

Submission by the Australian Nursing and Midwifery Federation

2024-25 Annual Work Plan - Consultation Inspector-General of Aged Care

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Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 326,000 nurses, midwives and care-workers across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The ANMF welcomes the opportunity to provide feedback to the Office of the Inspector-General on the 2024-25 Annual Work Plan. We have identified two systemic priority issues for the Office of the Inspector General to consider for the 2024-25 Annual Work Plan: care minute compliance and regulation, and medication administration. The following section addresses the consultation questions related to these issues. Additionally, the ANMF outlines several process concerns for the Office of the Inspector General to consider moving forward.



Consultation Questions

Care minutes

What is the Issue that you would like to raise for the awareness of the Office of the Inspector-General of Aged Care?

6. The ANMF has identified compliance with minimum mandated care minutes as a systemic issue. Aged care providers compliance is poor and the regulatory activity to monitor and enforce care minutes has not been effective. The latest quarterly financial report outlined that only 52.63% of providers are meeting their required total care minute targets and only 35.57% of providers are meeting both their total care minute targets and their registered nurse minute targets.¹
7. The Royal Commission into Aged Care Quality and Safety identified a clear link between inadequate staffing and poor quality care. They identified that not just the number of staff but also the skill mix is crucial to providing quality care to residents. The recommendations made by the Royal Commission are not being met across the sector.²
8. Although the compliance of aged care providers continues to be significantly below the expectations of the required legislation for direct staffing and skills mix within residential facilities and the evidence baseline of quality care delivery, the regulatory action on this systemic issue is inadequate. Providers are not being held to account to ensure they are actively meeting their care minute targets.
9. Compounding this issue is the systemic change aged care providers are intentionally implementing to reduce the care minutes provided by enrolled nurses in residential facilities. The quarterly financial reporting since the introduction of mandated care minutes has shown a decline in enrolled nurse minutes.³ ANMF members reinforce this and report enrolled nurse hours are being actively reduced across the sector. When an enrolled nurse leaves or is on sick leave their positions are rarely replaced. Additionally, enrolled nurse's roles are being altered, with either a reduction of contracted working hours or some being asked to switch their classification to care workers.



Do you have a specific question that you consider could be the subject of a report, review or monitoring activity of the office of the Inspector-General of Aged Care?

10. The ANMF proposes the following questions should be a priority in the activity of the Office of the Inspector-General of Aged Care in relation to care minutes:
- How effective is the regulatory monitoring and enforcement of care minutes by the Department of Health and Aged Care and the Aged Care Quality and Safety Commission?
 - What are the trends in aged care provider employment practices, including vacancy rates, retention and recruitment rates? In particular, what are the trends and issues in provider's employment practices of enrolled nurses?

Why do you consider the issue systemic?

11. As outlined above the Royal Commission found that in the absence of staffing and skills mix requirements, providers do not engage a sufficient number of nurses, both registered and enrolled nurses, and that in conjunction with increasingly complex health and care needs of residents, quality and safe care delivery is variable across the sector.
12. The quarterly financial report clearly outline that over 64% of aged care providers are not compliant with nursing and skills mix requirements for legislated care minutes, indicating widespread staffing issues. This is a systemic issue across the sector.

Is there any publicly available data or evidence to support your views?

13. As outlined above the quarterly financial report on care minutes clearly supports the ANMF position.⁴ The regulatory action completed or lack of regarding care minutes is also outlined in the Aged Care Quality and Safety Commission Sector Performance reports.⁵

Medication Administration

What is the Issue that you would like to raise for the awareness of the Office of the Inspector-General of Aged Care?

14. The second issue the ANMF has identified as a priority for the Office of the Inspector General



to consider is quality use of medicines, specifically medication administration in residential facilities.

15. Care provided in residential facilities is increasing in complexity and acuity. Despite evidence showing that older people are particularly at risk of inappropriate prescribing, medication errors, and negative effects from polypharmacy or under-prescribing, aged care providers are increasingly changing practices and requiring care workers to administer medicines. While care workers provide essential care in aged care they have minimal pharmacological and physiological training and should only be supporting residents who are self-administering their medicines.
16. This practice is inconsistent with the Department of Health and Aged Care's Medication Management in Residential Aged Care Facilities guiding principles. These *'guiding principles are based on current best practice and available evidence and are intended to be applicable to all residential facilities and people receiving care'*.⁶ The guidelines clearly outline each aged care facility must ensure it has policies, procedures and guidelines in place that guide the safe and effective administration of medicines by appropriately qualified and authorised nurses.⁷
17. The Aged Care Royal Commission identified numerous instances of inappropriate medicine management across the aged care sector.⁸ Common issues such as incorrect medication, dose or a missed dose can lead to significant health complications to residents. The inappropriate use of medicines exposes people receiving aged care services and living in nursing homes to risk and harm.
18. The Aged Care Quality and Safety Commission (the Commission) is not regulating this area of care effectively. The Commission outlines that *medication management is a frequent subject of complaints about aged care services, and medication errors are among the most common clinical incidents experienced by older people using aged care*.⁹ Further, their resources outline that medicines are appropriately and safely prescribed, **administered**, monitored and reviewed by qualified **health professionals**, considering the clinical needs and



*informed decisions of the older person.*¹⁰ However, it is common practice across the sector in residential facilities that care workers undertake the role of medicine administration, delegated by registered nurses.

19. ANMF members express ongoing concerns about medication administration. Registered nurses highlight significant safety risks to residents when medication is not administered by nurses and emphasise their professional regulatory responsibilities when delegating this task to care workers. They point out the inconsistencies this practice has with the expectations of the Nursing and Midwifery Board of Australia. Care workers also voice their worries, frequently reporting safety concerns for residents and feeling unqualified or inexperienced to handle medication administration as expected by their employers.

Do you have a specific question that you consider could be the subject of a report, review or monitoring activity of the office of the Inspector-General of Aged Care?

20. The ANMF suggests the following specific questions should be considered in the activity of the Office of the Inspector-General of Aged Care in relation to medication administration:
- Is the practice of medication administration in residential facilities consistent with the current best practice guidelines?
 - Is the Aged Care Quality and Safety Commission effectively regulating medication administration to ensure the safety of residents and the quality use of medicines?

Why do you consider the issue systemic?

21. As described above the Royal Commission outlined the systemic issues of medication administration practices. Care workers administering medicines is common practice across the sector and is increasing.
22. Complaints about medication management and administration are the most frequent issues reported to the Aged Care Quality and Safety Commission in residential care. Most residents (90%) are prescribed more than four medications daily, with an average of 9.75 medications per person.¹¹ The complexity of medication administration in residential facilities is high,



and the substantial volume of complaints highlights the urgent need for systemic improvements in the sector.

Is there any publicly available data or evidence to support your views?

23. As outlined above the publicly available data and evidence to support the ANMF position is the Aged Care Quality and Safety Commission Sector Performance reports which outlines the significant level of complaints regarding medication management.¹²

Do you have any other information you would like the Inspector-General to consider?

24. The ANMF takes this opportunity to raise a number of concerns with the Office of the Inspector General of Aged Care regarding process. The ANMF is concerned that there remains a lack of clinical expertise and oversight within the Office of Inspector General and recommends that efforts be made to embed this expertise into the independent entity.
25. The importance of workers' voices in the aged care sector has been undervalued for too long. Workers' perspectives should be central to all reviews and quality improvement measures within the sector. The ANMF recommends that workers' voices be recognized as key stakeholders by the Office of the Inspector General, independent of aged care providers. The Office of the Inspector General needs to incorporate workers' input in their information-gathering and evaluation processes moving forward.

Conclusion

26. The ANMF appreciates the opportunity to provide feedback to the Office of the Inspector General on the 2024-25 Annual Work Plan. We have identified two issues for consideration: care minute compliance and regulation, and medication administration. Both these issues directly affect the safety and quality of care for older people and require systemic improvements to change outcomes.



¹ Care minutes in residential aged care dashboard,(Jan-March 2024) [Care minutes in residential aged care dashboard | Australian Government Department of Health and Aged Care](#)

² Royal Commission into Aged Care Quality and Safety. 2021. Final Report – Executive Summary. Canberra: Commonwealth of Australia. Available at: <https://agedcare.royalcommission.gov.au/publications/final-report-executive-summary>

³ quarterly financial report

⁴ Care minutes in residential aged care dashboard,(Jan-March 2024) [Care minutes in residential aged care dashboard | Australian Government Department of Health and Aged Care](#)

⁵ Aged Care Quality and Safety Commission (2024) Sector performance Report for Quarter 4. Available at: <https://www.agedcarequality.gov.au/media/99465>

⁶ Department of Health and Aged Care's Medication Management in Residential Aged care Facilities guiding principles <https://www.health.gov.au/sites/default/files/2023-02/guiding-principles-for-medication-management-in-residential-aged-care-facilities.pdf>

⁷ Department of Health and Aged Care's Medication Management in Residential Aged care Facilities guiding principles <https://www.health.gov.au/sites/default/files/2023-02/guiding-principles-for-medication-management-in-residential-aged-care-facilities.pdf>

⁸ Royal Commission into Aged Care Quality and Safety. 2021. Final Report – Executive Summary. Canberra: Commonwealth of Australia. Available at: <https://agedcare.royalcommission.gov.au/publications/final-report-executive-summary>

⁹ Aged Care Quality and Safety Commission (2024) Outcome 5.3: Safe and quality use of medicines. Available at <https://www.agedcarequality.gov.au/strengthened-quality-standards/clinical-care/safe-and-quality-use-medicines>

¹⁰ 40. Aged Care Quality and Safety Commission (2024) Outcome 5.3: Safe and quality use of medicines. Available at: <https://www.agedcarequality.gov.au/strengthened-quality-standards/clinical-care/safe-and-quality-use-medicines>

¹¹ Sommers, M; Rose, E; Simmonds, A; Whitelaw, C; Calver, J; Beer, C. 2010. "Quality use of medicines in residential aged care." Australian Family Physician 39 (6): 413–416

¹² Aged Care Quality and Safety Commission (2024) Sector performance Report for Quarter 4. Available at: <https://www.agedcarequality.gov.au/media/99465>