

Budget Policy Division
Department of the Treasury
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Dear Sir/Madam

Re: 2015-16 Federal Pre-Budget Submission

Australian College of Nursing (ACN) is pleased to provide a submission for consideration in the preparation of the Australian Government 2015–16 Budget.

Australian College of Nursing (ACN) is the national professional organisation for all nurse leaders and its aim is to ensure that the Australian community receives quality nursing care now and in the future. ACN is a membership organisation with members in all states and territories, health care settings and nursing specialties. ACN is also the Australian member of the International Council of Nurses headquartered in Geneva.

Thank you for considering ACN's submission. Please do not hesitate to contact me for further information or discussion.

I look forward to the release of the Federal Budget in May.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Debra Thoms', is written above the typed name.

Adjunct Professor Debra Thoms FACN (DLF)
Chief Executive Officer

6 February 2015



Federal Budget Submission 2015–16: Funding priorities

About Australian College of Nursing

Australian College of Nursing (ACN) is the national professional organisation for all nurse leaders and its aim is to ensure that the Australian community receives quality nursing care now and in the future. ACN is a membership organisation with members in all states and territories, health care settings and nursing specialties. ACN's membership includes many nurses in roles of influence including senior nurses, organisational leaders, academics and researchers. ACN is also the Australian member of the International Council of Nurses headquartered in Geneva.

ACN's pre-budget submission to inform the 2015-16 Budget features two initiatives which ACN regards as key to (1) an improved utilisation of the nurse workforce and (2) understanding the distribution of the nursing workforce, roles and services in community and primary health care settings. If funded and implemented, these initiatives would significantly contribute to the Government's agenda to reconfigure the health care system to be more innovative, efficient and accountable.

1. A national system to guide registered nurse workforce utilisation

Recommendation

That an 18 month scoping study be funded to identify the financial, human resource, information technology and time requirements for the establishment and subsequent management of an independent national system for the collection, analysis and comparison of nurse sensitive indicators (NSIs) and the dissemination of NSI results. Such a system would constitute an important first step towards having reliable metrics on the quality of care largely impacted by the nurse workforce and its productivity. Available data would enable a more evidence-based approach to managing skill mix in nurse staffing and its impact on care and outcomes.

Case

NSIs enable the measurement of those care outcomes¹ that are particularly influenced by nursing practice. A large number of studies undertaken by Australian and international researchers demonstrate the correlation between patient outcomes and registered nurse staffing levels through the use of NSIs. The validity of NSIs as indicators of the outcome of nursing practice is well established nationally and internationally.²

1 Some examples of nurse sensitive indicators are: urinary tract infections, wound infections, sepsis, confusion and delirium.

2 Harless, DW & Mark, BA 2010, 'Nurse staffing and patient care with direct measurement of inpatient staffing', *Medical Care*, vol.48, no.7, pp.659-63. This study from the US compares findings from the 2010 study with four previous US based studies.

Data that enable a measurement of the contribution of nursing services to patient outcomes are important to inform the deployment of the nursing workforce which constitutes the largest component of the overall health workforce. Of the 275,000 full-time equivalent staff employed in Australia's public hospitals, 45 per cent are nurses.³ NSIs would contribute valuable data to inform decision-making about the structure and deployment of this workforce at national, jurisdictional, organisational and clinical unit levels. For example, NSIs would inform the understanding of where registered nurses have the greatest impact on care outcomes, enabling the available workforce to be deployed to the greatest benefit of the Australian community. Further, NSIs would enable the undertaking of a detailed analysis of the relationship between the input of registered nurse hours and care outcomes achieved. This would support the more effective utilisation of not only registered and enrolled nurses but also other nursing assistive roles such as assistants in nursing and personal care workers. A national system of NSI collection and analysis could provide an evidence base to analyse the size of the registered nurse workforce required for optimal patient care outcomes at national, jurisdictional, organisational and clinical unit levels.

The development of a national NSI data system in Australia is timely because the validity of NSIs as indicators of nursing care has been evidenced and expertise exists in Australia in both the science of NSI measurement and implementation of NSI metrics.⁴ Early work is being undertaken in some locations within Australia and it is timely to expand this initiative to a national scale.

ACN envisages an independent system for collecting, analysing and disseminating NSI data similar to the UK-based Dr Foster Hospital Guide, which publishes public hospital performance data.⁵ The independence of the system aims to prevent potential conflicts of interest which could undermine trust in the accuracy of the data.

An independent system for collecting, analysing and comparing NSIs is vital to improve nursing services' accountability for the quality and efficiency of nursing services delivered and outcomes achieved. Further, such a national system would make available valid and reliable metrics on the value nursing contributes to patient care and provide an evidence base for policy and management decision-making.

3 Australian Institute of Health and Welfare, 2014, *Australia's hospitals 2012-13 at a glance*, Health Services Series no.55, Cat no. HSE 146. Canberra: AIHW.

4 Duffield, CD, Diers, D, O'Brien-Pallas, L, Aisbett, C, Roche, M, King, M, et al. 2011, 'Nurse staffing, nursing workload, the work environment and patient outcomes', *Applied Nursing Research*, vol.24,no.4, pp.244-55.

Twigg, D, Duffield, C, Bremner, A, Rapley, P, Finn, J 2012 'Impact of skill mix variations on patient outcomes following implementation of nursing hours per patient day staffing: a retrospective study', *Journal of Advanced Nursing*, vol.68, no.12, pp.2710-2718.

5 The Dr Foster Hospital Guide publishes data about acute hospital care across England for healthcare professionals, patients and the public. Established in 2002 the Hospital Guide adheres strictly to its original mission: 'to publish an independent and authoritative analysis of the variations that exist in acute hospital care in a way that is meaningful for clinicians and managers and understandable to patients and the public'. <<http://www.drfooster.com/>>

Way forward

That Commonwealth funding be made available for a scoping study to be undertaken over an 18 month period. The aim of this scoping study is to identify the financial and other inputs required for the establishment and management of an independent, national system for collecting, analysing, comparing and distributing NSI data. Such a system would make available valid and reliable metrics on the value nursing contributes to patient care and provide an evidence base for policy and management. Further, it would improve nursing services' accountability for the quality and efficiency of nursing care delivered and outcomes achieved.

2. A map of nursing roles in non-acute care settings

Recommendation

That the Commonwealth fund a project to undertake a mapping exercise that identifies and describes those nursing roles and functions outside the acute sector predominantly in community and primary health care settings. As the demand for health care increases and a greater percentage of care is delivered outside the acute sector new, efficient and effective models of care are required to meet this challenge. The availability of information on the number of nurses and their roles in the non-acute sector is an important prerequisite for greater and more effective utilisation of the nurse workforce to support health care initiatives, integration of health services and developments of new models of care.

Case

The nursing workforce in the community and primary health care sectors fulfils a wide range of clinical roles including illness prevention, health promotion, chronic care, care following discharge from tertiary settings, and primary care. Many of these roles are well established within communities and are essential to Australia's population health. Other roles have evolved in recent years as nurses have encompassed new responsibilities and functions and developed services in response to emerging health care needs and models of care.⁶

New nursing roles have been established in response to policy initiatives to reduce the number of hospitalisations and patient lengths of stay. For example, registered nurses now function as care coordinators for patients with chronic heart failure, diabetes, and chronic obstructive pulmonary disease. Other non-acute nursing roles have emerged for patients with specific medical conditions. Examples of these new roles are aged care nurse

⁶ In 2012 the nursing workforce employed in the primary health care/non-acute setting counted almost 40,000 nurses (headcount) or almost 12 per cent of the nursing workforce. Health Workforce Australia, 2014, *Australia's future health workforce-nurses detailed*.

practitioners, renal nurse practitioners, prostate cancer nurses, breast care nurses and movement disorder nurses.⁷ A number of these roles have had limited spread beyond the initial location where they have been developed.

Currently, systems for the collection of workforce data are not available on the number and distribution of the range of nursing roles to provide jurisdictional and national profiling on this workforce. Two reasons for the lack of information on this workforce are that (1) some segments are regulated by the jurisdictions and (2) this workforce is funded through diverse funding streams. Funding streams include federal and jurisdictional sources as well as funding from non-government organisations and private health care providers. These diverse sources of funding make the tracking of the number and type of nursing roles in this sector difficult. This diversity of income streams also increases the potential for service duplication and service gaps to occur. The lack of information hinders the integration of nursing services with other health services across the health care system.

The need for improved immunisation cover across communities provides an example of the potential opportunity for better utilisation of the nursing workforce. Of all health professions, nurses have the most extensive reach across and within communities. Their direct and frequent contact with patients, families, schools and community groups enables the extensive dissemination of health information and services across population groups. As nurses are so widely distributed throughout Australian communities they are an easily mobilised workforce to manage health initiatives such as immunisation programs. Mobilisation and utilisation of the nursing workforce for such initiatives is prevented by the lack of data available on the number, distribution and roles of nurses in community and primary health care settings.

ACN recommends that a mapping exercise be undertaken to collect data on the type, number and distribution of nursing roles in the primary health care/non-acute setting. These data will support health service planning by contributing some of the information required to match nurse workforce supply and demand in relation to population health needs.

Way forward

Commonwealth funding for a project to map the type, number and distribution of nursing roles in the community and primary health care/non-acute sector will provide invaluable information for policy makers about this workforce and its, to date, unquantified capacity. The map would provide the baseline data required for establishing future nurse workforce supply and population demand for care in the primary health care/non-acute sector. The information would further support the formulation of policies aimed at better integration of health services, implementation of health service initiatives and, increased access to services for the community.

7 Chan, Y-K, Stewart, S, Calderone, A, Scuffham, P, Goldstein, S, Carrington, MJ, et.al.2012 'Exploring the potential to remain "Young@Heart": Initial findings of a multi-centre, randomised study of nurse-led, home-based intervention in a hybrid health care system', *International Journal of Cardiology*, vol. 154, pp. 52-58.

Sutherland, D, & Hayter, M, 2009, 'Structured review: evaluating the effectiveness of nurse case managers in improving health outcomes in three major chronic diseases' *Journal of Clinical Nursing*, vol. 18, pp. 2978-2992.

Wherry, S-A & Jones, A, 2014 'Isolated practice: Reflections of a Parkinson's nurse', *The Hive*, Summer 2014/15, pp. 18-19.