

The Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018

Thank you for the opportunity to make a submission.

My research has explored the views of residents (2015), relatives (2017) and staff (2018) of the aged care home in which they live, visit and work. This research highlights the variability in standards of care in aged care homes.

For example, my recent survey asks staff whether they would recommend the aged care home in which they work to their parents. Approximately half replied yes (and the other half replied no), providing evidence that some aged care homes deliver high standards of care while others do not.

My research challenges the overly optimistic picture of a 'world class' residential aged care sector in Australia we hear from politicians, government, providers and peak bodies. There is irrefutable evidence that residents' needs are unmet in some aged care homes.

Complaints are made when residents are not taken to the toilet or incontinence pads are not changed regularly, when call bells are not answered in a timely manner, when bruises appear or skin tears, and when pressure sores are not treated appropriately, in some cases turning gangrenous. Complaints are also made when residents suffer from malnutrition and/or dehydration and are chemically restrained.

My research also challenges the notion that aged care homes all provide poor standards of care. In my research with relatives, for example, some describe aged care homes where residents were happy, well fed and groomed, pleased to see staff members and called the aged care home their "home". These aged care homes prioritised social engagement and physical activity (both in and outdoor). They provided an extensive range of activities that were not only fun but also meaningful.

The difficulty is how to distinguish between good aged care providers and unscrupulous ones. Without aged care homes being required to disclose their staffing levels, how can people make informed decisions about an aged care home's standards of care?

Rebekha Sharkie's Private Member's Bill is an important first step. This bill requires every aged-care home to disclose and publish quarterly staff/resident ratios. This Bill will provide certainty about the number of staff on each shift, including registered nurses.

The Aged Care Minister, Ken Wyatt, has claimed on numerous occasions that "there is no clear evidence or research that suggests implementing nurse or staff-to-patient ratios will actually increase the quality of care." This is not correct. Recent Dutch research provides "clear evidence".

In 2016, Backhaus, Beerens, Van Rossum, Verbeek, and Hamers undertook a literature review for the Dutch Ministry of Health, Welfare and Sports. This research was published in 2018: "Rethinking The Staff-Quality Relationship In Nursing Homes". The aim of the literature review was to summarise all the available evidence on the relationship between staffing and quality in aged care homes.

The literature review provides evidence of a positive relationship between the quantity of staff and quality of care in USA (i.e. the more staff on duty, the higher the quality of care). It is noteworthy that the USA is the only country that routinely analyses data on staffing and quality indicators.

Other staffing studies undertaken in Canada, United Kingdom, Germany, Norway and Sweden also show the ratio of registered nurses-to-residents has a positive impact on the standards of care in an aged care home. These studies provide evidence that residents have better outcomes when registered nurses are on duty. Residents have fewer pressure ulcers, lower rates of urinary tract infections and are less likely to lose weight. Care from registered nurses also results in fewer residents requiring transfer to hospital.

A key to quality care in an aged care home is staff. Like all health and community services, well-trained, empathetic staff are the cornerstone of an aged care home. However, unlike hospitals and childcare centres, there is no federal legislative requirement for aged-care homes to have mandated staff-to-resident ratios or skill prerequisites. The decision whether to have a registered nurse on duty is at the discretion of the provider.

Providers often claim that ratios are a blunt instrument. This is correct, they are. However, we use this 'blunt instrument' in hospitals and childcare centres. For example, when I worked as a critical care nurse, there was a one-to-one ratio of registered nurses to patient. Some days were busy, others were not. However, because society values 'saving lives', legislation ensures every intensive care unit, including those in private hospitals, are well staffed.

There are also mandated ratios in childcare centres because society values the safety and welfare of children. Yet we don't use this "blunt instrument" to ensure every aged care home is well staffed. Is this because we don't value older people?

Providers often claim flexibility in conjunction with strict, legislated care standards is the key. However, flexible staffing leaves the decision whether to have a registered nurse on duty at the discretion of the provider/manager. Evidence suggests some managers do not employ additional staff when care needs increase.

The following example illustrates why staffing levels should not be made entirely by managers. An elderly woman died in excruciating pain because the manager had not rostered a registered nurse on duty overnight. There was no one on duty was qualified to administer the prescribed morphine.

Although the needs of older people in aged care homes are variable, over 80% of residents have high care needs. The staffing profile of aged care homes today does not reflect the resident profile. If it did, we would have seen a large increase in the number of registered nurses. Instead, the number of registered nurses has decreased while the number of less-skilled personal care attendants has risen substantially. Registered nurses now account for less than 15% of the workforce, while personal care attendants make up 72%.

I am aware that many providers are opposed to Sharkie's Bill. They claim when they report an RN on duty that could mean a range of skills. For example the registered nurse could be a 20-year-old new graduate, an older experienced nurse, or a new graduate but one who has been a Carer for the last 10 years. They are all very differently skilled although have the same qualification.

Although these are legitimate concerns, they are invalid reasons for not collecting staffing information. In fact, they are reasons to support sharing staffing information. Residents and families are entitled to know both the qualifications and skills of the staff on duty.

Providers will have the opportunity to include the number of registered nurses with additional explanatory text on their web sites. This additional text could be useful in fully explaining the qualifications, skills and experience among staff on duty.

Some providers have also claimed that sharing data about staffing levels will be further work for staff, and increased costs. This is nonsense. Government and financial agencies already collect data on staffing levels and other quality indicators such as medication errors, pressure sores and falls. But this data is currently hidden from the public.

Sharkie's Bill will increase transparency. Increased transparency is vital for evidence-based discussions about how to provide the best possible care for frail, elderly people who live in aged care homes.

Aged care homes with high numbers of well-trained staff have nothing to fear from this Private Member's Bill. It is only unscrupulous providers – particularly those who do not have a Registered Nurse on site at all times – who will oppose to it.

This Bill will ensure good providers flourish while those unscrupulous providers who value profits over care will not.