SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE

SUBMISSION TO THE

INQUIRY INTO AGED CARE

The Nurses Board of Western Australia is a body established under the Nurses Act 1992 to protect the public of Western Australia through the regulation of nursing. The functions of the Board include, but are not limited to: the approval of educational courses leading to pre-registration, the monitoring of professional standards, advice on practice matters and the registration of nurses.

A working party of nurses with expertise in aged care of the Board reviewed the "Terms of Reference" and the following points are offered. For the sake of clarity the points have been included under the relevant term of reference.

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

- Wage disparity with other sectors was not addressed. Providing sufficient funds to ensure parity of wages between staff in aged care and their public hospital counterparts is a fundamental issue. No amount of education and training support will make up for the lack of funding to provide comparative wages with the acute sector. There remains a lack of career pathway for professional gerentology nurses. (An attractive wage package and good education program in Gerontology will attract more nursing staff to aged care facilities). There is also an obvious need for new roles, for example the nurse practitioner in aged care. More monies need to be allocated for scholarships for study in metropolitan and rural (nursing and allied health) aged care, which will help support nurses to gain higher qualifications in gerontology.
- Some TAFE programs for Certificate III do not contain any workplace experience and the participants are awarded the qualification when they are not competent as a beginning carer. It is difficult to understand how one can learn manual handling without practical demonstration and assessment. As well, there must be hands-on support and education at an appropriate level after training needs are identified for carers at the bedside. This can be assisted by the use of specialist educators. Communication strategies need to be enhanced between all sectors to make best use of the specialist expertise available.

- Inadequate skill mix and staff/resident ratios do not allow for the special needs of residents with challenging behaviours which discourages nursing staff working in the aged care field. The majority of caregivers in aged care settings lack knowledge in mental health issues, and many/most clients with challenging behaviours have symptoms related to mental health that requires specialist treatment. As well, extra Government funding to employ a nurse educator with special skills in training and hands-on role modelling during care interventions at the time of challenging behaviour occurs will reduce unnecessary hospitalisations to public hospitals.
- Family supportive employment policies require more support.
- There should be support for Schools of Nursing to employ aged care specialist educators, and support for joint appointments between academic institutions and health service providers. As well, Schools of Nursing should demonstrate that they have 'aged person' specific content in their undergraduate and post-graduate curricula.

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

(i) Assessing and monitoring care, health and safety

- It is the view of the working party that the punitive approach of the agency still over-rides their development and support role. The ACSA may have been more relevant in 1997 when the industry was required to move from a cottage industry to commercial based business. After Round 2 accreditation, all facilities should have made that move and do not require such intense monitoring.
- The standards should now make its accreditation based on outcomes rather than process and the length of time for accreditation should be extended to 5 years.
- It is also the view of the working party that the ACSA is not independent of the Commonwealth Department of Health & Ageing, which replicates service and is seen to duplicates costs. For example, ACSA recommends sanctions and the Department cannot investigate independently or change or comment on the recommendations.
- Support for research and evaluation is not evident.
- There is also an issue around costs where if ACSA makes a mistake, the organisation being accredited or going through the process of accreditation has to pay again for the process.

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

- Compulsory training and education for best practice is good in theory but not effective in real situations. Hands-on support and education with guidance and on-site support to bed side carers is effective and less expensive, that is, by using for example the Mental Health Nurse Educator from each catchment area of the Health Department. There is little evidence of support for education and training from the agency.
- The working party believe that mixed messages are being sent via the agency to the aged care sector: For example they refer to "From Serious Risk to Success" in the ACAS Standard Winter 2004[1] which states an organisation can move from serious risk with multiple non compliant outcomes to success in 8 weeks. Accreditation is a long hard process only achieved via quality improvement over a long period of time through hard work and effort on the part of the staff at each facility. The introduction of temporary staff as demonstrated in the Standard to assist that facility to achieve success in 8 weeks from serious risk, belittles the efforts of the regular hard-working staff at the coalface of aged care.

(iii) Implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff;

- There must a solution/strategy that can provide effective regulation without excessive paperwork. There is very little support and very little encouragement for innovation in this area and there is no money or time to try something new .It may often take one person 3-months full-time work to co-ordinate and write up the self-assessment. This cost, added to the $12,500 application fee practically doubles the cost and does not take into account the cost of printing and stationary. There is no additional funding for this purpose.
- The administrative and paperwork demands have a real cost in dollar terms and a cost on the emotional and morale demands on staff.
- Support visits are not supportive when they are spot checks without notice. Staff is generally not available to take advantage of whatever support the assessors may be able to offer and there is no time to involve staff for a learning opportunity. The performance of the assessors varies. In some instances assessors are found to be in error, but no allowance is made for this in their decisions. Without additional resources the monitoring of accreditation standards places extreme demands on staff with already busy workloads and horrific time restraints. This distresses staff and valuable time is wasted that could be used to give more effective care related to the needs of the client.

(c) 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;

- There is little potential for innovative models of care in this area. Whilst the younger people accommodated in these facilities are treated appropriately to their age, and often do age in the facility, younger person facilities would be ideal, but are currently not available.
- Older adults with mental health issues need specialist mental health services. Most general trained nurses and bedside carers have limited knowledge and experience in caring for clients with mental health issues such as hallucinations and delusions. These two most common Schizophrenic type symptoms occur in dementia clients and most of the time appropriate management and treatment strategies do not occur.
- Public hospital psychogeriatric settings often receive referrals for behavioural disturbances and acute admissions from aged care settings. However, if aged care settings have adequate staff education and training programs, geriatric patients with behavioural disturbances not related to physical illness would not require admission via an emergency department. Dementia is not 'special needs' any more, and needs to be incorporated into mainstream care. The working party is fully supportive of the key vision within the Dementia Action Plan for Western Australia 2003-2006[2] developed by the WA Aged Care Advisory Council, which aims for "independence, well being and quality of life for older people through responsive health and aged care services and supports."

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

- The HACC programs do as much as they can within current funding and structure. There is a need for more Community Mental Health Workers to provide services, support and education to carers to prevent and detect early mental illness and to support clients to live and be treated in the home environment. The major problem concerns inter-sector issues of documentation, transfer of information and duplication of administration. The program needs more flexibility to align the services to needs not accommodation options.
- There is an increasing demand for Day Services and Respite Services, which includes the need to increase respite beds in aged care settings, to reduce a carer's burden. Flexible respite services that cause least disruption to those affected need to be developed and supported by government.
- It is the view of the working party that the model is back to front. The emphasis should be on services to ensure independence rather than services to meet dependency.
- The Government needs to increase payment for family carers and recognise family caring as a 'job'.

(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.

- The State-Federal divide over funding remains the single biggest hurdle to inter-sectorial collaboration, and the cause of most problems, for example: people in aged care facilities shouldn't (always) need to be moved to hospital. Staff can be skilled to look after them in the facility, or 'visited' by acute care staff, to avoid relocation (twice).
- The documentation should be simple and easy for all to understand. Same source funding would facilitate resolution of duplication of documentation issues.
- The process for the aged care facility cannot start until the Aged care Assessment Team (ACAT) form is received. To do otherwise unnecessarily ties up the staff and the families thus this process is inefficient unless the ACAT team is involved from the start. ACAT does not start until the Geriatrician signs the form and this can be delayed for some time. Often patients are sent to Care Awaiting Placement (CAP) without ACAT.
- Legal documents such as the Resident Agreement cannot be signed by other than the resident without the authorisation such as Enduring Power of Attorney (EPA) or Administration Order. The EPA should be available when the resident is ready for transfer to an aged care facility and Guardianship proceedings dealt with by the transferring facility.
- The aged care sector often hears from the acute sector that bed capacity is overreached but when informed that there are vacancies, no action occurs. There should never be a situation in which aged care facilities have vacancies and the acute sector has CAP patients.
- A Transitions/Outreach program from acute hospital settings to follow-up for at least 4 weeks, with support and education as required would assist the client's transition to their new accommodation in the least disruptive manner.
- Ideally a nurse who knows the client should accompany him/her on the date of discharge to the receiving agency and give a comprehensive hand-over with all necessary documents and management strategies identified. This will increase understanding and reduce the lack of communication as well as promoting a better relationship with aged care settings and government hospitals.

Summary:

The working party believes there needs to be a comprehensive approach to understanding the health and service needs of the aging population across all sectors and areas of practice, with, for example, a commitment to ongoing training and education of the workforce.

The aged care workforce who provides services and supports should be "valued, mentored, skilled and resourced."[3]

Increased Government funding and support should assist in delivering action plans that can make a practical difference and should assist the aged care sector to continue to deliver quality care through the principles of best practice for the care of older Australians.

References:

[1]	The Aged Care Standards and Accreditation Agency Ltd	2004	Standard Winter 2004
[2]	State of Western Australia Rehabilitation, Aged & Continuing care Directorate Department of Health	2003	Dementia Action Plan for Western Australia 2003-2006
[3]	State of Western Australia Rehabilitation, Aged & Continuing care Directorate Department of Health	2003	State Aged Care Plan for Western Australia 2003-2008