

Australian Nursing And Midwifery Federation

**SUBMISSION TO THE INQUIRY INTO  
THE AGED CARE AMENDMENT  
(STAFFING RATIO DISCLOSURE)  
BILL 2018 (OCTOBER 2018)**



Australian  
Nursing &  
Midwifery  
Federation

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## INTRODUCTION

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### About the ANMF

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 275,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a trade union and professional organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

## GENERAL COMMENTS ON THE BILL

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On behalf of our members, the ANMF welcomes the opportunity to provide comment to the Committee on the *Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018* (the Bill).

The ANMF supports the intention of the Bill and recommends that it be passed with amendments as outlined below.

### Background

The way we care for our elderly is a reflection on who we are as a society. We have heard many stories from our members that there is simply not enough time to deliver the care the elderly need and deserve. It has been identified through extensive parliamentary inquiries, media reports and now the announcement of a royal commission that there is a crisis in residential aged care that requires immediate attention. Australia has an ageing population with higher and more complex needs. Older people are a growing proportion of Australia's population. In 2016, 15% of Australians were over 65 years or older. By 2056, this percentage is expected to grow to 22% (8.7 million).<sup>1</sup>

Between 2015 and 2017, almost 214,000 people entered aged care in Australia. We know that on average older people are spending three years in permanent care. We also know that they are entering residential aged care older, frailer and with complex chronic medical conditions. Both providers and employees consistently report that residents are increasing in acuity and complexity.

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<sup>1</sup> Australian Bureau of Statistics, 2013 population projections, Australia, 2012 (base) to 2101. ABS cat no.3222.0 Canberra: ABS



Studies overseas and nationally have repeatedly demonstrated that safe staffing saves lives. Among other things, these studies have proven that the right numbers of nurses leading clinical care and the right skills mix of nurses and care workers produce statistically significant decreases in pressure injuries, falls, pneumonia and infections.<sup>2,3,4,5</sup> A study of 195 nursing homes in the United States also found higher registered nurse hours were associated with fewer pressure ulcers.<sup>6</sup>

Despite this demonstrated link between safe staffing and care outcomes, the numbers of registered nurses and enrolled nurses have noticeably decreased in many aged care facilities.<sup>7</sup> A 13% reduction in qualified nursing staff working full-time in aged care facilities occurred between 2003 and 2016, resulting in a significant decrease in minimum hours of care received by residents.<sup>8</sup> These reductions in staffing have occurred at the same time as the complexity of care requirements for residents has increased.<sup>9</sup>

Given this background, the ANMF has been calling for mandatory ratios in residential aged care facilities to be legislated to provide certainty for residents and their families that the right numbers of staff, and the right skills mix of qualified staff and carers, are available to deliver the care that our elderly Australians deserve.

This Bill, which would require the notification and publication of staffing ratios in residential aged care, would go part of the way to achieving such outcomes by increasing the transparency of staffing levels and skills mix.

The decision to place a loved one or relative in residential aged care is often an incredibly stressful experience for the individual and the family. The simple disclosure of staffing ratios would assist consumers and family members in decision-making and allow them to make informed choices about where to place their loved one or relative.

## Government expenditure

The ANMF considers that the Bill would also result in more transparency concerning how government funding is spent by aged care providers.

Total government recurrent spending on aged care services during 2016-2017 was \$17.4 billion, with residential aged care accounting for \$12.1 billion. The Australian taxpayer, via the Commonwealth government, contributes around 75% of this aged care expenditure and around 96% of total government funding on aged care (Commonwealth and state).<sup>10</sup>

These amounts are expected to increase as the demand for residential aged care increases to meet the demands of our ageing population.

Given this substantial and increasing expenditure on aged care through taxpayer funded dollars, it is logical and would meet with community expectations that the public be able to easily access crucial information on levels of staffing in aged care facilities.

<sup>2</sup> Aiken, L.H, Sloane, D, Griffiths, P, Rafferty, A.M, Bruyneel, L, McHugh, M, Maier, C.B, Moreno-Casbas, T, Ball, J.E, Ausserhofer, D, Sermeus, W, Nursing skill mix in European hospitals: cross-sectional study of the association with mortality, patient ratings, and quality of care, *BMJ Quality & Safety*, vol 26, no.7, 2017, pp559-568.

<sup>3</sup> Duffield, C, Diers, D, O'Brien-Pallas, L, Roche, M, King, M & Aisbett, K 2011, Nursing staffing, nursing workload, the work environment and patient outcomes, *Applied Nursing Research*, 24, pp244-255.

<sup>4</sup> Twigg, D.E, Gelder, L, & Meyers, H 2015, The impact of understaffed shifts on nurse-sensitive outcomes. *Journal of Advanced Nursing*, vol 71, no.7, pp1564-1572.

<sup>5</sup> International Council of Nurses, 2006, *Safe staffing saves lives*, viewed 31 August 2018, <http://www.icn.ch/images/stories/documents/publications/ind/indkit2006.pdf>

<sup>6</sup> Hyang, Y.L, Blegen, M.A & Harrington, C, The effects of RN staffing hours on nursing home quality: A two-stage model, *International Journal of Nursing Studies*, 2014, vol 51, no.3, pp409-417.

<sup>7</sup> Mavromaras, K, Knight, G, Isherwood, L, Crettenen, A, Flavel, J, Karmel, T, Moskos, M, Smith, L, Walton, H & Wei, Z 2017, *National Aged Care Workforce Census and Survey – The Aged Care Workforce, 2016*, Australian Government, Department of Health.

<sup>8</sup> Willis, E, Price, K, Bonner, R, Henderson, J, Gibson, T, Hurley, J, Blackman, I, Toffoli, L & Currie, T 2016, *National Aged Care Staffing and Skills Mix Project Report 2016*. Meeting residents' care needs: A study of the requirement for nursing and personal care staff, Australian Nursing and Midwifery Federation.

<sup>9</sup> Willis, E, et al, 2016, p.14.

<sup>10</sup> Tax avoidance by for-profit aged care companies: Profit shifting on public funds - proposals for transparency on government spending / Jason Ward. Melbourne: Tax Justice Network; ANMF Federal Office, 2018, p.5



## Level of obligation on providers

The ANMF considers that the requirements set out in the Bill to notify staffing levels are not onerous, and fit well with community expectations regarding the information that should be available to make informed decisions when deciding where to place a relative or loved one.

The ANMF notes that other residential aged care providers are already required to provide other forms of information to the government pursuant to Division 9 of the *Aged Care Act* (into which proposed section 9-3C would be inserted) and the requirements under the Bill would be merely information additional to that which is already required.

## COMMENTS ON SPECIFIC PROVISIONS OF THE BILL

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### Proposed section 9-3C

#### Actual numbers of staff members and care recipients

Proposed section 9-3C would require an approved provider to notify, in relation to four specified days per year, the “ratio” of staff members to care recipients in each residential care service it operates.

The use of the word “ratio” could be read as meaning that providers are only required to notify the overall ratio of staff members to care recipients, for example, “one care recipient to five staff members (1:5)”.

To remove any potential confusion regarding the meaning of the word “ratio”, and to maximise transparency, the ANMF recommends that the Bill also explicitly provides that the actual “numbers” of staff members (on an equivalent full-time basis) and care recipients must also be notified.

#### Ratios to be notified regarding each shift (s.9-3C (1))

The ANMF also recommends that the Bill specify that providers be required to notify numbers and ratios for *each shift* operated by the provider on the relevant day. In practice, this will usually constitute three shifts, in the form of a day shift, an afternoon shift and a night shift.

Ratios of staff to residents usually vary from shift to shift, with fewer staff on duty during night shift. To provide a meaningful snapshot of a full 24-hour period, providers should therefore be required to provide the relevant staffing numbers and ratios in relation to each shift.

#### Categories of staff members – registered nurses (s.9-3C (5)(a)-(e))

Proposed paragraph 9-3C (5) outlines five levels of registered nurse in relation to whom ratios would be required to be notified.

The terms “registered nurses level 1” etc are not defined in the Bill or in the current *Aged Care Act*, therefore there may be confusion regarding the meanings to be ascribed to the specified levels.

While the current federal *Nurses Award*, which would be relevant to most facilities in the sector, does refer to five levels of registered nurse,<sup>11</sup> many facilities will be covered by enterprise agreements that do not necessarily use the classification structure outlined in the award.

For this reason, the ANMF recommends that the Bill only refer to “registered nurse”.

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<sup>11</sup> *Nurses Award 2010*, clause 14.3



### **Categories of staff members – “nurses with a certificate IV or an equivalent qualification” (s.9-3C (5)(g))**

Paragraph (g) (“nurses with a certificate IV or an equivalent qualification”) should be removed as it is unnecessary and potentially confusing.

Enrolled nurses are currently required to obtain a diploma to be registered as such. While in the past enrolled nurses could qualify through the completion of a Certificate IV, any such nurses should be counted in the ‘enrolled nurse’ category specified in paragraph 9-3C(f).

In addition, personal care attendants (however titled), who are not ‘nurses’ under national law, may hold a certificate IV qualification but would also be able to be counted in the “personal care attendants” category specified in paragraph 9-3C(g).

For these reasons, the ANMF recommends the deletion of paragraph (g).

### **Categories of staff members – personal care attendants (s.9-3C (5)(h))**

The intention behind this paragraph is presumably to refer to staff members who provide care to care recipients and who are not registered or enrolled nurses or allied health staff. Such staff members can be called by various titles including ‘assistants in nursing’, ‘personal care attendants’ and ‘personal care workers’.

In the interests of simplicity and clarity and to remove any doubt, the ANMF recommends that paragraph (h) be amended to add the words “(however titled)” and make reference to “assistants in nursing”, so that the clause reads “personal care attendants/assistants in nursing (however titled)”.

## **CONCLUSION**

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The ANMF recommends that the Bill be passed with amendments to address the content issues raised above.

The ANMF also supports the submissions made to this inquiry by the New South Wales Nurses and Midwives' Association (NSWNMA) and the Queensland Nurses and Midwives' Union (QNMU).

The ANMF believes all elderly Australians have a right to safe, dignified care and that taxpayers contributions to funding aged care providers must be directed to ensuring the provision of that care for every aged care resident.

The public has a right to access information on staffing levels and staffing skills mix at residential aged care facilities. It is important that aged care providers are held accountable in what is a highly tax payer subsidised industry which provides an essential service to our elderly Australians.