

# Aged Care Workforce Strategy Submission

**16 March 2018**

The Victorian Healthcare Association (VHA) is the not-for-profit peak body supporting Victoria's public health services to deliver quality care. The VHA represents public sector providers of residential aged care, Home Care Packages, the Commonwealth Home Support Programme (CHSP), Multi-Purpose Services, and Bush Nursing Services.

The VHA welcomes the opportunity to contribute ideas and suggestions on key considerations for each strategic imperative to inform the development of the strategy as they relate to public sector providers of aged care.

## **1. Why does an aged care workforce strategy matter?**

The highly documented demographic challenges facing the aged care system and broader health sector are well understood. Without a robust health workforce strategy including the aged care workforce, older Australians will not be able to receive the care and support they need. Despite the overhaul of the Australian aged care system via the federal aged care reform agenda, the future of the aged care workforce has received comparatively little attention.

A health workforce strategy, inclusive of aged care, is essential to the overall success of the aged care system. Cohesive efforts to improve its effectiveness are central to improving the system's performance to ensure equitable access and outcomes for older Australians.

## **2. What practical difference do you hope a strategy will make?**

The strategy must ensure aged care providers have access to job-ready graduates and a suitably qualified and experienced workforce to meet demand. The strategy must put in place approaches that start to address the long-term attractions and retention of aged care workers as well as ensuring a better distributed and more flexible workforce that meets the needs of older Australians now and into the future.

## **3. How do you think a strategy can contribute to meeting future needs in aged care?**

A strategy can contribute to guiding the approaches needed to meet the future needs in aged care through its ability to look across government funded and regulated service systems and resolve any gaps, overlaps, inconsistencies and tensions where they exist. A workforce strategy can also inform workforce planning and resource allocation, and help the sector and government understand what skill mix and workforce size will be required to support the needs of older Australians and ensure that in rural and regional communities, and in growth corridors and areas where higher needs groups are growing at a faster rate than the general population there is the right distribution of aged care

workers. It must be considered in the broader health context including general workforce needs across health and disability.

**4. Tell us what you see as the changes on the horizon that aged care needs to be ready for, and how you think the workforce strategy can contribute to meeting these future needs (in the context of an ageing population calling on aged care services in a variety of settings)?**

To be effective the strategy must look broadly beyond aged care to the health, disability and community service systems. Australia's aged care workforce must quadruple by 2050 while the disability workforce must double by 2019-20. In June 2015, the Department of Social Services published the *NDIS Integrated Market, Sector and Workforce Strategy* outlining that as a result of the NDIS, the disability sector workforce would need to increase from approximately 73,600 full-time equivalents (FTE) workers to an estimated 162,000 FTE workers between 2015 and 2019-20. Compounding the issue, workforce shortages are being seen across a number of health professions including general practice, medical speciality areas, dentistry, nursing, midwifery, mental health and some key allied health professions. In the face of these shortages and supply challenges, health workforce planning and resource allocation is an increasingly-complex and difficult task.

Health services including aged care providers are competing for the limited number of staff available resulting in significant recruitment and retention challenges which are even more acutely felt in rural and regional areas due to a lack of incentive for health workers, including aged care workers, to transition to these areas. Additionally, regional, rural and remote workers face additional challenges in accessing support from other professional continuing their professional development and education opportunities and often experience social isolation.

Having the right workforce size and distribution is critical to the success of the aged care sector, however, also ensuring the workforce has the right skill mix and qualifications is critical in attracting and retaining a workforce that can meet the needs of older Australians. Anecdotal feedback from VHA members suggest that considerable resource is allocated to ensure new staff are job ready when they enter the workforce which is both costly and time consuming. VHA members also express challenges in taking existing staff 'offline' to support further education and professional development opportunities to maintain their qualification as well as upskill staff where required.

The strategy must consider the increasing demand for workers across the health care spectrum and the supply challenges faced, recognise the additional challenges in regional, rural and remote areas, and the challenges faced in ensuring workers have the right skill mix and qualifications to deliver services to an increasingly complex cohort of older Australians.

**5. Tell us what is working well in the aged care workforce (across the industry, at provider or service level or through place-based initiatives) and where future opportunities lie.**

The strategy must ensure that the benefits of the current system that are working well for the workforce and the delivery of services to older Australians are maintained and where possible enhanced. Feedback from VHA members suggests that the ability of

multidisciplinary teams, including having access to workers from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander workers, to work together and in a coordinated way to support clients meet their goals and to meet the needs of vulnerable older people, and older people with complex medical and social backgrounds works well in ensuring high-quality outcomes.

Feedback from VHA members also indicates that the ability to provide a good continuum of care where aged care teams are well connected to the health care sector and other complimentary specialist services such as homelessness services, alcohol and other drug services, and councils works well to ensure wrap around service delivery that address the social and health needs of older Australians.

The flexibility in the Commonwealth Home Support Program to meet demand across professions also works well for service providers to enhance client outcomes and supports the ability of providers to work with their clients on their goals by taking a holistic approach to maintain health, wellbeing and independence.

**6. What do you think are the key factors the Taskforce needs to consider to attract and retain staff? You may wish to consider some or all of the following in your response:**

- **Rural, regional and remote**
- **A diverse workforce and diverse consumers**
- **Workforce planning, roles and occupations**
- **Education and training**
- **Right workers with right aptitudes in the right locations**

The key factors the Taskforce must consider to ensure services can effectively attract and retain staff include:

- The changing needs of the sector, including roles and skill-sets, especially in line with policy reform agendas, to inform curriculum planning
- Population trends and projections at a local level and identification of current gaps in the distribution of the workforce, nationally, state-wide and within regions
- Changes in care and support requirements to accommodate identified trends and changing health care needs like rising rates of chronic disease and comorbidities, and the specific health needs of an ageing population and the fact more people are staying home longer and entering the system older, frailer and with multiple conditions
- The ongoing role of specialist medical colleges, professional associations and registered training organisations in preparing the future workforce to meet the changing needs of aged care providers and older Australians
- Boosting professional development opportunities for new and existing staff including training and development strategies that incentivise workers to move into and remain in regional and rural areas and other identified areas of need.
- Shifts and trends in the aged care sector, such as increasing prevalence of delivering care in home and community settings, as well as consumer direction and increasing choice
- The implications of increasingly individualised funding arrangements and the introduction of an aged care marketplace on the ability of smaller providers to give their workforce security and consistency

- The public image of aged care and an aim to increase take up of aged care education training and employment opportunities, by appropriately qualified people
- Education and training on providing culturally sensitive and inclusive care, as well as the accessibility of entry into the aged care workforce to people from diverse backgrounds.

**7. What areas of knowledge, skills and capability need to be strengthened within the aged care workforce? You may wish to consider some or all of the following in your response:**

- **Clinical care**
- **Needs assessment**
- **Workforce planning**
- **Business management and leadership**
- **Risk management**
- **Care planning**
- **Dementia**
- **End of life care**
- **Social care**

***Clinical care***

In Victoria, like other states and territories, many public hospitals deliver successful residential in-reach services aimed at improving the health and wellbeing outcomes of older Australians, ensuring they receive the care they need in their preferred setting. A workforce strategy should consider how residential in-reach services can be expanded and should also consider requirements for a level of clinical expertise and quality of care in residential aged care facilities to reduce the avoidable transfers of residents to emergency departments (particularly in the private and not for profit sector) to reduce the burden on the public health sector and improve health outcomes for older people.

The negative impacts of transferring older people living in residential aged care to hospital emergency departments are well known and include increased risk of delirium and other iatrogenic events such as falls, medication errors, pressure injuries, deconditioning and death<sup>1</sup>. The prevalence of avoidable hospital transfers from non-public sector residential aged care facilities continues to increase. Residential facilities report that the factors influencing staff to transfer residents to emergency departments include:

- delays to review by a general practitioner (GP)
- limited operating hours of primary care services
- limitations in residential aged care facility services such as staff skill mix and
- inadequate equipment<sup>2</sup>.

<sup>1</sup> Hulick et al. 2016, 'Emergency Department Transfers and Hospital Admissions from Residential Aged Care Facilities: A Controlled Pre-Post Design Study', *Bio Med Central Geriatrics*, vol. 16, no. 102, <http://web.a.ebscohost.com.ezproxy-b.deakin.edu.au/ehost/pdfviewer/pdfviewer?sid=ae14f8b4-9d34-4dc3-8252-62731e7fc4b5%40sessionmgr4008&vid=0&hid=4112>

<sup>2</sup> Morphet et al. 2015, 'Resident transfers from aged care facilities to emergency departments: can they be avoided?', *Journal of Emergency Medicine Australasia*, 27(5), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4745031/>

In Victoria, public sector providers of residential aged care adhere to nurse-to-resident ratios, resulting in a nurse-led, clinically focused workforce which does not exist in other states or sectors (i.e. the for-profit and not-for-profit sectors). While this is the case for public sector providers of aged care in Victoria, public sector providers agree that meeting the needs of residents requires a holistic approach that draws on a range of staff with different skills to meet diverse needs and improve resident outcomes.

The sector acknowledges that a one size fits all staffing ratio is not the most effective instrument for delivering care and cannot be relied upon as a vehicle through which to drive quality in an increasingly consumer driven, market oriented health and aged care environment. Trends in acuity and complexity in care needs point to the requirement for a highly skilled and interdisciplinary aged care workforce inclusive of registered and enrolled nurses, allied health professionals, and general practitioners with the capability and confidence to identify changes in resident health early, assess the needs, monitor and treat residents and subsequently reduce avoidable hospital admissions and emergency department presentations.

**8. What is needed for leadership, mindset and accountability to innovate and extend new way of working tailored to the needs of older people who use aged care services, their families, carers and communities?**

***Diffusing innovation: sharing brilliant ideas and driving change***

Innovation in aged care plays a major role in driving the system forward to provide better outcomes for residents and the workforce. Creative solutions usually take place organically, with the sector leading the way in developing innovative practices in response to pressures such as managing demand, reducing costs, finding better ways to manage people with chronic disease, improving quality and safety and empowering residents, their families and carers.

Despite this, innovative ideas, projects and programs frequently don't move beyond pilot phase or the single service in which they were developed. Opportunities to share ways of working more efficiently, effectively and for improved resident outcomes are lost. The diffusion of innovations continues to be a major challenge for the sector<sup>3</sup> even though the majority of projects are measurable and the benefits tangible, practical, scalable and transferable.

Innovation can be the first thing to go in the context of tighter budgets and community expectations, the symptom of providers needing to balance limited resources with prioritising long term strategic investments in trialling new ways of doing things. Ultimately, the residents and workforce are disadvantaged when new models of care, ways of working and/or technologies cannot be embedded into how they do business. To help solve some of the issues facing the system including workforce shortages, supply challenges, and ensuring the right skill mix and distribution of the a highly-qualified workforce, the government too must ensure the sector is supported to implement change and prioritise innovation that is tailored to the needs of older people who use aged care

<sup>3</sup> Berwick, D 2003, 'Disseminating innovations in health care,' *The Journal of the American Medical Association*, vol. 289, pp. 1969-75.

services, their families, carers and communities. Enabling this will require significant additional ongoing funding and activities directed at building the capacity of the workforce to innovate and direct resources to these activities.

- 9. In undertaking its work, the Taskforce has been asked to have regard to recent submissions to and reports of relevant inquiries on aged care workforce matters, and government responses. If you want the Taskforce to draw on a submission you have made, or evidence or materials you want to draw to our attention, please provide the details in the text box below.**

[VHA submission: Victorian State Election 2018](#)

[VHA submission: Commonwealth Budget 2018-19](#)

- 10. Is there anything else that you would like to contribute to inform the Taskforce? Please contribute using the text box below. Alternatively, using the link below, add an attachment in Word or PDF to express your views or ideas more comprehensively.**

### ***Community health services and the outreach workforce***

Ageing is already a game-changer for health services and aged care providers, the ageing population, combined with a simultaneous rise in the number of people living with chronic disease has major implications for healthcare services including aged care; chronic diseases are the leading cause of illness and disability in those aged 65-years and over<sup>4</sup>. Growth in demand for health and aged care services is one of the system's biggest strategic challenges. Public hospitals, community health services and other specialist services, particularly in rural areas, play key outreach and support roles for those with complex or specific needs.

Community health services delivering aged care services through the Commonwealth Home Support Program (CHSP) play a pivotal role in ensuring older Australians have access to the services and supports they need to remain living in their homes, and are well placed to release pressure from across the system. Community health services hold a unique position in the delivery of aged care supports to some of the most vulnerable older people in the community and are accessible to all Australians, including some of the country's most vulnerable and isolated people who may have nowhere else to turn. Community health services have a dedicated outreach workforce and play a pivotal role in the delivery of outreach services to older Australians. The aged care Taskforce and subsequent strategy must consider the needs of the outreach workforce and include more targeted policy development around outreach services to support the aged care outreach workforce keep vulnerable Australians healthy, out of hospital and avoid early admission to more costly residential aged care.

### ***Multiple accreditations***

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<sup>4</sup> Prevalence of comorbidity of chronic diseases in Australia, Caughney et al, <https://bmcpublichealth.biomedcentral.com/>

At the provider community consultation session in Melbourne on Monday 26 February, the issue of the cost of multiple accreditations borne by aged care providers was raised with the Taskforce Chair, John Pallaers. The VHA has included information relating to the cost of multiple accreditations on health services delivering aged care services for the Taskforce's information.

Public health services are subject to various regulatory and accreditation processes. For Victoria's health services and community health organisations – that provide multiple services across the health, aged and community care spectrum – the need to achieve accreditation against multiple, often overlapping, standards represents a significant impost. For example:

- a small rural health services in southern Victoria over a 14 month periods had to undertake 7 major external quality reviews
- another small rural health service western Victoria over a 18 month period had to undertake 14 reviews

Some issues include:

- Multiple accreditations of individual services – some service types are subject to accreditation by multiple bodies and against multiple standards. In some cases, this can lead to a single service being subjected to numerous reviews by separate bodies
- Variation – whilst many accreditation processes assess overlapping areas (e.g. management processes, corporate policy, consumer engagement) these areas are assessed against differing standards, requiring significant duplication of effort on the part of services
- Timelines – whilst most accreditation is carried out on a three yearly basis, each set of standards has differing requirements for mid-cycle updates or re-accreditation, and accreditations by different organisations are not generally synchronised. This can lead to multiple accreditations taking place over a short period of time
- Resource burden - the number of processes, for health services who typically provide multiple accredited services, places an enormous financial and time burden on the management and staff of those services. By way of example quality compliance requires a small rural service with 80 EFT to allocate greater than 2 EFT to Quality Coordination, with 1 EFT dedicated to continuous documentation of self-assessment processes
- State accreditation – services may also be subject to state accreditation in areas such as community care, child and family services and disability services.

In developing the aged care workforce strategy, the Taskforce should consider the impact on staff of multiple accreditations as well as the training and education needs of these staff across both clinical and corporate governance which requires personnel with specialised knowledge and experience required to work effectively in quality. For health services and aged care providers these roles are becoming increasingly difficult to recruit and retain for (particularly in rural areas) due to the increasing complexity and stress.

### ***The influence of physical work environment on workers***

Research indicates that the physical work environment influences worker wellbeing and can have a significant effect on behaviour, perceptions, performance and productivity of workers. Employee satisfaction with their work environment is also directly related to their job satisfaction and indirectly related to organisational commitment and turnover intention.

Many aged care facilities across Australia are state-of-the-art, and while providers continue to invest in their infrastructure needs to increase the quality of their capital, many facilities are outdated impacting on their ability to design modern workflows and care, and to attract and retain staff in a competitive environment; staff want to work in fresh, modern and safe environments.

Against a backdrop of workforce shortages and increased difficulty recruiting and retaining staff, the ongoing success of residential aged care providers relies not only on their ability to offer professional development opportunities but also their ability to offer a physical environment that is welcoming, functional and enables workers to do their jobs.

## More information

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