Ref #	Submission	Response	Comments (Limited to ~300 words)
Respondent Details			
	Contact Details - Please complete		
Contact Detail	Name	Kristin Michaels	
Contact Detail	Email address	kmichaels@shpa.org.au	
Contact Detail	Phone	03 9486 0177	
Contact Detail	Preferred means of contact (select response)	Email	
Contact Detail	Postcode of location you are making your response from	3066	
Contact Detail	I am responding on behalf of (select response)	An organisation	
	Individual details - Please complete for personal response		
Individual detail	Are you a person receiving aged care services or a family member of a person receciving aged care services? (select response)		
Individual detail	Do you identify as being of Aboriginal and/or Torres Strait Islander origin? (select response)		
Individual detail	Do you identify as a person from a culturally and linguistically diverse background? (select response)		
Individual detail	Do you identify as a person with a disability? (select response)		
	Organisation details - Please complete for organisational response		
Organisation Detail	What is the name of the organisation?	The Society of Hospital Pharmacists of Australia	
Organisation Detail	What is the nature of the organisation? (select response)	Peak body	
Organisation Detail	What is the organisation's role in Aged Care? [Free text available in comments, if needed]		Hospital pharmacists are the clinical leaders in complex medication management, medication safety clinical pharmacy practice and medication governance – these are all pillars contributing to safe medication management that is sorely lacking in the residential aged care sector, thus putting aged care residents at great risk of harm. Hospital pharmacists are present at the pointy end of healthcare where aged care residents are at their low point of their health. Hospital pharmacists are left to pick up the pieces of a system that focuses on the medicines supply without commensurate clinical care, and continually fails the pharmacy care needs of aged care residents, treating aged care residents admitted to hospital for inappropriate medicines use causing entirely preventable issues such as: - Life-threatening falls due to prolonged and inappropriate benzodiazepine use - Respiratory failure due to unintentional opioid overdose - Severe cognitive decline due to prolonged and inappropriate antipsychotic use - Strokes and heart attacks due to not being prescribed the appropriate preventative medicines -Life-threatening infections due to inappropriate antimicrobial therapy At the other end of the spectrum, when aged care residents are discharged from hospital, there are many challenges faced by hospital pharmacists in ensuring continuity of medication management post-discharge due to the highly variable, and often suboptimal, medication management systems and processes in aged care, and aged care's reliance on care workers & use of dose administration aids.
Publication permissions - Please complete	*Your response may be made public on the Royal Commission's website unless you do not provide consent for it to be published or the Royal Commission considers it should not be made public. Responses that are made public will not include personal details, other than your name where you provide consent to do so, and may include redactions made as the Royal Commission considers appropriate. You may also provide consent for your response to be published anonymously.* *The Royal Commission may also consider using an excerpt from your response, including as a vignette, in its final report unless you do not provide consent for your response to be used in this way.* *At the conclusion of the Royal Commission, all of its records, including responses, will become subject to requests under the Freedom of Information Act 1982 (the FOI Act).* *Royal Commissions are not subject to the FOI Act while they are in operation.*		
Publication Permission	Do you agree to your response being published by the Royal Commission? (select response)	Yes - I agree to my response being published in my name	
Publication Permission	Do you agree to your response being used in the Royal Commission's final report? (select response)	Yes - I agree to my	
Response Details			
	Principles of the new aged care system		
Recommendation 1	**A new act**		
1.1.	The *Aged Care Act 1997* (Cth) should be replaced with a new Act to come into force by no later than 1 July 2023. The objects of the new Act should be to:	Support in principle	
1.1.	(a) provide a system of aged care based on a universal right to high quality, safe and timely support and care to: i. assist older people to live an active, self-determined and meaningful life, and ii. ensure older people receive high quality care in a safe and caring environment for dignified living in old age	Support in principle	
1.1.	(b) protect and advance the rights of older people receiving aged care to be free from mistreatment and neglect, and harm from poor quality or unsafe care, and to continue to enjoy rights of social participation accessible to members of society generally	Support in principle	
1.1.	(c) enable people entitled to aged care to exercise choice and control in the planning and delivery of their care	Support in principle	
1.1.	(d) ensure equity of access to aged care	Support in principle	
1.1.	(e) provide advocacy and complaint mechanisms for people receiving aged care	Support in principle	
1.1.	(f) provide for regular and independent review of the aged care system	Support in principle	
1.1.	(g) promote innovation in aged care based on research	Support in principle	
1.1.	(h) promote positive community attitudes to enhance social and economic participation by people receiving aged care.	Support in principle	
1.3.	The new Act should:		

1.3.	(a) define aged care as: i. support and care for people to maintain their independence as they age, including support and care to ameliorate age-related deterioration in their social, mental and physical capacities to function independently ii. supports including respite for informal carers of people who need aged care	Support in principle	
1.3.	(b) provide that the paramount consideration in the administration of the Act should be ensuring the safety, health and wellbeing of people receiving aged care	Support in principle	
1.3.	(c) specify the following principles that should also guide the administration of the Act: i. Older people should have certainty that they will receive timely high quality support and care in accordance with assessed need ii. Informal carers of older people should have certainty that they will receive timely and high quality supports in accordance with assessed need iii. Older people should be supported to exercise choice about their own lives and make decisions to the fullest extent possible, including being able to take risks and be involved in the planning and delivery of their care iv. Older people should be treated as individuals and be provided with support and care in a way that promotes their dignity and respects them as equal citizens v. Older people are entitled to pursue (and to be supported in pursuing) physical, social, emotional and intellectual development and to be active and engaged members of the community, regardless of their age or level of physical or cognitive capability vi. The relationships that older people have with significant people in their lives should be acknowledged, respected and fostered vii. To the fullest extent possible, older people should receive support and care in the location they choose or, where that is not possible, in the setting most appropriate to their circumstances and preferences viii. Older people are entitled to receive support and care that acknowledges the aged care setting is their home and enables them to live in security, safety and comfort with their privacy respected ix. Older people should have equal access to support and care irrespective of their location or personal circumstances or preferences x. Care should be provided in a healthy environment which protects older people from risks to their health xi. Care and supports should, as far as possible, emphasise restoration and rehabilitation, with the aim of maintaining or improving older people's physical and cognitive capabilities and supporting their self-determination xii. Aboriginal and Torres Strait Islander people are entitled to received support and care that is culturally safe and recognises the importance of their personal connection to community and Country xiii. The system should support the availability and accessibility of aged care for all older Australians, including special or vulnerable groups xiv. The aged care system should be transparent and provide public access to meaningful and readily understandable information about aged care xv. Innovation, continuous improvement and contemporary best practice in aged care are to be promoted xvi. Older people should be supported to give feedback and make complaints free from reprisal or adverse impacts xvii. People receiving aged care should respect the rights and needs of other people living and working within their environment, and respect the general interests of the community in which they live; the rights and freedoms of people receiving aged care should be only limited by the need to respect the rights of other members of their community.	Support in principle	
1.4.	The new Act should specify a list of rights of people seeking and receiving aged care, and should declare that the purposes of the Act include the purpose of securing those rights and that the rights may be taken into account in interpreting the Act and any instrument made under the Act. The list of such rights should be:	Support in principle	
1.4.	(a) for people seeking aged care: i. the right to equitable access to care services ii. the right to exercise choice between available services	Support in principle	
1.4.	(b) for people receiving aged care i. the right to freedom from degrading or inhumane treatment, or any form of abuse ii. the right to liberty, freedom of movement, and freedom from restraint iii. the right of autonomy, the right to the presumption of legal capacity, and in particular the right to make decisions about their care and the quality of their lives and the right to social participation iv. the right to fair, equitable and non-discriminatory treatment in receiving care	Support in principle	
1.4.	(c) for people receiving end-of-life care, the right to fair, equitable and non-discriminatory access to palliative and end-of-life care.	Support in principle	
1.5.	Unless indicated otherwise, the new Act should incorporate provisions giving effect to amendments to the *Aged Care Act 1997* (Cth) and the *Aged Care Quality and Safety Commission Act 2018* (Cth) (as well as to delegated legislation made under those Acts) the subject of other recommendations.		
Recommendation 2	**Integrated long-term support and care for older people**		
2.1.	The Australian Government should coordinate the development of an integrated system for the long-term support and care of older people providing for their needs for welfare support, community services directed at enhancing social participation, affordable and appropriate housing, high quality health care, and aged care, through a new National Cabinet Reform Committee on Ageing and Older Australians, to be established between the Australian and State and Territory Governments, and composed of the highest-ranking ministers whose primary responsibility is the care, health and wellbeing of older people.	Support in principle	
2.2.	Work on a strategy to develop the integrated system for the long-term support and care of older people should begin immediately. That work should involve consultation with older people. The strategy should be agreed between the Australian and State and Territory Governments by 31 December 2022. The strategy should include measurable goals, regular reporting on progress to the National Federation Reform Council, and two-yearly public progress reports.	Support in principle	
2.3.	The strategy should provide for implementation of an integrated system for the long-term support and care of older people within a 10-year period.	Support in principle	
Recommendation 18	**Residential aged care to include allied health**		
18.1.	To ensure residential aged care includes a level of allied health care appropriate to each person's needs, the Australian Government and the Australian Aged Care Commission should, by no later than 1 July 2024:	Support	
18.1.	(a) require approved providers to engage at least one of each of the following allied health professionals: an oral health practitioner; a mental health practitioner; a podiatrist; a physiotherapist; an occupational therapist; a pharmacist; a speech pathologist; a dietitian; an exercise physiologist; a music or art therapist	Support	SHPA recommends a ratio of one full-time equivalent pharmacist to 200 residents in residential aged care facilities and residential transitional care facilities to deliver an evidence-based, best practice, clinical pharmacy service. The equivalent ratio for home care clients depends on the geographic distribution of the clients, but on average a pharmacist can complete a comprehensive review for three clients per day.
18.1.	(b) require providers to enter into arrangements with each of the following professional groups to provide services as required to care recipients: optometrists; audiologists	Support	

18.1.	(c) provide funding to approved providers for the engagement of allied health professionals through a blended funding model, including: i. a capped base payment per resident designed to cover about half of the costs of establishing ongoing engagement of allied health professionals ii. an activity-based payment for each item of direct care provided with the Australian Aged Care Pricing Authority determining the quantum of funding for the base payment and the level of activity-based payments, including by taking into account the extra costs of providing services in regional, rural and remote areas	Support	SHPA recommends that the scope of activity-based funding component must be broader than the current Residential Medication Management Review fee, recognising that there are a diversity if clinical and quality activities beyond clinical medication review, such as - medication reconciliation - patient education - patient counselling - facility-wide medication usage evaluations - medication chart review - assessing ability to manage and administer own medicines - assessing requirement for dose administration aids SHPA's Standard of practice in geriatric medicine for pharmacy services provides a detailed and comprehensive list of the necessary clinical pharmacy activities to support safe and quality medicine use in geriatric medicine patients, and should act as as basis for the design of these activity-based payments. https://onlinelibrary.wiley.com/doi/full/10.1002/jppr.1636
18.1.	(d) ensure strict monitoring of the level of allied health services that are actually delivered, including collection and review of data on the number of full-time equivalent allied health professionals delivering services, the number of current allied health assessments, the volume of service provision, and expenditure on allied health services.	Support	
Recommendation 21	**Quality and safety** **Embedding high quality aged care**		
21.1.	The *Aged Care Act 1997* (Cth) should be amended to provide that the Australian Commission on Safety and Quality in Health and Aged Care, in setting and amending safety and quality standards for aged care (under the functions referred to in Recommendation 23), give effect to the following characteristics of high quality aged care:	Support	
21.1.	(a) diligent and skilful care	Support	
21.1.	(b) safe and insightful care	Support	
21.1.	(c) caring relationships	Support	
21.1.	(d) empowering care	Support	
21.1.	(e) timely care.	Support	SHPA believes the implementation of interim medication charts, would resolve one of the many barriers to timely care. Interim medication charts provided at transitions of care from hospital to RACF will ensure medications can be safely administered in the immediate post-discharge period, and prevent patients from being administered the wrong medicines, or not receiving any medicines at all until they are visited by a doctor, which can be days after discharge.
Recommendation 24	**Urgent review of the Aged Care Quality Standards**		
24.1.	By 15 July 2021, the responsible Minister should refer to the Australian Commission on Safety and Quality in Health and Aged Care the following matters for urgent ad hoc review and, if the Commission considers appropriate, amendment of the Aged Care Quality Standards:	Support	The Aged Care Quality Standards and the Accreditation Standards should specifically require residential aged care facilities to provide medication reconciliation on admission (within 48 hours), and a comprehensive medication review by a pharmacist within 4 weeks of admission. Aged care standards must recognise that health needs of residents are increasingly complex and warrant management by not just general practitioners, but also specialised, interdisciplinary, team-based care, which includes nurses, pharmacists and allied health professionals. For residents' medication management needs, this can be achieved by a collaborative, patient-centred clinical pharmacy model in all aged care facilities and home care services to address the complex needs of aged care residents and home care clients, and their heightened risk of medication-related incidents. SHPA recommends a ratio of one full-time equivalent pharmacist to 200 (1:200) residents in residential aged care facilities and residential transitional care facilities to deliver an evidence-based, best practice, clinical pharmacy service. The equivalent ratio for home care clients depends on the geographic distribution of the clients, but on average a pharmacist can complete a comprehensive review for three clients per day.
24.1.	(a) requiring best practice oral care, medication management, pressure injury prevention, wound management, continence care, falls prevention, and infection control, and providing sufficient detail on what these requirements involve and how they are achieved		
24.1.	(b) imposing appropriate requirements to meet resident nutritional needs and ensure meals are desirable to eat, having regard to a person's preferences and religious and cultural considerations		
24.1.	(c) sufficiently reflecting the needs of people living with dementia and providing high quality dementia care		
24.1.	(d) implementing a new governance standard		
24.1.	(e) requiring residential aged care providers to demonstrate their capacity to provide high quality palliative care, including staff capacity (number, skill and type), processes and clinical governance, for recognising deterioration and dying.		
24.2.	The Australian Commission on Safety and Quality in Health and Aged Care should complete its review by 31 December 2022.		
Recommendation 45	**Review of health professions' undergraduate curricula**		
45.1.	By 1 January 2023, the relevant national boards, professional associations, and accreditation bodies for nursing, medicine, audiology, optometry, dietetics, dental practice, psychology, social work, occupational therapy, osteopathy, podiatry, physiotherapy and speech therapy should review existing course accreditation standards to ensure professional entry qualifications for these professions are appropriately addressing age-related conditions and illnesses, including dementia, to ensure that graduates have the education and knowledge to meet the care needs of older people.	Support in principle	SHPA strongly recommends adding pharmacy undergraduate curricula into the scope of this recommendation.
Recommendation 46	**Funding for teaching aged care programs**		
46.1.	By 1 July 2023, the Australian Government should fund teaching aged care programs for delivery to students in both residential aged care and home care settings. The teaching aged care programs should have designated catchment areas and should:	Support	
46.1.	(a) operate on a 'hub and spokes' model	Support	
46.1.	(b) collaborate with educational institutions and research entities	Support	
46.1.	(c) facilitate clinical placements for university and vocational education and training sector students	Support	
46.1.	(d) train future aged care workers in local aged care services.	Support	
Recommendation 47	**Minimum staff time standard for residential care**		
47.1.	The Australian Government should require approved providers of residential aged care facilities to meet a minimum staff time quality and safety standard. This requirement should take the form of a quality and safety standard for residential aged care. The minimum staff time standard should allow approved providers to select the appropriate skills mix for delivering high quality care in accordance with their model of care.	Support	SHPA strongly supports mandating minimum staff time of registered nurses who have a wider scope of practice than enrolled nurses with respect to medicines management and administration. Registered nurses are vital for safe medication management and administration, especially at the transitions of care.
47.2.	From 1 July 2022, the minimum staff time standard should require approved providers to engage registered nurses, enrolled nurses, and personal care workers for at least 215 minutes per resident per day for the average resident, with at least 36 minutes of that staff time provided by a registered nurse.	Support	
47.3.	In addition, from 1 July 2022, the minimum staff time standard should require at least one registered nurse on site per residential aged care facility for the morning and afternoon shifts (16 hours per day).	Support	

47.4.	From 1 July 2024, the minimum staff time standard should increase to require approved providers to engage registered nurses, enrolled nurses, and personal care workers for the average resident for at least:	Support	
47.4.	(a) 215 minutes per resident per day for the average resident, with at least 44 minutes of that staff time provided by a registered nurse, or	Support	
47.4.	(b) 264 minutes per resident per day for the average resident, with at least 36 minutes of that staff time provided by a registered nurse.	Support	
47.5.	In addition, from 1 July 2024, the minimum staff time standard should require at least one registered nurse on site per residential aged care facility at all times.	Support	
47.6.	The minimum staff time standard should be linked to the casemix adjusted activity based funding model for residential aged care facilities. This means that approved providers with a higher than average proportion of high needs residents would be required to engage additional staff, and vice versa.	Support	
47.7.	Approved providers should be able to apply to the Australian Aged Care Commission for an exemption from the quality and safety standard relating to staff skills mix, but not the standard relating to numbers of staff. Any exemption should be granted for a limited time, and details of the exemption should be published on My Aged Care. The grounds for granting an exemption should include:	Support	
47.7.	(a) specific purpose residential aged care facilities, such as specialist homeless facilities, where the profile of the residents is such that it may be appropriate to substitute a registered nurse with another qualified health professional	Support	
47.7.	(b) residential aged care facilities that are co-located with a health service, such as Multi-Purpose Services, where registered and enrolled nurses are present at the co-located health service	Support	
47.7.	(c) regional, rural and remote residential aged care facilities, where the approved provider can demonstrate it has been unable to recruit sufficient numbers of staff with the requisite skills, and	Support	
47.7.	(d) innovative residential aged care facilities where an alternative skills mix is being trialled and it would be appropriate to substitute a registered nurse with another qualified health professional. There should be a requirement for any such trial to be comprehensively evaluated and publicly reported.	Support	
47.8.	The Australian Commission on Safety and Quality in Health and Aged Care should review and update this standard as appropriate. At a minimum, this should occur in line with significant revisions of the casemix classification for residential aged care facilities, or at least every five years.	Support	
Recommendation 55	**Research, Innovation and Technology** **Dedicated Research Council**		
55.1.	By 1 July 2022, the Australian Government should establish and fund a dedicated Aged Care Research Council to:	Support in principle	
55.1.	(a) set the strategy and agenda for research and development into aged care and ageing related health conditions	Support in principle	
55.1.	(b) administer an aged care and ageing related health conditions research fund with an annual budget, funded by a special appropriation, of 1.8% of the total government expenditure on aged care	Support in principle	
55.1.	(c) conduct peer review of projects to determine funding allocations	Support in principle	
55.1.	(d) prioritise research that involves co-design with older people, their families and the aged care workforce	Support in principle	
55.1.	(e) facilitate networks between research bodies, academics, industry and government for research, technology pilots and innovation projects, and assist with the translation of research into practice to improve aged care in Australia	Support in principle	
55.1.	(f) work with the Australian Research Council, the National Health and Medical Research Council, and health and research networks to facilitate the sharing and application of research outcomes with policy makers, research bodies, health care bodies, approved providers and the community	Support in principle	
55.1.	(g) ensure that research into ageing-related health conditions is high on the national research agenda including for the Australian Research Council and the National Health and Medical Research Council.	Support in principle	
Recommendation 64	**Access to specialists and other health practitioners through Multidisciplinary Outreach Services**		
64.1.	By 1 January 2022, the Australian and State and Territory Governments should introduce Local Hospital Network-led multidisciplinary outreach services.		
64.2.	These services should be funded through amendment of the National Health Reform Agreement, and all aged care recipients receiving residential care or personal care at home should have access based on clinical need.		
64.3.	The amended National Health Reform Agreement should include a recurrent and sustainable funding mechanism to stimulate outreach services. The level of funding should be based on underlying costs as determined by the Independent Hospital Pricing Authority.		
64.4.	The key features of the model should include:		
64.4.	(a) provision of services in a person's place of residence wherever possible		
64.4.	(b) multidisciplinary teams, including nurse practitioners, allied health practitioners and pharmacists	Support	
64.4.	(c) access to a core group of relevant specialists, including geriatricians, psychogeriatricians and palliative care specialists	Support	
64.4.	(d) embedded escalation to other specialists (including endocrinologists, cardiologists, infectious disease specialists and wound specialists), who are already salaried within the hospital and assigned to the model for part of their work	Support	
64.4.	(e) 24 hour a day on-call services available to: i. aged care recipients receiving residential care or personal care at home ii. the families of those people receiving aged care, and iii. staff of aged care services	Support	
64.4.	(f) proactive care and rehabilitation	Support	
64.4.	(g) a focus where feasible on skills transfer to staff working in aged care	Support	
64.4.	(h) a specific focus on palliative care outreach services	Support	
64.4.	(i) clinical governance arrangements involving Local Hospital Networks and relevant aged care and primary care providers.	Support	
Recommendation 70	**Increased access to medication management reviews**		
70.1.	The Australian Government should immediately improve access to quality medication management reviews for people receiving aged care by:	Support	
70.1.	(a) allowing and funding pharmacists from 1 January 2022 to conduct reviews on entry to residential care and annually thereafter, or more often if there has been a significant change to the care recipient's condition or medication regimen	Support	SHPA strongly supports this recommendation
70.1.	(b) amending the criteria for eligibility for residential medication management reviews to include people in residential respite care and transition care	Support	SHPA strongly supports this recommendation, but also would like to acknowledge that in its current form, RMMRs are not the most suitable model for delivering medication reviews if the RACFs have an embedded pharmacist which is SHPA's preferred option for Aged Care Redesign.
70.1.	(c) monitoring quality and consistency of medication management reviews.	Support	SHPA strongly supports this recommendation, and believes SHPA can play an active role in this.
Recommendation 71	**Restricted prescription of antipsychotics**		
71.1.	By 1 November 2021, the Australian Government should amend the Medicare Benefits Schedule so that only a psychiatrist or a geriatrician can initially prescribe antipsychotics. General practitioners should be able to prescribe repeat prescriptions of antipsychotics for up to a year for people who have received an original prescription from a psychiatrist or geriatrician.	Support in principle	SHPA supports in principle the need to restrict prescription of antipsychotics, but too much restriction is not necessarily conducive to timely and safe care. Ongoing and current difficulties in accessing a geriatrician or psychiatrist can be a major barrier to timely and quality care when there is an urgent need to commence these medicines, and SHPA believes GPs should be allowed to prescribe these drugs in an emergency, with a mandated review by a geriatrician or psychiatrist if treatment needs to continue for more than one week. SHPA also believes this recommendation should explicitly state it only applies to antipsychotics when they are used for BPSD and delirium. There are other uses for these medicines, such as in palliative care and acute mental health conditions, and it would not be the intention of this recommendation to inadvertently cause adverse consequences associated with restricted access for these clinical areas
Recommendation 72	**Improving the transition between residential aged care and hospital care**		

72.1.	The Australian and State and Territory Governments should:	Support	
72.1.	(a) by 1 July 2022, implement, and commence publicly reporting upon compliance with, hospital discharge protocols that ensure that discharge to residential aged care from hospital should only occur once appropriate clinical handover and discharge summary (including medications list) has been provided to and acknowledged by the residential care service, and provided to the person being discharged	Support in principle	SHPA supports this recommendation in principle, and requests that it explicitly advocates for the use of interim medication administration charts at the transitions of care to ensure medications can be safely administered in the immediate post-discharge period. This recommendation should also state that hospitals and community pharmacies need to ensure timely access to medications in the immediate post-discharge period, and this should be supported by changes to workforce resource funding and medicine supply policies.
72.1.	(b) by 1 December 2021, require staff of aged care services, when calling an ambulance for a resident, to provide the paramedics on arrival with an up-to-date summary of the resident's health status, including medications and advance care directives.	Support	
Recommendation 73	**Improving data on the interaction between the health and aged care systems**		
73.1.	The Australian Government and State and Territory Governments should improve the data available to monitor the interaction between the health and aged care systems and improve health and aged care planning and funding decisions. In particular:	Support	
73.1.	(a) the Australian Government should implement an aged care identifier by 1 July 2022 in the Medicare Benefits Schedule and Pharmaceutical Benefits Schedule datasets to allow regular public reporting on the number and type of medical and pharmaceutical services provided to people receiving aged care	Support	SHPA strongly supports this recommendation to implement aged care identifiers which are consistent across all Australian software used in health care services. Currently, it is very hard to tell from hospital records, of which there are numerous software vendors along with paper systems, whether a patient was discharged to an aged care facility, home, or another setting.
73.1.	(b) by 1 July 2023 all National Minimum Datasets reported to the Australian Institute of Health and Welfare should include an item identifying whether a person is receiving aged care services and the type of aged care the person is receiving	Support	
73.1.	(c) National Minimum Datasets covering all State and Territory Government-funded health services should be implemented by 1 July 2023	Support	
73.1.	(d) all governments should implement a legislative framework by 1 July 2023 for health and aged care data to be directly linked, shared and analysed to understand the burden of disease of current and prospective aged care recipients and their current and future health needs	Support	
73.1.	(e) the Australian Government should direct the Australian Institute of Health and Welfare to include data tabulated on the basis of aged care recipient status in any relevant health statistical publications, and make the de-identified data publicly available through the Australian Government's data portal data.gov.au.	Support	
Recommendation 74	**Universal adoption by the aged care sector of digital technology and My Health Record**		
74.1.	The Australian Government should require that, by 1 July 2022:	Support	
74.1.	(a) every approved provider of aged care: i. uses a digital care management system (including an electronic medication management system) meeting a standard set by the Australian Digital Health Agency and interoperable with My Health Record ii. invites each person receiving aged care from the provider to consent to his or her care records being made accessible on My Health Record iii. if the person consents, places that person's care records (including, at a minimum, the categories of information required to be communicated upon a clinical handover) on My Health Record and keeps them up to date	Support	SHPA strongly supports this recommendation, given hospitals are currently undergoing rapid uptake of digital health solutions, and a lack of coordinated oversight by government risks divergent and inconsistent practices that potentially compromise the safety and quality of care, especially at the transitions of care. SHPA believes the My Health Record needs to seamlessly be interoperable with hospital electronic medical records to safely facilitate clinical handover and continuity of care, and this would also support the provision of interim medication administration charts charts, which have been built into some hospital medical records software. Whilst Australian hospital services are in a transitory phase with respect to paper vs digital systems, SHPA acknowledges that paper-based interim medication administration charts will likely be needed for the foreseeable future, and even when seamless integration of systems were to occur, care providers would still need a time-limited electronic interim medication administration chart to ensure the patient's new medicines regimen are reviewed by the GP sometime during the first week after discharge before they are charted on the patient's actual long-term medication chart at the residential aged care facility.
74.1.	(b) the Australian Digital Health Agency immediately prioritises support for aged care providers to adopt My Health Record	Support	