

**Submission
No 159**

**INQUIRY INTO REGISTERED NURSES IN NEW SOUTH
WALES NURSING HOMES**

Organisation: Bupa Australia

Date received: 31/07/2015



31 July 2015

The Director
General Purpose Standing Committee No. 3
Parliament House
Macquarie St
Sydney NSW 2000

By email: gpscno3@parliament.nsw.gov.au

Inquiry into registered nurses in New South Wales nursing homes

Dear Sir/Madam,

Bupa Care Services Australia (BCSA) welcomes the opportunity to provide a submission to the General Purpose Standing Committee No. 3's inquiry and report on registered nurses in New South Wales nursing homes. Please find set out below, BCSA's feedback on a number of the matters outlined in the Inquiry's terms of reference.

Summary

BCSA believes registered nurses (RNs) are vitally important members of the aged care workforce and play a key role in the delivery of high quality residential aged care. It is BCSA's policy to ensure that adequate numbers of appropriately skilled employees are available to meet the individual care needs of our residents; this includes having RNs on duty, 24 hours a day, at each of our care homes across Australia.

BCSA strongly believes that regulation and standards that are applied to the residential aged care workforce and providers, must focus on ensuring people in residential aged care are provided with high quality care. Therefore we believe the approach and focus of regulation and standards should be on measuring, monitoring and upholding high quality health and care outcomes for residents, rather than focussing on inputs such as nurse to patient ratios. A focus on such inputs to health and care is not an appropriate or effective way to ensure residents with varying care needs individually receive tailored and high quality care. Additionally, where possible, the regulation and standards relating to health and care outcomes should be nationally consistent, and provide a framework through which innovation and advancements in the delivery of aged care services is encouraged and not inadvertently stifled.

About BCSA

BCSA is part of international health and care company, Bupa. Globally, Bupa is the largest provider of specialist dementia care and in Australia and New Zealand we are the largest private provider of residential aged care.

In Australia, we employ more than 8,500 people who are committed to delivering personalised care and who strive to make a positive difference to over 6,200 residents across our 67 care homes, every day. Approximately 70 per cent of our residents are living with a diagnosis of dementia.

1. Registered nurses in residential aged care

In ensuring that adequate numbers of appropriately skilled employees are available to meet the individual care needs of our residents, BCSA has RNs on duty, 24 hours a day, at each of our care homes across Australia. We believe RNs play a critical role in the delivery of high quality residential aged care.

BCSA is also delivering an innovative, industry leading, Bupa Model of Care (BMOC). The model aims to promote better health outcomes for our residents through an improved level of care and greater access to medical services, in a way that is multidisciplinary and truly person-centred. It also provides more career opportunities for our employees.

For example, under BMOC, carers receive additional trainingⁱ which enables them to provide small group of residents with their medications. As a result, nurses are no longer required to dispense medications to a large number of residents; instead their time is freed up to provide them with more opportunity to use their clinical skills, in a more person-centred way.

Further, in some homes operating under the new model, a General Practitioner (GP) is employed by BCSA to work in the home, improving residents' access to essential primary care as they have access to regular and timely medical consultations. Residents are given the option to utilise the GP in the home or retain their existing GP.

Early indications suggest the new model is making a real difference to residents. For example, in our homes that have a resident GP, we have significantly reduced multi-pharmacy in residents, falls and infectious outbreaks. Additionally, unplanned hospital transfers have dropped by as much as half which equates to around \$300,000 - \$700,000 of savings to the NSW State health system per year, per home. The model is being formally evaluated by the University of Tasmania's Wicking Institute with the final results due out towards the end of 2015.

Currently, the GP consultations that occur in our homes are bulk-billed so there is no out-of-pocket cost for the resident or their family. However, BCSA is subsidising the cost of delivering this model of care.

In NSW, we currently have ten homes operating under the Bupa Model of Care, with resident GPs working in six of those homes. Our ambition is to roll out the new model of care to all of our homes, and to work collaboratively to improve health outcomes for people living in residential aged care.

We look forward to continuing to work with the Government towards this goal and invite any committee members interested in visiting a BCSA home operating under our new model of care, to contact me directly.

2. Regulation and minimum standards

BCSA strongly believes a nationally consistent, outcomes-based approach should be applied to the residential aged care regulation and standards. This will ensure they are evidence-based, appropriate, efficient, and effective in ensuring people receive high quality residential aged care.

Further, as consumer preferences, demands and technologies continue to evolve over time, it will be increasingly important to ensure that regulation encourages and supports innovation in health and care delivery. Ensuring there are no barriers to innovation will be essential to ensuring that Australia continues to have a sustainable, vibrant and world-class aged care sector that meets the needs and preferences of consumers.

3. Nurse ratios

BCSA has a strict governance process to ensure there are adequate numbers of appropriately skilled employees available to meet the individual care needs of our residents; this includes having RNs on duty, 24 hours a day, at each of our care homes across Australia.

BCSA also has in place industry leading programs for the ongoing development of employee skills to ensure quality of care continues to be delivered. Further, all BCSA homes are accredited with the Australian Aged Care Quality Agency.

BCSA does not believe it is in the best interests of people in residential aged care to focus on inputs to care, such as nurse to patient ratios. Instead, we believe the focus should be on ensuring providers and health care workers are delivering high quality health and care outcomes for those living in residential aged care.

Further, people living in residential aged care require access to person-centred, high quality, multidisciplinary services and support. Therefore residential aged care cannot be compared to an acute care environment. Residents in aged care have different and varying needs and importantly they live in the residential aged care environment, rather than staying for a defined period as is the case in hospital. Therefore, clinical nursing care is only one of many vital components of care that is required to meet the needs of residents. Allied health services, social and cultural services and the homes' physical environment are examples of other vitally important components required to meet the health and care needs of residents.

It is important to note that the care needs of residents can differ greatly from one person or nursing home to another. This makes pre-determined or fixed inputs to care, like nurse to patient ratios, which do not provide the necessary flexibility to enable innovation, a costly requirement which will be ineffective in delivering improvements in the quality of life and care for residents. Instead, it is the outcomes and impacts of health and care inputs that should be carefully monitored and regulated, to ensure every person in residential aged care in Australia is provided with high quality care.

Innovative new models of care, like the Bupa Model of Care, have been developed through a focus on outcomes and impacts of health inputs, and quite simply would not be viable if mandated nurse-patient ratios were implemented.

4. Other related matters - Continued investment in the aged care workforce

Recent studies have shown that in addition to rising demand for services (with the number of people aged 70 years and over expected to almost triple over the next 40 years, reaching around 7 million people by 2055ⁱⁱ), Australia is facing a significant shortage in the aged care workforce.

In 2012, around three-quarters of residential aged care facilities reported a shortage of workers in at least one direct care occupation. Of these occupations, it was evident that shortages of RNs were the most common (reported by 62% of all facilities), followed by Carer shortages (49% of all facilities).ⁱⁱⁱ Additionally, half of the aged care workforce will be of retirement age in 15 years which means that the care sector needs to recruit 650 new workers every month for the next 10 years to meet demand, in addition to replacing the 668 retiring staff per month.^{iv} Further, the aged care sector is competing with both the disability and health care sectors for the same workforce.

We therefore strongly believe that aged care workforce planning and training should be made a priority focus area in order to ensure that Australians can continue to have access to a sustainable and effective residential aged care sector.

Once again, thank you for the opportunity to provide a submission. If you have any questions or require further information, please do not hesitate to contact me on

Yours sincerely,

Ayela Thilo

Head of Government, Policy and Regulatory Affairs
Bupa Australia

ⁱ Bupa Model of Care practices are consistent with the *National principles for the development of decision-making tools*, which were developed by the Nursing and Midwifery Board of Australia, and nationally well-established clinical best practice. BCSA's training also aligns with *CHCC305C Assist clients with medication*, which is currently being provided by independent providers such as TAFE.

ⁱⁱ 2015 Intergenerational Report Australia in 2055, <http://www.treasury.gov.au/PublicationsAndMedia/Publications/2015/2015-Intergenerational-Report>

ⁱⁱⁱ King, Debra, et al. "The aged care workforce 2012 final report." *Canberra: Department of Health and Ageing* (2013).

^{iv} McCrindle Social Analysis, http://www.mccrindle.com.au/SocialAnalysis/2014/Aged-Care-Puzzle_McCrindle-Research.pdf