

# **SOUTHERN CROSS CARE (TAS) INC**

## **SUBMISSION TO SENATE ENQUIRY INTO AGED CARE**

Southern Cross Care (Tasmania) is a not-for-profit organization that is the largest aged care provider in Tasmania with 490 residential beds across 6 facilities throughout Tasmania and 90 Community Aged Care Packages and over 220 DVA Home Care clients.

The following comments are a summary of the views of Management employed by Southern Cross Care (Tasmania).

### **Adequacy of current proposals in overcoming aged care workforce shortages and training**

- The current workforce shortage issues are due in part to the international shortage of Registered and Enrolled Nurses. The transition of the basic training of Registered Nurses to the tertiary education sector some 20 years ago has resulted in a significant decrease in the number of Registered Nurses in the workplace market. This was an outcome forecast at the time of the transition but there have been no effective measures implemented to address the issue.
- In Tasmania the training of the second level nurse (Enrolled Nurse) was ceased and has only recently been reintroduced. The new programs have not produced enough graduates to impact on the workforce numbers and the quality of the graduates from these programs is yet to be fully evaluated.
- Workforce concerns are further exacerbated by the wage disparity between the acute care sector and the aged care sector. The concerns surrounding the wage disparity are magnified by the differences in workload expectations and increasing acuity of residential aged care recipients.
- Whilst the 2004 Budget announced several initiatives claiming to address the workforce issues the actual effectiveness of the initiatives is doubtful. The \$877.8 million over 4 years through the conditional adjustment payment will not provide anywhere near the real amount required to meet the current wage gap and provide for the “normal wages increases” that should reasonably be expected to be in place by 2008 – they are likely to be greater than the additional 7% this initiative provides. The Hogan report comments that “real wages over the next decade are expected to grow much faster in the residential aged care industry than in the economy generally”. There is limited detail available about the conditions attached to receiving the payment, other than a requirement to provide audited financial statements and “workforce data” – without detail and the proposed use of the information is not possible to assess the costs involved to providers of meeting the conditions.

- The \$101.4 million over 4 years provided in the 2004 Budget to “assist providers to attract and retain qualified staff ...” does not address the immediate issues.
- The differences between the States surrounding the scope of function of Enrolled Nurses reduce the capacity to recruit this scarce resource.
- In Tasmania, Enrolled Nurses are all trained and licensed by the Nursing Board to administer medication. It must be stressed that the safe and competent administration of medication is merely one of numerous skills required of the professional nurse, both Registered and Enrolled, in aged care.
- The statement that this funding will also “...allow 1600 more students to commence nursing studies over the next four years provides no positive encouragement to the ageing aged care workforce. The increase of 1600 to the overall nursing student intake is not anticipated to meet the projected needs of the acute care workforce. There are no added incentives for these students to opt for aged care on graduation nor is there any focus on increasing the exposure of undergraduates to aged care during their training.

### **The performance and effectiveness of the Aged Care Standards Agency in**

#### **(i) Assessing and monitoring health and safety**

- The fact that the Agency as an organization has yet to achieve accreditation by a recognized body casts significant doubts on their credibility to assess and monitor other organizations for compliance to standards.
- The Agency and the ACHS (Australian Council of Healthcare Standards) approach to undertaking site audits are totally different. The ACHS process uses experienced and trained professional peers to undertake audits.
- The experiences of Southern Cross Care (Tasmania) with the Agency have not been positive. The process is perceived as personality driven with too much attention to minutiae rather than overall assessment of systems in place.
- The access to a variety of Agency assessors is severely limited in Tasmania, where there are only two Agency assessors. This concern is compounded by neither assessors having a background in aged care service provision.

#### **(ii) Identifying best practice and providing information, education and training to aged care facilities**

- Only one “best practice” education session has occurred in Tasmania to date. This single day session was expensive to attend (over \$300 per person). The content was little more than a series of “business advertising” sessions for several businesses. Discussions with a number of attendees following the event indicated that most were dissatisfied with the “value for money” gained from the day. Southern Cross Care is aware that the feedback provided by the Agency to the Tasmanian Aged Care Working Group is not reflective of this view.
- There has been no education or suggestions to improve practice provided at support visits. These have been compliance checks and the term “support visit” is a misnomer. The Victoria Tasmania State

Manager has stated on several occasions that most “support visits” are actually “compliance checks”. This was the purpose of the now obsolete Standards Monitoring process conducted by the Department of Health and Ageing prior to the introduction of the Agency. It appears that facilities are now paying a premium price for a service that they received previously for free.

**(iii) Implementing and monitoring accreditation in a manner which reduces administrative and paperwork demands.**

- The Application for Accreditation document is one of the most unwieldy documentation processes within the health care sector. There were frequent issues with the software provided – including no spell check, inability to save changes accurately, and poor information support.
- The Agency is unable to provide information regarding the type and amount of evidence required to substantiate that effective systems are in place. This leads to over documentation by providers for fear of being found to be lacking. The ACHS processes are quite clear on this matter allowing facilities to streamline data collection and collation.
- The 2004 Budget comments that funding for the Agency will increase substantially and that providers will be asked to pay a “more appropriate contribution to the cost of accreditation”.
- Whilst Southern Cross Care recognizes that an accreditation process is essential for the protection of the care recipients the current processes do not meet this requirement.

**The appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs such as dementia, mental illness or specific conditions are met under current funding arrangements.**

**(i) Young disabled in residential aged care**

- Residential aged care is a totally inappropriate setting for young disabled. This group has highly specialized needs and requires and deserves staff with specific training to meet their many and complex needs.
- Whilst residents from both groups have some common care needs the methods and skills required to meet these needs are quite different.
- The greatest issue is the enormous disparity in the social needs of the two groups.

**(ii) Dementia and mental illness**

- A pilot study conducted by Southern Cross Care in conjunction with two other Tasmanian facilities identified that dementia residents require a significantly increased amount of time to meet their basic daily care needs aside from managing the challenging behaviours that are characteristic of residents with dementia. There is no allowance in the current RCS funding to allow for this need.

- The 2004 Budget provides for additional supplements for residents with dementia and palliative care from 2006. there are no details of the eligibility criteria or claiming mechanism for this funding.
- If the need is recognized why is there such a delay with the implementation of the funding?
- Residents with mental illness are in a similar position to young disabled; their needs are specific and specialized.
- Funding for mental health services rests with the State governments. The entrenched practice of “cost shifting” sees older adults with mental health issues being transferred to the aged care sector rather than belong appropriately managed within the mental health sector.

**(iv) Other issues with the current funding arrangements**

- The single biggest issue with the current funding tool is the inability of the tool to respond quickly to alterations in resident condition. This will become a significantly greater concern as the general acuity of residents within residential aged care increases.
- The funding tool is cumbersome to implement and maintain. The delays in the implementation of a revised funding tool and associated systems are extremely disappointing. The lack of detail available to the industry surrounding the changes raises concerns due to the incapacity to evaluate the proposals.

**(v) Community**

There are two major issues to be addressed:

Restructuring and streamlining of the number of programmes, their accountability and reporting requirements to ensure effectiveness of already available resources. There are currently 17 different separate Commonwealth funded programmes providing community based care. In addition there are up to 22 separate State funded programmes all requiring separate reporting and administrative arrangements. This fragmentation of services creates duplication as well as confusion for the clients, carers and service providers.

The need for more funding to meet the growing demand and increasing complexity of care. The rules for delivery of care are complex with definitive boundaries, which limit the delivery of holistic care. They are also administratively inefficient for Governments and service providers.

In addition to the above, there seems to be a profusion of pilot programmes, which vary from State to State, thus creating inequities and further confusion. Some of these pilots come to nothing where others such as the EACH programme are extended to all States. While the EACH notion is laudable, it has created an even bigger divide in sustaining clients in their own homes because there is a huge gap between the care able to be delivered by the CACP funding (about 7 hours a week) to the start of an EACH where the care needs must start at 14! Where are the services to keep a person in their own home between one and the other? The reality is

that it has created an expectation that the CACP will be extended to cover the care needs while waiting to access an EACH package.

**(vi) Effectiveness of current arrangements for the transition of the elderly from acute settings to aged care settings or back to the community**

- Southern Cross Care has participated in an ICRS pilot in southern Tasmania as provider of service to the State government. The pilot has provided successful outcomes for a large number of residents over the nearly two years of its operation.
- There have been issues with the administration of the pilot, but the model appears to be effective and efficient in meeting the needs of the residents.
- It is disappointing that, as the pilot nears completion, there is no ongoing service in place.

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