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LEADING AGE SERVICES
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The voice of aged care

HOSPITAL AND HEALTH BOARDS (SAFE NURSE-TO-PATIENT AND MIDWIFE-TO-PATIENT RATIOS) AMENDMENT BILL 2015

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Leading Age Services Australia (LASA)

Leading Age Services Australia (LASA) is the peak body for service providers of retirement living, home care, and residential aged care. LASA is committed to improved standards, equality and efficiency throughout the industry; helping older Australians to live well. LASA advocates for the health, community and accommodation needs of older Australians, working with government and other stakeholders to advance the interests of all age service providers, and through them, the interests of older Australians.

LASA represents private, church, charitable and community care organisations, which gives it the unique ability to provide a comprehensive view on behalf of the aged care industry to enable all Australians to have access to, and choice of, high quality age services. To assist in achieving this, LASA pursues relevant issues with robustness and vigour in order to maintain and enhance age care services throughout Australia.

LASA has a number of offices across Australia allowing it to focus on State and Territory specific considerations and concerns, as well as at a national level. Together LASA presents a strong, unified voice on behalf of the industry to Government and other stakeholders.

Thank you for the opportunity to comment on the proposed Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015.

Background

Leading Age Services Australia (LASA) thanks you for the opportunity to comment on the proposed Hospital and Health Boards (Safe Nurse-to-Patient and Midwife-to-Patient Ratios) Amendment Bill 2015. LASA is concerned that the amendment that this Bill would enact would have a significant and negative impact on public aged care services in Queensland and more broadly the aged care industry, should it be implemented.

Division 5, Section 15 (2) (a) of the *Hospital and Health Boards Act 2011* defines the meaning of a *health service* as

(1) A *health service* is a service for maintaining, improving, restoring or managing people's health and wellbeing.

(2) Without limiting subsection (1), a health service includes—

(a) a service mentioned in subsection (1) that is provided to a person at a hospital, **residential care facility**, community health facility or other place.

Therefore aged care services are included (whether intentional or not) in the Amendment Bill.

LASA suggests that the proposed amendment appears to have been drafted with a significant focus on the acute care sector, with the implications on the aged care industry not having been fully considered.

LASA advocates for:

- Sufficient people and resources to be available to meet industry demand via a workforce that is available, inspired, skilled and valued;
- An age services industry workforce equipped to best meet the changing needs of all older Australians regardless of their circumstance or background; and
- An age services industry funded and structured to perform highly in the areas of worker skills, health, safety and positive work life balance via consistent and appropriate education and training delivery, ensuring worker capability.

LASA refers your attention to the Productivity Commission's report *Caring for Older Australians* (2011, p206) which states:

> *"While there are superficial attractions to mandatory staffing ratios, there is also downsides. An across-the-board staffing ratio is a fairly 'blunt' instrument for ensuring quality care because of the heterogeneous and ever changing care needs of aged care recipients – in the Commission's view it is unlikely to be an efficient way to improve the quality of care. Because the basis for deciding on staffing levels and skills mix should be the care needs of residents, it is important that these can be adjusted as the profile of care recipients changes (because of improvements/deteriorations in functionality and adverse events, etc.). Imposing mandated staffing ratios could also eliminate incentives for providers to invest in innovative models of care, or adopt new technologies that could assist care recipients."*

The report goes on to say that a study should be undertaken to identify the funding required for the delivery of complex health care needs and the allocation of funding by a service, including staffing requirements. The Commission suggests such a study would assist consumers and providers in making informed decisions.

LASA, in concert with the Productivity Commission, is of the opinion that staff ratios are a blunt instrument that does not take into account the changing care needs of residents, nor acknowledges

the broad ranging skills that the aged care workforce requires, especially those of a registered nurse, who predominately plans, coordinates and directs care and services for aged care workers and professionals across the spectrum of service delivery.

The aged care sector has undergone significant reforms in recent years, and is set to continue to do so for a number of years to come. Part of the desired outcomes to the reforms is to move towards a more person centred approach to care delivery (as seen in Consumer Directed Care) rather than the historical medical model that has been used. To address care recipient needs, robust human resource management is considered to ensure that roster design ensures appropriate staff skill mix to meet both clinical care and daily living needs for all residents, as well as recruitment and retention strategies to attract and retain people with suitable attributes and attitude into the aged care industry. This position is supported by the Victorian Government's Department of Health's report *Innovative workforce responses to a changing aged care environment* (2010, p.4), which states:

> *"… [This paper] contends that a more diverse skill mix could achieve quality resident outcomes and, with contemporary leadership and staff development, replace task oriented traditional care with person-centred, interdisciplinary, evidence-based practice. In reviewing the literature on ratios, little evidence could be found to sustain an argument in favour of them. Staffing methodologies are called for that take account of a broad range of variables and contexts… The skill mix includes RNs, ENs, PCAs and activity offices, alongside medical. Allied health and specialist services."*

The aged care industry is already governed by a range of legislation related to staffing. The Australian Aged Care Quality Agency (AACQA) is responsible for the accreditation of residential care services as set out in s. 2 of the Quality of Care Principles (2014). There are four Standards of which Standard One is 'management systems, staffing and organisational development'. Outlined in the Principles, Item 1.6 states:

> "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives."

This is further supported by Standard Two, relating to 'health and personal care', the principle for which states:

> "care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team".

Staffing in an aged care service involves a broad range of professionals and other aged care workers, working within a team approach. Registered Nurses (RNs) are integral to care and service delivery, however they are no more or less important than any other care worker in delivering holistic quality age services. What dictates the specific needs of an RN are the care needs of the resident, scope of practice for all workers and specific clinical needs that cannot be met by another health professional.

In June 2015, the ABS reported that the proportion of the Australian population aged 65 years and older had reached 15%, representing an increase of 3.4% in just 12 months. It is predicted that this figure will continue to increase over the next decade[i]. According to the 2015 Intergenerational Report, it is projected that this number will more than double by 2054-55 and the proportion of people aged 85 years and older with reach 4.9% of the population alone[ii]. The Australian Institute of

Health and Welfare (AIHW) estimate that the prevalence of dementia in 2015 was about 1 in 10 people aged 65 years and older and 3 in 10 people aged 85 years and older. In 2013-14, it was estimated that 50% of people living in permanent residential aged care facilities had dementia. Furthermore, they predict that this numbers will reach almost 400,000 people by 2020 and about 900,000 by 2050[iii].

In 2014-15, the Commonwealth spent roughly 0.9% GDP on aged care with the states contributing less than 0.1% GPD. According to the projections undertaken for the 2015 Intergenerational Report, it is estimated that the Commonwealth aged care spending could be as high as 2.1% GDP by 2054-55.

In 2014-15, roughly 1.2 million aged care services were provided to older people in Australia, this equates to approximately 1 in every 3 people aged 65 years or older received some form of aged care service in this time frame. 231,255 people received permanent residential care and 53,021 people received residential respite care, therefore almost 285,000 people received residential aged care services in this twelve month period[iv].

A report published by the Aged Care Financing Authority (ACFA) in mid-2015 illustrated that the majority (66%) of government owned aged care providers have an OEBITDA of -$10,852 per resident per year (prpa). The report also goes on to state that these providers generally have higher operating revenue prpa compared to the other ownership types, a difference of $15,134 prpa, which ACFA suggest is at least in part due to additional funds supplied by the state and/or local government[v].

The Aged Care Workforce, 2012 Report[vi], which has been undertaken every four to five years since 2003, highlights that a significant proportion of the direct care employees in residential aged care (RAC) in 2012 were 55 or over (27.2%). The report goes on to show that the average age of a Registered Nurse (RN) in RAC is 51 years and 49 years for Enrolled Nurses (EN). The average age of the 'recent hires' (people employed in the last 12 months prior to the survey) is 47 years for RNs and 44 years for ENs. The then Department of Health and Ageing predicted that the aged care workforce is expected to grow to approximately 827,100 by 2050, over three times the size it was in 2012, and an estimated 4.9% of all employees in Australia[vii]. The ARC Centre of Excellence in Population Ageing Research (CEPAR) suggest that if the existing ratio of aged care staff to care recipients aged 85 years and over is to be maintained then the aged care workforce will need to grow to almost 1.3 million people by 2050, as based on information available in 2013. The CEPAR also report that staffing costs are the most significant cost component for RAC providers at an estimated 64% of total expenses[viii].

Mandating specific RN to resident ratios would be nigh impossible to meet given these statistics. Where is an increased RN workforce coming from now, let alone in the next 10 to 15 years?

Prescription of minimum nurse-to-patient and midwife-to-patient ratios

The requirement to prescribe a minimum nurse-to-patient ratio in the acute setting such as a hospital is in alignment with a medical model of care. However, age services have long worked to encourage a home-like environment for long term care residents (and is required to do under the Aged Care Standards) and therefore a medical model of care does not provide the holistic approach required to deliver quality care and services. The focus should be on a consumer-directed care model, not doctor driven. Older people (particularly baby-boomers) have expressed a strong

preference for alternative forms of aged care and accommodation, and a greater ability to exercise control over where they live and the nature and quality of services they will receive[ix]. The proposed prescriptive regulations do not offer the flexibility required to work within the various care models offered by aged care facilities within Australia, and in fact the National Aged Care Alliance (NACA) Blueprint Series 2015 suggests:

> *"….workforce education and development opportunities and employment conditions and practices, including remuneration, ensure an appropriately skilled, secure and responsive workforce of sufficient number to meet future quality care needs.*

The Blueprint Series, supported by aged care providers, consumers, professionals and unions does not indicate this can be achieved through mandated ratios of staff. Leadership, participatory management and staff development focused on resident needs can be clearly linked to quality outcomes for residents and staff; ratios cannot.

Aged Care Managers currently address the balance between staff qualifications, experience and skill mix on a shift by shift, day by day basis and this is reflected in a facility's rosters. Aged care facilities are bound by existing regulation that stipulates the circumstances and requirements for the provision of nursing services through the Schedule of Specified Care and Services outlined in the *Quality of Care Principles 2014*. Staffing levels should take account of resident mix, environmental design, staff expertise and models of care and not a blunt staff ratio measure.

Australian and international research provides no strong or conclusive evidence to support mandatory ratios in Australian aged care services.

Publication of information about nursing and midwifery workload management

The practice of public reporting on the staffing levels in aged care facilities on a regular basis occurs in other countries as can be seen in New Jersey (USA)[x]. However the National Aged Care Quality Indicator Programme for Australia has specifically not dealt with staffing levels as feedback from consumer consultation appears to indicate consumers are more interested in quality of life and consumer experience measures, rather than blunt measurements of levels of staff.

Although staffing level information may be of interest to some it is not a practical and realistic approach. If data is presented out of context, conclusions may be made that are not fully informed.

In Australia, staffing levels in aged care are reflected through a rostering system. These documents are prepared and held by management and are available to staff and are also reviewed by the Australian Government through the AACQA during onsite review audits[xi].

These review audits are conducted by an assessment team of at least two assessors on a regular basis. The *Accreditation Standard - 1.6 Human Resource Management* specifically focuses on ensuring that there is appropriately skilled and qualified staff to meet the needs of the residents in the aged care facility and is also in alignment with the facility's philosophies and objectives. This regular external review ensures that standards are met in regard to this outcome.

The proposed amendment that would require each residential aged care facility to report information about nursing workload management to the chief executive appears to be an unnecessary burden on residential services and goes against the Commonwealth Government's commitment to reduce red tape. LASA questions the direct benefit for the care recipient that would

be achieved by this process and highlights that additional reporting requirements can have unintended consequence of reducing the time that staff can spend on direct care delivery. Furthermore, this amendment is likely to have increased cost associated with it as the facility undertakes an addition administrative process.

The introduction of a requirement for a facility to provide a report to the Chief Executive regarding the management of its nursing workload creates additional and unnecessary administrative workload with no obvious added benefit to resident care.

Recommendations

1. The proposed prescription of a minimum nurse-to-patient ratio not be implemented in QLD residential aged care facilities.
2. The proposed Standard on nursing workload management not be implemented in QLD residential aged care facilities.
3. The proposed introduction of a requirement for QLD aged care facilities to provide a report to the Chief Executive regarding the management of its nursing workload not be implemented.
4. State legislation should be in concert with Commonwealth legislation to decrease duplicative requirements.
5. Any decisions at a state level on workforce issues should be deferred until the Senate inquiry into the *Future of Australia's Aged Care Workforce* is complete.

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[i] Australian Bureau of Statistics 2015, *Australian Demographic Statistics, June 2015*, cat. No. 3101.0, ABS, Canberra

[ii] The Treasury (Cwlth), *2015 Intergenerational Report – Australia in 2055*, viewed 09 February 2016, http://www.treasury.gov.au/PublicationsAndMedia/Publications/2015/2015-Intergenerational-Report

[iii] Australian Institute of Health and Welfare 2015, *Dementia in Australia*, viewed 09 February 2016, http://www.aihw.gov.au/dementia/

[iv] Department of Health (Cwlth) 2015, *2014-15 report on the Operation of the Aged Care Act 1997*

[v] Aged Care Financing Authority (Department of Social Services) 2015, *Factors Influencing the Financial Performance of Residential Aged Care Providers*, ACFA (DSS), Canberra

[vi] Department of Health and Ageing (Cwlth) 2013, *The aged care workforce, 2012*, prepared by the National Institute of Labour Studies, NILS, Adelaide

[vii] Department of Health and Ageing 2010, *Submission to the Productivity Commission Inquiry – Caring for Older Australians*, DOHA, Canberra.

[viii] The ARC Centre of Excellence in Population Ageing Research 2014, *Aged care in Australia: Part II – Industry and Practice*, CEPAR, Sydney

[ix] Brownie, S, & Nancarrow, S 2013, 'Effects of person-centered care on residents and staff in aged-care facilities: a systematic review', *Clinical Interventions in Aging*, vol. 8, pp. 1-10.

[x] State of New Jersey Department of Health 2013, *Nursing Home Nurse Staffing Report*, Department of Health, Trenton, NJ, viewed 10 February 2016, http://www.nj.gov/health/healthcarequality/nhstaffing.shtml

[xi] Australian Aged Care Quality Agency 2016, AACQA, Sydney, viewed 10 February 2016, http://www.aacqa.gov.au/