

Dr John Wakefield PSM
Deputy Director-General
Clinical Excellence Queensland

By email: public_reporting@health.qld.gov.au

Dear Dr Wakefield

Re: Proposed Health Transparency Bill 2019 (Bill) and Health Transparency Regulation 2019 (Regulation)

Thank you for providing the Australian College of Nursing (ACN) with the opportunity to respond to the *Proposed Health Transparency Bill 2019 (Bill) and Health Transparency Regulation 2019 (Regulation)*.

ACN supports the Queensland Government's intention (19 July 2019) to require public and private residential aged care facilities (RACFs) to provide residential care information to Queensland Health for public reporting. In addition, ACN supports the draft Bill and Regulation to establish a standalone legislative framework to collect and publish information from **all** health facilities and RACFs in Queensland. ACN believes providing individuals and their families with appropriate and meaningful information about the quality of health facilities and RACFs is crucial to supporting their informed choice. Furthermore, it will improve community confidence in the health and aged care system and drive continuous improvement in the quality of care delivered.

ACN is concerned that while public and private health facilities are currently required to report a range of information and data under existing legislation, this is not mandatory for public and private RACFs in Queensland. ACN has been advocating for minimum staffing and nursing skill mix (i.e. proportion of skilled to non-skilled staff)* requirements for RACFs since 2016.¹ ACN has consistently recommended that a qualified Registered Nurse (RN) is available on-site at all times in RACFs to manage the complexity of care needs required, in an environment which also lacks the clinical infrastructure of tertiary hospitals. There is a strong evidence-base demonstrating that an appropriate nursing skill mix is fundamentally linked to delivering appropriate care and outcomes. As such, ACN commends the Queensland Government for addressing the need for increased accountability and transparency to capture this information and to ensure quality and safe health services that better assist people with making informed decisions about their healthcare.

¹ Australian College of Nursing (2016). 'The role of Registered Nurses in Residential Aged Care Facilities – Position Statement'. Accessed from: https://acn.edu.au/wp-content/uploads/2018/02/the_role_of_the_rn_in_residential_aged_care.pdf

* **Nursing Skill Mix** refers to the proportions of different levels of nurse, including the level of qualifications, expertise and experience available for patient care during a nursing shift.^{2 3 4 5}

ACN acknowledges that there are many excellent aged care workers who deliver exceptional levels of care within RACFs, however increased reliance on unlicensed workers or assistants in nursing (however titled), can result in work environments with poorer skill mix levels, which in turn can affect care outcomes negatively. ACN recommends that provision also be made within the reporting requirements for demonstrating the appropriate skill mix of nursing staff. In our response to the *Inquiry into the Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018* (the Bill), ACN expressed the following views with regards to RACFs and staffing disclosure/transparency:

- **Disclosure of staffing data must capture the “context” across facilities.** Staffing is impacted by a range of factors including the model of care adopted, resident acuity, requirement for specialist services (e.g. dementia care), the design of the facility and even the use of advanced technologies. Transparency is required around skill level or qualifications of staff; skill mix (proportion of registered nurses to other allied health staff**); access to primary care in hours and out of hours; access to specialist services such as geriatric medicine and palliative care; unplanned referrals; readmissions to emergency departments, the ambulance service and acute care; and facility acquired complications including falls, infection and pressure sores.

** **Allied Health Staff** include assistants in nursing (however titled), unregulated health care workers, enrolled nurses,

- **Overnight/daytime staffing and skill mix must be captured.** ACN is concerned that a single daily figure with no context will not capture the information that consumers and their carers/families may be seeking. ACN’s position is that there must be a minimum of one registered nurse on duty and available on all shifts within RACFs.^{6 7 8}

² Duffield CM, Roche MA, Dimitrelis S, Homer C, Buchan J. ‘Instability in patient and nurse characteristics, unit complexity and patient and system outcomes’ (2015). *Journal of Advanced Nursing* 1;71(6):1288-98.

³ Jacob ER, McKenna L & D’Amore A. ‘The changing skill mix in nursing: considerations for and against different levels of nurse’ (2015). *Journal of Nursing Management*, 23, 421–426.

⁴ Roche MA, et al. ‘Nursing work directions in Australia: Does evidence drive policy?’ (2012). *Collegian* 19:231-238.

⁵ Duffield CM, et al. ‘Nursing staffing, nursing workload, the work environment and patient outcomes’ (2011). *Applied Nursing Research* 24(4), 244-255.

⁶ Australian College of Nursing (2016). ‘The role of Registered Nurses in Residential Aged Care Facilities – Position Statement’. Accessed from: https://acn.edu.au/wp-content/uploads/2018/02/the_role_of_the_rn_in_residential_aged_care.pdf

⁷ Australian College of Nursing (2016). ‘Assistants in Nursing (However Titled) – Position Statement’. Accessed from: https://acn.edu.au/wp-content/uploads/2018/02/ps_assistants_in_nursing_c5.pdf

⁸ International Council of Nurses (2018). ‘Evidence-based safe nurse staffing – Position Statement’. Accessed from: <https://www.acn.edu.au/wp-content/uploads/2018/09/ICN-PS-Evidence-based-safe-nurse-staffing.pdf>

- **Comparability of facilities to promote informed decision making.** For information to be meaningful for consumers, families and carers, data must be published in a manner that identifies each aged care facility in a way that is comparable with other similar facilities. ACN believes some additional reference is required to ensure comparability of RACFs and care services by resident acuity. Consideration should be given to rural and remote areas where staff availability is a constant issue with a strong reliance on short-term contract staff. ACN would welcome the opportunity to work with the Department of Health and utilising existing data collected by the Department on ACFI results, which is a cumulative total measure of resident acuity within a facility at a specific point in time. If the RACF is identified as being part of an ACFI quartile, this could be a defacto metric to improve the desire for like-for-life comparison. This would mean that the staffing number and ratio of staff for each facility would identify which of the four ACFI quartiles that facility was contained within.
- **Ensuring publically available data is accurate.** With regard to the publication of staffing numbers, ACN recommends the Queensland Government use the Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards as a guide when reporting. ACN recommends that the Aged Care Quality and Safety Commission be responsible for auditing facilities, particularly around cross-checking the accuracy of staffing levels reported on My Aged Care by the provider, with actual rosters for the day or days concerned along with deidentified patient acuity.

To conclude, mandatory and regular reporting of information and robust data in RACFs is a step forward in ACNs view for determining safe staffing levels in aged care and achieving appropriate skill mix levels in the future. ACN would like to see the data captured in the Transparency Bill matched against patient and economic outcomes per aged care facility. This would provide evidence around appropriate skill mix levels (rather than minimum ratios) for aged care facilities in the future. In turn, it would help inform decision making regarding safe and effective staffing practices in the future which is consistent with recommendations provided by the International Council of Nurses (ICN).⁹

ACN is the pre-eminent and national leader of the nursing profession. We are a professional nursing membership-organisation, supporting nurses in all settings and at every stage of their career. In addition to being the Australian member of the International Council of Nurses, we are also an authorised higher education provider and registered training organisation specialising in online postgraduate, professional development and training courses for registered and enrolled nurses.

If you have further enquiries regarding this matter, please contact Dr Carolyn Stapleton FACN, Manager - Policy and Advocacy, at carolyn.stapleton@acn.edu.au.

⁹ International Council of Nurses (2018). 'Evidence-based safe nurse staffing – Position Statement'. Accessed from: <https://www.acn.edu.au/wp-content/uploads/2018/09/ICN-PS-Evidence-based-safe-nurse-staffing.pdf>

Yours sincerely

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Dr Carolyn Stapleton FACN
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