Dear Mr Prince,

Re: How Australian residential aged care staffing levels compare with international and national benchmarks. A research study commissioned by the Royal Commission into Aged Care Quality and Safety

I am providing LASA’s response to the report How Australian residential aged care staffing levels compare with international and national benchmarks as this requires a high level policy analysis which is outside the responsibilities of Jenna Field’s role.

LASA considers this report to be a useful contribution to the evidence on staffing levels in Australian residential age care facilities (RACFs). Simple comparisons of average staffing levels across all facilities suggest that Australia has relatively low hours of care per resident compared to other countries. This report reinforces that general observation by comparing the distribution of service staffing levels (e.g. between star categories) rather than just average staffing levels.

LASA strongly supports increases in overall staffing levels in RACFs.

LASA also asserts that we need to understand the cost of care for the diverse needs of residents living in residential aged care. LASA supports the development of staffing benchmarks that are adjusted for resident casemix and other factors such as RACF building structure and models of care. Any such future staffing benchmarks should not be binding for providers because there is too much individual variability that they cannot account for, noting that empirical studies that have tried to explain variations in the cost of care appear to account for only about half the variability.¹

The future development of robust staffing benchmarks could provide the basis for an ‘if not why not’ approach to assessing the appropriateness of a RACF’s staffing. However, outcomes and outcome measures should be given greater weight than input measures in determining the quality of care that a service delivers.

Additionally, linking funding to resident case mix would ensure that the sector has enough money to pay the staff they employ.

¹ See the Resource Utilisation and Classification Study (Report One, p1) previously conducted by University of Wollongong (UoW) and efforts to validate the InterRAI Resource Utilization Groups, which were recently summarised in the New Zealand Aged Residential Care (ARC) funding model review (p459-465) recently undertaken by Ernst and Young.

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Notwithstanding the above, we have some reservations regarding the specifics of the University of Wollongong (UoW) report.

We note that the UoW’s report is based on the premise that Australian RACFs have a similar resident casemix to other countries, but the report does not address this fundamental issue in any detail.

LASA notes that Australia has a much higher number of institutional long-term care beds per 1000 population aged 65+ years compared to many other OECD countries. It is therefore reasonable to suppose that Australia’s resident casemix may be less acute relative to the international resident casemix used for comparison.

Further, the type of institutions the overseas benchmarks apply to may not be analogous to Australian RACFs. For example, the US has different types of institutional aged care settings and the US benchmarks used by UoW appear to apply only to high care nursing homes.

Another concern about the UoW report for LASA is that in the US, the staffing benchmarks at the five star level appear to be based on a relatively old study from 2001. The remaining four cut-offs between categories one to four stars appear to simply reflect the actual distribution of service staffing levels among services.

LASA’s reservations about the report How Australian residential aged care staffing levels compare with international and national benchmarks are not intended to be overly critical.

LASA acknowledges that it is hard to undertake research in this area and if the report is viewed as a preliminary analysis this is a strong contribution.

I note that LASA is undertaking its own preliminary research project to estimate the drivers of costs of care and to identify and quantify any gaps in the resourcing with care staff. LASA’s preliminary research should also be regarded as another contribution to the evidence about requirements for care staff in Australian RACFs rather than the final answer.

Sincerely,

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2 See OECD.Stat Long-Term Care Resources and Utilisation
3 See Design for Nursing Home Compare Five-Star Quality Rating System: Technical Users’ Guide, April 2019
4 See Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes: Report to Congress: Phase II Final. Volume I, noting that subsequent research on the relationship between staffing levels and quality has been much more ambivalent
5 See 2013 The First Four Years of Five-Star