Who supports older people with no short-term memory who live alone?

Dr Sarah Russell

February 2025

Aged Care Matters
www.agedcarematters.net.au

Who supports older people with no short-term memory who live alone?

April 2023

Correspondence
Sarah Russell PhD, BA (Hons)
Director
Aged Care Matters
Email: agedcareadvocacy.gmail.com
Website: www.agedcarematters.net.au

Front Cover photo: Joan Russell
Back cover: Simon Kneebone

© Aged Care Matters All rights reserved.

Russell S (2023) “Who supports older people with no short-term memory who live alone?”
Aged Care Matters: Melbourne

Table of Contents

Summary 2
Who supports older people with no short-term memory who live alone? 4
Appendix 1: MRI result 22
Appendix 2: Summary for GP appointment 23
Appendix 3: Cognitive, Dementia and Memory Service letter April 2022 24
Appendix 4: Cognitive, Dementia and Memory Service letter April 2022 25
Appendix 5: GPs 'To Do List' 26
Appendix 6: Regional Assessment 27
Appendix 8: Email to Ministers 31
Appendix 9: Response from Department of Health and Ageing 32

Summary

In November 2022, a local social justice group invited me to talk with their members about aged care. Afterwards, several members phoned me to express concerns about Susan Fox (not her real name). According to them, Susan had significant short term memory loss. She had also moved into a new unit in February 2022 and had not yet unpacked her possessions from boxes. I was asked to assess Susan and offer suggestions for how she could be assisted.

I told her concerned friends that I am not an aged care worker, so I was not able to assist. However, I was a casual acquaintance of Susan's having met her in a leash free dog park. So when Joan Harding phoned me on 1 March 2023, I said I would go to Susan's home to assess how she could be helped.

Over the next month, I observed the lack of professional follow-up for older people who live alone with cognitive failure. Unfortunately, the Mornington Peninsula Shire Council had recently stopped providing aged care services. So it was not possible for Susan's GP to refer her to the local council for assistance.

Instead, Susan was on her own.

Annette, Susan's previous neighbour, had taken Susan to Peninsula Health's Cognitive, Dementia and Memory Service twice, in April and August 2022. On both occasions, she saw a professor who wrote a detailed letter to Susan's GP (Appendix 3 and 4). Whose responsibility is it to follow up the suggestions in the letter?

During a visit to Susan's house, I found a request for a MRI form on Susan's desk. The date on the request form was October 2022. Fortunately, the request form was still valid in March 2023, 6 months later. I arranged an appointment. I also arranged a GP appointment to hear the results of the MRI.

The GP reiterated his belief that Susan has Alzheimer's. However, the MRI is inconclusive. The other possible cause of Susan's memory loss is her excessive alcohol consumption. Her alcohol consumption was noted in both letters to GP from the professor at Peninsula Health's Cognitive, Dementia and Memory Service.

Susan explained to me that she comes home from the dog park and pours herself a glass of wine. She then forgets she has poured a glass, so pours another, and then another. Evidence suggests (from the number of empty bottles) that she is drinking around 8-9 bottles of wine per week. I suggested replacing the numerous boxes of wine in her unit with non-alcoholic wine.

When Susan left her appointment with the GP, she showed me the list the GP had given her – to remind her of actions he recommended she took.

1. Call CDAMS
2. Call ACAS assessment
3. Webster pack
4. Chase MPOA

Susan did not know what the acronyms meant (who would?). The following day, she did not recall visiting the GP. It is unlikely that she will follow the GP's "to do list".

It is likely that there are 1,000s of people in Susan's situation – living alone with significant cognitive impairment. Now that many local councils no longer provide aged care services, who is helping them?

Two years later, Susan was assessed by a private aged care company. The assessor made numerous errors. They recommended a gardener.

Her friend, Lorraine, contacted me – asking for my help. I met Susan in early February 2025. I was shocked by her physical and mental deterioration. Once again, I arranged private support for her at home. Fortunately, Susan is wealthy and can afford to pay private support workers.

Loving family and friends

Thank goodness Molly Meldrum's friends are providing support for him to remain at home. It takes a village to support an older person with cognitive failure to live at home. Although many older people receive government assistance to remain there, unpaid carers – family, friends, neighbours – often undertake most of the work of caring for them.

Sarah Russell, Mount Martha

Who supports older people with no short-term memory who live alone?

My assessment of Susan was that she is a very intelligent 70-year old woman with a good long-term memory. She was also proudly independent – and had a daily routine (e.g. walking her kelpie twice a day). However, Susan did not have a short-term memory – evidenced by her asking me the same question or making the same statement many times within a short period of time.

I did not think Susan would agree to “an aged care support worker”. Instead, I suggested a “house keeper” to help get her house in order. Susan agreed.

On 3 March 2023, I arranged Barbara, a registered nurse working in home care, and Jan, a retired school teacher, to meet Susan. Susan agreed to employ both women as a house keeper for 3 hours a week on a trial basis. Barbara’s shift was Tuesday 12-3pm; Jan’s shift Wednesday 12-3pm.

When Susan showed Barbara and Jan around her unit, Barbara told me that the dishwasher was not connected. I asked Susan whether she would like me to arrange a plumber to instal the dishwasher. She said: “Yes”. So I phoned David Scott and asked him to install the dishwasher. I booked David for the following Tuesday (when Barbara would be there).

At midday on 7 March, Barbara (registered nurse, support worker) phoned me to say she was unable to work at Susan’s as she was unwell. I asked her to phone Susan not me. I reiterated that I did not want to be the intermediary. I phoned Susan to remind her the plumber would be coming around 2pm to install the dishwasher.

The plumber phoned me to tell me the dishwasher was installed. He told me it needed an electric plug. I asked Susan if she would like me to arrange an electrician. She said: “Yes”. I phoned my electrician and booked him for 8am 14 March.

On 8 March, I asked Susan how she would like to pay the plumber’s bill. She said she would like him to email the bill to her. I asked Susan to check that her email worked. We found that Susan’s email had not been used since she moved into her new house.

I checked Susan’s modem. It was not working. I was able to get the modem to work, but it became apparent that Susan did not have an Internet provider. She told me that she would go to Telstra that afternoon to purchase an Internet package.

On 9 March, Susan told me that she was planning to trade her 2016 Toyota (damaged when she drove into her garage door) for a new Mazda. The Mazda dealership in Frankston had offered her $1,000 as a trade-in. I spoke with her friend Lorraine Putts about this trade-in price. Lorraine estimated the car was worth around $20K.

How many business take advantage of older people with cognitive failure? Is this a form of financial elder abuse?

Susan and I discussed what she wanted done with the Toyota. She told me she wanted to give her old car to Lorraine Putts. Susan later told me she didn’t care what happened to the old car – she just wanted it gone.

Over the next week, I had several discussions with Susan about her car. It was clearly a source of stress. So I asked Lorraine to take some photos of the damage and to send these photos to a panel beater.

On 14 March, I received a phone call from the electrician to say that Susan's house was a fire risk. There were exposed live electrical wires and no smoke alarms. He also said the old fuse box needed to be replaced with a smart box. I spoke with Susan and she agreed for this work to be done.

The electrician could not complete all this work in one day, so he arranged with Susan to come back the following Wednesday. I gave the electrician Susan's phone number so he could confirm this with her the following week. I explained that this was between Susan and the electrician and that I did not want to be the intermediary.

The electrician told me that Susan tried to pay the bill by EFTPOS but her card was rejected. I told him to email the bill to me (because Susan did not have an Internet account), and I would print the bill for Susan to pay.

On 15 March, I received a phone call from Jan, the housekeeper, to say that Susan's Mazda was outside the unit and the dog was inside. However, Susan was not answering the door or her phone. Both Jan and neighbour had tried to get access to unit via back door. I phoned Susan but she did not answer.

I told Jan that she should come to my house – and I would find 3 hours gardening work (to replace the 3 hours housekeeping work). I phoned Susan again – and this time she answered. She was having lunch with friends. She told me to apologise to Jan. I replied: "This is not OK. You have made an agreement to employ Jan for 3 hours every Wednesday, so you need to come home when you have finished lunch so Jan can do her work".

I told Susan and her friends that going out for lunch with friends was very important for Susan's wellbeing. I suggested Susan get a key cut so Jan could let herself in to the house to do her shift irrespective of whether Susan was home. Susan thought this was a good idea and agreed to get a key cut.

Jan had reported there was a lot of rubbish in the house, including numerous empty wine bottles. Jan filled the rubbish and recycling bins – and asked a neighbour to put the bins out. The neighbour agreed.

Later that day (15 March) Susan phoned me several times about her Toyota. It was clear that the car remaining in Susan's drive way was causing her distress. So I arranged to collect the Toyota and drive it to my house. I checked the registration – it had been cancelled in October 2022 due to the registration not being paid.

While with Susan, I asked whether she had money to pay Jan, her housekeeper, for both this week and last week. She did not. So when I was leaving, I suggested she go to the bank to get money. We drove off at the same time. However, Jan contacted me later to say Susan had not returned home. I knew Susan was at the dog park every day between 4pm-5pm. I phoned Susan. She was at the dog park. I told her I would meet her at there, and asked her to wait for me.

When I arrived at the dog park, Susan was leaving. I asked her to come back to the dog park with me. We discussed the money she owed Jan. She told me she had no cash. I asked her to check her wallet. She was surprised to find she had cash in her wallet, including the money she owed Jan.

On 16 March, I phoned my mechanic and asked if he could arrange (1) panel beater (2) roadworthy (3) registration. I asked him to then sell the car, take 20% commission and give remainder of the money to Susan.

On 16 March, I went to Susan's house to explain what I had arranged for her Toyota. Susan said she did not want the money and would like to give it to charity. I reminded her that she had previously said she wanted the money to go to Lorraine Putts.

While at her house, I arranged an appointment for an MRI. The request slip was dated 4 October 2022. I also arranged an appointment with her GP to discuss results of the MRI. Susan agreed that I could attend the appointment with her.

I noticed Susan's Dossett box was empty. I asked Susan about her medications. Susan told me she had run out. I asked her whether she had prescriptions – and she found them under a pile of papers on her desk. She put the prescriptions in her handbag and I suggested she take them to her pharmacist.

Later that day, Barbara, the registered nurse support worker, texted me 15 times. She told me she had spent 6 hours with Susan on Tuesday. I asked Susan what Barbara had done during her 6 hours. Susan could not recall Barbara being in her house.

I told Barbara that Susan did not recall her being in her house. I also reminded Barbara that I was not the intermediary – her relationship was with Susan, not me. Barbara then wrote:

I've had extensive experience in aged care. You know that as a registered nurse I have a duty of care, a code of conduct and professional standards to meet and am bound to comply with AHPRA. I think it best Susan stays with Jan [the housekeeper] if no recollection as this is dangerous. I was there for day and spoke to neighbours, a person from the body corporate and electrician. I also assisted her to make appointments. Dementia is frightening for client and I cannot in good faith operate in this context where there is no recall and opportunity to build trust. I was keen to assist but this compromises all of us… Susan is an articulate educated woman who presents well. Spend 10+ mins though and disrupted thought and memory patterns are evident. The body corporate guy was exasperated as he'd had dozens of conversations but no recall. It is terribly frightening for Susan when she has insightful moments. I wish her all the best.

On 17 March, I texted Susan.

Good morning Susan. It is Sarah here. Checking to see if you were able to get your medications and a key cut yesterday?

Susan replied promptly.

Hello Sarah

Thanks for your concern and actions.

Answer: no.

Reminder note is now on my table as first tasks today.

My reply:

The third job is Internet - (good things come in 3s)

When you have Internet, you will be able to do the Internet banking for plumber and electrician.

Again, Susan replied promptly.

Thank you for caring and trying to keep me on the straight and narrow. It is very helpful for me, given my flawed memory, which I admit scares me re the future. However I fear It will become somewhat tedious and annoying for you.

I have some things in place but if you have any suggestions about ways I could adjust to this scary situation and at the same time be a reliable and useful friend, I would be grateful.

Susan

I phoned Susan to say that my suggestion is that, in the short term, I act as her “memory”. I would call myself “*Doc Memory*”.

I had observed how well Susan responded to her phone alerts (as reminders) so I said I would send her a reminder text about the 3 jobs. I also arranged to meet her at 2pm (to set a deadline for completing the tasks).

I texted Susan at 11am.

Jobs

1. Prescriptions filled

2. Front door key cut (for housekeeper)

3. Telstra - Internet connection - for Internet banking.

See you today at 2pm

I then phoned several of Susan’s friends to find someone to drive Susan to the MRI. It was important that she had someone accompany to the MRI, not just drop her at the door of the hospital. Her friends were all busy that day. A friend suggested I contacted Judy, a woman who lives in same street. Judy was happy to drive Susan, accompany her to MRI and drive her home.

I then texted Susan at 1pm.

Dr Memory - checking 3 jobs (see above) have been done. Have they?

Susan replied promptly.

Hello Doc

Scripts filled but forgot to pick up while at the shops. Will do on way to dog park this arvo.

No re front door key. Have to make separate trip to hardware.

Yes re Internet but takes up to 3 hours for line to be operational.

I phoned Susan. She told me her chemist is in Red Hill. So I suggested she goes straight to chemist now, and then comes to my house for a coffee before going to the dog park.

I was now aware that Susan repeated questions/made statements that she had asked/said a minute or so before. So a few minutes later, I texted her:

You are jumping in car with Jordie to go straight to chemist in Red Hill.

You are then coming to my house for coffee.

Address: 16 Wonder St, Red Hill

She arrived at my house at 3pm but she could not recall if she had been to the chemist. When I went to look in her car, there was a shopping bag from the chemist.

Over coffee, Susan told me she had a sister and 2 brothers (one with a mental illness). I asked Susan whether I had her permission to phone her sister in Brisbane and brother in Mildura. She said: “Yes”. She shared their phone numbers with me.

I asked Susan about her will, power of attorney and advance care directives. She told me she had last made a will in Ballarat and she recalled the solicitors’ name. While Susan was at my house, I emailed this solicitor asking him if he had a copy of Susan Fox’s will.

At 6pm on 17 March, I texted Susan.

Doc Memory reminding you to check your email. You said in a text above that you had been to Telstra - so it should be working. If it is, can you please reply to my email. Thanks. Sarah

I did not receive a reply to my text or email.

At 8am on 18 March,

Good morning Susan. Doc Memory here.

Job today is to get your Internet working - so you can pay your online bills.

First step: check your email. Is it working?

Again, a prompt reply:

Morning Sarah

Will do. Just waking up with a nice cuppa.

My reply:

Doc memory again

If you went to Telstra yesterday, your email will be working.

If you did not go to Telstra yesterday, you will need to go today to get a Internet plan package on.

I had been told that Susan was meeting her good friend, Annie, for lunch on Saturday. So I decided not to contact Susan again on Saturday. Nonetheless I was curious to see if I would receive a reply to my email. I did not.

I had been told that a friend was bringing Susan to a talk about homelessness on the Mornington Peninsula. However, when friend phoned Susan, she told the friend that she had not slept well and did not want to attend. I phoned Susan. She was out walking her dog, Jordie. I reminded her that she had told me that she was looking forward to talk and lunch. I asked her how long she would take to get home, get out of her dog walking clothes and be ready. She said 20 minutes.

When I arrived at her house 20 minutes later, I reminded her that she needed to get dressed for the meeting. She did this and I drove her to the meeting. Susan wrote notes during the talk. When the talk was finished, she told me it was a very interesting talk.

After the talk, a woman approached Susan to say hello. Susan greeted this woman enthusiastically saying she had not seen her for such a long time. The woman responded that they had lunch the previous day. I assumed this woman was Annie, and introduced myself.

I left the meeting but heard later that Susan had had a very enjoyable time at the lunch.

On Monday 20 March, I sent Susan a morning text.

Good morning Susan. Doc memory here.

I hope you enjoyed the talk and lunch yesterday. It was a very interesting talk about homelessness.

You have an important job today. You need to go to Telstra to arrange an Internet package so you can do your Internet banking. Once you have signed up to a package it will take three hours to connect to Internet at your home.

I have sent you an email that I would like you to reply to once it is operational.

Again, I received a prompt reply. Morning Doc

Most important first task of every day is to run out the energy of my loving kelpie. We're just off to the dog park to do so, after which I will do as I'm told and go to Telstra.

Hope all is well with you. Looks like a beautiful autumn day is ours for the taking. Best season of the year methinks.

Cheers

Susan

I replied

Doc Memory again.

I will check my email at 1pm. By then I feel confident you will have:

1. Organised an internet plan with Telstra

2. Logged on to your email.

3. Replied to my email

When I checked my email at 1pm, there was no email – so I invited Susan for coffee. She came to my house. I suggested we put a reminder in her phone for later that day to "go to Telstra to arrange an internet package so I can pay my bills". She agreed but when she checked her phone, she saw she had a hair appointment at Mentone. So clearly no time for Telstra.

On Tuesday 21 march, I began the day with a text.

How about we get the plumber and electrician bill paid today?

I can meet you at the bank or post office later this morning, if that suits you. Does it?

Just to remind you: plumber installed your dishwasher. Electrician has emailed me an itemised bill for the work he did last Tuesday - he was at your house all day

Electrician emailed me because your Internet is not yet connected. Telstra is another job we need to do! xx

I received a prompt reply.

If you have a working printer, could you possibly print out the electrician's bill (mine is in one of the many unpacked boxes). I'll come and pick it up and hunt up the plumber's one as well and pay them.
Thanks

I put the electrician's bill in my letterbox. I then texted.

Will do. I need to go to post office today. So how about we meet at post office today.

Susan's reply
I'm spending much of the day with an old colleague and friend who now resides mostly on Magnetic Island but spends 3-4 months in his house in Flinders because he can't stand the humidity up north.
Don't worry. I always pay my bills. Could you please leave the account in your letterbox and I'll pick it up today? Many thanks

Later that day, I texted again.

1. The electricians bill is in my letterbox.

2. The plumbers bill is on your desk.

Both bills need to be paid today. I can meet you at the post office if you need some help

Susan's reply
No, thank you. My memory is a problem but I'm capable of paying my bills.

I had arranged the tow truck that day for Susan's Toyota. It arrived at 11.30am. I paid him $400 to take the car to my mechanic in Collingwood.

At 4pm I texted again.

Doc Memory (again)

Sorry to be annoying - but electrician and plumber need to be paid today.

You have the plumbers bill on your desk. He installed your dishwasher 2 weeks ago.

Electrician has itemised on the bill the many jobs he did last week. His bill has been in my letterbox since 9am for you to pick up.

My address is:
16 Wonder St, Red Hill

Both David (plumber) and Peter (electrician) did this work as a favour to me. Hence me sending you numerous texts about their payment.

You will also need to get $135 cash to pay the housekeeper tomorrow. She will be at your house at 12pm - 3pm.

I received no reply, so I took the electrician's bill to the dog park. I gave the bill to Susan. I also reminded her that she had booked the electrician to come tomorrow to attend to her fuse box and he may not come because she had not paid her bill. She was angry with me saying "*I always pay my bills*". Yet both bills were overdue.

That afternoon, I received yet another phone call from a friend of Susan's. We spoke for 40 minutes. She felt Susan would be "safer" in an aged care home. I responded that I thought she

would be miserable and that the first step is to find out what is wrong with Susan. This friend also felt Susan should not be driving. Again, a decision about driving should not be made before a diagnosis.

That evening, the electrician phoned me to say he had tried phoning Susan to remind her that he would be there at 8am tomorrow. But Susan did not answer her phone. I suggested he texted Susan – because this arrangement was between him and Susan. I explained that I had tried unsuccessfully to get his first bill paid.

On 22 March, I texted Susan

Good morning Susan. Doc memory here.

Is Peter (the electrician) working at your house this morning?

I will be at your house today at noon with Jan (housekeeper). I will get her a key cut.

Lorraine tells me you are going out for lunch. Terrific. Jan is fine to work at your house alone. But she needs to be paid. $135

Another prompt reply, this time expressing some annoyance.

Good morning Sarah
I very much appreciate the assistance you have been giving me. I have no connections down here and finding good people is difficult.
Yes Peter has arrived. I will get a key cut this morning. But one thing….
Could I ask you to please not arrange for people to come here to work. If you could provide me with names and phone nos. I will make arrangements, so I know they are coming and make sure they have all they need. Including access.
Thank you for all your help -it's terrific to have progress happening. I very much appreciate all you have done.
Cheers

I replied to clarify.

Just to clarify - you arranged with Peter last week for him to return today to do the fuse box. I did not do this.

When he phoned me last night, I asked him to text you which he did.

I have made it clear to you and your housekeeper that I do not want to be the intermediary. I have a full time job and do not have the time! Xx

Another prompt reply from Susan.

Thank you. Understood.

I visited Susan later that day so I could introduce her to Judy (the woman who lives in her street and who would be taking Susan to the MRI on Thursday). Whilst there, Jan told me she had discarded 10 empty wine bottles. We both noticed several boxes of unopened wine, including another box in her car.

I asked Susan about her alcohol consumption. She told me that she had a glass when she returned from the dog park. A few minutes later I asked her again. She told me she only drank socially when out with friends.

I said that she had told a professor at the memory clinic that she drinks 4 glasses a day. She denied this.

I then asked her about the plumber's bill. I reminded her it was overdue. She assured me that she would pay it online today. I reminded her that she did not have any internet. I told her she had not arranged internet since she had moved into her unit. "*How have you been paying your bills?*", I asked. Susan told me she paid them at the post office. Later she told me she paid them at the bank.

Feeling at my wits end, I left. I told the electrician that he should phone me if Susan's debit card does not work. He later phoned me to say he had driven Susan to the bank. His bill has been paid. The electrician suggested bringing the plumbers bill too, but Susan assured him she would pay the plumber's bill online.

I saw Jan after her shift. She told me Susan had paid her at the beginning of her shift. Susan subsequently offered to pay Jan numerous times. Jan reminded her that she had already been paid, and did not accept any more money.

Again, the possibility of a less scrupulous support worker financially abusing an older person with signifcant short term memory loss.

On March 23, Judy took Susan to her MRI.

On 24 March, I spoke with my mechanic about Susan's Toyota. He told me the tyres were bald and would need to be replaced. He estimated it may cost around $10,000 to make the car roadworthy. I said I would discuss with Susan to find out what she wanted to do.

On 24 March, I received an email from the solicitor who drafted Susan's will.
Dear Sarah,

I sold my legal practice in 1996 to a [redacted], whom I believe subsequently passed it on to [redacted] who I think has retired. But he should be able to tell you where his wills are. Please pass on my kindest regards to Susan when you see her.

On 25 March, I texted Susan:

Doc memory here.

I trust the plumber's bill has been paid.

You asked me to organise my plumber to install your dishwasher.

The reason for my texts last week were because I was embarrassed that the bill was overdue. I have every confidence that you pay your bills.

I did not receive a reply.

On 26 March, I texted her friend Lorraine.

I feel torn about Susan. The nurse in me feels it is unsafe for someone with her cognitive failure to live alone with so little support. But the human part of me feels she'd be miserable in a retirement village or an age care home.

Later that day, I saw Susan in dog park. I gave her a copy of these notes. I also raised the issue of her alcohol consumption. I feel quite sure it is either the cause, or contributing to, Susan's memory loss. Susan became very angry and drove off.

Later that evening, I received a text from Susan.

Evening Sarah
Could you please cancel any appointments or arrangements you have made on my behalf, including tomorrow.
I know you are doing what you think I need and out of kindness.
However I intend to manage my own life - perhaps not always perfectly sometimes, but I'll live with that.
Thank you
I hope we can remain friends.
Susan

I replied:

You made the appointment with the GP, not me. So if you don't want the result of your MRI, you can cancel it.

The plumber has not been paid for installing your dishwasher. The account is overdue.

You undertook to pay me for my time (25 hours).

Would you also like me to cancel the housekeeper?

I followed this up with another text.

Susan - You employed me to organise a housekeeper for you, get a plumber and electrician, and get a panel beater to repair your Toyota etc.

You told me you didn't want your friends involved.

I will mail you my invoice.

On 27 March, I spoke with both Lorraine Putts and Joan Harding. I told them I had been sacked and would not be taking Susan to the GP. They asked me to accompany Susan to the GP. I decided to go to Susan's house. The worst thing that could happen is she would not come with me.

I arrived at Susan's house at 10.45am and said I was here to take her to her GP appointment. Susan changed out of her dog walking clothes and came with me, clearly forgetting that she

had sacked me the previous day (after I had suggested a solution to her excessive alcohol intake).

The GP was surprised Susan had chosen to see him. He said that Susan had been angry and had changed doctors after he had initiated a difficult conversation with Susan about the loss of her short-term memory.

I explained that I had assisted Susan to make this appointment. His name was on the MRI request – so I had assumed he was her GP. He asked who I was. Susan explained "*I am a doctor but not a medical doctor. I am here so she can remember what he says.*"

I said that I am not Susan's support worker. I told him my only role was to get her to this appointment.

I gave the GP a copy of my notes, including a summary (Appendix 1). Susan asked if she had read these notes. I said "*Yes. That is why you sacked me*". She laughed.

The GP noted that Susan often cancels appointment – or does not show up. He appreciated me bringing Susan. I reminded the GP that I am not Susan's support worker and will not be helping Susan in the future.

The GP told Susan that the results of the MRI (Appendix 2) excluded both vascular dementia and brain tumour. He did not refer to the MTA score (between 1 and 2). This score is not consistent with Alzheimer's Disease.

Instead, the GP reminded Susan that he had provisionally diagnosed Susan 2 years ago with "probable Alzheimer's" but explained that she needs a PET scan to confirm his diagnosis. He explained that GPs cannot order PET scans.

Susan asked the GP the point of confirming the diagnosis. "*I have no short-term memory. Does it matter what the cause is?*"

GP said a definitive diagnosis of Alzheimer's would enable Susan to take medication to halt the progression of the illness. (I wanted to interrupt to say the jury is out on the effectiveness of these medications – and also remind GP of the dangers of polypharmacy. I also wanted to say that excluding Alzheimer's would put the focus on Susan's alcohol consumption. But I held my tongue.)

Surprisingly, the GP spoke 90% of the consultation – so there was no opportunity for him to assess whether there had been a decline in Susan's cognitive status since he had last seen her, over 2 years ago.

The GP agreed a webster pack was a good idea. Susan was confused between a dosset box and a webster pack. She also believes she is capable of doing her own medication. "*I've lost my memory, not my brain.*" Nonetheless, GP wrote out a referral for a webster pack.

The GP then addressed Susan's alcohol. GP has been aware for several years that Susan drank around 4 glasses wine per night as per notes from Cognitive, Dementia and Memory Service – dated April and August 2022 (Appendix 3 and 4). He liked my idea of non-

alcoholic wine – but was worried that Susan going "cold turkey" may be problematic (e.g. seizures).

Susan also liked the idea of non-alcoholic wine – she explained that she drinks habitually (i.e. not for the alcohol). She explained that she pours a glass after she returns from dog park, forgets she has had a glass so pours another.

GP then wrote a list of 4 things Susan should do (Appendix 4). He gave this list to Susan.

1. Call CDAMS
2. Call ACAS assessment
3. Webster pack
4. Chase MPOA

Again I held my tongue, but I wanted to say "*Do you think Susan will have any idea what those acronyms mean?*"

He said receptionist would phone for another appointment in a few weeks.

When Susan went to pay for the appointment, her debit card was declined. We then went to the bank but they were closed for lunch. I took Susan back to my house for coffee – and within 5 minutes, I was aware of her short-term memory loss. She asked me the same question several times. If only GP had allowed Susan to speak during the appointment!

We returned to the bank and the Manager came out of her office to serve Susan. I was so impressed with her kindness. She explained that over past few years, Susan often phoned bank to say she had lost her debit card. But rather than cancel it, they put a stop on the card. A few days later, Susan would phone to say she had found her card.

On this occasion, the card was declined because there was only $17 in her account. The manager also explained that they ensure that most of Susan's money remains in her savings account. The manager was also concerned about people taking advantage of Susan. So the bank regularly transfers money into her debit account to pay her bills.

The Manager asked Susan if she wanted to transfer $5,000 to her debit card and Susan said "yes". I then asked for $175 cash so I could pay the plumber. I also suggested getting $150 so she had cash for the housekeeper. We returned to the GP clinic. There were 2 outstanding bills for previous appointments. Susan paid all the outstanding bills with her debit card, remembering her PIN.

We then went to chemist but the "Webster girl" (as the male pharmacist referred to the woman who does the webster packs) was on her lunch break. Susan felt she could manage her medication herself. I reminded her that when I first met her, she had run out of medication.

We walked to car park, and Susan could not recall where she had parked her car. I explained that I had driven her to the GP.

3 hours later, I dropped Susan home.

On 28 March, I spoke with Jan. She told me that she was too overwhelmed by her bed room – dirty clothes covering floor, no linen on bed. She told me that her clothes washing machine had clothes in it, but the clothes had been there a long time.

After the appointment with the GP, I realised that Susan's GPs were aware of everything that I have observed during the past month, yet nothing had been implemented to support her to live independently.

I told her friends they have a choice. To continue to take her out for lunch, scrabble, interesting talks – all of which she enjoys in the moment but most likely forgets afterwards. And to let Jan slowly get her unit organised (including her washing etc).

Alternatively, we get Susan registered with My Aged Care and get her into the queue for an aged care assessment (ACAS) – currently a 12-month waiting list. There are benefits of being assessed.

Susan has made it clear to me that she can afford services that she may require – and doesn't want government assistance.

Regards her drinking. Clearly drinking a bottle of wine a night is not helping her cognitive state – and may indeed be the primary cause of the loss of her short-term memory. So it may be worth introducing her to alcohol free sav blanc.

I emailed these notes to Susan's friends Joan Harding and Lorraine Putts, explaining that I would not be continuing as 'Doc Memory'.

I don't think there is much more I can do to help Susan (except get her registered with My Aged Care, if Susan wants to go down that route). Helping Susan has been much more time consuming than I had initially anticipated. It is a shame things did not work out with Barbara [the registered nurse support worker].

I will let you know when I hear back from my mechanic about Susan's Toyota. I've told him there is no rush.

On 28 March, I texted Susan.
Doc memory here.

Would you like me to remind you what GP said yesterday?

Later that day, Susan replied:

Yes thank you Doc.
P.S. G'day.

I replied:

I will email you my notes later today

On 29 March, I texted Susan.
Good morning Susan. Doc memory here.

Have you read the notes from GP that I emailed yesterday?

You have some decisions to make. Do you want to talk about them?

No reply.

I texted again.

Just checking that you received my email. Did you?

It is important that you know what GP recommended.

I also received a text from her friend Dianne. We arranged to meet at Susan's house today at 12.30pm.

I phoned Susan on Wednesday to confirm the meeting. She was busy helping her brother, so was not available.

On 31 March, I texted Susan.

Morning Susan. Did you make any decisions about the Dr GP's recommendations?

Susan replied:

Hello Sarah
I haven't been on line - access expired earlier in the week. I've been in a bit of a haze but I'm reconnecting today and will examine the options GP offered and am ready to decide how I will go about things.
Thank you for your concern and your patience. I'm not resistant- I want things to be sorted and back on track, albeit probably a different one. I have to come to terms with the changes in my brain. And I will. I'm capable of adjustment and on-going self management. It's just quite a bit work out.
I'll be in touch. Don't worry - I'm used to sorting things out for myself and I'm not in denial.
Cheers, Susan

I replied:

Let me know if you want a coffee later today. I am taking Ash Barky to the vet for vaccination at 2pm - free after that.

Susan replied promptly.

Good idea. Will be in touch later. S

Susan texted later.

Sarah

Tied up now this arvo - sorry. Sister-business. Will be at the dog park after 4.30, so if you're still there we can make a coffee time. Otherwise, can sort it by text or next time we meet over wagging tails.
Susan

I replied.
If you get Telsta sorted - you can read the notes I emailed you and make your decisions about what you want to do.

At the GP, I made a suggestion about how you may be able to improve your short term memory. GP agreed it was worth a try. But completely up to you!

On 1 April, one month after I visited Susan for the first time, I texted.

Hi Susan.
This is Doc Memory signing off.
I am sure Jan will be a great house keeper - and help you to unpack your boxes etc
I'm sure Jordie and Ash Barky will bump into each other at the dog park.
I wish you all the best.
Sarah

When I saw Susan in the dog park later that day, she told me she was grateful for helping her to "get moving". I gave her a gift – a bottle of non-alcoholic Geison sav blanc. When I returned from my walk, the gift was sitting on my car. Susan had returned it.

I withdrew from providing assistance to Susan. However, Jan continued to visit Susan once a week. She also received regular visits from her good friend, Lorraine Putts.

I heard from Lorraine that Susan had finally had a PET scan – to confirm the diagnosis of Alzheimer's Disease. Lorraine and Jan also provided regular updates to express her serious concerns about Susan' well-being.

On 23 January 2025, I received a text from Lorraine.

Hi Sarah was wondering if I could see you when you have time. I have a copy of Susan's Aged care assessment done by APM it which totally contradicts Susan's problems. Lynette is spending more and more time in bed!!

I read a copy of the assessment (Appendix 6) and noted the inaccuracies (Appendix 7). I immediately wrote to Anika Wells (Appendix 8), the Aged Care Minister. I received a response from Director, Assessment Delivery Section, Single Assessment System Branch, Access and Home Support Division (Appendix 9). I replied with the assessment summary and my corrections.

I contacted Susan's brother. He was in hospital after having a stroke and was unable to help. I inquired about Susan's other family members – none were in a position to help Susan. I also inquired about Susan's power of attorney. She has none.

Given the urgency of the matter, I contacted Susan at 11am on Saturday 1 February to invite her for lunch. When I phoned at 1pm to remind her that I was picking her up in 30 minutes, she was in her PJs and had forgotten.

I had not seen Susan since April 2023. She had lost a lot of weight; her mobility was very poor (due to arthritis in her left knee) and her short term memory loss was significantly worse. However her intelligence and sense of humour was still evident.

After lunch, her friend Lorraine arrived. So too did two women who I hoped Susan would agree to support her.

It was a very tricky conversation. Susan had no recollection of the assessment and was angry with her GP for interfering in her life. I explained that Lorraine had told me that she was worried was about Susan's safety. This also made Susan angry.

The end result (2 hours later - and a lot of repetition):
Susan has agreed to have a support worker visit her for 3 hours every day. I will case manage - which basically means the support workers will come to me if they have questions or concerns. I will also ensure good communication between the support workers.

The primary jobs are to ensure that Susan eats at least one decent meal a day (lunch) and takes her medication - and her hygiene needs are met. Susan has not been taking her medication – evidence by the unopened webster packs. She is currently prescribed medication to be taken 3 times per day. As a matter of urgency, a support worker will take her to her GP – and get the prescriptions changed to once per day. Then the support worker can ensure Susan takes her medication when support worker is present.

Support workers will also assist with other household tasks such as laundry, housework and taking Susan to do her shopping. They will ensure bills are paid on time. Fortunately, Bendigo Bank staff know Susan well.

The new support workers will ensure Susan's dog, Jordie, is walked. We talked about getting Susan back to the dog park with her friends a few days a week. Apart from Lorraine, Susan has not had any social interaction for over a year.

Appendix 1: MRI result

MRI BRAIN

Clinical Notes:

Mild cognitive impairment. Assess brain parenchyma and MTA score.

Findings:

No intracranial haemorrhage, mass or collection. Low grade leukoaraiosis. No prior large vessel infarct detected. No abnormalities at DWI. No abnormalities at SWI.

Midline structures are normal.

Parenchymal volume appears within normal limits. MTA score between 1 and 2.

Conclusion:

1. No acute pathology. No reversible pathology.
2. Low grade chronic small vessel ischaemia.
3. Minor parenchymal atrophy. MTA score of between 1 and 2.

Dr [redacted]

Electronically signed at 3:04 pm Fri, 24th Mar 2023

cc: [redacted]

Images for 77.42909700\par \par\par

Appendix 2: Summary for GP appointment

I am a public health doctor (research, not medical). Although I am not an aged care worker, I met Susan at her home. It was clear she is an intelligent and independent woman. She is aware that she has no short-term memory – and she told me several times this frightens her.

Susan moved into her new house a year ago, but has not yet unpacked any boxes. So I suggested a house-keeper to help her get her house in order. She agreed this would be helpful and employed 2 women to each come 3 hours week. The day after the housekeeper did her first shift, Susan had no memory of her being there.

On her most recent shift, the housekeeper put 10 wine bottles in bin. This suggests an excessive amount of alcohol that may be contributing to Susan's memory loss. My suggestion is Susan switches to non-alcoholic wine – because she drinks out of habit when she returns from the dog park in the evening.

I arranged a plumber to install Susan's dishwasher and an electrician. The electrician told me the house was a fire risk with exposed wires. When the electrician asked for payment via EFTPOS, Susan could not recall her PIN.

Susan told me she paid her bills online. However when I checked, there was no internet connection at her house. I offered to take Susan to the bank to pay the plumber and electrician, but she got very angry.

I also noticed Susan's dosset box was empty. She told me she had run out of medication – and we found some scripts beneath papers on her desk. Susan took her scripts to the chemist but returned home without her medications.

I had noticed Susan responded to calendar entries on her phone. So I began texting her as "Doc Memory". I texted her numerous times to remind her to go back to chemist and pick up the medications. I began reminding her about jobs that needed to be done (e.g. Telstra to get Internet connection).

When the housekeeper needed to be paid, I suggested Susan drive to bank to get some money. She arrived at bank but forgot why she was there. She went shopping and did not return home to pay the housekeeper.

Recently, Susan smashed the front of her Toyota. She continued to drive it. The police pulled her over – the car was not roadworthy. In addition, the registration had been cancelled last October because the bill had not been paid. Rather than get the car repaired, Susan purchased a new Mazda.

I found a MRI request (dated October 2022). So I arranged a MRI. To ensure she kept the appointment, I arranged a support person to take her to the appointment. Susan had agreed that I would come to GP appointment. Once we know what is wrong (dementia, brain tumour, excessive alcohol), we will know what needs to be done.

Appendix 3: Cognitive, Dementia and Memory Service letter April 2022

5/42 Tanti Avenue MORNINGTON

Thank you for referring [redacted] to the CDAMS Clinic. We apologise for the delay in her assessment but several things have come in the way, particularly COVID.

She nearly forgot to arrive today having gone home after a coffee appointment with a friend, but she managed to get here after we called her. She was in a bit of a worried state when she came in, given that she had forgotten the appointment.

You mentioned that she has come to you with complaints about her memory, including some unauthorised bank transactions. Although she confirmed that she has been suffering from some memory problems over the last six to nine months, she did not feel that there were truly any unauthorised bank transactions, but maybe she had misread of forgotten about certain transactions herself. As you mentioned, she does miss appointments, much as she nearly did today. Occasionally when driving, she feels a bit confused about where she is, but mostly she recovers and reaches her destination. Otherwise, she is quite self-sufficient. She apparently manages her finances reasonably well, but was a bit blase about it today. She mentioned that she has recently sold her house and the proceeds of the sale had not yet hit her accounts. She was going to chase up her legal representative to work out where this was, but it was for a substantial sum of money.

As you mentioned, she has been quite active in the last many years, primarily having trained as an agricultural and horticultural scientist. She has worked in government circles, particularly in rural affairs. In the last seven to eight years, she has been retired and living quite a reasonably active life meeting friends, going to the city, and various other such activities.

She does have a history of cardiac disease, with paroxysmal atrial fibrillation and some heart failure. She had a couple of cardioversions last year but still remains obviously on cardiovascular medications including anticoagulation with Xarelto. Her medications also include digoxin, Avapro, furosemide, metoprolol and some inhalers. She denies being a smoker, but does admit to drinking at least four glasses of wine a day almost every day for the last seven to eight years since she retired.

She has a Kelpie which keeps her active. She did say that she has suffered a couple of falls at least in the last 12 months but was unable to describe how and when they happened, except to say that might have happened near her stairs at one time.

Clinically, she appeared reasonably well. There were no obvious neurological deficits. She was slightly overweight for her height. She scored 0 on the Geriatric Depression Scale. Cognitive screening with the Montreal Cognitive Assessment showed some slight areas of concern. These included some hesitancy in putting the hands of the clock at the right time, although she achieved

it. She also had difficulty recalling 5 words spontaneously after 5 minutes and struggled with cues. With a verbal fluency task, she could only generate eight words from the letter F, with several repetitions. She was slightly disoriented in time (date). Overall, she scored 23/30.

You performed an MRI brain scan last year, and I believe a colleague of yours has repeated a CT scan a month ago. The MRI scan was on the I-MED system, and I was able to see this. Apart from mild burden of white matter hyperintensities, there were no dramatic signs of atrophy or other vascular disease.

I am concerned that she may have early developing cognitive impairment, and it is yet unclear whether alcohol consumption and has a role to play in this.

I do believe she requires neuropsychological assessment. I have offered her an assessment in our service, but knowing that it might take a few months to achieve given our waiting list, she has agreed to have a private neuropsychology assessment which might be quicker, and we will help her organise this. In the meanwhile I have advised reduction of daily alcohol intake to maybe one glass a day - ideally progressing to less may be optimal.

Appendix 4: Cognitive, Dementia and Memory Service letter April 2022

I reviewed [redacted] in my clinic today. She has had a neuropsychological assessment which confirms the presence of cognitive deficits. In particular, she had moderately reduced episodic memory function, characterised by inefficient new learning and a retrieval based difficulty in both visual and verbal domains, more so in the latter. She had mild problems with processing speed and some aspects of executive function, but had normal overall attention, visuospatial ability and language ability.

The profile is probably consistent with what we would term a minor neurocognitive disorder (previously called MCI). The aetiology is uncertain at this point. There is very little in terms of cerebrovascular changes that are obvious on her MRI from last year. She does have at least four glasses of wine a day, and this is quite high, so there may be an element of alcohol-related inefficiency.

In the meantime, she will attend our LaTCH Memory Group program for developing practical strategies. I have encouraged more physical activity, reducing alcohol intake and if possible ceasing. She seems to think swimming might be something she would enjoy, and that she will try reducing alcohol consumption by herself. You may wish to keep an eye on how she goes and assist as required.

I think she is already engaged significantly in social groups and activities and I have not pursued too much in that regard at this point.

I have encouraged her to ensure that she has appointed medical treatment and financial management decision makers and updated her will, all of which she agreed needed attention. She might be advised to consult with a financial planner who can help create a plan for her wealth and management, which she indicated she wanted to do.

The best course of action at this point in time is to repeat her neuropsychology in about 12 months' time, along with another MRI, which I will organise when she comes back. I will review her in 12 months.

Yours sincerely,

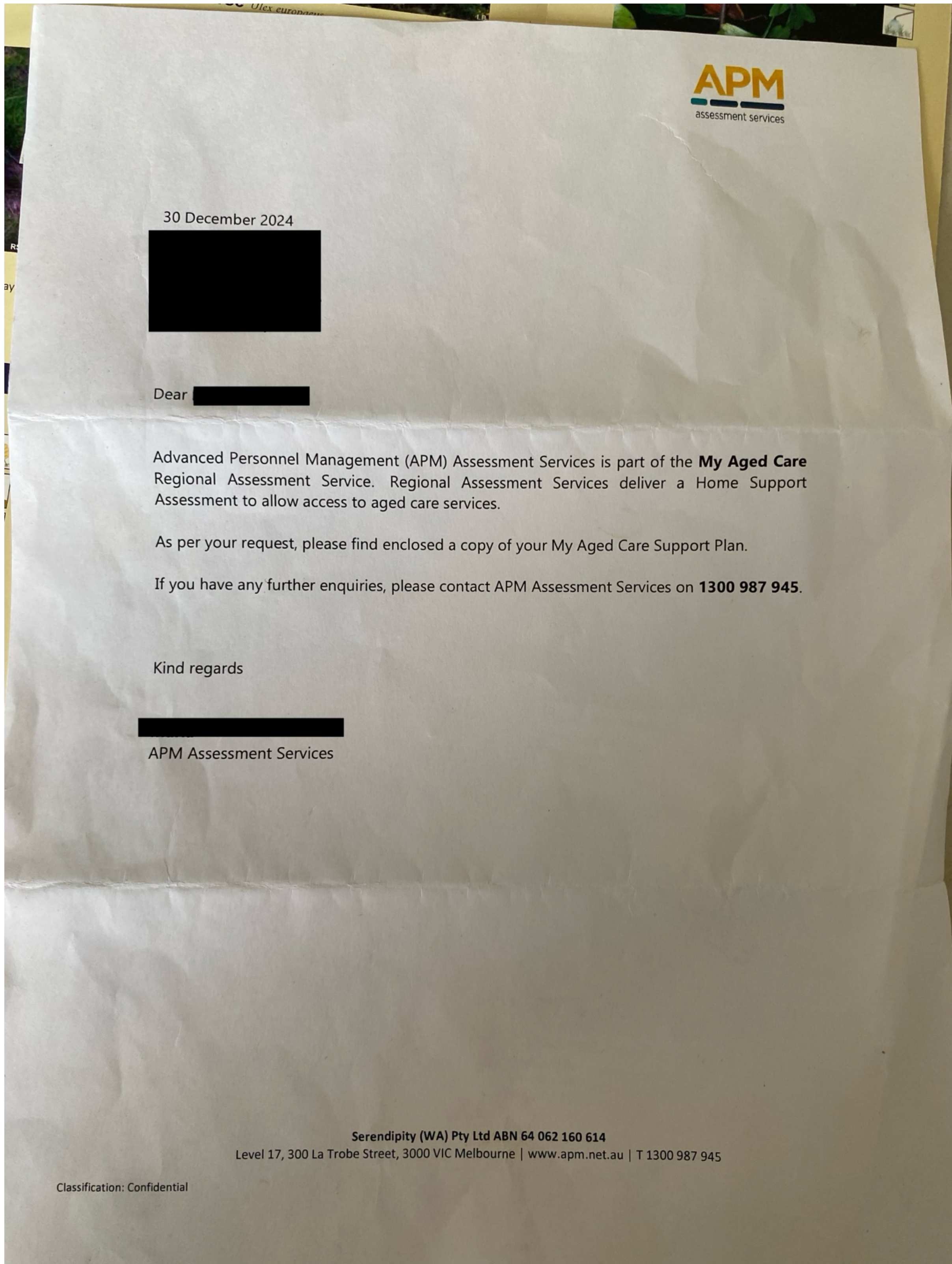
Appendix 5: GPs 'To Do List'

Your Reference: 12.90169501 Lab

1) call CDAMS → bring MRI to appointment.
2) call for ACAS assessment.
3) Webster pack.
4) chase MPOA.

Appendix 6: Regional Assessment

This assessment was undertaken by a private company. The numerous mistakes in this assessment are highlighted in pink.



APM assessment services

30 December 2024

Dear

Advanced Personnel Management (APM) Assessment Services is part of the **My Aged Care** Regional Assessment Service. Regional Assessment Services deliver a Home Support Assessment to allow access to aged care services.

As per your request, please find enclosed a copy of your My Aged Care Support Plan.

If you have any further enquiries, please contact APM Assessment Services on **1300 987 945**.

Kind regards

APM Assessment Services

Serendipity (WA) Pty Ltd ABN 64 062 160 614
Level 17, 300 La Trobe Street, 3000 VIC Melbourne | www.apm.net.au | T 1300 987 945

Classification: Confidential

SUPPORT PLAN

Age: 73 years

Assessment Summary

Introduction

Ms [redacted], age 73, contacted My Aged Care and has been referred for assessment as *Maintain current level of function and/or independence*. An assessment occurred Face-to-face on 9 December 2024 in Client's home. Assessment information was provided by client.

Situation

[redacted] is seeking a My Aged Care assessment due to her deteriorating health and declining cognitive abilities, which have resulted in significant difficulties in her daily activities. These health concerns severely limit her ability to manage household tasks effectively. Consequently, her care needs have changed, necessitating additional support to address her cognitive impairment and ensure her well-being.

Health Concerns

[redacted] suffers from dementia, with a General Practitioner Cognitive Test (GP Cog) outcome of 2. The assessor was unable to confirm the type of dementia or whether it has been treated by medical professionals, as [redacted] could not recall this information. Additionally, [redacted] suffers from arthritis in her hands and feet, causing soreness and stiffness. She also has a heart condition for which she is on medication, leading to fatigue and puffiness. However, she was unable to specify the exact nature of her heart issue.

[redacted] takes two tablet and [redacted] reported she has no issues remembering to take them independently. [redacted] (PC) reported sometimes she misses her medication.

Furthermore, [redacted] wears glasses to aid her reading.

Background

[redacted] lives independently in her own house. [redacted] remains capable of performing his daily activities independently except heavy household tasks.

[redacted] has friends to keep company and doesn't feel socially isolated. She has no psychological or behavioural issues.

[redacted] has cognitive impairment, which has led to self-neglect. She often forgets to take her medication, shower, or maintain a healthy diet. Due to her cognitive challenges, [redacted] was unable to report these issues herself. These concerns were instead reported by her personal carer, [redacted]

Assessment

Assessment Summary

demonstrated politeness and friendliness, extending a warm welcome to the assessor. However, she forgot today's appointment for the assessment. During the interaction, she was repeating herself and was unable to explain most of her medical conditions and current situation.

is completely unable to do heavy housework like cleaning the floors and showers. Offered domestic assistance. She is driving short distance. She is able to shop by herself.

is able to prepare her meals independently. is able to manage her personal care including showering, dressing and grooming. No issues reported in transferring. able to walk and climb stairs. She has no continence issues reported.

is capable of using her mobile phone, iPad and laptop.

has swollen ankles but it's not limiting her walking. She has no major skin conditions.

has no financial or legal obligations. The Power of Attorney has been established.

Home safety

house has clear hallways and no steps inside. However, the house has low lighting, and the furniture and other household items are disorganized and scattered throughout. There are a couple of steps outside the house, but none inside. Additionally, she has a garden that requires hedging and weeding. Therefore, home maintenance services are needed.

Fire alarms working and in place.

Emergency plan in place – Friend (PC)

feels safe in his home and neighbourhood.

Recommendations

Following the assessment client was referred to home maintenance.

Client has consented for referrals to be sent for as above

Client can be contacted on client's phone.

The following people have been provided a copy of client's support plan: Client's PC via email

Home Support Assessment completed by APM –1300987945.

Client is advised to contact Service Provider/s of their choice to activate referral codes.

A list of Providers can be found at https://www.myagedcare.gov.au/find-a-provider/

Should you require additional Service Provider information, please contact My Aged Care on 1800 200 422

Appendix 7: Corrections to Aged Care Assessment

Susan is 73 years old – correct. So too is the statement “her care needs have changed, necessitating additional support to address her cognitive impairment and ensure her well-being”.

Susan suffers from dementia is correct. They type of dementia (Alzheimer’s) could easily have been ascertained from her GP.

Susan has severe arthritis in her left knee – making mobility difficult.

Surely her type of heart condition could easily have been ascertained from her GP.

Susan is female so should be referred to as a “her” not a “his”. She is not able to perform her activities of daily living – hence the request for an aged care assessment.

Susan has had only one visitor over past 12 months – her elderly friend Lorraine. Her behavioural issues (anger) have caused other friends to stay away.

To clarify, Lorraine is a 79-year-old woman. Lorraine is NOT Susan’s personal carer. Please show respect by using her correct spelling.

Susan does not drive short distances. She lost her licence after 2 car crashes.

Without a licence and having lost her car keys, Susan is unable to drive herself to the shops – so is therefore unable to do her own shopping. She relies on Lorraine to take her shopping.

Susan does not prepare her own meals. Without Lorraine taking her out for lunches, she would only eat toast.

Susan needs reminding to shower. Her personal grooming is poor. She often spends the day in bed in her pyjamas.

Susan lost her mobile phone 4 months ago (around the same time she lost her keys). She does not have internet connection. She does not own an IPad.

Susan refused to establish a power of attorney despite her brother offering on several occasions.

Susan does not have an emergency plan.

Appendix 8: Email to Ministers

Sarah Russell
Aged Care Assessors
To: Anika Wells, Ged Kearney, Mark Butler, Cc: Denise Hassett

Sent - comcen.com.au 24 January 2025 at 10:18 am
Details

Hello Ministers

I have recently been made aware of an appalling aged care assessment undertaken by a private company APM. Being made aware of this appalling assessment almost makes me want to return to aged care advocacy!

The following describes some of the errors made in the assessment:
Danise (sic) is NOT a personal carer. Denise is in fact an elderly woman who is a friend. She is currently the only friend who visits Lynette. Denise is having surgery tomorrow - so Lynette will have NO VISITORS for at least a week.
Your assessor noted "Lynette was unable to report these issues herself" The assessor also noted they were unable to confirm the type of dementia herself (most likely because she forgot she had been diagnosed with Alzheimer's disease). The assessors also claim that Lynette is "capable of performing his (sic) daily activities". This is incorrect. For the past 12 months, Denise has found Lynette IN BED when she visits.
The assessors recommended a gardening service.

Next week there will be no one to ensure Lynette gets out of bed, showers, eats and walks her dog. This is neglect.

Once upon a time, Lynette's GP would have referred Lynette to the local council. A support worker would have been assigned - and Meals on Wheels delivered. However, like many local councils, Mornington Peninsula Shire Council no longer delivers aged care services.

All very sad.

Kind regards, Sarah

Appendix 9: Response from Department of Health and Ageing

Australian Government

Department of Health and Aged Care

Ref No: MC25-001670

Dr Sarah Russell
sarahrussell@comcen.com.au

Dear Dr Russell

Thank you for your correspondence of 24 January 2025 to the Minister for Health and Aged Care, the Hon Mark Butler MP regarding errors in an aged care assessment. The Minister has asked me to reply.

I have asked my team to look into [redacted] and [redacted] situation to ensure the necessary aged care services are available to them. I have been advised that you are not registered on My Aged Care as a regular representative for either [redacted]. For privacy reasons, I am unable to provide information about their situation. I acknowledge that in your correspondence that you have included [redacted] as a cc, however, this does not meet our requirements.

If you wish to receive information about [redacted]' aged care services or engage with My Aged Care on their behalf, you are required to be registered as their regular representative with their consent.

If you wish to be appointed as a representative, you can do one of the following:

- call My Aged Care on 1800 200 422 (free call) with [redacted] present. Make sure you have your Medicare number ready, or
- complete the Appointment of a Representative Form with [redacted] You will need to print this form, fill it out and then, either mail or fax it to My Aged Care.

For further information please visit the Arranging someone to support you page on the My Aged Care website at www.myagedcare.gov.au/arranging-someone-support-you.

In relation to your concern regarding the errors in the aged care assessment, clients (and/or their carer/advocate/family representative) have the right to raise their concerns about the service or care they have received from My Aged Care, their assessor or service provider. Assessment organisations are required to have complaints procedures in place.

It is expected that any concerns regarding an assessment are raised with the assessment organisation in the first instance. If you cannot first resolve the issue with the assessor or their organisation, I encourage you to call My Aged Care for assistance on 1800 200 422. Complaints relating to assessment organisations are escalated to the department for investigation.

GPO Box 9848 Canberra ACT 2601

I appreciate the time you have taken to raise these concerns. I would like to assure you that the Australian Government is committed to creating a better experience for older people in Australia seeking aged care services. The department has developed a new Single Assessment System, to simplify and improve the experience of older individuals undergoing aged care assessments. As part of this system, one workforce will be empowered and trained to conduct the necessary assessments across both home and residential care. This important reform is an opportunity to improve the delivery of aged care assessments, including assessment wait times.

Thank you for writing on this matter.

Yours sincerely

Director
Assessment Delivery Section
Single Assessment System Branch
Access and Home Support Division
5 February 2025