



APNA submission to the:

*Royal Commission into Aged Care Quality and Safety*

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September 2019

## About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

[www.apna.asn.au](http://www.apna.asn.au)

## Our Vision

A healthy Australia through best practice primary health care nursing.

## Our Mission

To improve the health of Australians, through the delivery of quality evidence-based care by a bold, vibrant and well supported primary healthcare nursing workforce.

## Contact us

APNA welcomes further discussion about this review and our submission. Contact:

Shanthi Gardiner

[policy@apna.asn.au](mailto:policy@apna.asn.au)

1300 303 184

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## Introduction

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the Royal Commission into Aged Care Quality and Safety.

We are providing this submission on behalf of our membership of Australian primary health care nurses.

## Background

Primary health care nurses are the largest group of healthcare professionals working in primary health care. In Australia, at least 78,000 nurses work outside of the hospital setting in primary health care including nurse practitioners (NPs), registered nurses (RNs), enrolled nurses (ENs) and registered midwives (RMs) (1). These nurses are skilled, regulated and trusted health professionals working in partnership with the multidisciplinary team and their local communities to prevent illness and promote health across the lifespan. They work in a range of clinical and non-clinical roles, in urban, rural and remote settings including:

- general practice
- healthy ageing and residential aged care
- correctional health (juvenile and adult)
- community-controlled health services
- refugee health services
- alcohol and other drug rehabilitation services
- primary mental health services
- health promotion services
- antenatal clinics and maternal child health services
- domiciliary settings – in the home, boarding houses and outreach to homeless people
- custodial/detention settings
- educational settings – including preschool, primary and secondary school, vocational and tertiary education settings
- specialist practices including skin and cosmetic clinics
- occupational settings – occupational health and safety and workplace nursing
- informal and unstructured settings – including ad hoc roles in daily life, such as sports settings and community groups

The role for nurses within primary health care is clear. Nationally and internationally, nurses are seen as essential to achieving improved population health outcomes and better access to primary health care services for communities. A broader and more central role for nurses within a team-based, multi-disciplinary approach to care, enables health services to deliver essential holistic, person-centred management of chronic disease, and importantly it offers an opportunity to move from a disease focused approach to care to focusing on the prevention of illness and health promotion (2,3).

## About the review

APNA acknowledges the terms of reference in relation to the Royal Commission into Aged Care Quality and Safety.

APNA understands that the scope of the review includes inquiry into the provision of accessible, safe and quality aged care homes and services, in addition to support for people living with dementia and younger people with disabilities in aged care facilities.

## APNA Submission

### *APNA's overarching view of the Royal Commission into Aged Care Quality and Safety*

APNA welcomes the opportunity to provide feedback to the Royal Commission into Aged Care Quality and Safety.

APNA acknowledges government and the sector's progress towards a more sustainable, safe and consumer driven aged care system. However, with increasing demand for aged care services and more complex health conditions, APNA welcomes a renewed focus on enhancing access to care, quality and safety in aged care services in Australia.

APNA calls on the Government to work with relevant stakeholders to address the following key issues in a timely and comprehensive manner:

- integration of aged care services within the broader health care system
- enhanced access to primary health care
- the implementation of innovative models of care
- accessible, timely and effective support services for residential aged care facilities
- adequate funding for aged care services
- funding models that support better utilisation of the primary health care workforce
- quantifying the best mix of staff skills and qualifications required in residential aged care facilities
- recruitment and retention of the health and aged care workforce
- a comprehensive data and reporting framework for both residential and home care services

## APNA's response to the Royal Commission into Aged Care Quality and Safety

### (1) Access to primary health care

APNA urges the Government to ensure that aged care services are integrated within the broader health care system. As Ibrahim states "the uncoupling of health care from aged care is a worrying trend as the two are inextricably linked" (4). For instance, healthy ageing, which encompasses health promotion and prevention of disease related decline, should be addressed in the context of health care and aged care service provision. This is essential for providing quality care and optimising the

health of older Australians, ultimately reducing excess health service use and delaying or preventing long term residential aged care placement.

Adequate access to primary health care services is essential for older Australians living in both residential aged care facilities and their own homes. The Australian Healthcare and Hospitals Association (AHHA) reports that there is a declining number of general practitioners providing care to older Australians in aged care settings (5). This has implications for access to primary health care services. APNA supports the AHHA's view that older Australians should have access to quality primary care services that align with those provided to all Australians.

There is an opportunity to modify models of care to optimise the health care team and ensure adequate access to services. There is general consensus amongst health professionals that traditional models of care whereby general practitioners are the single care provider for aged care patients is outdated and unsustainable. An article in the *Medical Journal of Australia* (MJA) highlights that team-based care approaches that include nurses, pharmacists and allied health professionals are needed to address chronic and complex health conditions (4). The Australian Medical Association highlights the importance of nurses in the provision of care to aged care patients with AMA Federal President, Dr Tony Bartone recently stating that, "registered nurses are the only aged care provider employees who can truly provide frontline, timely clinical care within their scope of practice"(6).

Nurses are the largest health workforce in Australia, they are a skilled, regulated profession and are geographically well spread across the country (7). Nurses provide a wide-ranging scope of care to the ageing and aged Australian population, from: health promotion and prevention; care navigation; delay or minimisation of the onset of disease and aged-related decline (such as dementia); to palliative care; and end of life care planning. Nurses also support older Australians across a range of settings such as in the home, community health, general practice, residential care and correctional facilities (8).

The APNA Workforce Survey of 2,052 primary care nurses in Australia was published in *MJA Insight* earlier this year (9). Many survey respondents reported their education, training and qualifications were not used to the full extent in their current role. Approximately 27% felt they could do more and 12% of respondents indicated that most of the time, they didn't get to use their knowledge and skills to the full extent.

Close to half of the respondents (47.5%) suggested to their employer or manager that they could better use their skill set to undertake more complex clinical activities, or extend their role in the workplace within their scope of practice. Of those nurses who suggested to their employer or manager that they could perform more complex activities within their scope of practice, less than half (42%) were able to negotiate more complex tasks or extended roles.

There is an opportunity to better utilise the nursing workforce to combat emerging healthcare challenges. Encouraging and enabling primary health care nurses to work at their full capacity utilising the whole spectrum of their scope of practice will provide benefits at all levels, from individual and team, to the healthcare system and most importantly to the health and wellbeing of the Australian community.

*Innovative models of care*

APNA believes there is an opportunity to implement innovative models of care, such as nurse clinics and the American Geriatric Resources for Assessment and Care of Elders (GRACE) model, to address the challenges associated with an ageing population.

### Nurse Clinics

Nurse clinics are already in operation in many settings, from acute care to primary health care, both nationally and internationally. And while the format of these clinic models may vary, their positive benefits include improved patient health outcomes, better access to care, and decreased rates of hospital admission. Nurse clinics offer an alternative model of care delivery where the nurse is the primary provider of care for the patient. The nursing services provided are holistic and patient-centred, with accountability and responsibility for patient care and professional practice remaining with the nurse. In the general practice setting, nurse clinic models support a team-based approach to care delivery, and involve the general practitioner and other members of the practice team.

APNA is currently supporting the implementation of 50 nurse clinics across Australia over three years. There are a number of clinics with a healthy ageing focus including:

- Cygnet, TAS (The Men's Health Outreach Clinic): screening, early identification and treatment for depression and Post Traumatic Stress Disorder (PTSD) for males from about 18 – 65 years of age.
- Adelaide, SA (Healthy Ageing): targeted service delivery to frail patients as well as those at risk of frailty by providing enhanced access through in-home health assessments, increased knowledge about care options, and improved timeliness of care through flexible points of access modes including telephone.
- Ballarat, VIC (post diagnosis dementia support); an advanced practice primary health care, nurse-led care coordination service for people and their support person(s) in the adjustment period prior to and following diagnosis of dementia.
- Ararat, VIC (Healthy Ageing in Prison); targeting the health of prisoners aged over 65 years. The focus will be on preventative care, including such initiatives as nurse-led cardiac, pulmonary and diabetes consultations together with practical health promotion activities such as falls and balance classes. Healthy Ageing in Prison will enable nurses to address priority health and wellbeing issues for the ageing prisoner population. This will include engaging prisoners in preventative care, promotion of healthy lifestyle, safe independent living, management of chronic diseases and risk factors.
- Daylesford, VIC (Better Breathing Wellness Clinic); The Springs Medical Better Breathing Wellness Clinic is a nurse (led) coordinated, collaborative and multidisciplinary clinic model supporting patient self-management. The overall aims of the clinic are to improve identification and management of patients with respiratory conditions to improve engagement and care.

### Geriatric Resources for Assessment and Care of Elders (GRACE)

The Geriatric Resources for Assessment and Care of Elders (GRACE) model is an example of team-based care approaches to providing quality aged care services within the primary health care environment. The GRACE model was developed in the United States over a decade ago and since then has been adapted and implemented in a variety of settings and states across America. The original model consists of an initial in-home assessment undertaken by a GRACE Support Team, which consists of a nurse practitioner and social worker team. The Support Team then consults a broader

interdisciplinary team, comprising geriatrician, pharmacist and mental health liaison to develop an individualised patient care plan. The care plan is implemented by the Support Team in collaboration with the patient's primary physician. A number of protocols for managing and monitoring specific conditions, utilisation of an integrated electronic health record and web-based care management tracking tools support coordination of care (10).

Outcomes from an evaluation of the model indicate that compared to usual care, patients participating in the GRACE intervention: received better quality care; had significant improvements in health related quality of life measures; and experienced a reduction in emergency department presentations (11). Hospital admissions were also reduced, in the second year of the study, in a subgroup of GRACE participants identified as being at high risk of hospitalisation (11). A cost analysis of the GRACE model found that the program was cost neutral in the first two years, and cost saving in the third year for participants at high risk of hospitalisation (12).

APNA calls on the Government to embed innovative models of care, such as nurse clinics and the GRACE model, in aged care service provision across Australia. APNA is well placed to assist with the development and implementation of such models and would welcome the opportunity to discuss this further.

#### **APNA recommends:**

- Aged care service provision be integrated within the broader health care system.
- Older Australians should have access to quality primary care services that align with those provided to all Australians.
- Primary health care nurses be better utilised in health care service provision to older Australians.
- Innovative models of care, such as nurse clinics and the GRACE model, be implemented and embedded in aged care service provision.

## **(2) Support services for residential aged care facilities**

Support services provided to residential aged care facilities need to be accessible, timely and effective. In the case of dementia support, APNA welcomes Government funding towards the implementation of Severe Behaviour Response Teams (SBRT). Over 50% of residents in residential aged care facilities have dementia (13). The costs associated with dementia are predicted to increase from \$15 billion in 2018, to more than \$36.8 billion in 2056 (13). With increasing numbers of older Australians likely to have dementia, it will be essential to ensure that current support services for residential aged care facilities are adequate to meet demand. There are concerns that the SBRT model alone will be unable to provide a timely response to those in regional, rural and remote areas of Australia (14). In a recent journal article, Professor John Kelly proposes a whole of workforce approach to build capacity across the sector to better support Australians with dementia (14). APNA urges the Australian Government to monitor and assess support services such as SBRT to ensure they are timely, accessible and effective.

#### APNA recommends:

- the Australian Government monitor and evaluate support services such as SBRT to ensure it is timely, accessible and effective.

### (3) Funding

APNA believes that funding for aged care services must reflect care and resource needs for older Australians living in their own homes and those in residential care facilities and we support the AHHA ACRC submission, specifically:

- “Funding Instruments for identifying care needs and allocating resources must be evidenced based, responsive and flexible to support the provision of appropriate and timely care. Instruments must be sensitive to changes in care needs and should also incorporate monitoring of health outcomes and care quality”.(5)
- “To support the movement towards a value-based approach to funding aged care, aged care providers must be supported financially to cooperate in introducing standardised tracking of evidence-based health outcomes and cost of care”. (5)
- “To ensure independence when determining eligibility and classification for aged care, arms-length assessment processes must be in place for service providers”. (5)

Funding models across the health system also impact on aged care service delivery. APNA believes a number of funding models require revision to ensure quality and safety in health care provision. For instance, a report by the Grattan Institute indicates that the current fee-for-service payment model in the general practice setting is not suited to managing more complex conditions such as chronic disease (15). This is supported by the AHHA, who indicate fee-for-service funding models limit innovative models of care and potentially compromise flexibility and efficiency (5). APNA supports this and believes that the complexities of the current financing structure in general practice constrain primary health care nursing practice, including the ability to initiate and lead care that would usually fall within a nurse’s scope of practice. As stated in APNA’s submission to the Medicare Benefits Schedule (MBS) Review, APNA would like to see the adoption of funding models that value and support the full breadth of the primary health care nurse’s role.

APNA acknowledges that the Medicare Benefits Schedule (MBS) Review Taskforce have provided recommendations for reforms to nurse practitioner funding and models of care. APNA supports expanding MBS item numbers and increasing nurse practitioner autonomy to ensure greater access to primary health care. An evaluation of the Australian Government’s *Nurse Practitioner — Aged Care Models of Practice Initiative* found nurse practitioners to contribute to better quality of care and increased access to primary health care. Specifically, nurse practitioners were able to provide more timely access to care, care coordination and advanced clinical knowledge of aged care particularly with regard to palliation, cognition/dementia and chronic disease (16). The review also highlighted that in its current format, MBS income on its own was not adequate to sustain nurse practitioner models of care and that other funding models were needed.

#### APNA recommends:

- Funding for aged care services must reflect care and resource needs for older Australians living in their own homes and those in residential care facilities.
- Funding models across the health system, such as fee-for-service payment models in general practice, be revised to support better utilisation of the primary health care workforce.

#### (4) Skill mix

APNA supports a focus on team-based care with all health professionals having a role in care delivery that is coordinated, timely, responsive, high quality and respectful. There appears to be a gap in the evidence base around tools for determining the most effective patient to staff mix. APNA supports AHHA's position that "research and analysis of patient-to-staff ratios is recommended to allow value and evidenced-based tools to appropriately quantify the best mix of staff (roles, scope and number) to match the number, clinical acuity and care needs of residents in residential aged care facilities" (5).

APNA is aware of the *National Aged Care Staffing and Skills Mix report* developed in 2016 by the Australian Nursing and Midwifery Federation (ANMF). This report may provide a basis for determining appropriate skills mixes for the nursing workforce. The report suggests that the methodology for determining staffing skill mix should incorporate a consideration of direct and indirect nursing care, personal care tasks, resident assessments and individual resident needs (17). A report by Flinders University indicates that the financial cost and benefit implications of implementing recommendations from the ANMF report would be at least benefit cost neutral (18).

#### APNA recommends:

- Evidence-based tools be developed to quantify the best mix of staff skills and qualifications required in residential aged care facilities.

#### (5) Workforce issues

A number of challenges relating to the aged care workforce have been documented in a report by the Aged Care Workforce Strategy Taskforce (19). APNA supports the fourteen strategic action areas recommended in the report and believes these need to be urgently addressed.

APNA currently contributes to addressing a number of these recommendations, specifically increasing the recruitment and retention of the primary health care nursing workforce via: attracting new and current nurses to the sector; providing access to mentoring and professional support; and continuing professional development in the form of online learning and workshops.

The numbers of Enrolled Nurses (EN) and Registered Nurses (RN) working in aged care settings is decreasing from 16,265 nurses in 2003 to 14,564 in 2016 (20). APNA requires support to reduce the decline and increase retention via the following initiatives:

(1) Formal inclusion of consistent primary health care nursing curriculum in nursing courses:

The predominant focus of preparing nurses to work in the acute hospital based setting, must shift toward equally preparing nurses to provide skilled, competent nursing care across the care continuum.

APNA believes that a factor contributing to low numbers of primary health care nurses and the predicted shortage of nurses in this sector, is the limited and inconsistent focus on primary health care in nursing education. This can mean that primary health care is somewhat invisible and unfamiliar, and not articulated or understood, even by nurses themselves.

APNA believes there is a need for greater focus on primary health care nursing in undergraduate programs which should encompass training relevant to healthy ageing, palliative care, dementia, chronic disease management, pain management and end of life care planning.

(2) Primary health care nursing funded placements for undergraduate and post-graduate students: APNA believes it is essential that quality primary health care clinical placements form part of nursing education. A minimum number of hours for primary health care placements would assist with reinforcing the underpinning theory taught in courses, provide nurses with increased opportunities for work experience and exposure to primary health care nursing, in addition to developing a sustainable workforce. Nursing students are generally not exposed to a range of mentors who can role model the diverse and fulfilling career that primary health care nursing can offer. APNA has already identified significant interest within the tertiary sector and has a clear view as to how a placement system can be developed, trialled and become self-sustaining.

(3) Increase utilisation of primary health care nurses

As highlighted previously in this submission, the APNA Workforce Survey reveals that many primary health care nurses report that their education, training and qualifications are not used to the full extent in their current role (9). Furthermore, close to half of the respondents (47.5%) suggested to their employer or manager that they could better use their skill set to undertake more complex clinical activities, or extend their role in the workplace within their scope of practice. This signals that primary health care nurses want to play their role in team-based care to improve patient outcomes.

Nurses that are unable to work to their full scope of practice are unlikely to remain in the primary health care workforce. There is an urgent need to address systemic barriers to greater utilisation of the nursing workforce to enhance recruitment and retention in this sector.

APNA would welcome the opportunity to continue to work with Government and other stakeholders on enhancing the recruitment and retention of the primary health care nursing workforce.

**APNA recommends:**

- The Australian Government work towards addressing the fourteen strategic action areas outlined in the *Report of the Aged Care Workforce Strategy Taskforce* (19)
- The Australian Government work with APNA to: (A) ensure formal inclusion of consistent primary health care nursing curriculum in nursing courses; (B) primary health care nursing funded placements for undergraduate and post-graduate students; and (C) increase utilisation of the primary health care nursing workforce.

## **(6) Data reporting**

Reporting on aged care service delivery and performance is important for: monitoring and enhancing quality and safety in service delivery; transparency and facilitating informed choice for patients and families when selecting providers and facilities.

APNA supports the AHHA's recommendations on data and reporting for aged care services (5), specifically we support a data and reporting system that is:

- transparent and easy to navigate for a variety of different users including consumers and their families.
- measures and monitors quality and safety of both residential and home care service providers.
- based on a national set of quality indicators.

### **APNA recommends:**

- a comprehensive data and reporting framework for both residential and home care services be developed and adequately resourced.

## **Concluding comments**

In the interests of patient safety and quality in care, APNA welcomes a renewed focus on aged care service provision.

APNA urges Government, industry and relevant stakeholders to view aged care services in the context of the broader health care system. We believe that greater emphasis on healthy ageing has the potential to improve health outcomes but also reduce costs associated with extended residential care placements.

Primary health care nurses are a skilled and regulated profession and want to play their role in team-based care to improve patient outcomes. Systems that support team-based care and a well trained and utilised primary health care nursing workforce are urgently needed.

APNA calls on the Government to respond to the findings from the Royal Commission into Aged Care Quality and Safety in a comprehensive and timely manner and recommends the following:

- Aged care service provision be integrated within the broader health care system.
- Older Australians should have access to quality primary care services that align with those provided to all Australians.
- Primary health care nurses be better utilised in health care service provision to older Australians.

- Innovative models of care, such as nurse clinics and the GRACE model, be implemented and embedded in aged care service provision.
- the Australian Government monitor and evaluate support services such as SBRT to ensure it is timely, accessible and effective.
- Funding for aged care services must reflect care and resource needs for older Australians living in their own homes and those in residential care facilities.
- Funding models across the health system, such as fee-for-service payment models in general practice, be revised to support better utilisation of the primary health care workforce.
- Evidence-based tools be developed to quantify the best mix of staff skills and qualifications required in residential aged care facilities.
- The Australian Government work towards addressing the fourteen strategic action areas outlined in the *Report of the Aged Care Workforce Strategy Taskforce* (19)
- The Australian Government work with APNA to: (A) ensure formal inclusion of consistent primary health care nursing curriculum in nursing courses; (B) primary health care nursing funded placements for undergraduate and post-graduate students; and (C) increase utilisation of the primary health care nursing workforce.
- a comprehensive data and reporting framework for both residential and home care services be developed and adequately resourced.

## References

1. Department of Health. Health workforce data: summary statistics [Internet]. 2019 [cited 2019 Sep 23]. Available from: <https://hwd.health.gov.au/summary.html>
2. Australian Nursing Federation. Primary Health Care in Australia: a nursing and midwifery consensus view. Rozelle, NSW; 2009.
3. Crisp N, Iro E. Putting nursing and midwifery at the heart of the Alma-Ata vision. *Lancet*. 2018;(392):1377–9.
4. Ibrahim JE. Royal Commission into Aged Care Quality and Safety: the key clinical issues. *Med J Aust*. 2019;210(10):439–41.
5. Australian Healthcare and Hospitals Association. Royal Commission into Aged Care Quality and Safety: Submission to the Royal Commission [Internet]. 2019. Available from: <https://agedcare.govcms.gov.au/royal-commission-into-aged-care-quality-and-safety>
6. Bartone T. National Press Club Address: Enough talking - time for action on long-term health policy vision [Internet]. 2019. Available from: <https://ama.com.au/media/national-press-club-address>
7. Health Workforce Australia. Australia's Future Health Workforce – Nurses Overview Report [Internet]. 2014. Available from: <https://www.health.gov.au/>
8. Australian College of Nursing. The role of nurses in promoting healthy ageing. *Collegian*. 2019;26(4):507–9.
9. Booth K. Valuing our primary health care nurses. *MJA Insight* [Internet]. 2019;(9). Available from: <https://insightplus.mja.com.au/2019/9/valuing-our-primary-health-care-nurses/>
10. Counsell SR, Callahan CM, Buttar AB, Clark DO, Frank KI. Geriatric Resources for Assessment and Care of Elders (GRACE): A new model of primary care for low-income seniors. *J Am Geriatr Soc*. 2006;54(7):1136–41.
11. Counsell SR, Callahan CM, Clark DO, Tu W, Buttar AB, Stump TE, et al. Geriatric Care Management for Low-Income Seniors: A randomised Controlled Trial. *JAMA*. 2007;298(22):2623–33.
12. Counsell SR, Callahan CM, Tu W, Stump TE, Arling GW. Cost analysis of the geriatric resources for assessment and care of elders care management intervention. *J Am Geriatr Soc*. 2009;57(8):1420–6.
13. Dementia Australia. Dementia Statistics [Internet]. 2019 [cited 2019 Sep 9]. Available from: <https://www.dementia.org.au/statistics>
14. ANMJ. Dementia investment welcome but more needs to be done. *Aust Nurs midwifery J*. 2015;22(8):5.
15. Duckett S, Swerissen H. Building better foundations for primary care. Grattan Institute; 2017. 1–39 p.
16. Davey R, Clark S, Gross J, Parker R, Hungerford C, Gibson D. the National Evaluation of the Nurse Practitioner — Aged Care Models of Practice Initiative Summary of Findings. 2015.
17. Willis E, Price K, Bonner R, Henderson J, Gibson T, Hurley J, et al. Meeting residents' care

- needs: A study of the requirement for nursing and personal care staff. [Internet]. 2016. Available from: [http://www.anmf.org.au/documents/reports/National\\_Aged\\_Care\\_Staffing\\_Skills\\_Mix\\_Project\\_Report\\_2016.pdf](http://www.anmf.org.au/documents/reports/National_Aged_Care_Staffing_Skills_Mix_Project_Report_2016.pdf)
18. Burgan B, Spoehr J, Moretti C. Financial and Cost Benefit Implications of the Recommendations of the National Aged Care Staffing and Skills Mix Final Report. 2017.
  19. Aged Care Workforce Strategy Taskforce. A matter of Care Australia's Aged Care Workforce Strategy [Internet]. 2018. Available from: <https://agedcare.govcms.gov.au/aged-care-workforce-taskforce-strategy-report>
  20. Donegan A, Jeyaratnam E. Nearly 2 out of 3 nursing homes are understaffed. These 10 charts explain why aged care is in crisis [Internet]. The Conversation. 2019 [cited 2019 Aug 5]. Available from: <http://theconversation.com/nearly-2-out-of-3-nursing-homes-are-understaffed-these-10-charts-explain-why-aged-care-is-in-crisis-114182>