Tasmanian Government

Response to

Senate Community Affairs References Committee
Inquiry into Aged Care

August 2004

(a) The adequacy of current proposals, including those in the 2004 Budget, in overcoming aged care workforce shortages and training

Tasmania's population is ageing rapidly and the demand for aged care services increasing. The aged care workforce is forecast to continue to grow strongly and skills requirements are expected to rise in both residential and community-based care. As personal preferences are shifting towards staying in the home as long as possible, there is increasing pressure on the community care sector in particular. A number of factors, including growing demand, changing skills needs, an ageing workforce and competition with the acute care system, are resulting in significant workforce shortages which are emerging as a major challenge across the aged care sector in Tasmania.

The Commonwealth Government announced a number of education and training initiatives in the 2004–2005 budget and, prior to the announcements, had already commenced the development of a National Aged Care Workforce Strategy. While these initiatives are useful in their own right, they tend to focus on the residential aged care workforce and neglect strategic issues confronting the aged care sector as a whole. Community care workforce issues, in particular merit, further attention.

There is a worldwide shortage of Registered Nurses (RNs), which will have a particularly severe impact on the aged care sector. A key motivator influencing career choice among Registered Nurses and student nurses is salary. The Commonwealth Budget provided a welcome increase in the subsidies paid for residential aged care, with a supplement of 1.75 per cent being added annually for the next four years. However, this will generally not be sufficient to enable aged care employers to pay wages that are competitive with the public hospital sector. Linking aged care subsidies to an appropriate index of health sector wages would achieve this, or alternatively, increasing the supplementary payment. Until pay parity is achieved it will remain very difficult for the current workforce issues in residential aged care to be effectively addressed.

Industry advice on skills consistently indicates that there is a shortage of personal carers as well as a nursing shortage. The Tasmanian Vocational Education and Training (VET) system is responding to increased demand for aged care workers and Enrolled Nurses (ENs), but is limited by the Commonwealth Government's reluctance to increase funding to the State for delivery of VET. The 2004–05 Commonwealth budget included measures for aged care education and training under the initiative, *Investing in Australia's Aged Care: More Places, Better Care*. While this funding is welcomed, it is understood that education and training for workers in the residential aged care will be paid direct to aged care providers to fund training for enrolled nursing. Funding through normal VET system channels is preferred as it would enable better strategic targeting of training to meet industry needs.

It should be noted, however, that the provision of more nursing degree places alone will not necessarily ensure graduates choose an aged care career over acute or other health areas. Given that the shortage is unlikely to be resolved in the near future, models of care that do not rely on the availability of nurses, must also be considered.

Issues associated with aged care as a professional clinical environment must also be addressed to attract nursing staff. Historically, aged care facilities have been relatively isolated and professionally disengaged from the clinical sector. Moves to de-professionalise aged care have had a negative impact on the nursing workforce. As more carers are recruited, RNs may be less attracted on the basis that there is little incentive to work in an area that does not foster professional relationships.

The provision of quality clinical placements for undergraduates is also of central importance in addressing issues in relation to workforce shortages. If students do not have a positive experience whilst on placement in an aged care facility, they will be unlikely to seek future employment in the sector. Scholarships to support work in aged care must be provided in conjunction with quality clinical placements. This is particularly the case given that there is no obligation for recipients to fulfil a period of employment in an aged care facility following admittance to the Bachelor of Nursing degree.

In addition to continuing skill shortages, other serious issues being raised through consultation with the aged care industry include:

- Inconsistency between the Commonwealth Government's programs with an emphasis on people remaining in their homes as long as possible, in contrast to its focus on training funding in residential care; and
- Growth in the number of higher needs people remaining in their homes and emerging from hospitals earlier, has resulted in growing demand for a higher level of skills among community carers and enrolled nurses in the community care sector.

Integrated and jointly developed plans must be put in place to ensure that there is a flexible and growing workforce able to deliver residential and community care services. Coordination of the efforts of the Commonwealth, State and industry leading to the development of an industry-wide workforce plan is urgently required. The current National Aged Care Workforce Strategy effort must therefore be continued and should:

- reflect the changing nature of the workforce. The declining numbers of RNs will require innovation and strategic prioritisation in terms of nursing staff resources. For example, the Nursing Board of Tasmania is currently undertaking a project to look at increasing the scope of practice of the Enrolled Nurse (EN), including increasing medication administering abilities of those who are medication endorsed;
- deal with demand and issues emerging in relation to the community care workforce;
- expand the availability of traineeships for personal care workers entering either residential or community aged care and progressing to higher levels; and
- pay special attention to developing innovative approaches to promoting aged care careers, particularly among young people.

(b) The performance and effectiveness of the Aged Care Standards and Accreditation Agency in:

i) assessing and monitoring care, health and safety'

It is acknowledged that the accreditation process in aged care has brought about considerable improvements to systems that support the delivery of safe, high quality, resident-focused health care. These changes have occurred as a result of services reviewing their performance against the Residential Aged Care Standards, identifying deficits and making the necessary improvements.

In the Gray[1] report released in 2001, a number of recommendations were made in relation to the Agency and the accreditation process. These were that the Agency: a) examine its assessment protocol to ensure consistency between assessments; b) consider the introduction of objective measures of continuous improvement, in addition to the current tools, to enable assessment of improvement over time; and c) undertake to give further consideration to processes and outcomes of accreditation following the first round of assessments to assist in the development of future monitoring of care quality. These issues persist and have not yet been adequately addressed.

An ongoing area of concern within the aged care sector is that the assessments are prone to subjectivity, and the interpretation of standards is inconsistent. As a result, assessments vary and aged care providers frequently have additional requirements placed upon them in order to remain compliant with the requisite standards. There is an expectation that a service should continually improve on past results. While this is understood by some as being a good outcome, providers find it difficult to sustain when, despite practices previously being deemed compliant, further improvements are constantly required by the Assessors. It can be said that the assessment methodology varies from providing a supportive service that operates on a model of continuous improvement, to that of an inspector requiring strict enforcement and compliance.

Some possible reasons for the issues surrounding the interpretation of the standards and the inconsistency relates to the rigour of the Standards for Residential Aged Care Services and issues around the employment status of Assessors.

The Residential Aged Care Standards have remained unchanged since 1998. They are open to interpretation, are often not consistent with best practice and there is considerable duplication within the standards. It is suggested that the standards require reviewing with involvement from consumers and other independent stakeholders.

One of the limitations of the three-year accreditation cycle is that it results in peaks and troughs in accreditation activity. To cope with this fluctuating level of activity additional contract assessors are used to help manage peak workloads. These contract assessors are usually drawn from the aged care industry and thus provide a pool of assessors with a sound background in aged care service provision. To maintain their

[1] *Two Year Review of Aged Care Reforms*, L Gray, 2001.

status as registered assessors they are required to conduct a number of assessments each year. In the non-accreditation years it can be difficult to meet this requirement, and, as such, contracted assessors' knowledge may vary considerably. As a result, as each accreditation year looms additional contract assessors need to be trained.

During the non-accreditation years, the Agency employs a number of assessors to manage spot audits and support contact visits. There are two permanent assessors in Tasmania. The limitations of such a small team are that the individual assessors' preferences become known and accepted as regulation within the local industry. It follows that there is some concern that if a finding is challenged during an audit, this could result in less favorable treatment in subsequent visits. This concern is further heightened by the fact that there is no appeal mechanism in place for aged care facilities to contest findings.

ii) identifying best practice and providing information, education and training to aged care facilities, and

There is some concern in relation to the Aged Care Standards and Accreditation Agency proposal that assessors will combine both their regulatory role and an education role when undertaking a site visit. With only two Agency employed assessors in Tasmania, there are potential conflict issues with assessors undertaking assessments as the regulator as well as providing education.

iii) implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff.

The Gray Report[2] indicated that providers felt that the demands placed upon them to meet the accreditation standards in the first round of accreditation would diminish once the systems and processes were established. For the most part, this has not been the case. All aged care facilities report that an excessive amount of documentation is required to demonstrate compliance with accreditation standards, and as a consequence, excess demands are placed on scarce resources.

The Tasmanian Government's experience of the Aged Care Standards Accreditation process is as a provider of residential aged care in rural areas throughout the State. The State Government has seven aged care facilities in rural areas that must meet the accreditation requirements. Each facility provides a range of other health care services, including acute care, accident and emergency, volunteer ambulance service, community nursing and other community based health care services. These services are small, to a large degree isolated and all experience difficulty in recruiting staff. It has been possible to maintain staffing levels through the judicious use of agency staff, in combination with part-time and casual staff agreeing to extend their hours to full-time or do overtime or double shifts, where required. The recruitment of more senior clinical/aged care nurses and/or managers to isolated rural communities is even more problematic.

[2] *Two Year Review of Aged Care Reforms*, L Gray, 2001, page 125.

Considerable pressure is therefore placed on these staff to ensure the service complies with the aged care standards. The need for formal processes and practices and supporting evidence places significant demands on a small team already undertaking a variety of roles from care delivery to management. The records required to demonstrate that a facility meets the aged care standards is considered substantial.

Aged care providers must meet a range of standards required by a variety of organisations, for example, Home and Community Care (HACC) and Department of Veterans' Affairs standards, Quality Improvement Council (QIC) and the Australian Council on Healthcare Standards (ACHS) accreditation requirements. Support contact visits or spot audits can be as frequent as three-monthly, depending on the nature of the issue under review. In some of Tasmania's rural sites, the staff on duty each shift provide care for the residents and the acute care patients, respond and provide care to clients presenting at the Accident and Emergency centre, and coordinate, drive and/or provide roadside first aid as ambulance officers. Small scale rural services are therefore particularly vulnerable to the pressure of being frequently subjected to third party assessments.

(c) 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 special conditions are met under current funding arrangements.

There are approximately 22 people with disabilities aged under 50 years of age currently accommodated in aged care services in Tasmania. At present there are no children with disabilities in nursing homes in the State and only two adults aged less than thirty year of age, which compares well with national data.

The appropriateness of accommodating a young person with a disability in an aged care nursing home depends not only the age of the person, but also on the level of support (particularly nursing/medical support) required. In any case, the issue of supporting younger people in nursing homes is a national one and requires the Commonwealth to take the lead role in the development of alternate strategies and options. The issue is complicated by the fact that compensable clients are able to purchase community-based support options, whereas non-compensable clients need to rely on Commonwealth funded aged care services, Commonwealth/State funded HACC services or State funded disability services.

The accommodation of young people with disabilities in aged care facilities is not conducive to adequate funding support. Residential aged care funding is insufficient to meet the needs of younger people, which are often very high. The availability of alternative accommodation options would ensure appropriate support for younger disability clients and that scare resources are appropriately directed into aged care.

Under the third Commonwealth-State Territory Disability Agreement (CSTDA) there is a bilateral agreement with Tasmania to look at strategies for providing the most appropriate form of accommodation to meet the individual needs of a person with a disability. A working group has been established to examine issues surrounding clients inappropriately placed in accommodation.

Clients with special needs (such as mental health issues), those who have complex care needs and those who live in rural and remote areas often experience difficulty accessing services. While these people are, in principle, able to access services in the same way as anyone else, due to their specific condition, they may experience additional difficulty gaining entry to a service (either community or residential) or having their needs met appropriately once they are receiving a service.

Funding for Residential Aged Care is provided through the Residential Classification System (RCS). This system classifies residents into eight separate needs levels and provides funding based on that level. The RCS does not recognise the full range of needs. The acuity level of individuals entering residential care is increasing as people are coming in later with higher and more complex needs. Even at the top rate, the funding provided does not adequately assess and financially support the level of care required. This is particularly the case for clients from disadvantaged groups, such as homeless people where social and emotional needs are not adequately recognised.

The RCS does not adequately recognise care needs related to behavioural issues of residents. This is particularly problematic for residents with dementia (which will increase with the predicted growth of the 'old old' — that is, those over 85 years of age) or previous psychiatric issues, as not all resulting behaviours are captured in the RCS questions. As a consequence, these residents are effectively ranked as having lower level care needs. This can result in a lack of support for staff managing difficult and resource intensive antisocial behaviours.

The Hogan Review recommended the extension of funding supplements to three special needs groups: (i) people with short-term medical needs; (ii) people with dementia or who have palliative care needs; (iii) and people from a disadvantaged background such as indigenous persons. However the Commonwealth Government response in the 2004–2005 Budget only picks up two of these special needs groups; it does not address the needs of people from a disadvantaged background. A supplement for clients from disadvantaged groups is considered necessary.

Additionally, these new supplements appear to be funded from existing funds and may therefore divert resources from meeting other needs. It is suggested that the use of 'supplements' needs to be reconsidered in conjunction with the overall design of a funding model.

(d) The adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly.

In March 2002 the Commonwealth Government released a consultation paper proposing a new framework for community care. This framework proposed to roll up the 17 Australian Government Community Care Programs, including HACC, into a single community care agreement. On the 3rd August 2004, the Government released a New Strategy for Community Care, which no longer proposes a community care agreement, but rather a revised HACC Agreement and some streamlining of Commonwealth only programs. While the preliminary information indicates a collaborative approach to revising the current arrangements, at this stage it is unclear what the implications of the strategy will be for Tasmania.

The current HACC agreement expired 30 June 2004, and the Commonwealth is proposing to enter into bilateral arrangements with State and Territory Governments around the negotiations of a new agreement. The original community care paper mentions funding penalties around issues of compliance, proposes levels of infrastructure which do not currently exist in States and Territories, sets out gate keeping requirements into high level community based care and suggests detailed accountability processes.

Funding for the HACC program has always included real growth funding in the order of around 8.4% including indexation, on the provision that States match the Commonwealth offer. This growth goes some way toward addressing the needs of elderly clients living in the community, however, it falls short of the rapidly increasing levels and complexity of demand for community care. This can be related to the growing size of the aged population growing the shift away from residential aged care to community based care. Shorter lengths of stay in the acute sector, leading to higher levels of acuity in those discharged to the community are also impacting the capacity of the community based setting to meet the needs of the elderly. There is no real certainty that under a new HACC agreement the existing growth levels will be maintained.

(e) The effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community.

Tasmania's population is ageing at the fastest rate of any Australian State or Territory and will soon overtake South Australia as the 'oldest State'. The increasing incidence of chronic and complex diseases experienced by this ageing population will place greater demand on the acute care sector. Hospital stay for the elderly can be a precursor to the need for long-term residential care, which cannot always be obtained readily. Given that it is the interests of everyone that these people be helped to safely return to familiar environments in proximity to family and friends, having patients who do not need hospital care simply waiting in hospital for aged care services to become available is a serious issue. These patients impose very substantial pressures on acute hospital services across the State, occupying the equivalent of more than a 20 bed ward at any particular time. According to the recently published Richardson Report[3], a fundamental source of problems associated with the aged-acute care interface is the division of funding and authority, which will require a collaborative Commonwealth/Tasmanian governmental approach.

The Commonwealth Government has made genuine progress in this area with the establishment in March 2001 of the Australian Health Ministers Council (AHMC) endorsed Care of Older Australians Working Group. This group has developed a National Action Plan around the care of older Australians, which sets out a blueprint for the future (2004–2008) to drive change at the acute-aged interface.

[3] *Review into Key Issues for Public and Private Hospitals in Tasmania: Expert Advisory Group Report*, J Richardson, 2004 (p28–29)

More specifically and in relation to recent developments, in the Federal Budget the Commonwealth announced the establishment of 2,000 Transition Care places to assist with the move across the acute aged care continuum. Whilst States and Territories welcome these places, there will be rigorous reporting requirements around the utilisation of any approved places and a requirement for some level of State contribution to the establishment, usually in bricks and mortar.

Additionally, $6.5 million over five years has been allocated to the State through the *Pathways Home* program under the Australian Health Care Agreements (2003-2008). This program will assist the move nationally to a greater focus on the care and services provided to support transition from hospital to home, particularly for older people. To date, all but one of the projects proposed by Tasmania to access this funding have been approved by the Commonwealth Government.

The *Pathways Home* program, however, is restrictive in its permitted application of funds. The investment must be in step-down and rehabilitation services, with a strong emphasis toward capital expenditure on new infrastructure or refurbishment of existing infrastructure. As a consequence, innovative proposals for Tasmania targeting local needs cannot be met with funds under this program.

The Australian Government, Tasmanian State Government and Local Government Association of Tasmania have agreed to develop a Partnership Agreement for Positive Ageing with three priorities:

- To provide greater access to information;
- To develop improved community capacity for population ageing; and
- To assist in the planning and implementation process for ages care services, in the context of bed readiness and land use.

The Agreement will be implemented in a cooperative manner, with all spheres of government working toward effectively delivering these outcomes. It will be an important mechanism to start addressing many of the systemic problems for Tasmania discussed in this submission.