

QUEENSLAND NURSES UNION



SUBMISSION TO

SENATE STANDING COMMITTEE ON COMMUNITY AFFAIRS

INQUIRY INTO AGED CARE

AUGUST 2004

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SENATE STANDING COMMITTEE ON COMMUNITY AFFAIRS

INQUIRY INTO AGED CARE

Recommendations in relation to the Inquiry's first term of reference:

- a) **the adequacy of current proposals, including those in the 2004 budget, in overcoming aged care workforce shortages and training.**

Recommendation 1

That the Commonwealth Government, as a matter of urgency, implements strategies recommended by previous national projects and Inquiries relating to the aged care workforce including:

- establishing accountability mechanisms for aged care providers in relation to the Commonwealth funding they receive;
- establishing minimum nursing staffing levels and skill mix of nursing staff;
- attaining wage parity for nurses working in aged care who still receive significantly less wages than nurses working in other sectors;
- increasing specialised training and recognition of aged care nursing qualifications and expertise;
- increasing the emphasis on occupational health and safety policy and training (aggression management, use of safety equipment and devices, manual handling training)
- reducing the documentation required under the RCS tool.

Recommendation 2

That the Commonwealth Government facilitates a national approach to health and safety with a dedicated project officer and secretariat which is supported by a committee of key stakeholders, underpinned by a State committee to provide a conduit of information.

INTRODUCTION

1. The Queensland Nurses Union (QNU) welcomes the opportunity to provide a brief submission to the *Senate Community Affairs References Committee Inquiry into Aged Care*. The focus of this submission will be to highlight major issues that fall under the Inquiry's first term of reference in relation to aged care nursing in Queensland. The remaining terms of reference may be addressed either in supplementary submissions or at a public hearing of the Inquiry.
2. The QNU represents the industrial and professional interests of nurses and nursing in Queensland and is a State registered industrial union of employees. Membership of the Union includes licensed nurses (registered and enrolled nurses) and unlicensed health care workers (assistants in nursing/carers) who perform nursing work under the supervision of registered nurses. Membership of the QNU has continued to grow steadily since its formation in 1982 and as at 30 June 2004 there were in excess of 32000 members.
3. In addition the QNU operates as the State branch of the federally registered Australian Nursing Federation (ANF). The ANF is the national union for nurses and is the largest professional nursing organisation in Australia. This submission complements that made by the ANF and provides details of current aged care nursing workforce issues in Queensland.
4. The QNU believes that the relatively short time frame between the announcement of the Inquiry and the closing date for written submissions may have had the effect of limiting the number of submissions made to the Inquiry. The Union recommends that public hearings are conducted in metropolitan and regional areas in Queensland to ensure that the Committee is well informed about issues related to the Inquiry's terms of reference. The QNU will be pleased to participate in public hearings of the Inquiry.
5. Members of the QNU's Aged Care Reference Group have contributed to this submission. Membership of the QNU Aged Care Reference Group includes assistants in nursing, enrolled nurses and registered nurses who are currently working in aged care services across Queensland. Members of the group would also be available to participate in public hearings of the Inquiry.
6. The QNU has provided detailed submissions to previous Inquiries and national projects examining priority issues for nurses and nursing in Australia, including the *Senate Inquiry into Nursing* (2001) and the *National Review of Nursing Education* (2002). These submissions have also addressed the major concerns of nurses working in aged care services in Queensland. Copies of previous submissions will be made available to this Inquiry upon request.
7. Nurses are pivotal in the health care of the elderly in our community in all settings that health care is provided. For the purposes of this submission, however, emphasis will be given to issues related to Commonwealth funded residential aged care and community care settings.

RESPONSES TO THE INQUIRY'S TERMS OF REFERENCE

- a) the adequacy of current proposals, including those in the 2004 budget, in overcoming aged care workforce shortages and training;

8. The strategies required to address the current critical aged care workforce shortages and training needs have been identified repeatedly in a series of Commonwealth sponsored projects and Inquiries over recent years.¹ The recommendations made by these Inquiries and projects have been resoundingly similar and are well supported by research data.

9. Recommendation 1: That the Commonwealth Government, as a matter of urgency, implements strategies recommended by previous national projects and Inquiries relating to the aged care workforce including:

- **establishing accountability mechanisms for aged care providers in relation to the Commonwealth funding they receive;**
- **establishing minimum nursing staffing levels and skill mix of nursing staff;**
- **attaining wage parity for nurses working in aged care who still receive significantly less wages than nurses working in other sectors;**
- **increasing specialised training and recognition of aged care nursing qualifications and expertise;**
- **increasing the emphasis on occupational health and safety policy and training (aggression management, use of safety equipment and devices, manual handling training)**
- **reducing the documentation required under the RCS tool.**

10. The residential aged care program is administered under the Commonwealth *Aged Care Act 1997*. One of the objects of the *Act* is that aged care providers will be held accountable for the funding they receive from the Commonwealth Government².

11. However, since the enactment of this legislation in October 1997, aged care providers have not been required to account for the funding they receive. There currently is no requirement that aged care providers ensure a minimum level of nursing staff is rostered at all times. Nor are aged care providers required to provide evidence that a minimum ratio of registered nurses, enrolled nurses, and

¹ These include:

National Review of Nurse Education (2002)

Senate Inquiry into Nursing (2001)

The Care of Older Australians A Picture of the Residential Aged Care Workforce (2004)

Julianne Cheek et al, *Ensuring Excellence: An investigation of the issues that impact on the registered nurse providing residential care to older Australians* (2002)

Recruitment and Retention of Nurses in Residential Aged Care Final Report (2002)

² *Aged Care Act 1997*, Section 2.1 (1) (v).

assistants in nursing/carers is rostered to ensure appropriate standards of care for residents.

12. Recent Federal budget initiatives which were claimed to be aimed at assisting aged care providers to provide increased wages for nursing staff have not resulted in closing the significant gap between the wages of aged care nurses and those of nurses working in other sectors. Unless aged care providers are called on to account for the additional funding in the 2004 budget measures aimed at closing the wages gap it is predicted that the wage disparity will continue.
13. The table below sets out a comparison of nurses' wage rates in Queensland as at 1 March 2004.

Table 1: Nurses wage rates per week (Queensland) – Comparison between aged care, private sector and public sectors as at 1 March 2004³

Sector	AIN Yr 5	EN Yr 5	NO1 Yr 1 RN 1 Yr 8	NO2 Yr 2 RN 2.2	NO3 Yr 2 RN 3.2	NO4 Yr 1 RN 4.1	NO5 Yr 2 RN 5.2
Public Sector 170MX Award	572.55	672.3	950.25	989.35	1135.05	1242.15	1465.75
Private Sector EBA (Greenslopes)	579.66	691.58	934.67	990.93	1103.55	1289.09	1373.35
Private Sector Award	511.60	597.60	784.90	828.30	915.00	1058.00	1122.90
Aged Care EBA (Blue Care)	548.59	636.63	844.83	895.13	995.93	1161.42	1236.91
Aged Care Award	542.20	623.60	793.90	835.60	920.10	1058.90	1122.00
\$ Diff b/w max & min	68.06	93.98	165.35	162.63	220.05	231.09	343.75
% Diff b/w max & min	13.3%	15.7%	21%	19.6%	24%	21.8%	30.6%
Aged Care Award & Blue Care Equivalent Classifications	AIN L2.1	EN L2.1	RN L1.4	RN L2.1	RN L3.1	RN L4.1	RN L5.2

The Advanced Assistant in Nursing role in Queensland State Government Nursing Homes

14. In 1999 the QNU negotiated with Queensland Health for the introduction of the advanced assistant in nursing (AAIN) role in State Government Nursing Homes. The AAIN role includes tasks and responsibilities that were not previously included in the role of assistants in nursing. Some of the additional tasks/responsibilities are nursing activities that must be delegated to the AAIN by a registered nurse, such as the recording of clinical observations (blood pressure, heart rate, respiration rate) for residents whose health status is stable. In any situation where a registered nurse delegates nursing activities such delegation

³ ANF Paycheck

must be in accordance with the Queensland Nursing Council's *Scope of Nursing Practice Decision Making Framework (2002)*. This document sets out the *Guiding Principles for Delegation to Unregulated Care Providers* by registered nurses in Queensland.

15. The *Queensland Public Sector Certified Agreement (No 4) 2000 (EB4)* provided for the implementation of the AAIN role and AAIN wage rates that are higher than AIN wage rates. The current maximum wage rate for an AAIN is \$634.10 per week. This is 14.7% greater than the comparative wage rate of an assistant in nursing under the Aged Care Award (AIN L2.2 = \$552.65/wk). The AAIN role has been successfully implemented and the evaluation of the impact of the role has been very positive.

Nursing staffing levels in Queensland State Government Nursing Homes

16. In 1999 the QNU successfully lobbied for the introduction of a minimum care hours model of staffing in State Government Nursing Homes. The minimum care hours model is based on the 'entitled hours per day by resident category' that applied prior to introduction of the *Aged Care Act* in 1997. Issues such as the health & safety of nursing staff, minimum skill mix requirements, requirements of industrial instruments, and professional issues are also taken into account.
17. The current minimum nursing hours to be rostered in State Government Nursing Homes are calculated according to the following hours per resident per day by RCS category:

Table 2: Minimum nursing hours in State Government Nursing Homes (Qld)

Resident Category	Hours per day*
1	3.857
2	3.357
3	2.786
4	1.857
5	1.286
6	1.286
7	1.286
8	1.286

* Entitled Hours Per Day by Resident Category (1/7/96)
The Nursing Home Manual

Cuts to rostered nursing hours in private sector nursing homes and hostels in Queensland

18. Introduction of the advanced assistant in nursing role and the minimum care hours model in State Government Nursing Homes in Queensland have assisted in the maintenance of reasonable staffing levels and workloads in these facilities. However, the lack of accountability for care funding in the private sector since

1997 has led to continuing erosion of nursing staffing levels in private sector facilities over that time.

19. Despite the real and immediate concern of nursing staff, residents and the general community about workloads, and the declining quality of resident care that has resulted from this erosion of nursing staffing levels, many employers are continuing to cut nursing hours in their facilities. At the time of writing the QNU is assisting members in more than ten (10) residential aged care facilities to respond to proposed cuts in rostered nursing hours. In addition the Union is receiving calls from members in other facilities advising that reductions in rostered hours and other services are being proposed.
20. In most cases QNU members in facilities where reductions in rostered hours are occurring report that their workloads are already unsustainable even prior to any cuts being implemented. Members complain that they are expected to work unpaid overtime to complete their duties and often the employer will fail to acknowledge that they are working through their breaks. Nurses also report that they have difficulty complying with manual handling policies that, for example, require two staff to perform resident transfers, and that excessive workloads lead to shortcuts being taken.
21. Employers are justifying very substantial cuts in rostered nursing hours with claims that either the RCS income has reduced or simply that too much money is being spent on the wages of nursing staff. It is evident that aged care providers are operating in accordance with 'industry benchmarks' that are not based on resident care needs but on a percentage of 'operational income'.
22. For example, in late 2003 RSL Care in Queensland drastically reduced rostered nursing hours in a number of facilities and a lengthy industrial dispute ensued. RSL Care advised that the basis of the hours cuts was to meet a benchmark set at 71.25% of operational income (including residential classification scale subsidies) for the wages of all staff at any site which is a nursing home, and 72.75% of operational income for total wages at any site which is a hostel.

Paragraphs 23 to 27 to be provided in a supplementary submission after Tuesday 10 August 2004.

28. This matter demonstrates, in the QNU's view, how the lack of mandatory minimum staffing levels and skill mix in residential aged care services, and the lack of accountability of aged care providers for expenditure of public funds, has led to erosion of nursing staffing levels and associated decreases in standards of resident care.

Occupational health and safety issues - Queensland

29. In 2002 a National OHS Strategy 2002 – 2012 was signed off by key stakeholders, they being government, employers and unions. The focus was to be on prevention. As a result of this the Health and Community Services Industry and in particular aged care has become a focus of activity around the issue of manual tasks and slips, trips and falls.
30. The reason for this is that nursing homes alone account for 10.3% of injuries within the Health and Community services sector (2001 – 02 data). Furthermore, nursing assistants and personal carers accounted for 12.9% of injuries, the most common injury being sprain strain injuries. In this time period, the total compensation payments for nursing homes were \$2,647,251 and accommodation for the aged was \$1,814,216. Workers compensation payments are funded by the Commonwealth Government.
31. Despite a concerted effort at both a Commonwealth and State level to work with industry in Queensland between 1994 and about 2000, attention to workplace health and safety is still a major issue for our membership. It is our experience that increased injury rates correlate to increased workloads.
32. An Official from the Queensland Nurses Union participates as a validator of applications in the HESTA Better Health and Safety Awards, a national OH&S Program set up as an incentive for Industry to improve health and safety. This program also develops case studies that can be used by Industry to assist them with continuous improvement. The QNU Official has been involved in this process since its inception and has seen the steady improvements in health and safety in aged care facilities interstate, yet this fails to translate to Queensland on a broader application. Good Shepard Nursing Home in Mackay continues to set a high benchmark in this area and has been recognized for their achievements in this awards process. The QNU believes that with the commitment of the organisation good outcomes can be achieved.
33. The accreditation process for aged care facilities does address the issue of health and safety. Unfortunately a higher focus appears to be on resident safety than on workers' safety. In the last round of award validation visits an employer submitted as part of their application a benchmarking exercise they had undertaken via a consultancy. This allegedly provided them with a national profile to which they could benchmark. Unfortunately the benchmarks set did not even meet legislative compliance.
34. It has been our experience that when resources are available at a Commonwealth level the profile of workers' health and safety remains at the forefront. It provides for communication of ideas and can be proactive on emerging issues.
35. **Recommendation 2:**
That the Commonwealth facilitates a national approach to health and safety with a dedicated project officer and secretariat which is supported by a committee of key stakeholders, underpinned by a State committee to provide a conduit of information.

The impact of inadequate staffing levels and skill mix on the capacity of licensed nurses to meet their professional obligations.

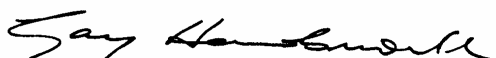
36. One of the impacts of decreasing numbers of registered nurses in aged care workplaces is the dramatic increase in spans of responsibility and associated difficulties in adequately supervising other staff. These factors are significant influences on why registered nurses are leaving and are not being attracted to work in aged care services.
37. A review of the number of complaints made to the Queensland Nursing Council in relation to the professional practice of aged care nurses demonstrates a steep increase in the twelve months to 30 June 2003. Licensed nurses working in aged care are fearful that inadequate staffing levels and excessive workloads may result in workplace incidents leading to complaints and/or investigations by the QNC.

Table 3: Complaints about professional practice of nurses working in aged care services. (Source: Queensland Nursing Council Annual Reports 2000 – 2003)

Year	1999-2000	2000-2001	2001-2002	2002-2003
RN	13	18	11	27
EN	2	0	2	2
TOTAL	15	18	13	29
% of total complaints from all areas of nursing practice	14.3%	14.6%	11.4%	20.9%

CONCLUSION

38. Inadequate staffing levels and skill-mix, excessive workloads, and wage disparity are critical factors impacting on the recruitment and retention of nursing staff working in aged care. Strategies to address these issues in Commonwealth funded aged care services are a primary responsibility of the Commonwealth Government. The QNU urges the Commonwealth Government to take immediate steps to address these issues.



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