

Australian Nursing and Midwifery Federation submission to the

Aged Care Data Strategy Consultation Information Guide

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Australian
Nursing &
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Federation



Australian Nursing and Midwifery Federation submission

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INTRODUCTION

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 320,000 nurses, midwives and carers across the country.

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.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide 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.

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.

With regard to care of older people, ANMF members work across all settings in which aged care is delivered, including over 40,000 members who are currently employed directly in the aged care sector. Many more of our members are involved in the provision of health care for older persons who move across sectors (acute, residential, community and in-home care), depending on their health needs. Being at the forefront of aged care, and caring for older people over the twenty-four hour period in acute care, residential facilities and the community, our members are in a prime position to make clear recommendations to improve the care provided and enhance processes for access to that care.

The ANMF welcomes the opportunity to provide feedback on the Aged Care Data Strategy (the Strategy) Consultation Information guide and provides the following response to the consultation questions.



Consultation Questions

1. What do you think of the draft Vision, Purpose and Guiding principles?

Points to consider

- a. Are there any you would like to add to those drafted so far?
- b. Are they pitched at the right level?
- c. Which Guiding principles do you consider to be of higher priority?

The vision, purpose and guiding principles are simple, clear and provide a reasonable foundation for the Aged Care Data strategy. They address a number of the ANMF's concerns including the importance of information sharing to improving the provision of safe, high-quality and dignified care. However, the ANMF suggests the addition of the following points under both the purpose and the guiding principles:

Purpose

Workforce data collection is currently not timely or comprehensive. Timely, accurate and comprehensive workforce data is essential for effective workforce retention and recruitment. Workforce planning data should also capture longitudinal trends for all categories of nursing staff, including new graduates' recruitment, retention and reasons for seeking or leaving aged care employment. The ANMF suggests the following point should be added to the purpose:

The data strategy will explain why we are improving the aged care data system, including providing information about aged care that will better support:

- Workforce planning to improve recruitment and retention.

Recent data suggests 35% of the aged care workforce identify as having a culturally and linguistically diverse (CALD) background, rising in some facilities to 57%.¹ Additional data to inform workforce strategies for these workers is essential. Detailed data relative to the CALD aged care workforce, including migrant workers should be embedded to enable development of informed strategies which value and support their contributions, identify structural barriers to career progression and assist in enhancing protections.

Another purpose for the Aged Care Data Strategy should be to develop a comprehensive picture and therefore understanding of the aged care sector for key stakeholders over time, based on the premise that you can't manage what you can't measure. This comprehensive understanding of the sector would incorporate regulatory, consumer, government, funding, policy and workforce perspectives.



Guiding principles

The ANMF has been campaigning for transparency in data collection and analytics in the aged care sector for many years. The Royal Commission into Aged Care Quality and Safety's final report details transparency as a key enabler to improving care delivery. They discuss how transparency of funding, care delivery and performance will prompt strong and continued action with an emphasis on results.² The ANMF therefore recommends that the following point be added to the guiding principle:

The data strategy should be guided by a set of agreed principles, for example:

- Data that is transparent and publicly available with users being able to easily search for and understand available data.

The Australian Commission on Safety and Quality in Health Care recommended to the previous federal government that aged care must be considered health care. The ANMF recommends that aged care data should compare facilities' policies and procedures with the requirements of the National Safety and Quality Health Service (NSQHS) Standards.

Further, an additional guiding principle needs to be included regarding available resources, staff capability and funding to enable the strategy to be implemented effectively. This is consistent with the Data Strategy 2022-2025.³ The following additional point should be added to the guiding principles:

The data strategy should be guided by a set of agreed principles, for example:

- Resources including available technology, staff capability and funding are in place to enable efficient data collection and analytics.

The ANMF also recommends that the following additional principles be added:

The data strategy promotes an integrated and comprehensive view of the sector;

The data strategy promotes integration with other sectors (such as health, as identified by the Royal Commission); and

The data strategy promotes consistent standards of care wherever the person receiving care is located (for example in the aged care or health care sectors).



2. How well do the Vision, Purpose and Guiding principles align with your organisation's strategies or objectives?

Points to consider

- a. Are there any significant inconsistencies?**
- b. Is there any emerging work we should be aware of?**

The Vision, Purpose and Guiding principles for the proposed Strategy do have some alignment with ANMF positions, particularly with sharing data information to improve care delivery across the aged care sector. Other alignment includes the importance of older people being at the centre of aged care delivery as identified in the guiding principles and that data is collected, used and stored in a safe, private and secure manner.

A central gap identified in the proposed Vision, Purpose and Guiding principles of the Strategy, as outlined in question 1 above, is the need to ensure workforce data is a dedicated part of the strategy, focusing on improving recruitment and retention. The Royal Commission into Aged Care Quality and Safety's final report reinforces this, recommending that the Australian Government has dedicated aged care workforce planning capability, with data that is up-to-date and workforce modeling.⁴

3. What do you think of the draft Scope in relation to aged care data?

Points to consider

- a. Are there areas in Scope that we can collaborate with you on?**
- b. Are there specific areas you would like to see in Scope, that aren't currently specified?**

The draft scope states that *'the data strategy and that of the data system are interdependent'*. The ANMF acknowledges the direct correlation between an efficient, available data system to implement the Strategy and supports this statement. It is well established that the aged care sector has been and continues to be slow to adopt new technologies to ensure efficiencies in data management and improving care outcomes. The slow adoption of the My Health Record in aged care is a clear example of this problem. It is essential that the Strategy identifies that suitable digital technologies are available to older people, the workforce, providers and within Government to meet expectations in achieving the outcomes of the Strategy. The ANMF also supports that the development of a workforce strategy is out of scope for this work. However, we reinforce the importance of this Strategy clearly enabling workforce data collection that is timely, comprehensive and accurate to support and underpin a workforce strategy focused on recruitment and retention.



The ANMF is willing and able to collaborate with Government on many of the areas identified within the draft scope particularly relating to *infrastructure arrangements associated with capturing, using and sharing these data*. The collection of data for nurses and care workers can be a significant additional burden on their workloads if effective infrastructure and work flow processes are not in place.

4. What areas and activities would you like to see prioritised in the Roadmap?

Points to consider

- a. **We are developing a NMDS and an enduring data asset. What other types of Roadmap activities could intersect or leverage with work that your own organisation is undertaking?**

The consultation paper outlines that *the Roadmap will be informed by government- committed deliverables and responses to the Royal Commission including the NMDS [Aged Care National Minimum Data Set], Aged Care Data Asset and stakeholder consultation*. Although the ANMF understands this paper is considered a starting point for stakeholder consultation, this explanation outlining the Roadmap which is ultimately directing the Strategy is vague and unhelpful.

The Government committed deliverables as a response to the Royal Commission are extensive and the Roadmap will need to clearly identify how the Strategy will address and implement these commitments in a timely manner. With regard to the NMDS and the data asset, the NMDS is a core set of standardised data that will be mandatorily collected and reported on⁵ and the Aged Care Data Asset is a multi-sourced linked data set that links person-centred data related to aged care.⁶ The ANMF understands work has been commenced on the development of these two data approaches.⁷ However, details on the background and progress of this work and how it intersects with the Strategy would have been beneficial.

At a high level the ANMF suggests the priorities for the Roadmap should be focused on expanding current data sources and infrastructure to enable timely, comprehensive, accurate data that is transparent and available. The Australian Institute of Health and Welfare's summary findings are useful in providing themes for the required improvements for the Roadmap. These include:

- Usability of data;
- Data Quality;
- Care provision;
- Workforce;
- Diversity;



- Veterans;
- Carers;
- Health characteristics of people receiving care; and
- Expenditure. ⁸

The ANMF recommends that all these important areas need to be addressed but care provision, workforce and expenditure need to be prioritised.

Care provision

Improving quality care delivery with the implementation of Government commitments will require care to be measured and monitored through data collection and analytics. What care is provided, how, by whom and the outcomes need to be captured. Quality measures for care provision are also a key requirement for the Roadmap, detailing data on how providers are meeting quality and safety regulatory standards as well as consumer satisfaction.

Two important examples of care provision that require prioritisation in this section are the implementation of the Australian National Aged Care Classification funding model with minimum care minutes and the proposed legislation requiring registered nurses on site and on duty at all nursing homes 24-hours per day. Comprehensive data monitoring, analysis and interpretation that is publicly available will be essential.

We also recommend adding care provision at a system level and propose that no matter where a person is receiving care in the system (for example in an aged care facility, hospital or primary care), they are entitled to the same quality of care. As outlined above in response to consultation question one (p4), the ANMF recommends measuring performance in aged care against the NSQHS Standards.

Workforce

Workforce shortages and poor conditions for aged care workers are a systemic issue for aged care delivery. Much work is being completed in the area of workforce planning to significantly improve recruitment and retention for the aged care sector. However, data relating to workforce needs to improve. As outlined above, timely, accurate and comprehensive workforce data is essential to enable informed policy planning and implementation.



Further, up until 2016, the most reliable aged care workforce data were the 4 yearly National Aged Care Workforce Census and Survey (NACWCS) reports commissioned by the Department of Health and conducted by the National Institute of Labour Studies (NILS) at Flinders University. The census was based on comprehensive survey data of aged care providers in both residential and home care services as well as survey and interview data collected from a sample of employees directly. The reports produced in 2003, 2007, 2012 and 2016 provided valuable information covering the size and composition of the workforce with a breakdown of the direct care workers by role as well as a range of demographic data and working arrangements. In addition, detailed information was provided on hours worked and employee preferences in relation to working more, the same or less hours and other factors such as education levels and qualification, work satisfaction and future intentions.

The design and conduct of the 2020 Aged care workforce census and survey was minimalist in scope with the data collected from providers only, in a limited time frame at the end of 2020.

Among the limitations of the findings cited in the report was that responses were only requested directly from providers, not individual workers, so there was potential for over counting the number of staff due to staff working in multiple jobs; while full time equivalent data was potentially over-stated due to some providers not reporting the hours worked by some staff.

Future aged care workforce census and surveys must be based on the approach taken in the 2016 and earlier surveys in terms of the scope of the data collected and the methodology used in the collection of data.

Expenditure

The ANMF has long held the position that there is a critical need for much greater transparency and accountability across the aged care sector with regard to how funding of the sector is directed and how the sector is held accountable across a range of measures, including acquittal of funding. The Roadmap should prioritise data being collected, analysed and interpreted on the expenditure of funding for aged care delivery.

5. What outcomes do you think are most important to this data strategy?

Points to consider

- a. What benefits would you like to be realised under the data strategy?**
- b. Are there some quick gains that can be made?**
- c. What sorts of outcomes could contribute to your own organisation's outcomes?**
- d. How do you see this work actually delivering real improvements for consumers?**



An essential outcome of the data strategy must be a sustainable, high quality, aged care system. To achieve this, it is necessary to build a long term plan to establish and maintain data on all aspects of aged care delivery. Through the implementation of data governance,⁹ data needs to be timely, accurate, secure and comprehensive. The Strategy must create trust in the integrity of the data.

The Strategy also needs to support and provide the infrastructure and evidence to create a culture of quality improvement that ultimately improves care delivery. Stakeholders using the information developed through the Strategy need to have confidence that the data provided is a true reflection of care provision to enable informed change and improvement to the provision of care going forward. As recommended above (p4), a benefit that the ANMF would like to see realised from this data strategy would be comparison of the provision of aged health care services with current NSQHS Standards.

6. What are the most significant barriers and success factors for the data strategy?

Point to consider

- a. Where do you think some of the biggest challenges lie, and what from your perspective will set this work up for success?**

Along with the outcomes discussed in question five, the ANMF suggests the most significant barrier to the Strategy is stakeholder buy-in and engagement. The aged care sector is currently under significant pressure from multiple factors. These range from managing the effects of the COVID-19 pandemic, to significant reform across many areas of the sector, to major workforce shortages. All stakeholders within the sector, including older people receiving care, are experiencing change, much needed change but change all the same. With competing priorities for stakeholders as the extensive reform agenda continues, the Strategy needs to be front of mind to ensure it is not left behind and that data remains key to effective reform. Ongoing stakeholder engagement is vital.

A significant challenge to obtaining data transparency relates to some providers' evasion of scrutiny through the use of "commercial in confidence" arguments. Therefore, definitions and thresholds need to be clearly articulated. The ANMF notes that the Fair Work Commission has set out three levels of "commercial in confidence" and has identified that employers cannot hide behind this term for matters that relate to the disclosure of relevant information. We also note that it's not only taxpayers who are entitled to transparency in providers' spending, but also the people receiving aged care and their families.



Infrastructure to enable simple collection of data and sharing, are factors that will facilitate success. Ensuring data analytics is provided to stakeholders that gives valuable insight into the machinations of the aged care system to enable meaningful contributions to quality improvement are also success factors. Further, processes and frameworks for aged care providers and health practitioners to effectively bench mark care delivery against comparable services will enable stakeholders to experience the benefits to ongoing data collection and analytics.

7. Other comments:

The ANMF understands that this consultation is aimed at a strategic level, however, we consider that the following detailed workforce data issues should be considered by the Australian Institute of Health and Welfare to enable them to be clearly identified and then addressed.

The relevant Australian and New Zealand Standard Classification of Occupations (ANZSCO) and Australian and New Zealand Standard Industrial Classification (ANZSIC) categories in relation to aged care are currently not useful or fit for purpose. Changes are required to ensure data is available which separates care workers working in residential aged care, aged care in the home and care workers providing care in disability services

The ANZSCO classifications for occupations covering Nursing Support and Personal Care Workers are as follows:

- 423312 Nursing Support Worker (Alternative titles – Assistant in Nursing)
- 423313 Personal Care Assistant
- 423111 Aged or Disabled Carer (Alternative titles – Aged or Disabled Care Worker; Personal Carer; and Personal Care Worker)

All occupations listed above are common titles used in different types of care work carried out in a range of work settings and services across aged and disability services including nursing homes, aged home care and disability care provided in the home. The titles are also used interchangeably both within and across different work settings. The work performed will vary but there is some degree of overlap between the “tasks” described under the respective ANZSCO descriptors.

The workforce data available from the Australian Bureau of Statistics (ABS) cannot provide information on the number of Aged or Disabled Carers working in aged care as distinct from disability care. Similarly, it is not possible to identify the number of care workers, (however described), who are home care workers.



In addition, industry classifications (ANZSIC) do not assist in this regard. Classification codes are available only for “Aged Care Residential Services” with no industry classification specifically capturing aged care in the home or disability services.

The ability to access reliable workforce data is fundamental to workforce planning and changes should be made to both ANZSCO and ANZSIC to ensure the necessary data can be collected accurately.

CONCLUSION

Thank you for the opportunity to provide feedback on the consultation for the Aged Care Data Strategy Consultation Information guide. The Strategy is vital to ensuring data remains key to effective quality improvement and reform for aged care delivery. The ANMF looks forward to the next consultation phase of this work that will provide a detailed, structured proposed way forward for the Aged Care Data Strategy.

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