



Continenence Nurses Society Australia Inc (CoNSA)

Including:

Continenence Nurses Society Australia, New South Wales and Australian Capital Territory Branch Inc
Continenence Nurses Society Australia, Queensland Branch Inc
Continenence Nurses Society Australia, Victorian and Tasmania Branch
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Introduction

Seventy-one percent of Australians living in residential aged care homes are incontinent and highly dependent (Deloitte Access Economics, 2011). Some of these individuals have established and intractable incontinence; others have 'dependent incontinence'. In other words, their ability to be continent is dependent on staff assisting them to reach and use the toilet in a timely manner. The Interim Report of the Royal Commission into Aged Care (31st October 2019), details numerous examples of poor-quality continence care for people accessing residential aged care services. ***An adequate number of staff (i.e. nursing, personal care, allied health and other) with the knowledgeable and skilled workforce to deliver care is central to high quality continence care.*** Continenence Nurses Society Australia Inc (CoNSA) welcomes the opportunity to make a submission to the Royal Commission on Quality and Safety in Aged Care in relation to aged care workforce issues. In particular, we respond to the invitation to comment on: (i) methods for determining and implementing the minimum staffing levels and appropriate skills mix for aged care services, including for nursing, personal care, allied health and other; and (ii) how to raise the overall skill, knowledge and competencies of all care staff (existing and new entrants) in working with vulnerable people, especially those with age related conditions and illnesses.

Continenence Nurses Society Australia

CoNSA was established in 1991 as the national voice for the Australian state and territory-based continence nursing special interest groups. It is a non-profit national professional organisation comprised of nurses and midwives who have specialist knowledge and skills in continence care and provides a communication conduit for professional activities organised by the Australian State & Territory branches members. Our members work in diverse roles, in remote, rural, regional and metropolitan areas of Australia to provide specialist advice to people with incontinence and bladder and bowel dysfunction across the lifespan. We offer expertise across a range of different health settings and specialist areas, including but not limited to women's health (i.e. gynaecology, midwifery); men's health (i.e. urology), paediatric health, community care, acute care, rehabilitation, disability, and aged care. Some of our members work in areas of health promotion,

nursing education and research. Many members manage and coordinate the activities of outpatient continence services. Most of CoNSA's members hold the title of Nurses Continence Specialist (NCS), Continence Nurse Advisor (CNA) or Continence Nurse Consultant (CNC) and hold a range of post graduate qualifications

Methods for determining and implementing the minimum staffing levels and appropriate skills mix for aged care services including for nursing, personal care, allied health and others

CoNSA members acknowledge the contested nature of what constitutes an adequate number of staff as well as what constitutes knowledge and skill. From our perspective and based on best practice recommendations (Abrams et al., 2017), high quality continence care is characterised by:

- Access to a systematic evidence-based and person-centred continence assessment conducted by health professionals with the requisite educational qualifications, knowledge and skills.
- Care planning and care delivery that is individualised and based on a systematic evidence-based and person-centred continence assessment.
- Interventions that aim to prevent and minimise incontinence such as:
 - Timely access and assistance to reach and use the toilet;
 - Treatment of underlying contributing factors such as unstable health conditions and the inappropriate use of medications such as psychotropics;
 - Strength and endurance training programs that aim to maintain the person's functional abilities, including toileting skills;
 - Environmental modifications to make toileting safe.
- Interventions that aim to minimise the risk of complications associated with incontinence and care dependence such as:
 - Access to continence products that align with each residents' individual needs and preferences;
 - Timely access to assistance to change continence aids;
 - Timely access to assistance to maintain skin health.

Providing quality care consumes more staff time compared with providing poor quality continence care. It is cheaper and takes less time to check and change continence products than it does to assist a person to the toilet (Schnelle et al., 1995), particularly if the person requires assistance to transfer to the toilet with a lifting machine. We claim aged care providers do not currently employ an adequate number of staff to optimise the person's abilities to be continent and the current funding model does not accommodate the time and resources required to deliver optimal continence care, and care that is consistent with older peoples' rights. We base this claim on our observations of practice and on evidence concerning the time involved in providing toileting assistance (Thomas et al 2015). Thus, we agree with Ostaszkievicz in her submission to the Royal Commission into Quality and Safety in Aged Care that incontinence in Australian residential aged care facilities is largely a socially engineered phenomenon. In order to determine the minimum staffing levels and appropriate skills mix for aged care services to deliver high quality continence care, there is a need to commission research to calculate the time, resources and skill mix required to deliver optimal continence care in Australian RACFs.

Who should be covered by a registration scheme for non-clinical staff in aged care, and how such a scheme might be implemented, administered and funded?

We are unable to comment on this issue.

How to raise the overall skill, knowledge and competencies of all care staff (existing and new entrants) in working with vulnerable people, especially with age-related conditions and illnesses

Based on a national project that examined undergraduate nursing curriculum (Paterson 2006), Australia's undergraduate nurses are not adequately educated about continence nor adequately skilled to care for people with incontinence. Similarly, education programs that prepare personal care workers (PCWs) to work in RACFs, do not include education about best practice continence care. Therefore, we recommend that core education programs for nurses and PCWs include information about:

- The complex range of factors that increase older peoples' risk of incontinence;
- Human psychological and behavioural responses to incontinence including information about the value people place on physiological autonomy;
- The role nurses and PCWs have in preventing and managing incontinence and in optimising bladder and bowel health.

In addition, we argue that all education programs that prepare Registered and Enrolled Nurses should include information about how to conduct a systematic evidence-based and person-centred continence assessment and how to plan and deliver individualised evidence-based and person-centred continence care. To raise the overall skill, knowledge and competence of all care staff to deliver high quality continence care, there is a need to appraise the quality of current education about incontinence in undergraduate nursing and PCW curriculums. We also call for a set of drivers to improve nursing and PCW education about high quality continence care. This may include targeting accreditation boards.

How to ensure service providers develop a culture of strong governance and workforce leadership

A culture of strong governance and workforce leadership depends on good leaders. The residential aged care sector is characterised by a lack of leadership. The few Registered Nurses who remain employed in the sector have been thrust into management roles, resulting in a loss of nursing clinical leadership. They are often educationally unprepared for a managerial role.

Standard 8 of the new Aged Care Quality Standards articulates a set of requirements of service providers in terms of organisational governance. However, service providers need support to interpret and apply the standards. Establishing a culture of strong governance and workforce leadership to ensure high quality continence care may involve establishing clear policies about the management of incontinence, establishing local leaders or champions who are supported and rewarded for implementing organisational strategies that improve the quality of continence care.

Institutional changes needed to ensure that the Commonwealth fills its role as the system steward and exercises leadership in workforce planning, development and remuneration

We are unable to comment on this issue.

A handwritten signature in black ink that reads "Joanne Dean". The signature is written in a cursive, flowing style.

Joanne Dean (Nurse Practitioner)

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