LASA
LEADING AGE SERVICES AUSTRALIA
The voice of aged care

AGED CARE AMENDMENT (STAFFING RATIO DISCLOSURE) BILL 2018

8 October 2018

A strong voice and a helping hand for all providers of age services

Leading Age Services Australia

Leading Age Services Australia (LASA) is the national peak body representing and supporting providers of age services across residential care, home care and retirement living. Our purpose is to enable a high performing, respected and sustainable age services industry delivering affordable, accessible, quality care and services for older Australians.

We represent our Members by advocating their views on issues of importance and we support our Members by providing information, services, training and events that enhance performance and sustainability.

LASA's membership base is made up of organisations providing care, support and services to older Australians. Our Members include private, not-for-profit, faith-based and government operated organisations providing age services across residential aged care, home care and retirement living.

57% of our Members are not-for-profit, 33% are for-profit providers and 10% of our Members are government providers. Our diverse membership base provides LASA with the ability to speak with credibility and authority on issues of importance to older Australians and the age services industry.

Introductory remarks

Optimum Staffing Levels in Residential Aged Care

LASA considers staffing in residential care facilities to be a critical factor in the care of older Australians.

Staffing levels are determined by a range of factors including residents' care needs, the models of care applied to meet these needs, the design of the facility; and, in some locations, particularly in rural and remote areas, the availability of staff.

The Aged Care Workforce Strategy Taskforce, chaired by Professor Pollaers, recognises the necessary variability of staffing levels and mix between aged care facilities. The Aged Care Workforce Strategy Taskforce in its recently released report: *A matter of care. Australia's Aged Care Workforce Strategy* states:

> *There is no single optimum number of staff, or combination of staff qualifications, that will result in quality aged care in all circumstances. Rather, the number of staff required will change according to varying needs of those individuals; the service or facility size and design; the way work is organised, including the extent to which services are outsourced; and, ultimately, the business model.* (p.49)

Staff to Resident Ratios

Mandating Staff to Resident ratios in residential aged care are frequently advocated by a range of interest groups. Whilst conceptually appealing, such ratios are not conducive to ensuring better care outcomes or reflective of leading practice.

As the Productivity Commission in its 2011 report *Caring for Older Australians* observes:

> *While there are superficial attractions to mandatory staffing ratios, there are 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.*

Council of the Ageing (COTA) in its recent Position Paper *Keep fixing Australia's aged care system* takes a similar stance:

> *The call for implementation of a mandated minimum staff ratio on the surface seems sensible as it suggests a magic formula that would address any perceived imbalances in care and reassure families and residents that adequate levels of care are being provided. Research into staff ratios poses the question "will you heal faster if a nurse is caring for you and only two other patients rather than three times that number?"* ***The answer to this question will vary because it is clear that the number of staff involved in care is not the only determinant of the quality and safety of the service consumers receive.*** (p.26, emphasis added)

LASA is of the view that every type of residential aged care facility must have a staffing model/s that meet the varied and variable needs of the residents living at that particular facility. This means ensuring residential care providers have the right number of staff, with the right mix of skills, to meet the different needs of every resident in their care. To realise this outcome, research is required to determine the most appropriate staffing numbers and skill mix in a variety of different care settings in the Australian aged care system. Having this evidence base will better assist staffing models in residential aged care. This work is to be progressed as part of the Aged Care Workforce Strategy.

Furthermore, the Aged Care Workforce Strategy also recommended measures to attract, retain and develop the aged care workforce, including consistent qualifications and appropriate pay for what is very important work. In this context it is important to note that staffing is intrinsically linked to residential aged care funding. Staffing allocations are influenced by the levels of funding provided under the Aged Care Funding Instrument (ACFI).

Reporting Staff to Resident Ratios

LASA cautions that reporting staff to care recipient ratios may provide the general public with information that is hard to interpret, not readily comparable across facilities/services and potentially misleading.

Various factors will affect a facility's staffing ratio:

- A residential care facility that does not accommodate many people with assessed high level needs will have a lower ratio of staff to care recipients.
- Different models of care also affect the staff to care recipient ratio. For example, residential care delivered in clustered settings utilises staff very differently to the traditional residential care setting.
- The architecture and footprint of care facilities also influences the number of staff required, in particular if residents live in single rooms and staff work across long corridors and spacious common rooms.
- The number of community volunteers available to the facility can also influence staffing levels.

Further, residents can purchase additional therapeutic services, such as physiotherapy or podiatry. Therefore, the staff to care recipient ratio reflects the availability of government subsidised care only.

Apart from staff directly employed by the aged care facility, other health and care professionals also contribute in important ways to care recipients' quality outcomes. For example, Australian research evidence suggests that access by residential care facilities to pharmacists, GPs and outreach services advising on palliative care and emergency care do improve the quality of health care provided in residential care[1].

There are better ways to measure quality

LASA agrees that giving consumers and their families appropriate information about the quality of aged care services is crucial to improving community confidence in Australia's aged care system and driving continuous improvement in the quality of care delivered.

Furthermore, LASA believes that directly measuring consumer satisfaction and quality of care is a better way to test and interpret quality than using an indirect, process-based indicator like the ratio of staff to residents.

The Government has already committed to publishing a performance rating against aged care quality standards in response to the Carnell Paterson Review, which recommended the adoption of the publicly available rating system currently used in the United Kingdom.

Additionally, from August 2017 the Aged Care Quality Agency began publishing Consumer Experience Reports for residential aged care facilities.[2] These reports summarise the responses of a randomly selected sample of residents that are interviewed as part of accreditation (or reaccreditation process). Specifically, residents are asked:

- Do staff treat you with respect?
- Do you feel safe here?
- Do staff meet your healthcare needs?
- Do staff follow-up when you raise things with them?
- Do staff explain things to you?
- Do you like the food here?
- Do you agree with these statements?
    - If I'm feeling a bit sad or worried there are staff here who I can talk to.
    - The staff know what they are doing.
    - This place is well run.

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[1] Chapman, M, Johnston, N, Lovell, C et al. 2016 'Avoiding costly hospitalisation at end of life: findings from a specialist palliative care pilot in residential care for older adults'. *BMJ Supportive and Palliative Care* Published Online First 8 August 2016 doi: 10.1136/bmjspcare-2015-001071.
Johnston, N, Lovell, C, Wai-Man, L et al. 2016 'Normalising and planning for death in residential aged care: findings from a qualitative focus group study of a specialist palliative care intervention'. *BMJ Supportive and Palliative Care* Published Online First14 July 2016 doi 10.1136/bmjspcare-2016-001127
Barnard, A, Hou, X-Y & Lukin, B 2016 'Director of nursing experiences of a hospital in the nursing home program in South East Queensland' *Collegian* 23, pp.341-348.
Fan, L, Hou, X-H, Zhao, J, Sun, J et. Al. 2016 'Hospital in the Nursing Home program reduces emergency department presentations and hospital admissions from residential aged care facilities in Queensland, Australia: a quasi-experimental study.' *BMJ Health Services Research* 16:46.
'Aged care pharmacist pilot a winner'. https://www.australianpharmacist.com.au/aged-care-pharmacist-pilot-a-winner/

[2] See http://www.aacqa.gov.au/publications/consumer-experience-reports-1/research-reports-consumer-residential-aged-care

- I am encouraged to do as much as possible for myself.

These reports are not yet available for all facilities as they are being undertaken progressively as part of the accreditation process. There are also challenges with benchmarking the results, ensuring that reports are sufficiently contemporaneous and the samples appropriately representative, and give sufficient weight to serious incidents.

Nevertheless the focus should be on overcoming these challenges and implementing existing commitments.

Specific LASA comments to: Amendment to *Aged Care Act 1997* New section 9-3C: Obligation to notify Secretary of staff to care recipient ratios

(1) An approved provider must, for each residential care service operated by the approved provider and for each day referred to in subsection (4), notify the Secretary of the ratio of:
- *(a) care recipients to whom residential care is being provided through that residential care service; to*
- *(b) staff members of the approved provider who provide a service connected with that residential care service.*

LASA comment: LASA considers that the ratio of staff to resident provides some information about the availability of staff to residents. However, caveats need to be issued regarding the validity of comparing staff-care recipient ratios between providers as a number of factors influence this ratio. Factors that affect staffing are discussed under the heading *Reporting Staff to Resident Ratios*.

(4) For the purposes of subsection (1), the days are the following:

(a) the 4 days, in each year, specified in the regulations; or

(b) if no days are specified in the regulations for the purposes of paragraph (a)-each 1 January, 1 April, 1July and 1 October.

LASA comment: Staffing levels vary somewhat from day to day according to residents' care requirements, the availability of staff employed by the aged care provider and various agency relief staff deployed. If a requirement to disclose staffing ratios were to proceed, LASA proposes that the full-time equivalent staff count provided should be the average calculated over six weeks: three weeks prior and three weeks past the four specified dates. The Australian Aged Care Quality Agency currently uses this formula to determine the levels of staffing deployed in residential aged care facilities[3].

(5) For the purposes of subsection (2), the categories of staff member are the following:

(a) registered nurses level 1

(b) registered nurses level 2;

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[3] See Results and Process Guide Expected Outcome 1.6 Human resources: *Management has a mechanism to review staff numbers and skill mixes in relation to changes in the mix of care recipient needs and preference* and *Management, staff, care recipients and representatives confirm the adequacy if staff skills at the home.*

(c) registered nurses level 3;

(d) registered nurses level 4;

(e) registered nurses level 5;

(f) enrolled nurses

(g) nurses with certificate IV or an equivalent qualification;

(h) personal care attendants;

(i) allied health staff;

(j) other staff members.

LASA agrees that mix of staff is as important to determining the level of care as absolute staffing numbers. However, it is not clear how useful information at this level of detail would be to consumers.

At the very least, LASA believes that listing registered nurses by the level they are employed under gives consumers very little insight into their actual contribution to care. For example, Nurse Practitioners deliver much value for care recipients as they contribute advanced assessment skills and can prescribe many necessary medications. However, the current listing of registered nurses would not enable consumers to determine whether the services of a Nurse Practitioner are available to them.

If staff members were to be separated into individual occupations LASA considers that Recreational Activity Officers (also referred to as Lifestyle Coordinators) make a significant contribution to care recipients' quality of life by facilitating their participation in meaningful activities. For this reason, these officers should be listed as a separate category rather than subsumed under 'other staff members'.

(6) A notification under subsection (1) must be made as soon as practicable after the day to which the notification relates.

LASA comment: If LASA's proposed 6 week FTE average is adopted (comment to paragraph (4), then notification should not be expected until the end of the fourth week after the specified date.

After subsection 86-9 (1)

Insert:

(1A) The Secretary must make publicly available any information about staff to care recipient ratios of residential care services notified to the Secretary under section 9-3C.

LASA comment: If a requirement to disclose staffing ratios were to proceed, then LASA considers My Aged Care to be the most suitable electronic platform for making this information public. Further, LASA would prefer that publication of the staff to care recipient ratios includes the caveats about the factors that may affect overall staffing levels, such as: mix of residents, model of care used, facility layout etc.