Exploring One Accord for the Business of Aged Care Industry: The CEO's Perspective

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Abstract

Three million Australians are aged over 65 years with a third requiring some level of assistance with their everyday activities Australian Government expenditure will need to increase from 0.8% of GDP in 2010 to 1.8% of GDP by 2050 as ABS projected growth of 65 years or over to increases from 15 per cent to 21 per cent by 2026 and 28 per cent by 2056 (AIHW 2012, ABS 2011). With the aged care industry growing faster than any other industry research, benefit realization in leadership, efficiency and productivity will impact to a great extent across the industry. Using a convenience sample, the purpose of this paper was to develop a better understanding of trends, issues, challenges and opinions of 24 Chief Executive Officers (CEO) and sector leaders in aged care toward government reforms and current aged care policy in Australia, in 2013. The in-depth interviews advanced the topics of aged care work force, work conditions, attractiveness of the industry to investment, funding models, government relationships, research data management and the future. The paper culminates in a research and practice agenda for the future and accentuates the areas that our sector leaders believe need focus.

Keywords: aged care, Living, Longer, Living Better (LLLB,) reforms, accreditation, health informatics, and Community Directed Care (CDC)

1 Introduction

Three million Australians are aged over 65 years with a third requiring some level of assistance with their everyday activities. Australian Government expenditure will need to increase from 0.8% of GDP in 2010 to 1.8% of GDP by 2050 as ABS projected growth of 65 years or over to increases from 15 per cent to 21 per cent by 2026 and 28 per cent by 2056 (AIHW 2012, ABS 2011). With the aged care industry growing faster than any other industry research, benefit realisation in leadership, efficiency and productivity will impact to a great extent across the industry.

This research program was conducted to identify the issues, trends, challenges and opinions of current reform and practice in horizontally integrated End to End Aged Care (community to residence) in the aged care sector in response to major reforms in the aged care sector introduced by the previous Australian federal government. This research aims to inform understanding and practice in aged care through leadership and service delivery research and focus on the outcomes of independent living, efficiency gains and quality care (O'Reilly, Courtney, Edwards & Hassall, 2011). The research adopts a business paradigm and service theory model rather than a medical paradigm and health model (Johnston, 1999, 2004). This research aims to inform strategy and development for increasing Aged Care quality (O'Reilly, Courtney, Edwards & Hassall, 2011), independent living and service provision through informed decision-making and shared knowledge and drive a focused agenda for research and practice.

As Australia's population ages with a predicted number of retirees increasing by 20% per year by 2020, the

aged care sector is under increasing pressure to ensure that quality aged care is available and provided. The number of people reaching retirement will double in number by 2030. To live with a measure of independence and dignity, these ageing Baby Boomers will need a wide range of professional health and social service expertise, as well as home care and residential supports and services. Quality care demands a coordinated team of well-trained professionals, leaders and caregivers. Many reports on ageing and the age (AIHW, 2012) identify the significant shortage in the current bed places with these predicted to grow as the Baby Boomers retire, workforce shortages, skillset concerns of those trained to care for the needs of our nation's older adults, community care services management, access and cost and funding models for residential places as major problems for the sector (Price Waterhouse Coopers, 2012). Capital investment and allocation of capital is becoming increasingly more difficult for aged care providers and any measures which will assist in cost savings and efficiency are welcomed.

Aged care is projected to be the fastest-growing sector within health and community care industries (AIHW 2012). Strengthening the caregiving workforce, compliance, delivery and technology is not only vital to our social infrastructure and improving the quality of care but also has the potential to drive long-term economic growth and contribute to the GDP. Research, knowledge and practice are urgently required to address the issues of leadership, recruitment, training, retention and improved compensation in a growing sector and as a result of sector reforms. Key to responding to this pressure is increased leadership and management capability within the aged care workforce and offsetting practices through advance technological developments. Developing programs and support for independent living, assistive care and developing connectedness for the aged is vital and is directly related to wellbeing and quality of living for this cohort. Technology has a role in assisting people with aged health needs and disabilities to live more independently remain longer in their homes, choose to delay or avoid residential care through access to services from home and to have ready access to quality information for self-care.

This current research is a provider-needs-based research program. Sector compliance and funding reforms are creating and/or increasing challenges for service providers. Specific research and knowledge development in the key areas of knowledge management, project management, service management and strategic thinking, is directly aligned to these organizational challenges. This program is timely to respond to reforms in the blueprint for 2013 aged care programs such as

the living better living better (LLLB) initiative 2012/13 (AIHW, 2012).

For the purpose of this paper, a literature review was conducted. Using Scopus, scientific journal databases, hand searching of specialist journals, Google, snowballing, suggestions from experts, partners and collaborators a number of specific papers and reports specific and relevant topics were explored in more depth. The collation of this data concentrates research needs in the areas of leadership and management development in aged care, productivity and efficiency, compliance efficiency and managing workforce challenges and support technologies. It must be noted that due to the new reforms in living better and living compliance legislation and funding changes, current theory and practice innovations in aged care leadership and management research is rudimentary. Only effective and generic clinical leadership programs exist in aged care with few models targeting both clinical and managerial leaders and evidenced with testing and application. IT systems integration for management concerning business intelligence, project management and compliance and workforce research is also rudimentary and reflective of an inward-looking and transitional leadership model.

Specific current issues highlighted in the recent literature, government reports and media identified in the aged care industry and those that informed this research include the following:

- Compliance and reporting requirements are increasing in complexity and time commitment for funding receipt. (Australian Aged Care Quality Agency, 2013). Unlike other areas of health care and health care delivery, aged care has Low Capability Maturity indicated as between the repeatable and defined level (Williams, Maya, Mair, Mort, & Gask 2003). Capability maturity refers to the use of business processes and information technology within the organization (Kaur, 2014; Gramstad, Storli, & Hamran, 2013; Greenhalgh, Robert, Macfarlane, Bate & Kyriakidou, 2004). This suggests only basic project management and software processes are evident in the accreditation knowledge process with innovation and investment is warranted (Soar, 2013; Barrientos, Soar & Su, 2012)

- Increased demand for placements and in home care with support for 86,000 places required immediately. Governments are promoting the notion of residents to remain in home care for longer with in-home care requiring better monitoring, better services and easier access to support. Corporate governance and managing growth in horizontally integrated, multi- skill set, multi- needs, end to end

care is becoming more challenging with difficulties in managing quality and practice with particular reference to community directed care experienced by the majority of providers (O'Reilly, Courtney, Edwards & Hassall, 2011). The pricing regime for Consumer Directed Care is unknown with workforce needs unpredicted, skills sets not known and infrastructure requirement not known D'Andrea, Ferri, Grifoni, & Guzzo, 2010; Darkins, Ryan, Kobb, Foster, Edmonson , Wakefield , Lancaster 2008). These delivery issues relate very closely to the workforce issues evidenced (Soar, 2013) and raise the issue of improved efficacy as essential to the future of the sector.

- Workforce growth is forecasted at 20% in the next 4 years compounded by an already ageing workforce within aged care. Un-inviting, high care, low paid and high stress job roles leading to workforce management are evidenced (AIHW, 2012). Further complexities of overseas foreign workers, aged and unskilled workforce are compounding the workforce sector issues. (DOHA, 2012; Soar, 2013). Workforce skills mix due to changing need of skills due to consumer directed care is also a major challenge with current needs not known.

- Funding of building construction and maintenance is a major concern for investors and residential care providers. Aged care providers need continued access to capital for ongoing capital works in order to ensure the residential facilities are attractive to residents and their families. Residences need to cater to ageing population with compounded issues of chronic ill health due to age and living longer requirement differentiated and customised care (Soar, 2013; Connelly, and Doessel, 2004).

The paper will proceed by discussing the data and method and offering analysis and discussion on the findings.

2 Methods

A convenience sample was implemented with subjects recruited from known contacts and were known leaders in the aged care industry. The sample evolved using a snowball technique. These in-depth interviews offered depth and understanding to the comments introduced in the narrative collection and focused on the 4 question trends, issues, challenges and feeling toward government reforms (Human Ethics Approval H13REA134). The in-depth interviews discussed in more depth the advanced topics of aged care work force, work conditions,

attractiveness of the industry to investment, funding, government relationships, research data management and the future. The data scripts formed the basis of the data gathered. These were gathered and coded and several themes emerged.

The in-depth interview collection was consistent with the suggested range of case sampling of more than ten cases (Eisenhardt, 1989); 24 interviews in total were conducted. Sampling proceeded until theoretical saturation was achieved. Theoretical saturation is a process whereby themes and constructs from one case or interview are substantiated by the evidence of another case, and sampling proceeds until no new issues are introduced (Eisenhardt, 1989). These consultant customers functioned as lead users (von Hippel, 1986) in this context. The interviews were guided by open-ended questions and included but were not confined to probing questions such as:

What are main TRENDS you see occurring within the Aged Care Industry?

In your view, what are the main ISSUES confronting the Aged Care Industry and you, as a Provider within it?

What are the key LEADERSHIP CHALLENGES facing you as a CEO/CFO, in order to deal with these issues?

What is your opinion of 'Living Longer, Living Better' (LLLB), recently passed through parliament?

The interviews were then funnelled (Patton, 1990) to focus specifically on the questions with the general theme of questions included the following areas and probed for related responses.

The interviews were transcribed verbatim and the transcripts were read in-depth by the investigators (Whyte 1991; Zomerdijk & Voss, 2010). Consistent with the method outlined by Hubbert, Sehorn and Brown (1995), the unit of analysis was the script of the documentation of the Chief Executive Officer's decisions, attitudes and experiences. The scripts were coded separately and recorded. These were organized using a conceptual map (Miles and Huberman, 1994) and analysed based on understanding of the extant literature. This technique was derived from and is consistent with Montealegre (2002) and Price and Arnould (1999). The next stage moved to narrative analysis, a subfield of discourse studies. A computer-assisted text analysis of the interview transcripts was undertaken using Leximancer (Smith & Humphreys, 2003) relying on a corpus-based approach (Stubbs, 1996). One advantage of the use of the Leximancer system is argued that it makes the investigator aware of the global context and significance of concepts and helps avoid fixation on particular anecdotal evidence, which may be atypical or erroneous (Smith
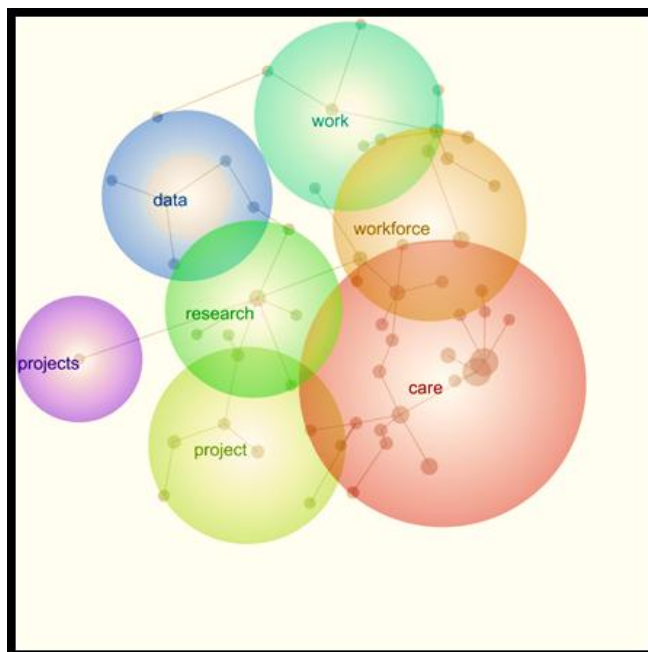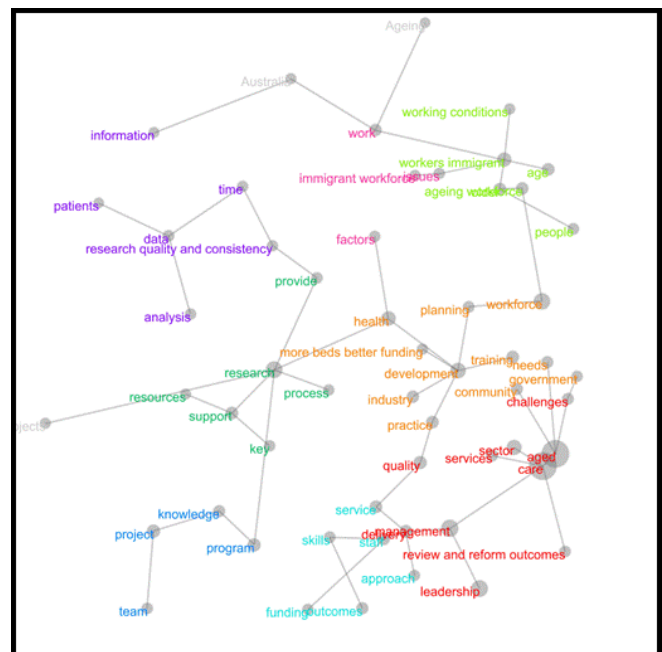
Figure 1: Global concept nodes: Leximancer map

Figure 2: Path relationships diagram

and Humphreys, 2006). Identification of the dominant themes expressed by the sample CEO and lead users was undertaken by examining the maps Leximancer stochastically calculates of the concepts in the corpus, as recommended by McKenna and Rooney (2005). The map is then used by the investigator to present an overall representation and guide to interpretation.

3 Results

A collated map was produced for the 24 in-depth interviews from the data collection and can be seen in Figure 1. Examination of the map and themes and concepts within the maps led to the identification of a number of recurring themes and the interaction of these can be viewed in the path diagram depicted in figure 2. The map shown in Figure 1: depicts a close association to the findings of the productivity commission report and shares the concerns raised in this report. Work, care and care quality, workforce, data management, research projects and projects and project management.

Specifically, comparing and contrasting overall data collected and the scripts, the following themes were identified; work, care and care quality, workforce, data management, research projects and projects and project management. It appears that workplace management, quality care and work efficiency are at the forefront of the CEO and lead users concerns and challenges.

Figure 2 offers path diagram and shows the specific relationship of findings to the global themes.

The paper proceeds with an elaborated discussion

on specific comments, map pathways and areas from the subjects scripts. Discussion related to the specific comments and specific examples of narrative comment are included in the discussion section. This practice is consistent with style of Price and Arnould (1999).

4 Discussion

4.1 What are main TRENDS you see occurring within the Aged Care Industry?

The Industry is under increasing pressure to meet the needs of a growing sector, the increasing needs of its participants, i.e., residents and their families and the increasing complexity of care models, reporting and accreditation. Subjects were concerned with issues of change of government and the government intention to reduce investment in Aged Care and ultimately to aged care provider income. Subjects suggested

Subject 11 "*there is too much change to accreditation and funding models with the sector finding it difficult to keep up with change.*"

Subject 4 suggested "*By the time they can integrate the change into the organization there is more change*".

The continuous change cycle is affecting performance and growth with direct impact on patient care due to excessive staff reporting and accreditation process.

Subjects 11, 13 suggested, "*over bureaucracy is impacting care delivery.*"

Subjects (all) suggested, "*the expense to manage the firms in the sector has increased substantially*" and they needed to "*identity ways to shift costs*".

Trends toward bonds and inclusion of high care beds was recommended to assist with this, as long as bond capital was made available for investment in refurbishment and could assist in supporting the cash crisis. Many subjects suggested there was a trend toward consolidation of providers and national services. This would assist with economies of scale but would create difficulty with the current offering of systems. Interestingly, several subjects proposed *"the culture of the facility is vitally important as individual sites have their own culture. Localized elements are essential and 'corporate' really overcomplicates operations."*

The new ageing population is bringing a major growth phase to the industry, demand for new and improved infrastructure plus well-trained and committed staff. The new-aged are more demanding and educated consumers have higher expectations. Subjects broadly commented, *"finding funding to meet their increased needs will be a challenge."*

The subjects proposed that *"With financial pressures obvious, the Government has been transferring the funding model increasingly toward a user pays"* and this trend will cause serious challenges to many providers – particularly the NFP's in the regional and rural areas. The *"'resident mix' will continue to trend to high care residents with increase demand for specialist equipment and training and providers will be in need of timely high quality management information to make appropriate decisions into the future"*.

The final trend highlighted was the government push for more residents to stay in homes and the propositions of more home care packages. Subjects noted *"home care was an obvious step."*

4.2 In your view, what are the main ISSUES confronting the Aged Care Industry and you, as a Provider within it?

The subjects identified a number of specific issues and these followed on from the trends that were highlighted. These are classified into specific areas and are listed in the following table 1. The issues are elaborated by the subjects when challenges for the future were discussed.

4.3 What are the key LEADERSHIP CHALLENGES facing you as a CEO/CFO, in order to deal with these issues?

One of the key challenges identified by the subjects was the lack of profits achieved by many of the not-for-profit providers (NFP). Subjects related to NFPs such as Catholic Health, which makes up 30% of providers, commented, *"they did not make a 'functional' operating profit and were operating on minimum staffing levels."* The lack of assurance in profitability was suggested to be related to fluctuating returns on care, funding model inconsistencies and staff recruitment difficulties. All subjects said in unison that *"budgeting was difficult due to fluctuating costs"*.

Staffing was also cited as a major management challenge with unions wanting guaranteed staffing levels and 2.5% – 3.0% wage increases / year. These projections were suggested to be creating increased expenditure constraints and influencing the nature of a 'skeleton service delivery'. Subjects proposed the industry is heavily regulated and were critical of increased regulation. The subjects suggested a quality review with experts and qualified people doing quality assurance and supporting the industry is more relevant than using bureaucrats. Many of the subjects advocated *"the lack of knowledge of the industry, the lack of quality review and support created major challenges for the sector."*

"Growth and future performance" are foreseen by all subjects as a challenging area for the sector and for the future. Many subjects suggested *"that the removal of limits on bed numbers & packages would overcome financial and profitability issues while also better meeting market demand."*

While providing a safety net for the poor, several subjects suggested *"that allowing organizations to charge a realistic figure for the quality of the buildings and the quality of care and function in a quality-based competition, which includes staff number ratios would support levels of packages that may better care for the elderly sector."*

A repeated discussion included *the lack of understanding of aged care of many stakeholders, such as investors, providers and board members* and government advisors and providers should ensure the knowledge development and management was following a strategic path in an environment with good governance. The majority of subjects noted strongly that it was vital to *"manage expectations of residents, family, Government and staff"* for success. Attracting, educating and maintaining sufficient quality staff to provide the carer's needs of residents was cited as essential for long-term viability of the sector.

4.4 What is your opinion of 'Living Longer, Living Better', recently passed through parliament?

The subjects were invited to comment on the recent Australian LLLB reforms and they raised a number of issues. These are reported.

General	Extra Services are expected and required by residents and government. Consumer Directed Care (CDC) and community care are the primary focus. All providers need to invest and understand CDC.
Funding	Declining revenue & increasing costs. Revenue lag based on new residents and differing funding models. Bonds as security and availability for use in capital investment. Cost of Care: Hard to make savings. New Bonds systems superseding older bonds. Capital impact? Fixed costs are continually increasing. Wages, power, building. Government income is being frozen, profit margins are decreasing.
Management	Managing change. Staff levels, efficiency of staff and attracting well trained and quality staff. Aggregation and finding Economies of scale. Funding for both the operations and for capital development will be of major significance. Economies of scale have already seen the loss of many smaller bed facilities (approximately sub-60 beds) and this is likely to continue. Business models going forward are unknown.
Workforce	Foreign workers attracted to the industry. Industry should reposition to attract domestic workers. Staff ratios.
Government and stakeholders	Department of Health and Ageing does not realize how much anger is in the sector. Currently the lack of clear and precise information about what the LLLB package will mean and how it will be administered - lots of announcements and little detail. There is an enormous expectation in the market that 'aged care' should be funded by the government and not create a drain on 'my inheritance'.

Table 1: Collated issues

4.5 Overall opinion of the reforms

Several of the subjects interviewed highlighted "*this is just a new round of change*" and subsequently do not think it is any different to the past or where the sector currently is today. Consistent comment that "*the industry was band-aiding many issues, as the investment by the government was not evident and these reforms did not go far enough to address the issues of funding for; in-home care, in-home care packages, accreditation processes and workforce issues*". Following this theme, overwhelmingly, subjects interviewed suggested "*the government should have followed the productivity commission, instead of cherry picking on ideological grounds*" and in essence, "*they (government) have missed many of the vital points of reform and areas of need*".

4.6 Community care and packages

The trending towards community care was broadly seen as good, however, it was evidenced that the government perspective focused more on cost minimization rather than keeping elderly in the home. Broad subject commentary noted ""*packages on offer are rare, difficult to get and fell short of the needs of the elder. Given the progression of a residents' frailty upon entry, by the time most elders qualified for a package, the wait time usually saw them enter a home or depart permanently.*" There was no investment in residential care or respite.

This was disappointing as high care places are becoming in ever-more higher need and most required as a consequence of deterioration and concomitant disease progression as the elder waits for eligibility of a scarce EACH (extended aged care package) or CACPS (Community Aged Care Packages) package. Sadly, many of the residential facilities have initiated their own interim measures by converting many low care beds to respite and high care to meet demand.

The new proposal for renamed packages proposed as the Home Care Packages Program will continue to be funded by the Australian Government however under a new program of four levels of Home Care Packages:

- Home Care Level 1 – to support people with basic care needs.

- Home Care Level 2 – to support people with low level care needs.

- Home Care Level 3 – to support people with intermediate care needs.

- Home Care Level 4 – to support people with high care needs.

This group saw no real difference in these new packages and suggested there would still be scarcity and difficulty in patients accessing the care. Moreover, subjects felt "*there was little confidence in who would offer the packages, how licenses would be issued and how the process would be measured and managed*".

4.7 Care Workforce

The issue of staffing and attraction and retention of staff was a major issue for residential care with subjects highlighting "*this as a major issue requiring resolve in the very short term*". Maintaining a professional, skilled work force attracting people for all areas of the business with emphasis on registered nurses and experienced managers was a real problem. Particular mention was related to regional rural areas and the difficulty encountered in getting long term experienced staff. Sponsored foreign workers (using 457 visa categories) were the most popular strategy, at this stage, to overcome shortages with the primary focus on Indian & Filipino nurses, as there English language skills are stronger. Communication being a major area of concern for residents in regard to their carer. These roles were focused on the less skilled areas and seemed easier to attract. Subjects were positive with the government legislation that grants a 4-year contract, however, care and commitment to guarantee of a certain amount of hours was seen as a challenge. The residences must function under a stringent set of rules and at times the subjects saw this as prohibitive and suggested that this "*be relaxed for a more casual approach*" including part-time versus full-time. Subjects were happy with the foreign workers as the roles were less skilled and lower paid and many local workers refused to stay long term, commit or work in aged care. Subjects did suggest, "*it does present an opportunity for unemployed as no formal qualification are required at the unskilled levels*".

4.8 Bonds and finance

There was concern about the nature and process of bonds for residential homes. Subjects 14, 2, 3 and 9 noted "changes to allow greater use of Bonds or Accommodation Payments across care levels is an improvement to overall capital management". Bonds, or Accommodation Payments, as they are to be known at the instigation of the LLLB changes introduced by the Federal Government in July 2013, deemed to commence on 1st July 2014, have only been able to be charged to Low Care residents. Once LLLB commences, facilities are able to incorporate High Care residents into this funding environment.

As the bonds are a substantial financial investment, the residents will be given a 28-day cooling off period, which allows them the time to decide between paying a Refundable Accommodation Deposit (RAD) or a Daily Accommodation Payment (DAP) and the legislation gives the residents the right to change their mind every 28 days, should they wish. Subjects said "*residents having the ability to change their mind so easily will*

impact forecasting and cash management. An area to be watched carefully."

Other subjects suggested "*the differing payment streams impact a facilities' ability to plan for facility construction or renovation*".

Subjects 18 and 21 said "*Lack of long-term security with bed allocations will not help this.*"

This supported previous subjects' comments that industry is struggling to respond to construction demand pressures, due to a lack of funding and tight regulations (Access Economics 2011) with evidence that the aged care industry is falling behind in investment to meet the sector's growth projections and provide long-term viability of the sector.

Subjects suggested the funding assessment program based on an income means test and asset test, will screen residents and lessen the funding for those in need (Access Economics, 2011), and may cause confusion for some elders. This system will also require a new process within the aged care system to manage it. Subjects commented "*a pricing authority will constrain growth and slow the process with the need for facilities to price each room and advertise each room on their corporate website a further unnecessary expense. Bonds are the cornerstone of the balance sheet, however, the previous government sought to limit their size.*" The current federal government has set two levels with the higher 550K level requiring departmental approval. Subjects cited this as a warranted move, which allowed more popular facilities to charge competitively.

While retentions are gone, the government is introducing an attractive interest rate associated with the daily accommodation payment, which is meant to offset to some degree of lost revenue for facilities. Overall, subjects welcomed this with a number of CEOs feeling this is an opportunity missed. Finally, subjects raised the issue that to be financially viable beds must be full. Older buildings need refurbishment too attract residents. Subject 11 suggested "*If bonds do not offer the guarantee a facility can use as finance to support building improvements or renovations and new developments, the scenario whereby rooms have to be advertised will by virtue of 'oldness', be worth less and less over time*".

Subjects stated "*that to be financially viable, the full contingent of beds must be full - Older buildings need refurbishment and often may need a 'knock-down' to maintain the level quality residents (and their dependents) require*". Facilities are keen to continue to invest in capital works programs, as this is a way of keeping competitive activity at bay. While this is the case, Bonds have been the means to which a financial institution would loan against, all within prudential bounds. Given these changes, several subjects proposed that "*a*

new player would think twice about entry. The sector is fast becoming one that interests an established player".

Subjects 4, 9, 11 and 13 suggested "*There is a lot of mergers and acquisitions going on throughout the industry - Larger players will continue to grow as they consume the smaller, less efficient, less profitable entity - Even NFPs need to be fundamentally profitable. The bequeathed dollars are reducing as the current inheriting generation seeks to hold the family house for themselves rather than sell it to pay for their parents' care needs - Whether the resident therefore sells the family asset and takes the RAD option or chooses the DAP route, the income test will determine their contribution with the government introducing a lost revenue incentive to facilities that is supposed to be more attractive rate than the banks*". Subjects noted their cynicism and said, "*It remains to be seen*".

As previously discussed, all of the subjects interviewed suggested the government should have followed the Productivity Commission recommendations (AIHW 2012), instead of subduing evidence on ideological grounds and in essence missing many of the vital points of reform.

5 Managerial implications

Collating the results of both the Leximancer analysis and the interviews narrative reviews the following agenda and managerial recommendations for research is presented. The agenda aims to give focus to the priority areas of research required in the aged care sector and suggest areas of focus for innovation and development. This agenda briefly outlines the pathway to a more informed future of research and practice in aged health care.

1. Streamline delivery and identify practices that could assist in care delivery, support workforce and provide greater care for less expense. Overhaul and focus on online care models and telehealth research, reduce repetitive work and work that is not enhancing value for the consumer or cost savings to the provider and or government (Matthews, Woll, & Clarke, 2012).

2. Assistance with delivery of quality care in rural and regional areas (McManus Walmsley, Argent, Baum, Bourke, Martin, Pritchard & Sorensen; 2012) and focus on why models are poorly adopted and have not yet worked.

3. Explore and research the role of technology in increasing efficiency (O'Reilly, Courtney, Edwards & Hassall; 2011) in;

    Actual care delivery and interfacing with care workforce,

    Data / knowledge capture for accreditation,

    Knowledge hub development and

    Service and experience mapping of technology interactions with the elderly

4. Workforce reforms (Soar, 2013) and practices that could support training, efficiency and quality delivery

5. Business cases for funding models, bonds and capital investment in the sector. Support the development of better funding models for providers, construction, refurbishment of residents and the elderly and their families. ((Price Waterhouse Cooper, 2012).

6 Conclusion

The aim of this research was to commence discourse in the development of one voice for the aged industry to further research and develop knowledge for the business of aged care. This paper discussed trends, issues and challenges in the aged care sector in Australia. The paper interviewed a convenience sample of 24 CEOs and sector leaders and advanced the current understanding of issues in the sector. There is no question that much research and support needs to be provided to this sector to meet the demands of the future of aged care in Australia. Particular attention needs to focus on streamlining the accreditation process, supporting workforce demands, advancing the use of technology and issues for efficient care delivery and developing practical funding models for building construction and facility maintenance and elders and their families.

Acknowledgements

Conflicts of Interest

References

1. Australian Aged Care Quality Agency (2013) http://www.accreditation.org.au/residents-relatives/non-compliance/) accessed 7th May 2013

2. Barrientos J, Soar J and Su Y (2012) Impact analysis of assessment, consultation and education services to support the adoption of smart home technologies, innovations for chronic disease prevention and solutions for independent living. In: 10th International Conference on Smart Homes and Health Telematics: Impact Analysis of Solutions for Chronic Disease Prevention and Management (ICOST 2012), 12-15 Jun 2012, Artimino, Italy.

3. Connelly, LB and Doessel, DP (2004) Medical expenditures and health status in Australia: a story of increasing or decreasing returns? Australian Economic Review, Vol 37(1) pp, 12-30.

4. D'Andrea A, Ferri F, Grifoni,P & Guzzo T (2010), Multimodal social networking for healthcare providers, 2010 Workshop on Database and Expert Systems Applications (DEXA), Bilbao, 30 August - 3 September.

5. Darkins A, Ryan P, Kobb R, Foster L, Edmonson E, Wakefield B and Lancaster A (2008). Care Coordination/Home Telehealth: the systematic implementation of health informatics, home Telehealth, and disease management to support the care of veteran patients with chronic conditions. Telemedicine and e-Health, Vol 14, (10), pp 1118–26.

6. Deloitte Access Economics (2011) The viability of residential aged care providers And the potential impact from Productivity Commission recommendations on changes to the aged care system ACAA and ACSA. Access Economics. Australia

7. Department of Health and Aging (2012) Discussion Paper: Development of the Aged Care Workforce Compact). Strategic Workforce Advisory Group June 2012 Out-Of-Session Item. The Department of Health and Ageing, Australian Government, Canberra

8. Department of Health (2013) https://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-quality-guidelines-cr-ap.htm; accessed 7th May 2013

9. Eisenhardt KM (1989). Building theories from case study research. Academy of management review, Vol 14(4), pp 532-550.

10. Gramstad A, Storli SL & HamranT 2013, Do I need it? Do I really need it? Elderly peoples experiences of unmet assistive technology device needs, in Disability and Rehabilitation: Assistive Technology, Vol. 8(4), pp. 287-93,

11. Greenhalgh T, Robert G, Macfarlane F, Bate, P, & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: systematic review and recommendations. Milbank Quarterly, Vol 82(4), pp, 581-629

12. Hubbert AR, Sehorn A & Brown SW. (1995) Service expectations: the consumer versus the provider, International Journal of Service Industry Management, Vol. 6 (1), pp, 6 - 21

13. Johnston R (1999) Service transaction analysis: assessing and improving the customer's experience, Managing Service Quality, Vol. 9 (2), pp, 102 - 109

14. Johnston R. (2004). Towards a better understanding of service excellence. Managing Service Quality, 14(2/3), pp, 129-133.

15. Kaur J. (2014). Comparative Study of Capability Maturity Model. International Journal of Advanced Research in Computer Science & Technology Vol. 2 (1) pp, 50-55

16. Matthews RA. Woll B & Clarke M (2012), Researching the acceptability of using Communication platform to provide speech and language therapy, International Journal of Integrated Care, Vol. 12(1), pp 1-11,

17. McKenna, B, Rooney, D, (2005). Wisdom management: Tensions between theory and practice in practice. Conference Proceedings of Knowledge Management in the Asia Pacific (KMAP). Wellington, NZ. November 2005.

18. McManus P, Walmsley J, Argent N, Baum S, Bourke L, Martin J, Pritchard B and Sorensen T. (2012) Rural Community and Rural Resilience: What is important to farmers in keeping their country towns alive?, Journal of Rural Studies, Vol 28(1) pp, 20-29

19. Montealegre R. (2002). A process model of capability development: Lessons from the electronic commerce strategy at Bolsa de Valores de Guayaquil. Organizational Science Vol 13(5), pp, 514-531.

20. O'Reilly M, Courtney M, Edwards H. & Hassall S. (2011), Clinical outcomes in residential care: Setting benchmarks for quality. Australasian Journal on Ageing, Vol 30 (Fall) pp 63–69.

21. Price L & Arnould E J. (1999) Commercial Friendships: Service Provider-Client Relationships In Context Journal Of Marketing, Vol 63 (October) pp. 38-56

22. Price Waterhouse Coopers (2012) http://www.pwc.com.au/industry/healthcare/assets/Changes-to-aged-accommodation-bonds-Feb12.pdf accessed 7th May 2013

23. Soar J. (2013), Assistive technology: ready, steady, go, Australian Journal of Dementia Care, Vol. 2, (1), pp. 22-33,

24. Soar J. (2013) Aging issues and policies in Australia. In: Global aging issues and policies: understanding the importance of comprehending and studying the aging process. Charles C. Thomas Publisher Ltd, Springfield, IL. United States, pp. 295-311.

25. Smith AE. & Humphreys M. (2006). Evaluation of unsupervised semantic mapping of natural language with Leximancer concept mapping. Behaviour Research Methods, Vol 38(2), pp.262-279.

26. Stubbs M. (1996). Text and Corpus Analysis: Computer-Assisted Studies of Language and Culture. Cambridge, MA, USA, Blackwell Publishers

27. von Hippel E. (1986) Lead Users: A Source of Novel Product Concepts, Management Science Vol 32, (7) (July) pp. 791-805.

28. Williams, T. Maya, C. Mair, F. Mort, M. and Gask L. (2003) Normative models of health technology assessment and the social production of evidence about Telehealth care. Health Policy, Vol 64, (1), pp 39-45

29. Whyte, WFE. (1991) Participatory action research. Sage Publications, Inc. USA

30. Zomerdijk, LG. and Voss, C. (2010), Service design for experience-centric services, Journal of Service Research, Vol. 13(1) pp. 67-82.

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