

21 March 2011

2407/E

Ms Jill Irvine
Inquiry into Caring for Older Australians
Productivity Commission
GPO Box 1428
CANBERRA CITY ACT 2601

Email: agedcare@pc.gov.au

Dear Ms Irvine

Caring for Older Australians Productivity Commission Draft Report

Royal College of Nursing, *Australia* (RCNA) is pleased to provide the attached submission to the Productivity Commission in response to the *Caring for Older Australians* Draft Report.

RCNA is the peak professional organisation for nurses in Australia. RCNA represents nurses across all areas of practice throughout Australia. RCNA has members in all states and territories of Australia, and internationally. A not-for-profit organisation, RCNA provides a voice for nursing by speaking out on health issues that affect nurses and the community. With representation on government committees and health advisory bodies, RCNA is recognised as a key centre of influence in the health policy arena in Australia. When health policy decisions are made, RCNA presents a professional nursing perspective, independent of political allegiance.

This consultation is of the utmost importance to RCNA due to the role nurses take in rehabilitation, palliative care, mental health, the prevention of health breakdown and support for the general frailty associated with ageing. I look forward to the outcomes of this second phase of the consultation and to the *Caring for Older Australians* final report. Please do not hesitate to contact me for further information or discussion on this matter.

Yours sincerely

Debra Y Cerasa FRCNA FCN
Chief Executive Officer

Attachment

Caring for Older Australians Productivity Commission Draft Report

Introduction

Royal College of Nursing, Australia (RCNA) has welcomed the Productivity Commission draft report *Caring for Older Australians* (the draft report) and applauds the work and thinking of the Productivity Commission in this enormous undertaking. RCNA has publicised the need for infrastructure supports, professional development supports and funding mechanisms to enable nurses to deliver a greater level of care in residential facilities and community settings. The RCNA Health and Wellbeing in Ageing Faculty Committee and members have identified these priorities and seek to see them supported in the final report.

While positive in response to the draft report, RCNA has identified a number of general concerns about the document. A number of key issues are discussed below, followed by RCNA's direct response to a number of the draft report recommendations.

General comments

Person-centred care

RCNA is pleased that the draft report focuses on offering older Australians more choice and affordable, quality care. Nurses and aged care nursing services should be easily accessible in the community and flexible enough to move across the community, subacute and acute sectors. RCNA stresses, however, that this care must be 'care in' rather than 'care by' the community. Communities must be prepared for this move for it to succeed.

Language

In sections, the draft report is characterised by ambiguous language. Unfortunately, this decreases the clarity of the document and related recommendations. One example of this is the language confusion around 'specialist' versus 'clinical.' These terms with different meanings seem to be used interchangeably within the draft report. Specifically, the Aged care and support: a building block approach (Figure 3) in the Overview section lists 'Specialised care' where RCNA notes 'clinical care' would be a more precise heading title within the table.

Another example of language ambiguity would be the use of the term 'substantial wealth' (page XXIV of the Overview section). RCNA recommends that more precise, quantifiable language would be more beneficial than language with indeterminable meaning.

RCNA recommends use of the term 'culturally and linguistically diverse (CALD)' rather than 'non-English speaking background (NESB)' to avoid the perception through semantics that the draft report does not endorse diversity.

Aged care workforce

RCNA is pleased to see an acknowledgement of the growing complexity of care needs and the need to increase capacity to address these needs within the aged care sector. A nurse workforce of appropriately educated and remunerated nurses is key to supporting these care needs.

RCNA recommends that the final report address inflexible work practices that commonly are maintained in aged care. Expanded nursing roles to utilise the full extent of the scope of practice of registered nurses (RNs) would enable nurses to better lead the management and prevention of health breakdown, rehabilitation, palliative care, mental health and support for the general frailty associated with ageing.

Nurses can provide services in a generalist and specialist capacity, whether preventing unnecessary admissions to hospital or residential care while assisting older Australians at home, or by providing a comprehensive approach to the care and support of older people. Nurse practitioners are highly skilled and legally endorsed to provide services through the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) and would be of great benefit to hospital outreach services, community based services or within private facility services.

In our previous submission, RCNA put forth a call that funding should be allocated to scope and develop a national practice framework for unlicensed care workers to establish practice, career and education pathways into and through nursing. RCNA continues to stress the importance of investment in this area. There are currently no requirements that vocational qualifications are necessary for employment. Aged care facility staff without qualification heighten the responsibility of employers to ensure safe work practices. In order to protect the health and safety of the public, there is a need to ensure that unlicensed care workers are appropriately qualified and skilled to undertake tasks associated with supporting nursing care. A nationally endorsed practice framework for unlicensed care workers (both qualified and not) that includes codes of ethics, codes of conduct and competency standards would assist and guide unlicensed care workers and the nurses to whom they report in the delivery of competent and safe care.

More specific to the scope of unlicensed care workers, RCNA recommends that medication management should be under the supervision and management of experienced nurses rather than a task delegated openly to unlicensed care workers, whom may have little knowledge of the medications, their side effects, toxicity and contra-indications. RCNA members have reported instances in which medication packs have been packed incorrectly. Errors have occurred when unlicensed care workers administer medications from a pack and check only the back of the pack itself, rather than further assessment against the patient's medication chart.

While informal carers have a large role in the aged care system, RCNA is pleased that the Productivity Commission has acknowledged the anticipated decrease in informal carers in the future. Recognition of the alteration to the professional and personal life of the informal carer is absent in the current aged care system.

Professional development

While the Productivity Commission has reviewed the position of unlicensed care workers in detail, specifics related to the development of RNs is lacking. RCNA appreciates that the Productivity Commission has given thought to teaching nursing homes, but recommends that further detail should be given to ensure that the nursing profession is afforded access to educational, clinical and research activities and opportunities under these programs that are commensurate with the predominate role of nursing within the aged care sector. As stated in our previous submission, it is unfortunate that the title of this program reflects terminology and concepts more relevant to the 20th Century; however, the program itself appears to have merit. RCNA does have reservations towards these programs, however, and advises that for many aged care workers, self-paced learning modules may be preferable to the pursuit of fulltime courses for higher qualifications. A training guarantee levy is one initiative that could fund in-services and support RNs in practice development activities such as innovations and the updating of procedures.

RCNA notes that from a National Registration and Accreditation Scheme perspective, the onus for training and professional development is on the nurses themselves. RCNA notes that employers should also support professional development in the workplace to build confidence and quality in aged care. RCNA recommends that the Older Person Acute Care Model (OPAC Model) or the Essentials of Care (EOC) Program could be used as a framework to support nurses in aged care.

RCNA recommendation: *The professional development and up-skilling of RNs in aged care needs focus and investment, including funding for education.*

Indigenous Australians

In December 2007, members of the Council of Australian Governments (COAG) acknowledged and "agreed to a partnership between all levels of government to work with Indigenous communities to

achieve the target of closing the gap on Indigenous disadvantage."¹ This commitment to address the difference in health outcomes between Indigenous and non-Indigenous Australians could be supported through the specific identification of Indigenous issues in aged care. The draft report is vague in its recommendations to ensure access and equity in Indigenous aged care. RCNA recommends that the final report address Indigenous issues individually.

The system

RCNA has concerns regarding the oversight and functionality of the proposed Australian Seniors Gateway Agency (the Gateway). More detail on the scope of the Gateway is urgently needed, especially with regard to the clinical component of the Gateway, as initial care coordination services are recommended in the draft report. RCNA is concerned about the accessibility of the Gateway across Australia. Access inequity for rural and remote communities, Indigenous Australians and those from CALD backgrounds is foreseen. RCNA is unclear as to how the proposed Gateway will ensure equity of access to these communities and the Australian population as a whole. RCNA also notes that the proposals for the Gateway do not acknowledge health promotion and wellness, which is a concern in the greater outlook for a healthy population. Further information is also needed on the policies for investment in services and resources.

The draft report, which acknowledges the importance of informal carers in aged care, requires further detail in recognition and support for informal carers. Further to this, RCNA recommends that the final report detail the way in which the Gateway will support informal carers. It is important that an older person's access to home care must also be assessed upon their exit from acute care environments.

RCNA is also unclear on the evaluation policies and procedures for the proposed independent regulator, the Australian Aged Care Regulation Commission (AACRC). More detail and information on this aspect is needed. There must be a right of complaints process, accessible to the entire Australian population. Furthermore, the 'national aged care data clearinghouse' role of the AACRC needs further clarity. RCNA requests more specific information as to how this role will enhance the necessary evaluation processes. Additionally, RCNA recommends the relationship between assessment of aged care facilities and funding for those facilities be explicit. There are concerns that if assessment and funding become related, this could be problematic. Financial reforms to the aged care sector should not restrict the role of nurses in delivering high quality and safe care.

RCNA notes that the removal of distinctions between low and high care will have workforce implications that should be considered in the implementation plan.

Information technology

RCNA reiterates the point from our previous submission that adequate funding and resources must be available to aged care service providers to support e-Health teaching, training and change management and to support aged care workers at all levels with regard to information technologies. RCNA strongly recommends the introduction of national standards relating to information technology and computer skills to ensure future e-Health systems are optimised within aged care.

Response to the building block approach

RCNA has serious concerns with the mapping of "aged care and support: a building block approach" as portrayed in Figure 3 (page XXIX). The language within the diagram is ambiguous and open to interpretation. For example, both the Basic Support and Personal Care (Community and Residential) categories contain the term 'residential', despite referring to different locations of care: one being residential in an older person's own home, while the second use implies residential facilities. As mentioned previously, RCNA strongly suggests that the term 'Clinical Care' would much better represent the third category, rather than 'Specialised Care.'

In addition to a problematic category title, RCNA is extremely concerned about the subcategories listed under 'Specialised Care.' Health and nursing should not be listed as separate entities from each other or

¹ Council of Australian Governments. (2007). *Council of Australian Governments' Meeting Melbourne 20 December 2007* [Communiqué]. Retrieved from http://www.coag.gov.au/coag_meeting_outcomes/2007-12-20/index.cfm#indigenous

from the clinical care practised by nurses. Further, this separation of health and nursing from services that nurses provide de-professionalises nurses. Nursing is an element within each of the categories under 'Specialised Care' and cannot be separated out as depicted.

RCNA does not support the use of the term 'challenging behaviour'. RCNA suggests that this language, along with the aforementioned examples, is imprecise and requires clarity. RCNA also urges that mental health is an area that deserves acknowledgement in this category.

RCNA recommendation: *That the Productivity Commission reviews Figure 3 - aged care and support: a building block approach for clarity and in terms of the broader assertions created by the diagram in its present form.*

Response to draft recommendations

Draft recommendation 4.1

In light of broader primary health care reform and preventive health measures, RCNA recommends that the aged care sector be more cognisant of wellness. RCNA also urges that there be a more circular care system by 2050 - one that acknowledges that older people can get better. Currently, older Australians cannot move back home once they move into an aged care facility, whether for financial reasons or other. This process removes choice from Australians and assumes only one permanent entry point to residential care.

Draft recommendation 1.3

RCNA agrees with the Productivity Commission that the removal of the distinction between high and low care should occur, but reiterates that this will have implications for nursing. This move will dictate the kinds of nursing services to be supplied. Specified care and services will need review to ensure effective quality of care.

Draft recommendation 1.11

RCNA supports the proposed cost and price-monitoring role of the AACRC, dependent on RCNA's support for the determined cost of care itself. Cost of care should include the unit price and characteristics of nursing services, including the cost of nursing services provided around-the-clock.

Draft recommendation 8.1

RCNA has unanswered concerns regarding the purpose, evaluation and equity of access of the Gateway. There must be transparency in its role and function to ensure an improved aged care system. Integration, coordination and linkages between the Gateway and Medicare Locals and Local Hospital Networks for broad reform are not explicit and must be ensured.

The Gateway proposal appears similar to the American health maintenance organisation (HMO) system, which removes the health assessment and case management role from doctors and nurses. There must be clarification of the point "an aged care needs assessment instrument would be used to conduct assessments and an individual's entitlement to basic support, personal care and specialised care, and carer support". Whether the aged care assessment instrument will be newly developed or an instrument of other existing entities is unclear. RCNA maintains that the one-stop shop should remain as it was originally described, as an information centre rather than an assessment point. There is still much detail lacking as to the influence of the person in the information hub. RCNA is adamant that this person must have the knowledge base, skill and capacity to make appropriate judgements, including in instances of possible consumer cognitive impairment. If there is clinical assessment, nurses must be involved.

RCNA is also concerned that many Australians may fall through the cracks in the Gateway system. There is no detailed outreach plan, which will be necessary to ensure access to the entire Australian community.

RCNA recommendation: *Nurses must be included in any potential clinical assessment aspect of the Gateway.*

Draft recommendation 8.2

While RCNA agrees in principle with a flexible system of care provision, there is a lack of clarity within the recommendation. The language utilised is ambiguous and inconsistent.

Draft recommendation 8.3

RCNA supports draft recommendation 8.3, subject to the case mix payments meeting the actual cost of palliative and end-of-life care. The cost of specialised nursing is needed for accurate reflection of these costs.

Draft recommendation 8.5

RCNA is in strong support of draft recommendation 8.5 and urges that this multidisciplinary care must be funded appropriately. Specifically, the transferring of subacute care back to residential services cannot be funded at residential rates.

Draft recommendation 9.1

Equity and access to the Gateway must be a high priority concerning special needs groups.

RCNA suggests that the statement that the Gateway "provide interpreter services to convey information" be removed. Interpreters do not 'convey information,' rather; they 'translate information.' This matter is problematic in the current aged care system when interpreters are relied upon to convey information.

Draft recommendation 9.2

RCNA is pleased with the positive potential offered by this recommendation and reiterates that people of CALD backgrounds must receive culturally appropriate and culturally sensitive services.

Draft recommendation 9.3

Draft recommendation 9.3 lacks measurable, concrete goals, standards and actions to measure success.

In addition, RCNA is concerned by the terminology in this recommendation. The use of 'should ensure' in the leading phrase does not indicate the strength of the Australian Government's commitment and should be strengthened.

There are also concerns about the recommendations for "the construction, replacement and maintenance of appropriate building stock" and "meeting quality standards for service delivery." RCNA recommends the inclusion of further detail into the proposed quality standards to be used and more information as to the where these buildings would be constructed.

Draft recommendation 10.1

RCNA supports this recommendation. Nurses are involved throughout the continuum of care and have a significant role in identifying needs related to home maintenance and modification.

Draft recommendation 10.2

RCNA notes that this recommendation requires further clarification. It is unclear if there is any funding support for this recommendation or if this concerns an older person's own housing. RCNA recommends that the design standards should meet care needs as well as access needs. To be consistent with Occupational Health and Safety (OHS) regulations, clinical comment should be sought on the design of accommodation.

Draft recommendation 11.2

RCNA supports this recommendation.

Draft recommendation 11.3

RCNA views this recommendation as positive but stresses that it needs clarity. The professional development should be based on evidence-based practice. There is also a need for a culture change:

- There is a need to look at cutting-edge approaches for professional development opportunities to broaden reach.
- There must be appreciation that professional development is about the development of the group, not only of the individual.

Draft recommendation 11.4

RCNA is in support of recommendation 11.4 and is particularly pleased to see an acknowledgement of the growing complexity of care needs and the need to increase capacity to address these needs within the aged care sector. RCNA will maintain a close watching brief to ensure that the nursing profession has access to educational, clinical and research activities and opportunities under this program, and that any developments under this government initiative remain commensurate with the predominate role of nursing within the sector.

Draft recommendation 12.1 and 12.2

RCNA is concerned that the AACRC would be within the government rather than an independent commission. This would be problematic for providers in search of a truly independent review. RCNA recommends the inclusion of further detail on the right of appeal for the provider in the final report.

Draft recommendation 12.3

RCNA supports this recommendation.

Draft recommendation 12.5

RCNA supports this recommendation.

Draft recommendation 12.6

RCNA reiterates the importance of consistency in collection of data with regard to this recommendation.

Draft recommendation 12.9

RCNA strongly recommends that 'nursing scope of practice' be removed from this recommendation. Nursing scope of practice relates more directly to workforce issues, models of care and service delivery. Whilst it is defined within a regulatory framework, it impacts significantly on potential care models and service provision.

Draft recommendation 13.1

RCNA recommends that further detail on the membership of the AACRC be provided, specifically with regard to stakeholder representation. RCNA recommends that there be broad, multidisciplinary stakeholder representation, including nursing representation. Nurses have a unique knowledge base, which cannot be delivered or matched by any other profession within the sector, and should be viewed as an essential skill base and resource in AACRC membership. Reporting services should be streamlined and data collection processes should be comprehensive and efficient.

Draft recommendation 14.1

RCNA recommends that a timeline for achievement be developed, especially with regard to "embed feedback processes and enable fine-tuning of the new system".

Contact details

Debra Y Cerasa FRCNA FCN
Chief Executive Officer
Royal College of Nursing, Australia

Kathleen McLaughlin FRCNA
Deputy CEO
Director, Operations
Royal College of Nursing, Australia