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New research shows implementing IT in aged care isn't without its problems.



Breaking down the silos

Now there's a clever idea! Baptist Community Services NSW and ACT is employing care staff to work across both its residential and community care operations. See story, page 16.

Government program still in transition: study

by Megan Stoyles

The transition care program has not achieved its goal of improving the flow of older people moving between hospitals, community and residential sectors, new research has found.

The study linked, for the first time, data from all sectors including hospital and aged care places, both flexible and mainstream, across Australia at the ACAT regional geographical level.

The study, led by Dr Lynne Giles of Adelaide University, and including Professor Len Gray from Queensland University, was published in the November issue of *Australian Health Review*.

The first 594 transition care packages were allocated across Australia in the 2004-05 financial year, with 913 packages allocated in 2005-06 (the study period). The government aims to have 4000 places by the end of 2011-12.

A data analysis as at 30 June 2006 showed a marked variation in the distribution of acute and sub acute beds, compared with a more even spread of aged care beds.

The distribution of transition care beds was uneven, with "no evidence of coordination in the allocation of hospital and aged care services between the Commonwealth, state and territory governments".

There were "profound differences" in the proportion of specialised beds allocated for the care of older people across Australia, and "substantial imbalances in the provision of acute and sub acute services within and between states and territories".

"There was a weak relationship between the allocation of transition care places and the distribution of health and aged care services," it found.

"The transition care program has not redressed inequities in the distribution of services, especially in rural areas where it appears to offer particular promise. It is unlikely the program will be sufficient to address the needs of the rapidly growing

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The future's grey

by Darragh O Keeffe

Another report, another worrying prediction. Industry leaders have seized on the third Intergenerational Report (IGR3), released last week, as further evidence of the need to reform aged care.

They say that combined with previous reports from the Productivity Commission and the Senate enquiry into aged care, the government will have no choice but to implement major policy changes to address immediate issues and plan for future demand.

IGR3 found the number of people aged 65 to 84 will more than double by 2050, while the population of those aged 85 and over will more than quadruple.

By 2050, the number of working-aged people to every person aged 65 and over will fall to only 2.7 people compared to five now. Around half of government spending will be directed to health, age-related pensions and aged care by 2049-50, compared to around a quarter now, the report said.

"The release of the report shows a bleak future faces our frail elderly as the aged care industry



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disadvantages larger facilities where extended hot food holding cannot be avoided.

Gilkes says the scarcity of quality chefs has contributed to Blue Care's decision to establish a centralised food production system. But he insists quality is not being sacrificed for convenience.

There is a real fear factor around pre-cooked meals but a lack of evidence to back up the assumption, says Gilkes.

A cook-chill approach to food service offers flexibility, consistency and stringent standards of quality and food safety control. Regeneration ovens to reheat precooked meals are also widely used in the hospitality industry, he says.

Freshly cooked food loses its temperature quickly, which can affect the quality of food offered. Those served last cannot be guaranteed they'll receive the same hot meal as those at the beginning of the service.

"In the current cook fresh system I could not put my hand on my heart and say that every resident in Blue Care is having the same high quality experience," says Gilkes.

The move to a cook-chill approach will be costly but is the only feasible model to support the increasing demand for culinary diversity, he says.

However, varied menus are not the only demand from baby boomers.

A study of nearly 3000 baby boomers conducted by Dr Rodney Jilek found 99.2 per cent of

participants surveyed indicated an expectation that meals would be prepared fresh on site by either a qualified chef or cook.

Asked to categorise food services as basic, extra or unacceptable, cook-chill meals were also rated as unacceptable by 59 per cent of participants.

Walton agrees the presentation of freshly cooked food is hard to beat. "Food has an important social aspect and freshly cooked food is more homely. It's familiar. The taste and feel of the food is appealing. The size of the facility, however, does not always make this possible."

However, Barton believes that an emerging trend

use this method, which is labelled by Medirest as Steamplicity. Barton predicts this type of food technology will make up 10 per cent of the aged care market within the next three years.

The steam pressure method, however, has its limitations and is unsuited to cooking fried food such as fish and chips or pastry-based dishes.

Liz Goldsmith, hospitality manager with Blue Cross in Victoria, still champions the benefits of an in-house kitchen team who prepare meals fresh daily.

An internally staffed on-site kitchen offers a greater degree of operational control and

Nutrient breakdown is not exclusive to the precooked option. Losses are also experienced in the hot holding of freshly cooked food.

in food technology may provide an important third solution.

Using a steam pressure method, prepackaged meals can be cooked for the first time on site using microwave technology which eliminates the effects of reheating. Fresh food in sealed containers is cooked from raw to retain their nutritional value and flavour.

Currently, only a handful of aged care facilities

accountability, she says.

Kitchen staff are more easily integrated into the philosophy and vision of the facility and participate in regular in-house training sessions led by management. "They are part of our team," says Goldsmith.

Regardless of which cooking style is chosen, standard recipes, regular menu review and resident feedback systems are a must, says Walton.



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