

National Aged Care Alliance

Principles for Staffing Levels and Skills Mix in Aged Care Settings

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Introduction

This paper outlines some principles for staffing levels and skills mix to meet the needs of, and provide care to, people requiring or in receipt of aged care services in both residential aged care facilities and in the community. Staff includes those people directly employed by aged care facilities and community services such as: nursing staff, care staff, allied health practitioners, medical practitioners and support staff, as well as those people who provide visiting services or are contracted, such as: allied health practitioners, general medical practitioners, and medical specialists.

Optimal health outcomes for people requiring or in receipt of aged care services will not be achieved without a skilled and qualified workforce, which is clearly defined, accurately costed and fully funded.

Principles

1. Staffing levels and skills mix should be driven primarily by the need to achieve optimal health and quality of life outcomes for, and meet the needs of, people requiring or in receipt of aged care services.
2. The level of staffing and the skills mix of staff must enable providers of and staff in aged care services to meet their duty of care responsibilities in providing quality care to people requiring or in receipt of aged care services, especially special needs groups such as those requiring dementia care, palliative care or complex nursing care.
3. The Australian Government, as the principal funder and regulator of aged care services, must develop a model of funding that reflects the real costs of providing the level of staffing and the skills mix of staff necessary to achieve optimal health and quality of life outcomes for people requiring or in receipt of aged care services (including social support and maximising independence). This funding model must include guaranteed funding for wages and incorporate a transparent mechanism to achieve and maintain comparable and competitive wages for all staff working in aged care with their counterparts in other sectors.
4. The level of staffing and the skills mix of staff must also enable the employer to meet their responsibilities under occupational health and safety legislation and must aim for the promotion of a safe and healthy workplace.

5. To meet optimal health and quality of life outcomes at an individual and service level, each aged care service should establish a process for determining staffing levels and skills mix, which provides flexibility at the local level to respond in a timely manner to changes in the care needs of residents in aged care facilities and clients in the community; and which also takes into consideration work and life balance for staff and gives priority to permanent employment.
6. The Australian Government, in consultation with:
 - the aged care and health workforce and their representatives;
 - aged care providers and their representatives; and
 - consumers and their representatives;
 should initiate a process to establish benchmarks¹ for staffing levels and skills mix, which meet duty of care requirements; which achieve optimal health and quality of life outcomes for residents and clients; which provide a safe and healthy employment environment for staff; which provide flexibility at the local level to be able to respond in a timely manner to changes in the care needs or the way in which care is delivered; and which contribute to the long term viability of aged care services.
7. Workforce research to assist in the establishment of staffing levels and skills mix benchmarks and to inform ongoing workforce planning, should be commissioned by the Australian Government in consultation with:
 - the aged care and health workforce and their representatives;
 - aged care providers and their representatives; and
 - consumers and their representatives.
8. The regulatory and legislative environment governing the aged care workforce should be consistent between jurisdictions.
9. Carers and families provide significant added value to the care of people requiring or in receipt of aged care services and their views and the views of residents and clients should be considered and respected when making decisions about care. Carers and their families however are not a substitute for paid staff. Volunteers also add value, but likewise are not a substitute for paid staff.
10. The level of staffing and the skills mix of staff should be regularly reviewed and adjusted at a local level with staff according to the resident or client profile and any other changing service variable. Consultation with the aged care and health workforce and the unions must occur when changes to the level of staffing and the skills mix of staff have a direct impact on staff working conditions or their work and family balance.

¹ A benchmark is defined as: 'a structured approach for identifying the best practices from industry and government and comparing and adapting them to the organisation's operations. Such an approach is aimed at identifying more efficient and effective processes for achieving intended results' (www.ichnet.org) ; 'a point of reference from which quality or excellence is measured' (Macquarie Dictionary 1982 p.196); 'a reference point or standard against which performance or achievements can be compared' (www.ifad.org).

11. Health practitioners, such as allied health practitioners, general medical practitioners, and medical specialists, appropriate to the needs of the resident or client, should be available for the delivery of aged care services and to support staff directly employed in the delivery of aged care services.
12. Employers should ensure that all staff have the necessary skills for them to be able to perform the role required of them or facilitate access to suitable training for the acquisition of such skills. All staff should have, or undertake, a basic qualification or equivalent experience for entry to work in the sector and be provided with opportunities for further education and professional development. This is an essential component of continuous quality improvement and the provision of quality care.

Variables

In establishing benchmarks for staffing levels and skills mix, the following variables need to be taken into consideration:

- the resident or client profile;
- the nature of the care provided, whether short or long term, rehabilitative or palliative;
- the complexity of care required, including factors such as: frailty or dementia;
- the location of the facility or service, whether metropolitan rural or remote; and
- the type and design of the facility or the focus of the service.

Background

Since 1997, the aged care sector has faced significant change that has impacted on staffing. The complexity of care required and the dependency of people requiring or in receipt of aged care services is steadily increasing, particularly in low care facilities, with ageing in place. Dedicated funding for care has been replaced by global funding. Specified staffing ratios have been removed from the regulations in most jurisdictions. The traditional boundaries between high care and low care facilities have blurred with the introduction of ageing in place. Facilities have incurred additional costs and increased reporting requirements to meet certification and accreditation requirements. New funding arrangements have been implemented, however many funding issues impacting on staffing such as: recurrent and capital funding, comparable and competitive wages, and workers' compensation premiums remain largely unresolved.

It is clear that staffing issues, such as inadequate or inappropriate staffing and their consequent impact on care is one of the most pressing issues facing the aged care sector. The first comprehensive survey of the aged care workforce, released in 2004, found that only 13% of nurses and 19% of other care staff feel they have enough time to spend with each resident. In addition, 40% of nurses and 25% of allied health workers spend less than one third of their time providing direct care.²

² Richardson S 2004 *The care of older Australians: A picture of the residential aged care workforce* National Institute of Labour Studies Flinders University Adelaide

The way care is being provided to people accessing aged care services is also changing – not only is there a higher incidence of older frail people and people with dementia, but increasingly, aged care services are providing rehabilitative and palliative care. Aged care services must be able to respond to these changes in a timely manner and change over time needs to be factored into both funding and staffing profiles. There is also a need for care to be integrated across acute, community and residential settings so that older people requiring or in receipt of aged care services are able to have their needs met in the most appropriate setting and move seamlessly between settings. This requires a high level of care coordination and staff skills and knowledge that is lacking at present.

There is a perception that the increasing frailty of older people who require a great deal of hands on care is not adequately rewarded financially in the current funding formula, which makes it difficult for services to meet the cost of providing staff to meet the care needs associated with their frailty.

Additionally, aged care facilities do not have the financial capacity to make effective use of current technology, which has the potential to enhance service provision, such as: computer and information technology, lifting equipment, and resident or client monitoring equipment.

The aged care sector faces continuing problems with the recruitment and retention of staff. One significant factor is that staffing levels and wages in the residential aged care sector and in some community settings do not compare favourably with other care sectors, eg. between 1997 and 2001 there was an 8.7% decrease in the number of nurses working in the aged care sector, despite the fact that dependency levels of people requiring or in receipt of aged care services steadily increased.³ Nationally, the current wages gap between nurses working in aged care and nurses working in the acute public sector is \$170.50 per week.⁴ There is a constant tension for aged care service providers, particularly in the aged care sector and in the community, between fixed incomes, budget imperatives and the need to achieve quality care.

There is very limited national and international literature on staffing levels and skills mix in aged care settings, and what there is focuses on nursing and direct care staff. No literature has been identified that includes non-clinical staff such as chefs, kitchen assistants, cleaners, domestic assistants etc, however all staff are necessary for, and contribute to, care outcomes achieved. There is also a paucity of discussion in the literature about the contribution of health workers not directly employed by aged care services, eg. medical practitioners, allied health professionals, and other ancillary workers, or of the contribution of carers and volunteers. Additionally, there is little research that directly links non-clinical indicators such as quality management and leadership (corporate governance), ancillary services (eg. laundry, cleaning, meals etc), and building design, to quality care. This research needs to be undertaken.

³ AIHW 2003 Nursing Labour Force 2002

⁴ ANF 2004 Nurses PayCheck

The scarcity of data in relation to existing staffing levels and skills mix and for planning to determine the future needs of the sector and how to meet them makes the establishment of staffing levels and skills mix a difficult exercise, but it is one that needs to be undertaken. As the aged care sector is primarily the responsibility of the Australian Government, there is an urgent need for national workforce planning, including regular and timely collection from a national perspective of broad staffing data, which includes all employed staff and the visiting or contracted workforce.

This data, which should also include a breakdown of the number and classification of staff, should be collected as part of the new workforce census proposed as part of the conditional adjustment payment announced in the 2004-05 federal budget. New workforce research should be commissioned and used to assist in the determination of staffing levels and skills mix, established through a consultative process involving the Australian Government, employer, employee and other industry representatives, consumer groups and unions.

Conclusion

There is consensus within the literature, that a relationship exists between staffing levels, skills mix and quality care. In determining staffing levels, the skills mix of staff is a critical issue. The level of recurrent funding must enable providers to meet the cost of staff and be able to recruit them in a timely manner if they are to achieve the quality outcomes they, the community and the Government are seeking. They must also be able to compete with other sectors, such as the acute health sector, to attract and retain staff.

Benchmarks for staffing levels and skills mix need to be established which meet the need for quality outcomes for residents and clients, which meet the need for flexibility at a local service level, and which provide a safe and satisfying employment environment for staff. Aged care service providers must be able to compete with other sectors, such as the acute health sector, to attract and retain staff. Quality care in aged care services will not be achieved without staff that are educated and trained; adequately remunerated; and who want to work in the sector.

National Aged Care Alliance

The National Aged Care Alliance (the Alliance) is a representative body of peak national organisation in aged care, including consumer groups, providers, unions, and health professionals, working together to determine a more positive future for aged care in Australia. The Alliance was formed in April 2000.

The Alliance's vision for aged care in Australia is that:

All people in Australia have access to planned and properly resourced integrated quality aged care services that are flexible, equitable, that recognise diversity and promote choice and respect for users and workers.

Members of the Alliance are:

COTA National Seniors Limited
Carers Australia
Lutheran Aged Care Australia
Catholic Health Australia
Liquor, Hospitality & Miscellaneous Union
Australian Nursing Federation
Aged & Community Services Australia
Aged Care Association Australia
Australian Society for Geriatric Medicine
Anglicare Australia
Australian Association of Gerontology
Geriaction
Australian Medical Association
Alzheimer's Australia
Royal College of Nursing Australia
Health Services Union
Baptist Care Australia
Australian Divisions of General Practice
Australian Physiotherapy Association
UnitingCare Australia
Pharmacy Guild of Australia
Australian Pensioners' and Superannuants' Federation
Royal Australian College of General Practitioners
Australian Healthcare Association