

# Workforce submission to the Royal Commission into Aged Care Quality and Safety

December 2019

Submitted by:

Rowan Cockerell, CEO, Continence Foundation of Australia

r.cockerell@continence.org.au

# Background

The Continence Foundation of Australia made a submission on the 13<sup>th</sup> of December to the Royal Commission into Aged Care Quality and Safety after it requested public submissions related to workforce issues.

#### The Continence Foundation of Australia

The Continence Foundation of Australia (the Foundation) is the national peak organisation whose mission is to represent Australians with, or at risk of, incontinence, their carers and health professionals who treat and assist people with incontinence.

The Foundation develops and delivers a range of initiatives in partnership with the Australian government as part of the Bladder Bowel Collaborative and broader National Continence Program. The National Continence Program aims to improve awareness, prevention and management of incontinence for Australians living with incontinence and their carers to be able to live and participate in the community with confidence and dignity. This, in combination with the National Continence Helpline, Continence Foundation of Australia website (continence.org.au) and National Continence Program website (bladderbowel.gov.au) ensures that the general public are able to access information and support related to bladder and bowel health via a number of channels.

The Foundation plays a key role in implementing the National Continence Program Action Plan, the objectives of which include increasing the knowledge of bladder and bowel health and incontinence management for health professionals and care workers by improving access to workforce training, education and support.

The Foundation's membership broadly represents the continence sector and workforce who both provide care and services for, and raise awareness and advocate, on behalf of Australians with, bladder and bowel control problems, including those accessing aged care services.

The Continence Foundation of Australia welcomes the opportunity to make a submission to the Royal Commission into Aged Care Quality and Safety in relation to workforce issues. The Foundation's submission addresses the following Term of Reference: 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.

The Royal Commission has heard many times about unsafe and ineffective continence care and incontinence management by providers of aged care services. The stories are chilling and reveal that the rights of those accessing aged care services to lead a dignified life, based on their rights to expect safe care that respects their choices, are being violated. The aged care services sector is in crisis and the current situation cannot continue.

The introduction of the new *Aged Care Quality Standards* ¹ on 1 July 2019 and the expectation that all Australian Government-funded aged care providers need to meet the Quality Standards is commended. The Quality Standards embed consumer dignity and respect at the centre of aged care and seek to support consumers to exercise choice and independence in the care that they receive. However, these Quality Standards will be difficult to meet if, as the Foundation will contest (1) those staff providing care and treatment to disabled and older Australians accessing aged care services are either not trained and educated or are inadequately trained or educated in their VET-sector or undergraduate courses (foundation courses) in continence care and incontinence management, and (2) once employed, staff and health professionals are not given adequate evidence-based, best practice or on-the-job support or professional development to provide safe and effective continence care and incontinence management.

Expecting better care by providers of aged care services, by introducing new Quality Standards, without supporting the aged care workforce to provide better care will set the workforce and providers up for failure. The current system does not prioritise safe and effective continence care and incontinence management and the Foundation is concerned that providers will be unable to meet the Quality Standards in relation to continence care and incontinence management. But more than that, providers may continue to deliver unsafe and ineffective continence care and incontinence management and those accessing aged care services will continue to suffer the consequences.

So, how can the overall skill, knowledge and competencies of all care staff (existing and new entrants) be raised? Given that there is a clear link between better educated health care workers and better health outcomes <sup>2,3</sup>, the Continence Foundation of Australia contends that safe and effective continence care and incontinence management requires (1) specific training and education in foundational courses in continence care and incontinence management, which should be mandatory for all staff and health professionals who will be providing care to older Australians or those with a disability and (2) independent, evidence-based and best practice on-the-job support and professional development in continence care and incontinence management, which must be promoted and incentivised in the workplace.

#### Recommendations

The Continence Foundation of Australia recommends that:

- Continence education should be a mandatory requirement for all staff and health
  professionals who provide care and treatment to disabled and older Australians accessing
  aged care services including, but not limited to, personal care workers, enrolled nurses,
  registered nurses, nurse practitioners, therapists, general practitioners and geriatricians.
- All staff and health professionals working in the aged care sector should receive education about safe and effective continence care and incontinence management in their foundation courses (VET and undergraduate courses).
- A unit of competency on continence care and incontinence management should be included in the draft Certificate III for Care Support as a core unit or as a compulsory elective in the Ageing specialisation.
- On-the-job support, training and professional development that is independent, evidence-based and best practice should be promoted and incentivised in the workplace to enable aged care sector workers to remain competent and current in safe and effective continence care and incontinence management.

#### 1. Failure to provide safe and effective continence care to vulnerable Australians

Throughout the Royal Commission into Aged Care Quality and Safety, the Commissioners have heard many times from recipients of aged care services and their families about the provision of unsafe and ineffective continence care and incontinence management. More importantly, they have heard of the devastating consequences of these unsafe practices for vulnerable Australians dependent on

others for their care. The stories are chilling and reveal that the rights of those accessing aged care services, to lead a dignified life that respects their choices, are being violated. The Commissioners highlighted this in their Interim report where poor continence management was listed as one of the 'major quality and safety issues' in aged care'. The aged care services sector is in crisis and the current situation must not continue.

There is a high level of need for safe and effective continence care and incontinence management, both in the community and in residential aged care facilities. Incontinence is prevalent within the older community-dwelling Australian population, many of whom will be accessing home-based aged care services. In 2010, there were 1.17 million community-dwelling Australians aged 65 years and over living with incontinence. Additionally, 128,473 Australians or 70.9% of residents in aged care facilities were living with incontinence. Just over half of residents (54%) experienced more than 3 episodes daily of urinary incontinence or passing of urine during scheduled toileting and 34.8% experienced more than 4 episodes per week of faecal incontinence or passing faeces during scheduled toileting<sup>5</sup>. More recent data confirmed that incontinence is still highly prevalent within the aged care sector, with 75 to 81% of people in residential aged care living with incontinence <sup>6</sup>.

The consequences of unsafe and ineffective continence care and incontinence management may include, but are not limited to:

- increased risk of urinary tract infections<sup>7,8</sup>,
- increased risk of incontinence-associated dermatitis<sup>9,10</sup>,
- increased risk of pressure injuries<sup>9,11</sup>,
- increased risk of pressure injuries not healing<sup>12</sup>,
- increased risk of falls<sup>13-16</sup>,
- acceleration of functional decline 17, and
- increased risk of depression<sup>18</sup>.

The aim of the *Aged Care Quality Standards* is to ensure that consumers get safe and effective care that takes into account their preferences and maintains their dignity. Quality Standards 1–4 are specifically relevant to the day-to-day needs of vulnerable Australians in order to maintain continence or manage incontinence.

## Quality Standard 1 - Consumer dignity and choice

Under this Quality Standard, consumers are treated with dignity and respect to enable them to maintain their identity. They can make informed choices about their care and services and can live the life they choose. For example, consumers can choose to wear incontinence pads to manage their incontinence or can choose to be taken to the toilet. These decisions should be made by the consumer not the aged care service provider.

## Quality Standard 2 – Ongoing assessment and planning with consumers

Under this Quality Standard, consumers are partners in the ongoing assessment and planning that helps them get the care and services they need for their health and well-being. For example, a

consumer's continence care needs may change substantially and they will need proactive evidence-based assessment and planning by suitably qualified and experienced care staff.

#### Quality Standard 3 - Personal care and clinical care

Under this Quality Standard, consumers get the personal care, clinical care, or both personal care and clinical care, that is safe and right for them. For example, consumers are referred to a continence specialist if their condition changes. Any changes to continence care plans should be communicated with all care staff and the consumer.

#### Quality Standard 4 - Services and supports for daily living

Under this Quality Standard, consumers get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example, consumers may choose to use an incontinence pad while going out with friends while choosing to work towards a long-term goal of becoming continent, through active strategies supervised by suitably qualified and experienced care staff in their home environment.

In the *Interim Report: Neglect* released by the Royal Commission into Aged Care Quality and Safety, poor continence management was listed as one of the 'major quality and safety issues' in aged care'. In the last quarter of 2018/2019, formal complaints to the Aged Care Quality and Safety Commission showed that for residential aged care continence management ranked in the top five most common issues subject to complaint<sup>19</sup>. This is not a new issue. Complaints relating to continence management and personal hygiene have regularly ranked in the top five most common issues subject to complaint every year since 2014/2015<sup>20-22</sup>. According to the *Interim Report* of the Royal Commission, many vulnerable older Australians accessing aged care services may not be receiving safe and effective continence care and incontinence management.

Providers of aged care services will be unable to meet the Quality Standards in relation to continence care and incontinence management without appropriate continence education for their staff. But more than that, providers will continue to deliver unsafe and ineffective continence care and incontinence management and those accessing aged care services will continue to suffer the consequences. However, expecting better care from providers of aged care services by introducing Quality Standards, without supporting the aged care workforce to provide better continence care will set both the aged care workforce and providers up for failure.

#### 2. Aged Care Quality Standard 7 – Human resources

## Workforce qualifications and knowledge

This submission to the Royal Commission relates to workforce issues and as such it is important to specifically refer to Quality Standard 7. Quality Standard 7 relates to the need for the aged care workforce to have the qualifications, knowledge and skills to deliver safe and effective care, which includes continence care and incontinence management. Quality Standard 7 requires aged care providers employ a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services. This is demonstrated when the organisation has the following in place:

(a) the workforce is planned to enable, and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services;

- (b) workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity;
- (c) the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles;
- (d) the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards;
- (e) regular assessment, monitoring and review of the performance of each member of the workforce.

Clearly, when the aged care workforce is not competent in safe and effective continence care and incontinence management and do not have the qualifications, knowledge and skills to effectively perform their roles, aged care providers will be unable to meet Quality Standard 7. In order to be able to meet Quality Standard 7, providers must be able to employ staff qualified in safe and effective continence care and incontinence management and staff must be able to access evidence-based, best practice on-the-job support and training and professional development. This is currently highly unlikely, and this problem needs to be solved as a matter of urgency.

# The aged care workforce in Australia

The aged care workforce is largely untrained in safe and effective continence care and incontinence management. All health professionals and personal care workers will be caring for people with incontinence, particularly those caring for older Australians and those living with a disability in both the community and in residential aged care. In Australia in 2016<sup>23</sup>:

- there were estimated to be 366,027 workers in aged care with 240,317 in direct care roles –
  most of whom are unlikely to have had an appropriate level of continence training or
  education,
- 70% of direct residential workers were personal care workers personal care workers are
  unlikely to receive training in continence care and incontinence management<sup>24</sup> but provide
  the most care,
- 15% of direct residential workers were registered nurses and 10% were enrolled nurses who are not adequately prepared to provide good continence care and incontinence management<sup>25-27</sup>, and
- community care workers were the largest home care and home support direct care occupational group (84%) followed by registered nurses (8%).

#### The future of the aged care workforce

The aged care sector has had the second largest rise in employment growth out of 474 occupation categories of 9.5% (against the whole of Australian workforce growth at 1.6%). The aged care workforce was projected to grow dramatically (Table 1), even before the Australian Government announced 10,000 additional home care packages <sup>28</sup> in response to the interim findings of the Royal Commission into Aged Care Quality and Safety.

This information amplifies the potential for unsatisfactory continence care continuing to grow exponentially, unless there is greater emphasis placed on the importance of a well-educated aged care workforce that has explicit training around continence.

Job classification	Employment November 2019	Projected employment level to May 2023
Personal carers and assistants	301,700	384,200
Aged and disabled carers	175,800	245,000

Table 1: Labour Projection Data as at May 2018 (adapted from Labour Market Projections, Department of Jobs and Small Business)<sup>29</sup>

# 3. Current lack of training and education in safe and effective continence care

## VET sector training of personal care workers and enrolled nurses

Personal care workers make up most of the workforce in aged care services. The qualification that Vocational Education and Training (VET) trained personal care workers currently hold is CHC33015 - Certificate III in Individual Support. There is no specific education or training regarding continence care in the Certificate III in Individual Support<sup>24</sup>. Based on a review of core units that comprise course material which prepares aged care workers to work with older people or care-dependent people, it is highly unlikely they will be sufficiently equipped to provide safe and effective continence care. Personal care workers who provide most of the direct continence care receive the least amount of training.

Enrolled nurses also have direct care responsibilities for continence care in the aged care sector. Most VET-trained enrolled nurses currently hold the Diploma of Nursing (HLT54115 - Diploma of Nursing) which has no specific education or training regarding continence care <sup>25</sup>. Some enrolled nurses who hold the Advanced Diploma of Nursing (HLT64115 - Advanced Diploma of Nursing) can choose to do one unit of competency which may cover continence, but it is an elective. *HLTENN017 Apply nursing practice in the rehabilitation care setting* expects trainees to have knowledge of genitourinary disorders and gastrointestinal disorders which may include knowledge about urinary and faecal incontinence <sup>26</sup>. Enrolled nurses are currently unlikely to have sufficient knowledge and skills to provide safe and effective continence care.

Disturbingly, and possibly reflective of the current low value that is placed on training and education in relation to continence care, there has been a systematic loss of nationally recognised and accredited continence courses and units of competency in the VET sector. There are no continence courses or units of competency currently available, but there were several which are now non-current (see Appendix 1). The only unit of competency related to continence management is the unit of competency for individuals working as pharmacy assistants in retail sales: *SIRCPPA014 - Assist customers with continence management products* <sup>30</sup>.

#### Tertiary education of registered nurses and medical and allied health professionals

A national review of Australian undergraduate nursing and midwifery courses, undertaken as part of the work of the National Continence Management Strategy, found that registered nurses were not adequately prepared to provide safe and effective continence care and manage incontinence <sup>27</sup>. Understanding of the issue is further hampered by the fact that there is no recent publicly available

information on the depth and coverage of current curriculum content regarding continence care in undergraduate nursing courses in Australia.

Similarly, there is no publicly available information on the depth and coverage of current curriculum content in regard to continence care in undergraduate medical and allied health courses in Australia. However, when providing evidence to the Royal Commission into Aged Care Quality and Safety, as an expert witness, the Continence Foundation's President and geriatrician, Associate Professor Michael Murray AM stated that there is very little training for personal care workers, nurses and doctors in regard to continence. When asked why there is very little training in respect of continence care for medical and health practitioners, he said that he has grappled with this question for 20 years while on government committees and can only conclude that they do not see continence care as important and do not see it as an exciting area of study<sup>31</sup>.

# 4. Current lack of on-the-job support and professional development

Manufacturers of incontinence products are commonly filling the gap in staff education in aged care services in Australia. The details of continence education and training courses and programs run by continence industry are not public. However, there is a concern that there may be a conflict of interest when the main source of education and training course/programs delivered to the aged care sector is provided by product manufacturers. This conflict includes product manufacturers delivering a framework for assessment and/or management which results in residents wearing incontinence pads, rather than incentivising improvement in their incontinence<sup>31</sup>. Not only is there a high risk the information provided may be inadequate, biased and may focus on 'pragmatic' cost-effective management, it is a means of perpetuating a culture based on staff and service providers making assumptions of what safe and effective continence-related care is<sup>32</sup>.

# How can the overall skill, knowledge and competencies of all care staff (existing and new entrants) be raised?

In order to raise the overall skill, knowledge and competencies of all members of the aged care workforce (existing and new entrants), two things need to happen:

- continence care and incontinence management need to be included in the curricula of foundation courses (VET sector and Tertiary Education sector), and
- 2. access to ongoing independent, evidence-based, best practice on-the-job support, training and professional development.

At present, there are two very clear and specific opportunities to raise the overall skill, knowledge and competencies of some members of the aged care sector workforce in regard to continence care – one in the VET sector (personal care workers) and one in the Tertiary Education sector (registered nurses). The way in which continence care can be incorporated into these two foundation courses can then be used as models for other foundation courses, specifically the Diploma of Nursing for enrolled nurses and other university undergraduate courses for health professionals.

# 1. Inclusion of continence care and incontinence management in the curricula of foundation courses

#### VET sector: personal care workers

Currently, there is an ongoing review of the training requirements for personal care workers in the aged care sector. In response to recommendations from the Aged Care Workforce Taskforce report *A Matter of Care – Australia's Aged Care Workforce Strategy*<sup>33</sup>, SkillsIQ, under the direction of the Aged Services Industry Reference Committee, is undertaking development of a new qualification – the Certificate III in Care Support (Ageing)<sup>34</sup>. This work is aimed at ensuring workers are equipped with the skills required to work effectively in the aged care sector and provide quality care to their clients<sup>35</sup>.

The new Certificate III is in the draft stage and appropriately recognises the need for personal care workers to be able to provide support to people living with dementia, given the high rates of dementia amongst those accessing aged care service (51.4% of residents in residential aged care facilities)<sup>36</sup>. Similarly, incontinence is very prevalent within the aged care sector, with 75 to 81% of people in residential aged care living with incontinence<sup>6</sup> and unsafe and ineffective care is causing harm to vulnerable older Australians. However, there is no content in any unit of competency (core or elective) that address incontinence prevention, assessment or management.

Additionally, there are high rates of co-morbidity between incontinence and dementia<sup>37</sup>. An Australian government study found 69% of residents with dementia were recorded as having more than three episodes of urinary incontinence daily or scheduled toileting while 45.7% of residents living with dementia had more than four episodes of faecal incontinence weekly or scheduled toileting<sup>37</sup>. In order to provide appropriate support for people living with dementia, personal care workers will need adequate knowledge to provide safe and effective continence care and incontinence management.

With no current unit of competency available to package into the draft qualification, a unit of competency specifically addressing continence would need to be developed. The inclusion of a unit of competency on continence care and incontinence management should be included in the draft Certificate III for Care Support as a core unit or as a compulsory elective in the Ageing specialization would be an absolute minimum to improve standards of care provided by personal care workers.

The Continence Foundation of Australia is well positioned to undertake this work in order to raise the overall skill, knowledge and competencies of all members of the aged care workforce (existing and new entrants) in regard to continence care and incontinence management.

# Tertiary Education sector: registered nurses

After conducting a national review of undergraduate nurse education courses, Paterson (2006)<sup>27</sup> outlined what should be included in the curriculum, but importantly she also made recommendations about <u>how</u> to incorporate knowledge and skills into the already crowded curriculum by:

 Having the nursing and midwifery curricula address the right for a person to remain continent through implementation of continence promotion, assessment and management of incontinence.

- Integrating knowledge of continence care through the curricula with a specific introduction at the beginning of the program and an assessable assignment during the program.
- Ensuring universities incorporate continence promotion and incontinence management as part of their clinical learning objectives.
- Identifying champions of continence to help overcome resistance to the inclusion of continence in curricula or delivering continence care in health care settings.
- Strengthening partnerships between Schools of Nursing and Midwifery and Continence Nurse Specialists with an aim to involve Continence Nurse Specialists in curriculum design, content and teaching.

The recently released *Educating the Nurse of the Future report* (2019)<sup>38</sup> reviewed the educational preparation of nurses in Australia. It recommended that incontinence should be included in the nursing curriculum as it was 'not uncommon in hospital, aged care and other health settings' and recommended both enrolled nurses and registered nurses be introduced to the basics of continence care acknowledging that current course curricula are inadequate in relation to continence care.

The Continence Foundation of Australia is well positioned to help develop undergraduate curricula, that includes continence care, due to the multidisciplinary clinical membership of the Foundation.

2. Access to independent, evidence-based, best practice on-the-job support and professional development

For aged care workers to remain competent and current in continence care and incontinence management, they must undertake ongoing training and professional development. And, if there are gaps in their knowledge and skills, they need to be able to readily access reliable, evidence-based information.

There are independent, evidence-based, best practice guides, resources and, training and education that are available to provide on-the-job support and ongoing training and professional development. The Continence Foundation of Australia, in partnership with the Commonwealth Department of Health, has developed and continues to develop such supports for aged care workers. These include:

- 1. The *Continence Support Now* application, an online pocket guide for disability and aged care workers providing bladder and bowel support (see <u>continence support now.com</u>),
  - This application was developed following consultation with representatives from Australian aged care organisations, peak aged care bodies, personal care workers, providers of short course training, the disability sector and Foundation members. The *Continence Support Now* application is designed to provide readily-accessible information on continence care and incontinence management to personal care workers and disability support workers. Benefits of the application include *a Just-In-Time* feature which provide immediate information; accessibility for remote and rural workers and support for independent care provision<sup>39</sup>.
- A continence screening, assessment and reassessment tool developed in Australia for older Australians. The evidence-based, validated, newly revised and updated *Continence* Resources for Aged Care are a suite of tools which were developed for the Commonwealth Department of Health<sup>40</sup>.

The Continence Resources for Aged Care include the following:

- Continence Screening Form
- Three Day Bladder Chart
- Seven Day Bowel Chart
- Monthly Bowel Chart
- Bristol Stool Chart
- Continence Assessment Form and Care Plan
- Continence Care Summary, and
- Continence Resources for Aged Care: User Guide

The Continence Resources for Aged Care are designed to be used by all aged care staff and, importantly, direct those undertaking continence assessments to seek further guidance from a health practitioner (registered nurse or doctor) if there are medical considerations. The health practitioner is then responsible for determining what interventions are required and when to make a referral to a specialist service.

- 3. The Foundation has developed a suite of learning and education supports that deliver best practice, evidence-based training related to continence care and incontinence management. These include:
  - online learning units
  - · webinars, and
  - the annual National Conference on Incontinence

The online learning units sit across four-tiers of learning. The first tier articulates those personal care workers and disability support workers accessing the web-based app (Continence Support Now) across to the Foundation's Learning Management System, reinforcing the *Just-in-Time* learning support with linked education units. The second tier is structured around the *Fundamentals of Incontinence* program that provides underpinning anatomy, physiology, the prevalence of incontinence and identification of continence care needs and the *Foundations of Continence*. Both courses are designed for personal care workers and those health professionals who are moving into continence care. Tiers three and four provide higher levels of anatomy and physiology learning as well as topic specific units for health professionals. These specialised knowledge units are suitable for the accredited workforce.

For those not looking to complete or who have already completed a foundational course, the Foundation recommends the development of a continence continuing professional development program. This should be incentivised and promoted to target all staff working in direct care roles in the aged care sector.

The Foundation is well placed to play a key role in the development and implementation of this program to ensure its quality and efficacy in the face of the growing challenges of continence-related issues in the aged care sector.

The Continence Foundation of Australia welcomes the opportunity to make a submission to the Royal Commission into Aged Care Quality and Safety in relation to workforce issues. The Foundation contends that safe and effective continence care and incontinence management requires (1) specific training and education in foundational courses in continence care and incontinence management, which should be mandatory for all staff and health professionals who will be providing care to older Australians or those with a disability and (2) independent, evidence-based and best practice on-the-job support and professional development in continence care and incontinence management, which must be promoted and incentivised in the workplace. The evidence of poor outcomes when safe and effective continence care and incontinence management is not provided to people accessing aged care service reinforces the Foundations recommendations that:

- Continence education should be a mandatory requirement for all staff and health
  professionals who provide care and treatment to disabled and older Australians accessing
  aged care services including, but not limited to, personal care workers, enrolled nurses,
  registered nurses, nurse practitioners, therapists, general practitioners and geriatricians.
- All staff and health professionals working in the aged care sector should receive education about safe and effective continence care and incontinence management in their foundation courses (VET and undergraduate courses).
- A unit of competency on continence care and incontinence management should be included in the draft Certificate III for Care Support as a core unit or as a compulsory elective in the Ageing specialisation.
- On-the-job support, training and professional development that is independent, evidencebased and best practice should be promoted and incentivised in the workplace to enable aged care sector workers to remain competent and current in safe and effective continence care and incontinence management.

#### References

- Department of Health. Aged Care Quality Standards. 2018 Available from: https://agedcare.health.gov.au/quality/aged-care-quality-standards. [Accessed 2019 December 06].
- 2. Aiken LH, Sloane DM, Bruyneel L, Van den Heede K, Griffiths P, Busse R, Diomidous M, Kinnunen J, Kózka M, Lesaffre E, McHugh MD, Moreno-Casbas MT, Rafferty AM, Schwendimann R, Scott PA, Tishelman C, van Achterberg T, Sermeus W. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. The Lancet. 2014; 383(9931):1824–1830.
- 3. Kurtzman ET. The contribution of nursing to high-value inpatient care. Policy, Politics, and Nursing Practice. 2010; 11(1):36-61.
- 4. Royal Commission into Aged Care Quality and Safety. Interim report: neglect. Commonwealth of Australia: 2019.
- 5. Deloitte Access Economics. The economic impact of incontinence in Australia. The Continence Foundation of Australia: 2011.
- 6. Hibbert PD, Wiles LK, Cameron ID, Kitson A, Reed RL, Georgiou A, Gray L, Westbrook J, Augustsson H, Molloy CJ, Arnolda G, Ting HP, Mitchell R, Rapport F, Gordon SJ, Runciman WB, Braithwaite J. CareTrack Aged: the appropriateness of care delivered to Australians living in residential aged care facilities: a study protocol, BMJ

- Open, 2019.
- 7. Richardson JP, Hricz L. Risk factors for the development of bacteremia in nursing home patients. Archives of Family Medicine. 1995 Sep 1;4(9):785-89.
- 8. Omli R, Skotnes LH, Romild U, Bakke A, Mykletun A, Kuhry E. Pad per day usage, urinary incontinence and urinary tract infections in nursing home residents. Age and Ageing. 2010 Jul 14;39(5):549-54.
- 9. Barakat-Johnson M, Barnett C, Lai M, Wand T, White K. Incontinence, incontinence-associated dermatitis, and pressure injuries in a health district in Australia: a mixed-methods study. Journal of Wound Ostomy & Continence Nursing. 2018 Jul 1;45(4):349-55.
- 10. Zimmaro DB, Zehrer C, Savik K, Thayer D, Smith G. Incontinence-associated skin damage in nursing home residents: a secondary analysis of a prospective, multicenter study. Ostomy Wound Management. 2006 Dec;52(12):46-55.
- 11. Spector WD. Correlates of pressure sores in nursing homes: evidence from the National Medical Expenditure Survey. Journal of Investigative Dermatology. 1994 Jun 1;102(6) 42S-45S.
- 12. Berlowitz DR, Brandeis GH, Anderson J, Brand HK. Predictors of pressure ulcer healing among long-term care residents. Journal of the American Geriatrics Society. 1997 Jan;45(1):30-4.
- 13. Foley AL, Loharuka S, Barrett JA, Mathews R, Williams K, McGrother CW, Roe BH. Association between the geriatric giants of urinary incontinence and falls in older people using data from the Leicesters hire MRC Incontinence Study. Age and Ageing. 2012; 41(1):35-40.
- 14. Hasegawa J, Kuzuya M, Iguchi A. Urinary incontinence and behavioral symptoms are independent risk factors for recurrent and injurious falls, respectively, among residents in long-term care facilities. Archives of Gerontology and Geriatrics. 2010 Jan 1;50(1):77-81.
- 15. Kron M, Loy S, Sturm E, Nikolaus T, Becker C. Risk indicators for falls in institutionalized frail elderly. American Journal of Epidemiology. 2003 Oct 1;158(7):645-53.
- Schluter PJ, Arnold EP, Jamieson HA. Falls and hip fractures associated with urinary incontinence among older men and women with complex needs: a national population study. Neurourology and Urodynamics. 2018 Apr;37(4):1336-43.
- 17. Omli R, Hunskaar S, Mykletun A, Romild U, Kuhry E. Urinary incontinence and risk of functional decline in older women: data from the Norwegian HUNT-study. BMC Geriatrics. 2013 Dec;13(1):4.
- 18. Stach-Lempinen B, Hakala AL, Laippala P, Lehtinen K, Metsänoja R, Kujansuu E. Severe depression determines quality of life in urinary incontinent women. Neurourology and Urodynamics. 2003;22(6):563-8.
- 19. Australian Government Aged Care Quality and Safety Commission. Residential care sector performance April June 2019. Available from: https://agedcarequality.govcms.gov.au/sites/default/files/media/ACQSC%20Sector%20Performance%20Data\_April%20-%20June%202019.pdf [Accessed 1st November 2019].
- Department of Health. 2014-15 Report on the Operation of the Aged Care Act 1997. 2015. Available from: https://www.gen-agedcaredata.gov.au/www\_aihwgen/media/ROACA/2014-15-ROACA.pdf [Accessed 2019 May 31].
- 21. Aged Care Complaints Commissioner. Aged Care Complaints Commissioner Annual Report 2015–2016. 2016. Available from: https://www.agedcarequality.gov.au/sites/default/files/media/aged-care-complaints-commissioner-annual-report-2015-16.pdf [Accessed 2019 May 31].
- 22. Aged Care Complaints Commissioner. Aged Care Complaints Commissioner Annual Report 2016-17. 2017. Available from: https://www.agedcarequality.gov.au/sites/default/files/media/Annual-Report-2016-17-PDF.pdf [Accessed 2019 May 31].
- 23. National Institute of Labour Studies. 2016 National aged care workforce census and survey the aged care workforce, 2016. Australian Government Department of Health; 2017.

- 24. Australian Government. CHC33015 Certificate III in Individual Support (Release 2). 2015. Available from: https://training.gov.au/Training/Details/CHC33015 [Accessed 2019 December 12].
- 25. Australian Government. HLT54115 Diploma of Nursing (Release 1). 2015. Available from: https://training.gov.au/Training/Details/HLT54115 [Accessed 2019 December 12].
- 26. Australian Government. HLT64115 Advanced Diploma of Nursing (Release 1). 2015. Available from: https://training.gov.au/Training/Details/HLT64115 [Accessed 2019 December 12].
- 27. Paterson J. Consultation, consensus and commitment to guidelines for inclusion of continence into undergraduate nursing and midwifery curricula. Final report submitted to The Commonwealth Department of Health and Ageing; 2006.
- 28. Prime Minister, Minister of Health, Minister for Senior Australians and Aged Care. Response to aged care royal commission interim report. Media Release 25 November 2019. Available from: https://www.pm.gov.au/media/response-aged-care-royal-commission-interim-report\_[Accessed 2019 November 29].
- 29. Department of Jobs and Small Business. 2018 Employment Projections for the five years to May 2023. Labour Market Information Portal. 2018. Available from: http://lmip.gov.au/ [Accessed 2019 December 6].
- Australian Government. SIRCPPA014 Assist customers with continence management products (Release 1).
   2016. Available from: https://training.gov.au/Training/Details/SIRCPPA014 [Accessed 2019 December 12].
- 31. Royal Commission into Aged Care Quality and Safety. Transcript of proceedings (11 July 2019). 2019. Available from: https://agedcare.royalcommission.gov.au/hearings/Documents/transcripts-2019/transcript-11-july-2019.pdf [Accessed 2019 July 16].
- 32. Murray M. Statement of Michael John Murray. 2019. Available from: https://agedcare.royalcommission.gov.au/hearings/Documents/exhibits-2019/11-july/WIT.0273.0001.0001.pdf [Accessed 2019 July 15]
- 33. Aged Care Workforce Strategy Taskforce. A matter of care Australia's aged care workforce strategy. 2018. Available from: https://agedcare.health.gov.au/sites/default/files/documents/09\_2018/aged\_care\_workforce\_strategy\_report.p df [Accessed 2019 December 12].
- 34. SkillsIQ. Certificate III in Care Support (Ageing) Draft 2. 2019. Available from: https://www.skillsiq.com.au/FeedbackForum/TrainingPackages1/CHCCommunityServices/CertificateIIIinCareSupportDraft2/CHC33019CertificateIIIinCareSupport\_[Accessed 2019 November 27].
- 35. SkillsIQ. Certificate III in Ageing Support Draft 1. 2019. Available from: https://www.skillsiq.com.au/FeedbackForum/TrainingPackages1/CHCCommunityServices/CertificateIIIinAgeingSupport/CHC33019CertificateIIIinAgeingSupport Draft1Mar\_[Accessed 2019 June 26].
- 36. Department of Health. 2018–19 report on the operation of the Aged Care Act 1997. 2019. Available from: https://www.gen-agedcaredata.gov.au/www\_aihwgen/media/ROACA/2018-19-ROACA.pdf [Accessed 2019 December 2].
- 37. Australian Institute of Health and Welfare. Dementia among aged care residents: First information from the Aged Care Funding Instrument. 2011. Available from: https://www.aihw.gov.au/getmedia/6d160b74-621b-4e08-b193-bc90d5b7f348/11711.pdf.aspx?inline=true [Accessed 2019 July 30].
- 38. Schwartz S. Educating the nurse of the future Report of the independent review into nursing education. Commonwealth of Australia; 2019.
- 39. Continence Foundation of Australia. Continence support now.com.au: A pocket guide for care workers providing bladder and bowel support. Continence Foundation of Australia Internal Report. 2019. Unpublished report.
- 40. Continence Foundation of Australia. Continence Resources for Aged Care. 2019b. Available from: https://www.continence.org.au/pages/continence-resources-aged-care.html [Accessed 2019 November 20]

# Appendix 1. Summary of the loss of continence courses and units of competencies in the Vocational Education and Training (VET) sector

Within the VET sector, the loss of continence courses and units of competency is dramatic and concerning. At present there are no nationally recognised, accredited courses or units of competency that train personal care works and nurses in safe and effective continence promotion, care or management, but there were several which are now non-current (see Tables 1 and 2). Table 1. Accredited training: non-current continence courses.

10389NAT - Certificate II in Continence Promotion and Care	
21922VIC - Certificate II in Continence Promotion and Care	
21921VIC - Course in Continence Awareness and Promotion	
91054NSW - Course in Continence Management	
51061 - Course in Continence Resource Management	
50077 - Course in Continence Resource Management	
51075 - Diploma of Continence (consultants Course)	
21961VIC - Graduate Certificate in Continence Promotion and Management	
10468NAT - Graduate Certificate in Continence Promotion and Management	

Source: training.gov.au

Table 2. Accredited training: non-current units of competency

CCPACC203B - Advise on continence control issues
CCPAAC202B - Apply knowledge of continence issues to client interactions
CPMCCS801B - Communicate in a continence health setting
CPMMPC802B - Develop marketing strategies to promote continence health
CPMICM804B - Implement continence management
CCPPCH201B - Promote continence health
CCPPCC204B - Provide continence care

Source: training.gov.au