



HUMAN RIGHTS

TRANSPARENCY

REFORM

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# **Aged Care Workforce Strategy: Blueprint to fix the aged care system**

10 February 2022

By Aged Care Reform Now Policy Committee

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**Aged Care Reform Now (ACRN)** is a grassroots organisation, consisting of aged care services recipients, families, and friends, and current and retired aged-care workers. ACRN advocates for aged care reform that delivers improved benefits to all Australians receiving residential and in-home aged care services.

ACRN is a platform for people interacting with the aged care system. ACRN provides a strong voice in the delivery of quality services, complaints management and practical solutions to advance the care and wellbeing of aged care recipients.

For more information please visit our website [www.agedcarereformnow.com.au](http://www.agedcarereformnow.com.au) or contact [info@agedcarereformnow.com.au](mailto:info@agedcarereformnow.com.au)

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## OBJECTIVE

*To create a collaborative, transparent and effectively regulated aged care system that is focused on the human rights and quality of life of older people as their needs change.*

ACRN believes that there is not a need for the recently announced new Aged Care Taskforce, considering the recent Royal Commission into Aged Care Quality and Safety and the numerous reviews and inquiries over the past 20 years.

The issues in Aged Care are well known. What is required now is ACTION.

Workforce is critical in any reform of the Aged Care system and without immediate and well-planned recruitment of both qualified and accredited staff any other reforms are destined to fail.

In view of the current staffing crisis in both home and residential aged care ACRN has researched immediate options to solve staffing issues. We believe these, along with other reforms are a blueprint for fixing the Aged Care system.

ACRN recommends that the Federal Government expedites action for a speedy implementation of all recommendations of the 2018-2020 Royal Commission in their entirety.

### **Immediate Crisis Response:**

- **Identify committed, nominated family members/significant others** who have previously assisted, or are prepared to assist with personal care/feeding and safe assistance to recipients/residents who are unable to perform tasks of daily living unaided. Allow such nominated persons regular access to dependant residents. Professor Joe Ibrahim, gerontologist and aged care researcher from Monash University has suggested payment of family members in the short term to assist with the care of aged care recipients until the current staffing deficits can be rectified.

- **Cohort infectious residents where possible.** Implement planning for non-infectious residents to live as normally as possible including facilitated time to exercise, spend time outdoors and partake in quality-of-life activities while maintaining optimal infection control.
- **Appoint infection control portfolio holder in every aged care facility** to co-ordinate, manage ongoing education and liaise with Health Department Covid control department. This person should be a Registered Nurse or at the very least a senior Enrolled Nurse with formal infection control and prevention training. This appointee should have responsibility for facility training of ALL staff in donning/doffing of PPE, control of infection control supplies such as gowns, gloves, masks, shields and infectious waste disposal. Family can also be given this training if required.
- **Appoint dedicated administration staff 7 days a week to meet, greet, check-in visitors and ensure RAT testing as appropriate and monitor sign-in book. This task should not detract from direct staff time** to allow them to perform their duties uninterrupted. Funding was initially provided to care facilities for this purpose and must be used for this purpose.
- **Federal Government to immediately** submit a recommendation of support to Fair Work Australia to increase Aged Care Worker wages by 25% to improve workforce retention and petition to bring forward the wage case before the Commission scheduled for July 2022.
- **Recruit retired nurses, carers and staff with past aged care experience** to work part-time until permanent workforce positions can be filled.
- **Facilitate return of long-term volunteers** who are currently excluded from aged care facilities. Triple vaccinated volunteers with additional infection prevention training might be employed to assist with meal service, leisure, and lifestyle activities.

### **Short term solutions: 3-12 months**

Position of Aged Care Minister to be made a Federal Cabinet position to bring aged care needs to equal prominence with acute healthcare needs.

**Urgent increase of resources and staffing for the Aged Care Quality and Safety Commission assessment teams. These need to be resourced to oversight all federally funded aged care agencies both residential and community.**

- **Appoint Registered Nurses** to lead clinical care teams in every facility according to minutes of care formula commencing 2022. At least ONE RN per shift 24/7 and increasing to at least 1:10 residents by 2023.
- **Enrolled, medication endorsed nurses** and RNs to dispense and oversee medication management without exception.
- **Relieve carer staff** of non-direct resident/patient duties to allow more time for direct contact and attendance to personal hygiene, personal care interactions.
- **All carer staff** to complete at least a Certificate 3 in Caregiving. Currently an estimated 28% have no formal training. All employed staff to have completed Cert 3 by December 2022.
- **Increase training providers** and mandate TAFE nationwide to design, provide formal training and assessment in personal care, recognition of deteriorating health issues, infection control, non-complex palliative care, manual handling OHS, basic behaviour modification and health communication.
- **All nurses and care staff should be required to have passed English literacy** and communication and be able to communicate health literacy fluently.
- **Create permanent allied health job descriptions for positions to enable immediate and ongoing needs assessments of recipients of aged care.** Currently studies show that 1:3

**aged care residents are neglected or not appropriately cared for. Increased nursing positions are only part of the assessment process.**

- **Nutritional assessment by a dietician and speech pathologist as needed** of all persons admitted to residential care and dietary needs made part of active care plan. Supplements as per assessment with ongoing re-assessment every 6 months, post hospitalisation or serious medical event. Meals should be nutritious and appealing to the resident.
- Ensure transparency and fair dealing where residents are charged for extra facilities and services. Leisure activity staff to be replaced/employed as soon as possible.
- Encourage resident meetings with the care team to discuss and find solutions and practices to maintain autonomy and best practice in their environment and care delivery.
- **Mandate training in and recruit food provision by chefs and cooks trained as recommended by Maggie Beer and dietetics experts. Fund chef apprenticeships in health nutrition courses.**
- **Relieve the burden on residential care by an immediate increase in home care packages.**
- **Encourage school leaver career recruitment to build future carer workforce especially in rural and remote areas where jobs are scarce by creating a carer career structure with pay increment increase with experience and ongoing training. Such carers should be qualified to work across both residential, home care workforce and NDIS streams.**

### **MEDIUM TERM: 12-18 months (February 2023 – August 2024)**

- Establish national harmonised training for all carer/AIN staff.
- Establish a national register of accredited carer staff with AHPRA with yearly re-registration dependent on ongoing skills retraining.
- Increase the ratio of nursing staff to 30% RNs, 20% ENs and 50% carers to restore the care skills required by recipient needs as clearly demonstrated by submissions to the Royal Commission.
- Fund and utilise existing training providers such as TAFE, Royal College of Nursing and University Health Training Units, ANMF education units to provide training and increase carer skills and certification. Such providers already have laboratories, training staff and contacts with hospitals and care organisations to provide practicum content. Training must include practical hands-on experience to qualify for initial registration and employment.
- Accredit and expand currently available online training in Dementia understanding such as the Wicking Centre, University of Tasmania which already provides free, tailored basic education and has established advanced certificate and Masters' programs.
- Establish Advanced Certificate in Palliative Care In all nurse training schools (Victoria currently has none).

The Prime Minister and Health Minister were recently quoted re the deaths in Aged Care due to Covid. Minister Hunt stated that *"approximately 60% of those that have passed were in palliative care."* The Prime Minister commented on people placing their parents into residential care *"we have known that when we've done that we are putting them into pre-palliative care."* This then leaves the question of why there is no requirement for palliative care training or staff in residential care.

- Appoint an RN experienced in palliative care provision to be team leader, training design and mentoring to all care staff. Establish funding model to encourage uptake of advanced certificate in palliative care with refunding of education expenses on completion of 1 year service post completion and paid study time.

- Similarly provide paid study time and supported education funding for studies in infection control. Dementia care, gerontology and Health management courses to ensure facility compliance with accreditation standards. This should be ongoing and mandated as in the Childcare system.
- Federal Government to consult with employee representatives to bring RN and Enrolled Nurse Wages to parity with those of similar experience and years of service in the acute public and private sector. Also, parity of pay with carers in the Disability sector.
- Consider separate tied funding of all RN, EN and carer wages and entitlements via a separate federally funded payment stream.
- Formation of a State based “American travelling nurse” surge workforce of aged care nurses and experienced carers to allow for annual leave, short term contract cover for rural and remote facilities to prevent staff shortages and allow for recruitment time when staff leave or retire. Current contractual agreements with Aspen medical are inadequate.
- Commence immediate increase of nurse staffing levels using the Victorian Public aged care residential staffing levels as mandated in the Victorian Safe Patient Care Act 2018. This staffing model has been shown to assure safe care and prevent spread of Covid in these facilities.
- Establish a model of care with ongoing care planning which includes the resident, their families, GP, nurses and allied health providers in regular care plan meetings on admission, whenever there is a significant health or cognitive change and when a palliative care path becomes needed. This should occur in both home and residential care. We believe many facilities state they do this but generally there is little evidence that this happens in practice.
- All boards of management to include appointed persons with clinical nursing and health management experience as recommended by the Royal Commission.
- Facilitate residents to maintain contact with their own GP medical practitioner or a GP of their choice for ongoing medical follow up. Maybe this should be considered in the Medicare schedule with travel time etc considered.
- Establish in-reach training of all staff in recognising and reporting of health changes in the older person to prevent un-necessary hospitalisation.

## **LONG TERM: 18months – 2025**

**Major Reform will incur increased costs, so a funding method needs to be agreed on. In the aftermath of Covid and decreased revenue to the economy the Royal Commission’s recommendation of a Medicare style aged care levy is a good one.**

**We all hope to live to old age. Our entire society should bear the cost of supporting the care needs of elders at the end of life.**

**One means of bearing the cost of aged care is to design a model of care where the direct costs of direct care staff wages and entitlements are funded by government in the form of tied grants based on payroll.**

- Redesign of care models with care teams of RNs, Allied Health staff, enrolled nurses, and carers to allow care recipients to live their best life until the end of life.
- Establish an ongoing “wellness” approach to maintain quality of life in aged care residents to maintain muscle strength, mental acuity in those with cognitive ability, maintain positive engagement with daily life and interests for as long as possible.

- Redesign of residential care facilities to allow safe care while allowing residents to live the best quality of life possible with medical, nursing and lifestyle factors designed according to individual designed care plans. Look at the size of the facility and small or group housing models of care. Need to move away from the institutional model. Covid has shown us that building design, size, heating/cooling, shared ablutions etc add to the spread of infection.
- Staff succession planning. Create systems where staff can work as team leaders while being mentored by senior staff.
- Establish networking with General Practitioners and specialist palliative care physicians in each facility's health district to provide ongoing preventative health reviews, to monitor chronic health issues and ensure timely and appropriate medication prescribing and management.
- Implement nurse practitioner roles to research care models, provide minor care intervention, medication oversight and to facilitate timely prescribing for pain and other symptoms in end-of-life care. Also, to provide oversight of complex medical management of diabetes and neurological conditions. Promote and facilitate Nurse Practitioner Networks alongside GP networks to support Aged Care across the sector.
- Mandate that transparency provisions be created which clearly identify investor stakeholders, board members and CEOs who must have impeccable business and personal integrity records to be granted and hold provider accreditation in Australia.
- The New Aged Care Act, as recommended by the Royal Commission final report must legislate transparency of corporate structures and persons allowed to establish and operate aged care services in Australia. Such businesses must be registered for regulation, accounting and taxation purposes in Australia if they earn income from such services in Australia or its territories by 2023.

ACRN believe that the time to act is now. Aged Care is in Crisis now!

This nation owes our elders respect and care now!