Ballarat District Nursing and Healthcare

Submission to the Australian Government Productivity Commission Inquiry into Caring for Older Australians

Background

- BDNH is the largest home nursing agency within the Grampians region and one of only two independent HACC funded home nursing providers in Victoria.
- BDNH is a not-for-profit community managed organisation that has been providing care in the Ballarat community since 1911. We celebrate our Centenary next year.
- BDNH supports a wide range of hospital avoidance, early hospital discharge and allied health services. Our service reduces costs in other areas of the health system.
- Our service provides home nursing and personal care, and podiatry services. Employing specialist nurses, we also offer Diabetes management, wound management and stomal therapy.
- The majority of referrals to our service are from General practice, acute hospitals and mental health services.
- In 2008/9, we provided 76,500 client visits and travelled 443,000km.

Issues

- Demand forecasts for BDNH Services indicate that there will be a 61% increase in HACC clients over the next 15 years.[1]. Consequently, BDNH must be capable of responding to the increase in demand for services. While there has been a 3% increase in the over 65 year population in the Ballarat area for the past 5 years, funding allocations have only kept pace with the cpi. As an organisation, we are concerned that if this continues, there will be significant unmet demand for community based support (especially nursing and personal care). This impacts on the capacity for people to remain independent in their homes, places an unnecessary additional burden on the acute hospital and residential aged care systems. In Victoria, the majority of growth funding for HACC Services[2] is likely to be allocated to Metropolitan Melbourne, rather than in regional and rural areas as has been the case for 2010/11.
- There appears to be a significant emphasis on residential aged care in the Aged Care Sector. Community feedback, supported by research has identified the preference for older people to remain at home for as long as they can. The flow of funding however, does not support the increased demand for community based services.

---

[1] Victoria in Future 2008 – second release, VIF2008 Projected Population by 5 year Age Groups and Sex.

[2] Victoria Auditor General (2009) Funding of the Home and Community Care Program: Victorian Auditor General's Report.

- BDNH supports acute hospitals in providing post acute services, Hospital in the Home, Extended Aged Care in the home etc. These programs also only receive cpi funding increases – yet is an area for growth.
- Staff of BDNH have experienced an increase in the level of administration required for reporting, monitoring and claiming requirements. Accreditation processes have become lengthier and more complex (eg ACHS Equip Standards have added 2 extra modules for completion since our last accreditation 3 years ago). The need to monitor compliance for Police Checks/Working with Children Checks for existing staff takes time and effort. Claiming methods for Dept of Veteran's Affairs (nursing) continue to be complex, in spite of recent changes. The implementation of the Active Service Model across the Victoria HACC Program is welcomed and supported, but also requires additional administration and training to implement. This is time taken away from providing direct services (90% of staff are direct care staff), and impacts on the ability of the service to meet HACC targets.
- Client complexity has increased. A recent review of our service has indicated that we have a higher percentage of clients over 85 years. This client cohort is more likely to experience co-morbidities, including dementia, and staff are participating in more case conferences for complex clients than in previous years, and spending more time providing care.
- Low profit margins. The nursing and personal care profit margins are low, and some nursing programs struggle to break even. To respond to this, BDNH established a separate IT business arm twelve years ago whose profits have supported much of the organization's service delivery and administrative arms to date. This has impacted on our ability to reinvest in our building requirements.
- The need for infrastructure capital. BDNH has outgrown it's existing facility, and require an increase in space both for current staffing and future expansion. The existing facility has been built incrementally, and subsequently has poor space planning, poor environmental performance, very low levels of user comfort and does not provide adequate access and space for the podiatry and wound clinic clients. BDNH has commissioned architects to design a building re-development with the purposes of: increasing the number of clinic treatment rooms, expanding the office space through open plan design to enhance communication and team work and to reduce running costs of the building by utilising environmental sustainable design principles. The cost of the building re-development, including 'green' building features is $2.5 million. While one third of the costs can be met from organisational funds and submissions to philanthropic trusts, approaches to Federal and State Governments for once off funding is proving difficult. There does not appear to be capital funding streams for not for profit health organisations to apply to support projects such as this. The HACC program does not support capital projects for building upgrades. The organisation struggles continuously to lobby and fund raise for building/service upgrades.
- As a sector we need to be continuously looking at more effective ways of providing responsive and quality services. This includes the need to embrace technology (for example for tele-monitoring). However, for smaller organisations, it is difficult to research/trial amidst the competing priorities, including the need to continuously apply for additional funding for any new project. Funding streams unattached to achieving service targets may support this to occur more effectively.
- Ageing workforce. 50% of our nursing staff at BDNH are 50 years and over. We work hard as an organisation to provide student placements to support

new graduates into community nursing roles, however this may not be enough to cover future skills shortfalls.

- As a smaller organisation, BDNH is asking the Commissioners to identify strategies which lead to a simplification of the Aged Care System – not only for community members, but for the services and the staff who work within it. We also seek greater recognition and prominence for community based services in both policy **AND** funding.