

Response to the Productivity Commission's Draft Report on the Caring for Older Australians.

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INTRODUCTION

In its Draft Report, the Productivity Commission (PC) has overlooked the single most crucial factor in the delivery in the delivery of aged care. This is the workforce issue, especially in the critical stages of end of life care in residential aged care settings. Aged Care reform must start with the vision of the Older Australian at his or her most vulnerable. Government can then build the infrastructure of services and care delivery models in all its forms around this.

At this time, older people enter residential care when they reach the point they can no longer remain in their homes. With formal and informal care provision likely to decline further in the near future, it is imperative that the PC consider the following factors seriously in making recommendations to the Commonwealth Government about implementing realistic and achievable reform to the Aged Care Sector.

STAFFING

New system must be implemented to mandate the number of nursing or direct care staff rostered on duty in Residential Aged Care Facilities (RACF's) at all times to ensure the availability of timely and appropriate nursing and direct care is given when it is required by the resident, thus reducing trauma and increased costs associated with unnecessary transfer to an acute hospital.

Competitive wage structure, similar to nurses employed in the Public Sector Health Services is necessary in order to attract, recruit and retain high quality nursing and direct care staff. Stable staffing with the right qualifications, experience and skills creates an environment for continuity of care as well as the development of an effective relationship with all parties including visiting doctors and allied health professionals.

MEDICATION MANAGEMENT

Medication management is a critical component of nursing within RAC's requiring expert nursing and sound knowledge of pharmacological and pharmacokinetic interactions. Management and administration of resident medication takes a considerable amount of time to ensure medicines are administered safely and in accordance with quality use of medicine (QUM) guidelines.

Registered nurses, midwives and authorized enrolled nurses have specific pharmacological knowledge and skills needed in assessing best practice in the management of medicine for people they care for in residential aged care homes. The Australian Pharmaceutical Advisory Council and nursing standards outline that medicine should only be administered by registered nurses or authorized enrolled nurses who are

educationally prepared to understand the conditions the medications are treating, why they are being used and a working knowledge of the contra-indications and any risks associated with drug interactions that may result in changes to a resident's condition. Registered nurses responsible for the administration of medicine may use their professional judgment to decide whether or not to delegate medicine administration to another registered nurse or authorized enrolled nurse, enrolled nurse within their scope of practice, or reluctantly, to delegate where they deem it appropriate to a suitably trained personal care worker who has completed training in medication administration to assist a resident when the resident can initiate the need for assistance. In reality however, an increasing number of aged care homes require registered nurses to delegate medicine administration to personal care workers rather than to just assist a resident to self-administer, which is a wide deviation from the recommended guidelines and professional nursing standards, especially when the registered nurse is accountable for the action of any aspect of delegated nursing care. The PC must make a firm recommendation as part of this review to make any aspect of medication administration the sole domain of registered and authorized enrolled nurses only and to reduce the risk to older Australians by turning a blind eye to this expanding practice.

RESIDENT TO STAFF NUMBERS

At present a large number of RACF's are operating with a skeleton of registered or enrolled nursing staff that are supported by insufficient numbers of personal care workers (PCW's) many of whom have had inadequate training or no formal industry recognized training at all. Nurses are expected to care for large numbers of very frail people who need assistance with every aspect of daily living requirements all with needs to be met virtually simultaneously. Additionally, these residents have complex health issues that require interventions such as X-rays, blood examinations or other prescribed tests that take skill and knowledge to prepare, initiate and interpret to ensure quality outcomes. Where the staff to resident ratio exceeds 1:6 it is extremely difficult for nurses and care staff to achieve anything that resembles planned care outcomes for routine care, let alone when a resident's condition changes and there is an urgent need for more advanced nursing interventions.

A major factor overlooked in the funding instrument (ACFI) is resident behaviour given the increasing incidence of dementia. Keeping these types of residents safe and secure as well as protecting the rights of other residents is extremely demanding and time consuming and requires skilled clinicians to ensure personal dignity with effective and appropriate management.

FORMAL CARERS

Certificate 111 in Aged Care over 20 weeks with a minimum of 120 hrs of clinical work placement experience supported by mentor/supervisor to be minimum standard of training for all direct care workers as well as good command of English. Currently PCW's can be employed to work in facilities having done only a 2 week course relying heavily on already burdened staff to teach them what they should have learnt in their course to give care without causing harm. As a consequence, the Productivity Commission must mandate a minimum course delivery time and ensure all of the

industry course is delivered (like the enrolled nurse programs) or withhold funding to the approved provider and where appropriate, the registered training organization responsible. PCW's must be required to be registered and regulated as Health Care Workers in the same way as registered and enrolled nurses in recognition of their specialized skills in caring for an older person with complex health and personal care needs. Aged Care should not be seen just as a job to be considered when no other employment is available or suitable.

Registration would ensure regulated standards of training and care delivery. Rates of pay could then be improved over time and set according to qualification and skill level achieved.

WORKLOAD

At present, competing priorities due to insufficient staff, skills mix, expertise and training is impacting on care delivery, with just basic care often able to be given because of intensified work pressures and inappropriate skill mix. This is compounded by demands of the Aged Care Standards and Accreditation Agency (ACSSA) and ACFI documentation(not only do staff have to attend to residents needs, they must do so according to strict standards after assessing needs that are often changing in an environment where demand is greater than supply which then needs to be audited). The burden is enormous on staff with many staying on only because they really do care for the people they look after and struggle day in day out to give that care.

With an increase in the number of residents ageing in place, we see more high and low care residents accommodated together with varying needs and behavioural issues all vying for the attention of nursing staff.

There are also increasing numbers of new residents admitted for palliative and end of life care. More dedicated time and skill is necessary for intensive nursing and special needs including family support. High Care facilities are now looking like hospices and more resources are required to fulfill this function including medical attention as critical decisions about treatment are often made by locum doctors when the resident's GP is unable to attend as required.

ACSSA needs to take into account provision of adequate resources in the achievement of standards and outcomes. Not enough nursing hours are funded to provide nursing and direct care and documentation. This situation has become untenable in the sector generally. Staff are often working unpaid overtime to complete all aspects of planned nursing care and associated duties including documentation. This is often taken for granted by some approved providers and aged care facilities.

AGENCY Spot checks look at documentation and systems but not enough attention is paid to actual conditions in which staff are expected to deliver or provide that care. Nursing staff have to reconcile contradictions trying to give individualized care,

encouraging independence in an environment that is now home for each resident, sharing that home with many others, whilst being funded for degrees of dependency.

ACSSA and staffing. Given its regulatory role, ACSSA is in a position to set staffing ratios nationally as advanced complex care needs are universal. Standards and outcomes could then be matched with Resource Requirements.

The proposed Australian Aged Care Regulation Commission could only fix the price of care services if it knows what the actual cost of staffing is. This would be more accurately determined if there were mandated ratio/skills mix requirements.