



9 August 2019

Dr John Wakefield PSM
Deputy Director-General
Clinical Excellence Queensland
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Dear Dr Wakefield

I refer to your letter of 30 July 2019 concerning public reporting of, inter alia, staffing input information under the proposed *Health Transparency Bill 2019* by Commonwealth-approved residential aged care services. I write on behalf of members of Catholic Health Australia who deliver residential aged care services in Queensland

Catholic Health Australia is Australia's largest non-government provider grouping of health and aged care services, providing care to all those who seek it in fulfilment of the Catholic Church's mission. Its members have a vital interest in policies aimed at ensuring the sustainable provision of aged care services that meet community expectations for safety and quality of care and quality of life. We have consistently advocated for greater transparency regarding the quality of care and quality of life experienced by older Australians, including in the context of greater consumer choice, control and independence.

We support the Bill's overall intention to make meaningful comparative information about residential aged care services publicly available. However, we consider that the public disclosure of personal care and nursing staff inputs as proposed in the Bill will be of limited use to consumers for differentiating the quality of services.

There is no conclusive evidence that personal care and nursing staffing inputs are a reliable indicator of quality of care and quality of life experienced by residents in aged care services. Many other staffing-related factors influence quality outcomes, including the skills, qualifications and experience of staff, the quality of their training, the culture of the organisation, the appropriateness of the skills to the care needs of the resident profile in each service, the quality of leadership, management and clinical governance, and the effectiveness of the interfaces with the wider health system. Aged Care homes are not stand-alone health services.

Moreover, staffing input data are not straight forward for consumers to interpret and, if relied upon, likely misleading. Staffing levels and composition in residential aged care services can be expected to vary for good reasons that are not always apparent to the public and consumers, e.g. the design and layout of the aged care home, the size of the aged care home, models of care being employed, and the resident profile of each home which determines the level of care funding each home receives.

With regard to the latter, average care funding per resident per day received by aged care services, which is regulated by the Commonwealth, varies between less than \$70 to over \$210. Such a variation has significant implications for staffing profiles and staffing inputs across services.

The Bill's focus on personal care and nursing inputs also assumes a medical model of care in aged care homes, and does not adequately recognise the contribution of allied health, social, lifestyle and pastoral roles and the role of volunteers. The contribution of these roles is critical for quality of care and quality of life in long term care environments, as distinct from episodic hospital-based clinical interventions. The Bill's clinical focus could provide perverse incentives in terms of staffing when high clinical numbers does not equate to good care (e.g. Oakden in South Australia).

We are also concerned that the introduction of State-specific reporting would result in confusion and duplication concerning Commonwealth funded and regulated services for which national standards should apply in support of national consistency, noting also that many aged care service providers operate across state and territory borders. In this regard, the Commonwealth is currently embarking on a program of reform to improve transparency and public reporting as part of an enhanced quality regulatory framework, including consumer experience reporting, performance rating of services and national quality indicators.

The Royal Commission into Quality and Safety in Aged Care is also expected to inquire into and make recommendations for reform at the national level which addresses the quality of the aged care workforce and improved public reporting to support quality services and informed consumer choice and control.

In summary, while supporting the intention of the Bill in relation to public disclosure, we consider that the proposed publication of staffing input data focussed on personal care and nursing is of limited use to consumers and likely misleading, and that the more appropriate process for further improving public disclosure and service quality in relation to aged care services in Australia is to engage with the Royal Commission and, as appropriate, COAG processes.

If you or your officers wish to discuss any aspect of this letter, please contact Nick Mersiades at nickm@cha.org.au or on 0417 689 626.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'John Watkins', with a stylized flourish at the end.

pp John Watkins AM

Chairman and Acting Chief Executive Officer