

Standing Committee on Health, Aged Care and Sport

Inquiry into the Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018

Australian Medical Association Opening Statement

Public Hearing 26 October 2018

In addition to my roles within the AMA Council of General Practice I am also a GP who provides medical care to over 50 residents of Aged Care Facilities as well as looking after hundreds of older Australians in the Community via my General Practice. Older Australians deserve high quality medical care appropriate to their needs, and to be treated with the highest level of dignity and respect, not just in theory but in practice.

Before I begin, I think it is very important to recognise the enormous amount of good care being provided by dedicated staff working for organisations committed to high quality care. I work on a daily basis with good staff who care deeply about the welfare of the residents under their care. The problems that I see result mainly from a system that in many situations does not enable them to provide level of care they would like to.

It is vital that we look beyond newspaper headlines and examples of abuse to the system that all aged care providers work within. Whilst there are always isolated examples of bad people, far more often poor outcomes result from good people working within a bad system, and to improve outcomes it is the system we must look at

It is our belief that the current system is not delivering optimal outcomes and that significant changes need to be made to deliver the care that we would all agree our older citizens deserve, and as we all get older, the care that we ourselves would hope for in years to come.

When I ask almost any nurse or care provider within an Aged Care Facility “what is the number one thing that could be done to improve the care you can deliver?” the almost invariable answer is “more staff”. Whilst recognising that adequate staff alone does not guarantee quality care, it is certainly true that inadequate staffing will make it impossible to deliver high quality care. As pointed out by the Australian Nursing and Midwifery Federation there is significant body of evidence that higher staff ratios are associated with overall higher quality care. This confirms what most of us see as common sense.

However, it is important that staffing ratios are considered within a meaningful context. Simple figures considered in isolation can be misleading. This means that they must relate to the care needs of the resident mix, so to be meaningful some kind of weighted resident number will be required. While many residents have high care needs, the complexity and amount of care required varies significantly from one resident to the next, and some facilities will have populations requiring much more care than others.

It is also important that information be given about what staffing is available at night as compared to during the day. I have certainly visited facilities that may have nurses during the day, but have none overnight.

It is vital that the Bill not only be meaningfully informative, but also not impose an unnecessary burden upon already stretched Aged Care Facilities, especially the smaller ones. For this reason the AMA urges the Committee to look carefully at the suggestions made by the other groups presenting to this Inquiry about how the Bill can be amended to provide the necessary information in a simple format and minimising the work required to do so.

It is very important to recognise that staffing ratios are only one aspect of delivering quality care. Staff training is equally important. As more and more care has been provided by non-nursing trained carers, the standard of training of the carers has become as important if not more so than that of the nurses. We now have the situation where the carers can be employed with 6 weeks training and no requirement to speak English (which is very important in dealing with hearing and cognitively impaired elderly residents). Whilst this is beyond the scope of this Bill, it must be remembered that ratios alone are not the answer.

Transparency presented in a meaningful context is a good thing and is supported by the AMA. However, consumer choice alone has its limitations in terms of system reform. We believe that simply publishing ratios is only a first step and by itself will have limited impact.

It is also important to recognise that trying to measure quality of care and outcomes in Aged Care has limitations. It is simply not possible to accurately measure quality of care, at least via the methods currently used. They give some idea, but generally measure the quality of paperwork and compliance with regulations more than the quality of care delivered. For example, it is possible to measure the nutritional quality of the food provided, but much harder to measure whether it is edible. And I know of one facility that had an excellent response time of under two minutes to every resident call. This was achieved by a staff member coming into the room, switching off the alarm and saying "I will be back later". Good staff feel terrible about doing things like this and with adequate staff numbers most would much prefer to help the resident then and there.

For this reason the AMA supports mandated minimum staffing ratios adjusted for case mix, for carers and allied health staff as well as nurses. This will at least ensure that it is possible to deliver quality care. Currently in many situations it is simply not possible, however good the intent. I am sure this will be borne out by the upcoming Royal Commission.

So whilst supportive of this Bill, the AMA sees it as only the first small step to reforming our Aged Care system. It must be followed by mandatory minimum staff ratios, and some of the principles we are discussing today and incorporating in this Bill will pave the way for that. As I have said, staff ratios are only the basic groundwork for quality care, and alone will be meaningless if attention is not paid to training, pay, morale, appropriate regulation not just red tape, supporting adequate medical care, quality end of life care and minimising unnecessary trips to hospital. We can and must do better. This Bill is one small step along this pathway and as such we support it and look to seeing further steps to improved care emerge both from our own discussion with government and from the Royal Commission.

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