

PERSL Submission to the Royal Commission into Aged Care – Quality and Safety

Fragmented provision of medical alarms leading to unequal outcomes for at-risk Australians

The Personal Emergency Response Services Limited (PERSL) is the Australian peak body representing manufacturers, suppliers, monitoring services and consumers of 24/7 monitored Medical Alarms and Personal Response Services (PRS). We estimate there are circa. 300,000 aged and at-risk Australian's using professionally monitored medical alarms, both in their own homes and in residential aged-care facilities.

In making this submission the medical alarm industry seeks to ensure the highest possible level of service, standards, access, and equity in the delivery of Personal Response Services in Australia.

Fragmented Funding Arrangements

Medical alarms are currently funded through a combination of Federal, State, Local Government, non-government, and private funding. The current “scatter gun silo” approach causes inefficiencies and issues of access and equity that affects the outcomes for clients, and ultimately increases costs to the community.

This fragmented model results in inequality of access to funding. For instance, an eligible Veteran under the DVA program, or an eligible SA or Vic program recipient, or a person receiving funding under the NDIS, has access to a fully funded medical alarm. However, an individual with higher needs outside those types of programs may not have access to a fully funded alarm.

In PERSLs opinion, moving to a universal centrally funded model, specifically targeting the provision of medical alarms, would improve targeting and provision and ensure that all at-risk persons receive the same quality of equipment and services, at the same cost to the community.

It is acknowledged that such a transition could be difficult, and it would need to take into account current State and Federal programs such as the SA Government program, the Personal Alert Victoria (PAV) program, the NDIS, and DVA. It is noted that the transition from HACCC to HCP in some States has still not occurred.

Improved outcomes of access and equity may also be achieved if the provision of medical alarms was included in the guidelines and training programs for Home Care Package (HCP) providers.

Non-compliance to Australian Standards

AS4607:1999 is the Australian Standard for the provision of Centrally Monitored Medical Alarms. It specifies the minimum Standards for the alarm equipment, alarm installation, and alarm monitoring response services. As largely an outcome driven Standard it is relevant to all new generation medical alarms operating over the mobile phone service that call into a central monitoring service.

However, some agencies are supplying medical alarm equipment and services that do not comply with the requirements of AS4607. By requiring compliance to AS4607, a centrally controlled model would ensure that all at-risk persons receive the same quality of equipment and services.

PERSL is currently developing an industry Code of Practice and, with assistance and resources from Standards Australia, the outcome could form the basis of a revision of AS4607.

Use of non-professionally monitored alarms

Some agencies are supplying medical alarms that call family and friends rather than a professionally trained emergency operator. Some non-monitored pendant medical alarms also send text messages to responders to display the user's location on a Google map.

Such non-monitored alarms are lower overall cost, but they do not offer the same level of assurance or quality of emergency response. Rather, the emergency response is dependent on the availability of family and friends to take the calls, and their ability to respond. In many cases they may be busy at work, taking other calls, or unable to respond due to distance.

Additionally, it is PERSLs understanding that, if the 000 emergency service is listed as a direct responder to a non-monitored alarm, and there is no voice contact with the user, any alarm activation will not be given a high priority by ambulance services. It is also PERSLs understanding that the ambulance services cannot retrieve the location from the text messages sent from currently available non-monitored alarms. Additionally, text messages may suffer long telecommunications network delays during periods of network congestion.

Conversely, in a monitored service, every emergency call is answered by a professionally trained operator. The operator attempts to speak to the person needing assistance to determine the nature of the emergency, giving reassurance that help is on-hand and often avoiding an unnecessary ambulance call-out. If an ambulance is required the operator will pass the details, including the location details, to the Emergency Services Operator, and ensure the appropriate priority. If voice contact with client is not possible the operator will follow a procedure previously agreed with the client or the client's representative.

Monitored alarm companies automatically test the medical alarm on a very regular basis to ensure the equipment is operating correctly. Many companies also encourage their clients to make manual test-calls on a regular basis, and follow-up with the client if a manual test-call has not been received. This ensures the client knows how to operate the pendant in an emergency, and gives reassurance that help is close-by should they need it.

The reliability and quality of the emergency response can only be assured if all medical alarm calls go to a 24/7 professional alarm monitoring centre. Alarm centres complying with AS4607 also have the ability to provide detailed information on outcomes, to guarantee funding has been well spent.

Unequal information to users

Whilst consumers may direct their package providers to source a medical alarm, the reality is that they are in the most part guided by the advice of their provider. However, in many cases providers do not have adequate information about the range of products and services available, and are likely to simply recommend a product or service that has worked in the past.

In some cases, the provider may have established linkages with a particular product or service. This results in different levels of access and outcomes for different clients, depending on their provider.

A centrally funded and controlled model, or improved guidelines and training programs for Home Care Package (HCP) providers, could ensure that all clients receive adequate information to be able to make an informed choice. Adopting this approach will ensure that the appropriate emergency help is provided in a timely manner when needed.

Thank you for the opportunity to make this submission to the Royal Commission.

Mr. Phil Wait
Chair, PERSL
30th July, 2020