be established to promote comprehensive assessment and joint care planning, education and training opportunities for the WACHS clinical workforce.
- WACHS, in partnership with the WA Department of Health, implements a performance monitoring framework for subacute care services for older people that targets efficiency, effectiveness, safety and quality.
- WACHS partners with and listens to communities to shape aged care services that meet their needs.
- Service evaluations are commissioned to monitor the effectiveness of service delivery for targeted health programs designed to care for older people.
- Regional health services participate in national data collection initiatives to monitor the effectiveness and efficiency of services for older people.
- Services for older people will meet accreditation and regulatory standards including National Safety and Quality Health Service Standards, Aged Care Quality Standards and National Disability Insurance Scheme Practice Standards.
- WACHS sites delivering community and residential aged care services meet the requirements of the Aged Care Quality Standards.



“We have a real opportunity to improve the lives of ageing patients in the Wheatbelt and to give them the chance to be treated where they have always lived. This is especially important for the cognitively impaired who may cope less well with change and means we can keep them closer to their families.”

WACHS Wheatbelt Geriatrician



Direction | 3

SKILLED AND VALUED WORKFORCE

WACHS places great importance on staff having access to contemporary training approaches and knowledge to equip them in their roles, and recognises the need to continually raise awareness of the needs of older people, their families and carers.

A shared understanding of the complex needs of older patients and residents, supported by flexible goal setting, is essential in providing holistic, patient centred care for older people.

OUTCOMES

Staff who care for older people are valued for their knowledge, skills and wisdom. Staff are able to understand and respond to complex care needs, choices and aspirations of the older person, their families and carers.

- Age-Friendly Principles are promoted across all settings and delivered using interdisciplinary models of care and incorporated in the WACHS Learning and Development framework.
- Shared understanding of the complex care needs of older people, including their preferences, patient goals of care, rights and responsibilities, enables older people to make informed choices about where they want to live and how they choose to live. Residents in WACHS aged care facilities receive care from staff trained to meet their complex health care needs.
- Care providers in WACHS aged care facilities and the community receive up-to-date training on infection control and clinical care guidelines that promote the safety of staff and residents in the event of a health-related critical event such as a contagious virus outbreak.
- The care needs of older people from diverse lifestyles are recognised and responded to appropriately.
- WACHS staff provide culturally secure care to older people.
- A partnership between WACHS and key stakeholders provides country GPs with a comprehensive education and training program for geriatric clinical evaluation and management of older patients and their mental health needs.
- Regular training is undertaken to educate medical, nursing and allied health professionals, and care workers on the principles of geriatric care, rehabilitation, older adult mental health and palliative care.
- Clinical and aged care staff across WACHS are recognised for providing compassionate care for older people.
- Local training and work experience models redeveloped to support communities to grow their own workforce, with clear pathways for development and career progression.



“The great positive for older people living in the country who receive subacute care services like rehabilitation or medical care provided by a geriatrician, is that they don’t have to move away from their family and community. They can get comprehensive health care and other support needs close to home.”

WACHS South West Consultant Geriatrician



Direction | 4

LEADERSHIP, COLLABORATION AND SUPPORT

The aged care sector in Australia is a complex system and has undergone many changes in recent years.

As structural changes in the delivery of Australian Government funded aged care services occur and mature across regional communities in WA, the provision of strong leadership and development of partnerships with regional stakeholders are important roles for WACHS.

Regional communities may require advice and guidance on the best ways to plan for the health and aged care needs of older people. WACHS recognises the natural resilience and desire for independence and will assist rural communities to draw upon these attributes when planning for the local needs of older people through consultation, use of co-design principles and place based approaches.

WACHS will collaborate with local community organisations, including ACCHSs, to expand their service delivery either by transitioning care to other providers or partnering to deliver services. Supporting training and employment opportunities for Aboriginal workers in aged care will continue to be a key focus for WACHS.

Developing flexible and sustainable partnerships, not only with ageing and dementia specialist organisations to support service delivery, but with tertiary and vocational educational institutions, will build capacity to respond to the needs of older people residing in their communities.

The recommendations from the *Royal Commission into Aged Care Quality and Safety Final Report* (2021) advocated the expansion of the MPS program in regional locations where private providers of disability and aged care services operate. This creates opportunities for WACHS to explore partnerships to increase access to a blended model of health and aged care services in regional and remote areas.

OUTCOMES

Shared understanding of healthy ageing across country WA

- WACHS provides up-to-date information for stakeholders on the stages of changes to the Australian aged care system and the impact they have on regional communities.
- WACHS advocates on behalf of regional WA to seek appropriate funding to realise safe, effective and high quality aged care services, and collaborates with other WA providers and the Department of Health to advocate for appropriate funding for the State.
- WACHS provides knowledge and expertise to local and regional stakeholders on the range of planning, design, regulatory and governance frameworks relevant to health and aged care.
- WACHS works with regional District Health Advisory Councils to plan for and develop services that encourage a wellness and health prevention approach to ageing in the community and on country.
- WACHS partners with Aboriginal communities' Elders, ACCHSs and stakeholder service providers to co-design and expand service delivery.
- Fostering of local innovative program initiatives and facilitation of dissemination of successful locally place based approaches that promote healthy ageing.

Providing services where opportunities for alternative providers are limited

- WACHS provides residential aged care and community care services in rural and remote areas where viable alternatives are not possible.
- WACHS continues to encourage and support non-government aged care providers to deliver residential aged care in regional communities and takes a place-based approach to the needs of communities.

Direction | 4

LEADERSHIP, COLLABORATION AND SUPPORT

Partnerships with external agencies to improve the effectiveness and quality of healthcare services for older people

- Collaborative research initiatives with universities and state-based clinical networks across Australia identify contemporary models of care and clinical care pathways for older people.
- Partnerships with key stakeholders such as the WA Primary Health Alliance (WAPHA) develop viable options for primary health care service delivery models and improve system integration for older people in country WA. This includes consideration of Health Pathways for use by GPs to ensure access to specialist knowledge and correct referral pathways at the point of care.
- Partnership with the Royal Australian College of General Practitioners (RACGP) and professional bodies for nursing and allied health staff to promote awareness, wellbeing and strategies for the management of the specific clinical care needs of the older person.
- Partnerships with national organisations such as the Rural Health Outreach Service, funded through Rural Health West, develop sustainable clinical outreach services specific to older people where specialist clinical resources are limited or non-existent.
- Partnerships with private residential aged care facilities to increase access to clinical care and support workforce competencies and confidence in using digital communication technologies to foster telehealth enabled models of care.



"I was amazed and pleased with the way the subacute team picked me up when I was poorly and then followed me up. I wasn't just left languishing. Everyone worked as a team and direction received was appropriate to my condition. I achieved my aims ... I have played a couple of games of tennis and I am back in the garden."

Subacute inpatient, Albany Hospital



Next steps

Successfully implementing the WACHS Strategy for Older People 2022–27 will rely on collaborative efforts, active involvement and partnerships.

Strong governance and performance monitoring by WACHS health and aged care leaders will oversee Strategy implementation, identify improvement opportunities and consider how they will be progressed. Coordinated support at executive levels and strong communication will be essential to the rollout of the Strategy.

In partnership with the WACHS Board and WACHS Aged Care Directorate, WACHS regional executives will guide the implementation of the Strategy through Regional Service Plans.



“Geriatric medicine is about the comprehensive assessment of an individual’s complex combination of ageing and health issues.”

“It is a multifaceted balancing act which requires empathy, dignity and teamwork to enable country patients to have the same level of care as those living in the metropolitan area.”

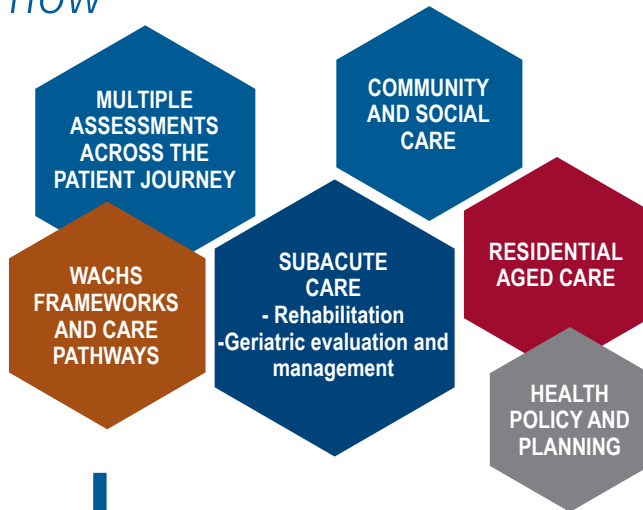
“There is real potential to improve the country patient’s treatment experiences using this approach.”

WACHS Clinical Lead, Geriatric Medicine.



Adapting to meet future needs

*WACHS
now*



*WACHS's
vision for
the future*



Appendix | 1

GLOSSARY OF TERMS

Term	Definition
Active ageing	The process of optimising opportunities for health, participation and security in order to enhance quality of life as people age.
Acute care	Care provided in hospital settings and by emergency services for a medical condition that comes on suddenly and lasts for a limited time.
Ageing in place	A term used to describe a person living in the residence of their choice, for as long as they are able, as they age. This includes being able to have any services or other support they might need over time as their needs change.
Behavioural Psychological Symptoms of Dementia (BPSD)	<p>The term BPSD describes the challenging behaviours associated with Behavioural Psychological Symptoms of Dementia.</p> <p>BPSD refer to a spectrum of symptoms that include: physically aggressive behaviours (hitting, kicking, biting), physically nonaggressive behaviours (pacing, inappropriate touching), verbally non-aggressive agitation (repetitive phrases or requests, calling out) and verbally aggressive behaviours (cursing, screaming). Psychological symptoms include depression, anxiety, hallucinations or delusions.</p>
Cognitive impairment	<p>Cognitive impairment is a term used to describe the reduced capacity of a person to communicate, remember, concentrate, think and problem solve. A person may not be able to carry out tasks or be unable to recognise people or objects.</p> <p>The condition can be temporary or permanent. It affects a person's understanding and how they relate to others and interpret the environment. Dementia and delirium are the two common conditions causing cognitive impairment.</p>
Community Care	Services funded by the Australian Government as part of the overall suite of aged care services to enable eligible older people to remain living in their own home in the community.
Cultural security	<p>Cultural security is the provision of programs and services offered by the health system that will not compromise the legitimate cultural rights, values and expectations of Aboriginal people. To be culturally secure, programs and services need to:</p> <ul style="list-style-type: none"> • identify and respond to the cultural needs of Aboriginal people • work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community • recognise and reflect on how these factors affect health and wellbeing.
Delirium	A syndrome characterised by the rapid onset of impaired attention that fluctuates, together with impaired cognition and/ altered consciousness, perceptual disturbances and behaviours. Misdiagnosis can have negative consequences for the patient.
Dementia	Dementia describes a collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease. Dementia affects thinking, behaviour and the ability to perform everyday tasks. Brain function is affected enough to interfere with the person's normal social or working life.
Frailty	The term is used to identify vulnerable older people who are at high risk of adverse outcomes including falls, worsening disability, institutionalisation and death. They are more likely to present with a geriatric syndrome, particularly falls and delirium.

Appendix | 1

GLOSSARY OF TERMS

Term	Definition
Healthy Ageing	The WHO defines <i>Healthy Ageing</i> “as the process of developing and maintaining the functional ability that enables wellbeing in older age”. Functional ability is about having the capabilities that enable all people to be and do what they have reason to value.
Interdisciplinary Care	Team members from differing disciplines work collaboratively with a common purpose to set goals, make decisions and share resources and responsibilities.
Reablement	Reablement aims to assist people to regain functional capacity and improve independence. Similar to rehabilitation, it is goal-orientated, aims at full recovery and seeks to enable people to live their lives to the fullest. Community home support services offer opportunities to support people to regain independence and focus on their strengths to remain in the community.
Restorative care	Aims to reverse and/or slow ‘functional decline’ in older people and improve their wellbeing and independence.
Subacute care	Specialised interdisciplinary care in which the primary need for care is optimisation of the patient's functioning and quality of life; e.g. rehabilitation care, palliative care, psycho-geriatric care.
TeleGeriatrics	Specialist geriatric medical outpatient consultations delivered to country patients via videoconference including into the home and community based settings.
Telehealth	Telehealth refers to the delivery of healthcare and health related services over distance via information and telecommunication technologies.
TeleRehab	Rehabilitation inpatient and outpatient consultations delivered to country patients via telehealth (videoconference or telephone).
TeleStroke	Delivery of timely, evidence-based stroke specialist advice and care for stroke patients via telehealth (videoconference or telephone).
Wellness	A “wellness” approach to healthy ageing emphasises the ability to identify needs, aspirations and goals. It acknowledges and builds on strengths and has a focus on integrating support services as a path to greater independency and quality of life.



Appendix | 2

MEASURES AND MILESTONES FOR SUCCESS

TYPES OF MEASURES:

Key Performance Indicator (KPI), Supporting Indicator (SI), Milestone (M)

Mission	Strategic measure of success	Target (what we aim to achieve)	Time frame	Type of measure
Improve the health, wellbeing and independence of older people in country WA.	• Reported levels of health status in Survey of Health and Wellbeing in WA.	• At least 85% report health status as good, very good or excellent.	2025	KPI
	• Increase access for older patients to subacute care services closer to home and on country.	• An increase in self-sufficiency for regional subacute care rehabilitation to an average of 80% (from 60%).	2027	M

Direction	Key outcomes and actions	Evidence of implementation	Targets	Time frame	Type of measure
Direction 1:	WACHS will deliver contemporary services appropriate to the healthcare needs of older people				
Right care, right time, right place	WACHS hospitals will provide contemporary screening and assessment models for older people to improve patient safety and quality of services. [#]	All regions have evidence based contemporary screening and assessment models for older people.	100%	2024	KPI
		Increased proportion of older people attending WACHS emergency departments (EDs) will be risk screened (including for delirium).	60%	2023	SI
		WACHS has visible and accessible formalised geriatric and rehabilitation pathways.	✓	2023	M
	WACHS will provide an expanded range of programs that regain, maintain and/or improve functional independence for older people.	Established care pathways for older patients with delirium, dementia and depression that include a mental health management plan where appropriate. ^{###}	✓	2025	M
		Improved recognition and response to people identified with delirium, depression and dementia in WACHS services. ^{##}	80%	2024	SI
		All hospitals have pathways to address conditions of frailty (falls, continence, cognition, mobility, geriatric evaluation and management).	100%	2025	KPI
		MPS home care places are reviewed and effective models of service provision that support community needs are developed.	100%	2025	SI

[#] Complex care has been defined as those older people who are risk-screened positive with three or more contacts following an acute episode.

^{##} Delirium clinical care standard indicators (data source: medical record audit).

^{###} Numerator = number of patients with delirium who have a comprehensive assessment/denominator = number of patients with delirium.

^{\$} subacute care services (inpatients and outpatients, rehabilitation and GEM).

[^] The Training Centre in Subacute Care WA (TRACS WA) is a Department of Health funded statewide training unit, working in partnership with Health Service Providers to provide training on subacute care service delivery.

^{^^} Aged Care Channel-ACC (Numerator is the number of sites using the ACC and the denominator the total number of sites delivering residential aged care).

Appendix | 2

MEASURES AND MILESTONES FOR SUCCESS

TYPES OF MEASURES:

Key Performance Indicator (KPI), Supporting Indicator (SI), Milestone (M)

Direction	Key outcomes and actions	Evidence of implementation	Targets	Time frame	Type of measure
Direction 1:	Increased access to healthcare services for older people through use of innovative technology				
Right care, right time, right place	WACHS will develop pathways to increase access to digitally enabled and telehealth services for older people and to support clinicians, including use of interpreters where necessary.	Increased telehealth consultations for older country patients 65+ (non-Aboriginal) and 50+ (Aboriginal).	20% increase	2024	SI
		Increased delivery of geriatric medicine and rehabilitation using digital communication technology.	20% increase	2027	SI
	WACHS will develop digital solutions to support older people to age in place.	Trial and evaluation of a digital monitoring systems.	Report number of trials	2024	M
		Number of digital clinical governance systems that inform care and provide support and assurance reviewed and assessed.	Report number of systems	2025	M
	WACHS will introduce an electronic risk screening tool in place in EDs for older people.	All regions are using the electronic risk screening tool for frailty in regional EDs.	100%	2024	M
Direction 2:	Sustainable health services to support older people ageing in place				
Strong governance	WACHS will establish the WACHS Aged Care Quality Committee to strengthen the governance (monitoring, evaluation and risk management) of WACHS health and aged care services.	WACHS Aged Care Quality Committee established, meeting regularly and monitoring performance against required Standards	✓	2022	M
	WACHS will develop clear business rules, and improved data analysis inform the redesign of sub-acute services.	WACHS subacute care performance and monitoring framework implemented in all regions	100%	2023	SI
	WACHS will develop sustainable infrastructure framework to support achievement of relevant quality standards.	Percentage of WACHS aged care and healthcare facilities with a completed infrastructure review	100% by 2024	2022-24	SI
		Number of Commonwealth government infrastructure grants applications submitted and approved.	Report number of grants	2021-26	SI

Appendix | 2

MEASURES AND MILESTONES FOR SUCCESS

TYPES OF MEASURES:

Key Performance Indicator (**KPI**), Supporting Indicator (**SI**), Milestone (**M**)

Direction	Key outcomes and actions	Evidence of implementation	Targets	Time frame	Type of measure
Direction 3:	Raise staff awareness and improve the knowledge base of the health and aged care needs of older people				
Skilled and valued workforce	WACHS will provide and promote best practice evidence-based staff education, training and resources regarding the healthcare and social care needs of older people.	The mandatory learning framework for all staff who work in aged care includes delivering quality, safe, age friendly principles and person centred care.	✓	2024	M
		Establish an education and training program to increase staff awareness of age-friendly principles and practices.	✓ and training outcomes	2027	M
		The Unregulated Health Workers (UHW) Framework is implemented across WACHS.	✓	2023	M
	Recognition for WACHS staff who provide care for an older person.	Introduction of an annual award for staff providing compassionate and exemplary care for the older person.	✓	2024	M
	In partnership with WAPHA, WACHS will provide comprehensive training and education for country GPs.	Establishment and monitoring of a comprehensive geriatric clinical evaluation and management education and training program for GPs and medical officers.	✓ and training outcomes	2027	M

Appendix | 2

MEASURES AND MILESTONES FOR SUCCESS

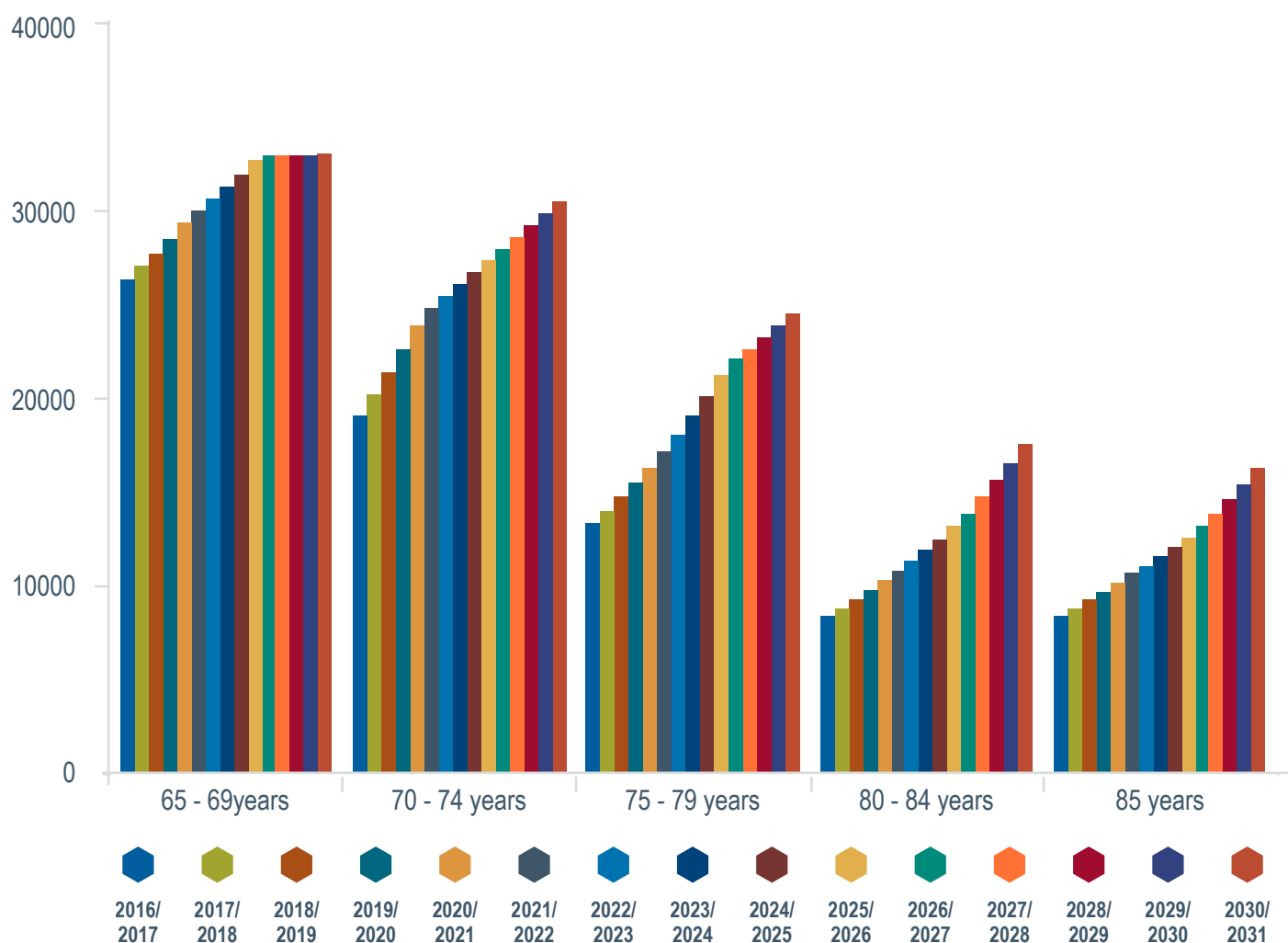
TYPES OF MEASURES:

Key Performance Indicator (KPI), Supporting Indicator (SI), Milestone (M)

Direction	Key outcomes and actions	Evidence of implementation	Targets	Time frame	Type of measure
Direction 4:	Shared understanding of healthy ageing at home across country WA				
Leadership and partnering	WACHS will continue to provide current information, knowledge and expertise to stakeholders (including Aboriginal Health Council of WA and ACCHSs) to inform the delivery of country services for older people.	Evidence of partnership(s) with organisations and community stakeholders to support the delivery of quality and culturally secure care to the community.	✓	2021-25	M
	Providing services in areas where alternative providers are limited				
	MPSs will improve service delivery planning processes in collaboration with key stakeholders, consumers, residents and patients.	All MPS annual service delivery plans reflect local community expectations of the delivery of aged care.	100%	2022	SI
		Regular reviews of the appropriateness of alternative providers to deliver aged care services in selected areas.	Biennial review	2026	M
	Partnerships to improve effectiveness and quality of health care services for older people				
	WACHS will form effective relationships with relevant internal and external stakeholders to support policy and research priorities for older people in country WA.	Increased research into policy and services for older people in the country.	Report amount of research	2024	SI
	WACHS will develop formal partnerships with WAPHA, Rural Health West and RACGP will be in place that promote healthy ageing.	Number of formal partnerships established	Report number partnerships	2027	SI

Appendix | 3

WACHS POPULATION PROJECTIONS FOR PEOPLE AGED 65 YEARS AND OVER 2016–17 TO 2030–31



The older population in country WA is projected to increase by around three per cent each year - with a total increase of 61 per cent anticipated between 2016–17 and 2030–31.

The age groups projected to have the highest growth are those aged 75 years and over.

The projected growth for the 65–69 age group plateaus in the outer years.²⁶

Appendix | 4

KEY STRATEGIES AND PLANS

The *WACHS Strategy for Older People 2022–27* aligns with a number of national, state and WACHS publications that support and strengthen country health services including but not limited to:

- A Better Way To Care: Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital.
- Aboriginal Health and Wellbeing Framework 2015–2030.
- Age Friendly Principles and Practices 2004.
- Aged Care in MPS: Response to the Australian Government Terms of Reference 2019.
- Aged Care (Living Longer Living Better) Act 2013.
- Aged Care Roadmap, Aged Care Sector Committee.
- Australian Government response to the final report of the Royal Commission into Aged Care Quality and Safety.
- Delivering Community Services in Partnership Policy.
- Healthy Ageing Literature Review: Final report to the Department of Health and Human Services.
- Improving Health and Wellbeing: WA Country Health Service Aged Care Policy Framework.
- Living Longer. Living Better. Aged Care Reform Package. April 2012.
- National Aged Care Staffing and Skills Mix Project Report 2016.
- National Safety and Quality Health Service Standards. Second Edition.
- Royal Commission into Aged Care Quality and Safety February - Final Report: Care, Dignity and Respect March 2021.
- Seniors Housing Strategy: Discussion Paper. November 2016.
- Sustainable Health Review 2019.
- WACHS Aboriginal Health Strategy 2019–2024.
- WACHS Mental Health and Wellbeing Strategy 2019–2024.
- WACHS Strategic Plan 2019–24.
- World Health Organisation Global Strategy and Action Plan on Ageing and Health.



Appendix | 5

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This document is available in
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