

# Department of Health and Human Services

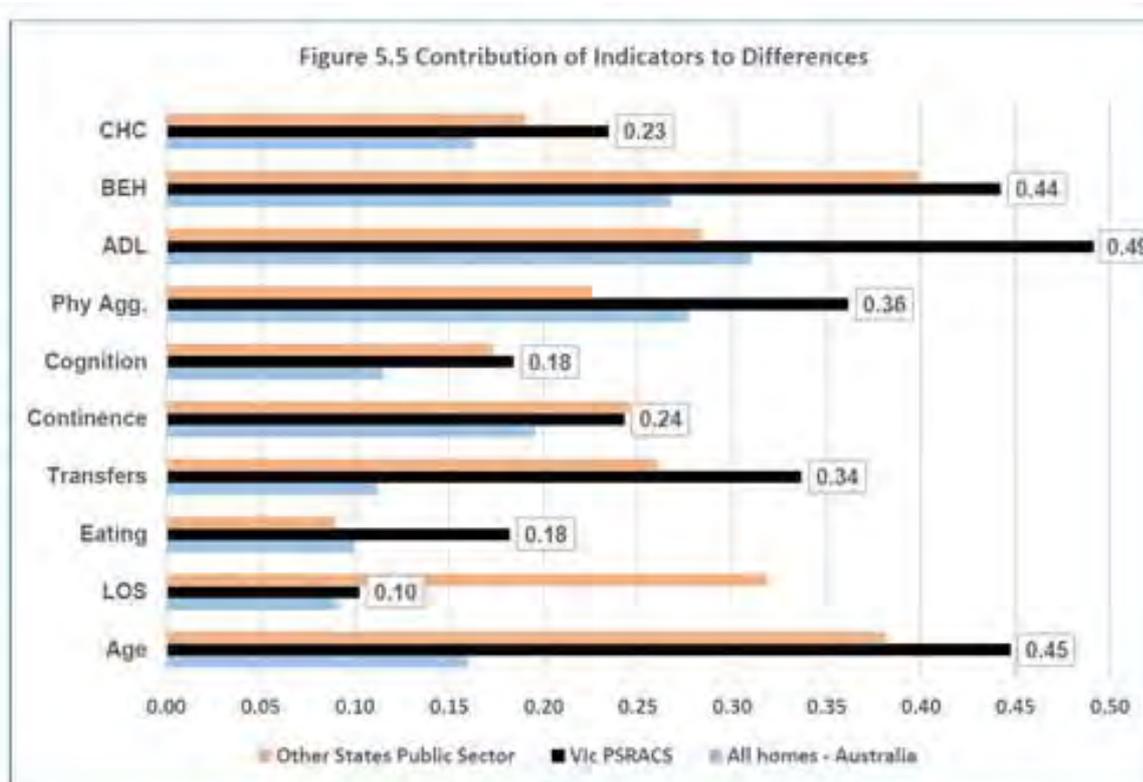
## Further information in relation Kym Peake's statement

### Can you provide further information about the acuity of PSRACS based on ACFI data?

- In 2019, the Department commissioned Applied Aged Care Solutions (AACS) to investigate resident complexity in Public Sector Residential Aged Care Services (PSRACS). The purpose of this was to better understand the role of public sector services in Victoria.
- This work included a 2018 comparison of PSRACS Aged Care Funding Instrument (ACFI) information to non-public sector residential aged care services ACFI information.
- This comparison found residents of PSRACS demonstrated a higher level of need or difference across a number of areas, including:
  - Activities of Daily Living (ADL) needs (eg. personal care, continence)
  - Complex healthcare needs (e.g. skin integrity, catheter care, chronic wounds, oedema, palliative care)
  - Need for assistance with mobility (transfers)
  - Behaviour assistance
  - Physical aggression levels
  - Average age of residents
- Significantly, the study found residents with the highest ADL, complex healthcare needs and behavioural care needs were all located in PSRACS.
- Difference in relation to age is partly indicative of the fact that PSRACS have a higher proportion of younger residents relative to the number of total public sector beds across the state. For instance, the public sector runs approximately 11 per cent of beds but house approximately 20 per cent of total younger people in residential aged care services.
- Age is a strong indicator of complexity. As the Royal Commission has heard in previous hearings, younger people are usually referred to residential aged care services when they have extremely complex care requirements.
- A statistical methodology was used by AACS to explore how different types of residential aged care facilities compared on key indicators of complexity.
- Each individual resident was assessed using ACFI data to determine their difference from the average complexity level in the wider aged care system.
- These differences were then aggregated and used to develop a comparative weighting of complexity indicators across non-Victorian public sector residential aged care services, Victorian PSRACS and all Australian residential aged care services.

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- This shows, for instance, that for Activities of Daily Living, Victorian PSRACS have a resident profile with a higher complexity than both non-Victorian public sector residential aged care services and all Australian residential aged care services.



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- The difference demonstrated across all five areas indicates the need for a highly skilled nursing workforce in PSRACS.
- Differences between PSRACS and non-government providers was most profound in metropolitan Melbourne, and large regional centres. In these contexts, PSRACS are sometimes the only provider that will accept residents with extremely complex needs.
- However, in small rural public sector services the study found some residents have lower care needs than averages – in some areas PSRACS are the only option available and may attract less complex residents.

<sup>1</sup> CHC = Complex Health Care; ADL = Activities of daily living; LOS = Length of stay

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#### **Can you explain what additional funding the Victorian Government provides to PSRACS, including funding to support nurse patient ratios?**

- The Victorian Government provides approximately \$97.8 million in supplementary funding to PSRACS subject to nurse to resident ratios each year.
- Of this total, \$78.3 million is a contribution towards the higher cost of nursing staff in PSRACS because of the legislated nurse patient ratios that apply to high care beds.
- This funding is used by PSRACS to cover the higher salary costs associated with nurse patient ratios.
- This translates to around \$67 in additional funding per day for each high care bed operated by PSRACS.
- In addition to the \$78.3 million in funding provided to support the costs of nurse patient ratios:
  - \$4.5 million is provided to PSRACS each year to support smaller services with the additional costs of operating in a rural location, known as the Small Rural High Care Supplement.
  - \$14.7 million is provided each year to offset the Adjusted Subsidy Reduction, which historically the Commonwealth removes from funding provided to public sector aged care facilities.
  - \$0.3m is provided as a complex care supplement to support the specific additional care needs of more complex residents in PSRACS.

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### What are the positive aspects of working in PSRACS expressed by nurses?

- The perspectives of nurses working in PSRACS were explored in the recent Positive Aspects of Aged Care Nursing project, commissioned by the PSRAC Leadership Committee, with funding provided by the Department of Health and Human Services.
- The aim of the project was to contribute to future positive approaches to health service nursing recruitment and retention.
- The Positive Aspects of Aged Care Nursing project highlights some of the key factors that motivate nurses to work in PSRACS, including:
  - recognition that residential aged care requires specialist nursing knowledge
  - the nurses value their autonomous role
  - the focus on resident's health and wellbeing rather than focusing on disease processes
  - nurses value building meaningful long-term relationships with residents and their families.
- The report also identifies factors that contribute to recruitment and retention in the sector including:
  - aged care was seen as a more flexible work place which fit in with family and caring responsibilities
  - a more stable workforce resulting in more predictable and family friendly rostering
  - the introduction of student placements into residential care and vocational training opportunities.