australian nursing federation

SUBMISSION TO SENATE INQUIRY INTO THE AGED CARE AMENDMENT (RESIDENTIAL CARE) BILL 2007

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AUSTRALIAN SENATE
Aged Care Amendment (Residential Care) Bill 2007

1. Introduction

1.1 The Australian Nursing Federation (ANF) is the national union for registered nurses, registered midwives, enrolled nurses and assistants in nursing in Australia. The ANF is also the largest professional nursing organisation in Australia. The ANF's core business is the industrial and professional representation of nurses and nursing in Australia.

1.2 The ANF's 150,000 members are employed in a wide range of enterprises in urban, rural and remote locations in the public, private and aged care sectors, including hospitals, health services, schools, universities, the armed forces, statutory authorities, local government, offshore territories and industries.

1.3 The ANF participates in the development of policy in nursing, nursing regulation, health, community services, veterans' affairs, education, training, occupational health and safety, industrial relations, immigration and law reform.

1.4 The ANF maintains strong industrial and professional links with nursing organisations across the world and is an affiliated member of the International Council of Nurses, the Commonwealth Nurses Federation and the South Pacific Nurses Forum as well as having strong and formal alliances with several individual nations, such as East Timor and Papua New Guinea.

1.5 The ANF was a member of the RCS Reference Group; was integrally involved in the RCS Review and the development of the Aged Care Funding Instrument; and is an active member of the ACFI Reference Group. The ANF supports the implementation of the ACFI, the focus on care required rather than care provided, and the separation of assessment for funding from assessment for care.

1.6 The ANF is committed to enabling our members to provide quality care to those older people who require it in aged care settings.

2. Effect of the ACFI on documentation

2.1 A major concern of the ANF in relation to the RCS was the level of documentation considered necessary to justify the RCS assessed level. The complexity of the RCS meant that registered nurses employed by aged care facilities spent more time documenting than providing care or supervising care provided by other less qualified staff. It also put tremendous pressure on the registered nurses to 'get the assessment right', otherwise the facility received less income or had their income reduced on validation by the Department.

2.2 Another consequence was that 'assessment for funding' became blurred with 'assessment for care'. Care plans were structured, not on the care needs of residents, but on being able to justify the assessed RCS level.

2.3 The ANF was encouraged during the development of the ACFI by the work undertaken on external assessment. The positive outcome of external assessment in our view was that (a) the aged care facility had certainty of their funding level when a resident was admitted; (b) the only assessment documentation that would be required at facility level was if a reappraisal was considered necessary; and (c) registered nurses would be able to focus their energy on assessing care needs, delivering care, and appropriately supervising and supporting other care workers. It is of considerable concern and disappointment to the ANF that the Department has been persuaded not to or to delay the implementation of external assessment.

2.4 As a result of the decision not to or to delay external assessment, the ANF is concerned that there will be minimal reduction on the level of documentation required by registered nurses to undertake and the benefits of freeing up registered nurses to provide care or to supervise and support other care workers will not be realised.

2.5 The ANF would like to strongly recommend to the Inquiry that a commitment is made and a timetable established for the initial ACFI assessment for admission to an aged care facility to be conducted externally, preferably by an extended Aged Care Assessment Team.

3. Definitions of high and low care

3.1 The ANF refers the Inquiry to statements made by the then Minister for Ageing, Julie Bishop, and by the Department to Parliament when the announcement was made that funding levels would be reduced from the eight RCS levels to three: high, medium and low. Those statements indicated that high and medium care equated to RCS levels 1-4, while RCS levels 5-8 would equate to low care. There is sufficient evidence to demonstrate that more residents in aged care facilities are requiring higher levels of care and that this has been and will continue to be an increasing trend over time.

3.2 The definitions of high, medium and low care are critical for two reasons. The first is that the level of care and the qualifications and skills of the person providing the care are directly linked to the level of care (high or low) in the Quality of Care Principles. If Australia is to provide quality care for older people in residential aged care facilities where the care required is becoming more and more complex, then the staff who provide that care must have the necessary qualifications and skill and be employed in sufficient numbers.

3.3 The second reason is that the capacity of aged care providers to charge an accommodation bond, and thus increase their access to capital funds, is also linked to the level of care (high or low). Accommodation bonds can only be sought from people receiving a low level of care. There is a very real risk that aged care providers will seek to influence the definitions of high, medium and low care so they are able to access the income generating potential of aged care accommodation bonds. This is an untenable situation and an unfair one for aged care providers and for the industry as a whole. The definitions of high, medium and low should only be determined by the level of care required. High and medium care must be defined as ‘not low care’ and the Quality of Care Principles ensure that staff with the necessary qualifications and skill are required to be employed to provide that care.

4. Education and training

4.1 The ANF would like to see a commitment by the Australian Government and the Department of Health and Ageing to the provision of ongoing training in the ACFI. There is a high turnover of staff in residential aged care facilities and a high proportion of part time staff. The change from the RCS to the ACFI is a very big change, not just in assessment tools, but also in underpinning philosophy. It is anticipated by the ANF that a four year commitment to funded training in the ACFI will be essential for a smooth transition from one tool to another.

5. Information Technology

5.1 The ANF recently conducted a research project for the Department in the use of and barriers to the use of information technology by nurses. In every parameter identified, nurses in aged care had less access to information technology and more barriers to access than nurses in any other sector. The ANF would like to see a significant input by the Australian Government to enhancing the use of information technology in aged care facilities. One of the benefits of this is that the ACFI assessment could be undertaken electronically and validation by the Department of ACFI assessments and reassessments for accountability purposes, whether those assessments are conducted internally or externally, could be undertaken electronically also. It is the view of the ANF that there will be considerable ongoing savings from an initial investment in enhancing the information technology capacity of the aged care sector.

6. Funding

6.1 The ANF is concerned that the Australian Government is attempting to introduce the ACFI from an existing inadequate funding pool and that the funding allocated under the 'grandparenting' arrangements will be insufficient to ensure stability within the industry as the industry moves from the RCS to the ACFI. It would be a complete disaster if smaller facilities, particularly those in rural or remote rural areas, became unviable as a result of the introduction of the ACFI. A serious look at the effect of the ACFI on the funding for smaller and rural facilities must be undertaken to protect them in the short and long term.

7. Explanatory Memorandum to the Bill

7.1 In Items 1 and 2, the ANF questions the need for subsection 22-2(3) to be repealed and replaced by a new subsection 22-2(3) which provides for the Secretary to limit the level of care provided to a care recipient to a low level of residential care. The ANF understands that the ACFI will determine the level of care and the amendments to the Quality of Care Principles will define high, medium and low levels of care. As stated earlier, it is essential that the Quality of Care Principles definitions clearly identify high and medium care as equating to the current RCS levels 1-4, with low care equating to the current RCS levels 5-8. This is necessary to ensure safe care is provided to residents by appropriately qualified staff.

7.2 In Item 25, the ANF would like to be assured that the Secretary, when deciding whether to change a classification, only considers material on which the classification was based at the time the classification was undertaken. It would be unfair to the aged care facility and counterproductive to the provision of quality care, if material were considered subsequent to the assessment being made.

7.3 In Item 27, the ANF opposes section 42-1(4) being repealed. Not all aged care facilities provide 'ageing in place' or are capable of providing 'ageing in place'. They may not have the necessary staff or have access to the necessary staff and their buildings may not support the provision of a high level of care. There are instances where a resident receiving a low level of care may require a high level of care temporarily and without this provision, the aged care facility is financially penalised and the aged care resident at risk of losing their place in the facility. If, as the Department says, this provision is accessed infrequently, there should be no difficulty in allowing it to remain for those instances where it is required.

7.4 Items 28, 29, 31 and 32 allow the Minister to determine a different subsidy level where a resident is receiving extended care in hospital however what that level might be is not specified. Currently, the existing system specifies a two category reduction during an extended period of hospital leave. The ANF considers that the level of subsidy should be made clear to provide certainty to aged care providers.

8. Quality of Care Principles

8.1 There will need to be considerable amendment to the Quality of Care Principles to give effect to the changes envisaged in the Aged Care Amendment (Residential Care) Bill 2007. Adequate time for consultation and consideration of these amendments should be made available to the aged care sector in due course.