

The Baron Report

**Share it
with all your staff**

Vol 5 Issue 5 2004

Lili Leadership, Integrity and Legal Issues

Leadership rests not only on outstanding ability, but on commitment, loyalty, pride, and followers ready to accept guidance.

Vince Lombardi

While not a household name in Australia, Vince Lombardi is remembered in America as perhaps the greatest gridiron coach.

He was respected for his winning abilities, of taking a bottom team of what many might have seen as 'losers' and turning them into repeated champions. But he was also respected for his many words of wisdom, (coaching is about providing leadership).

Good leadership is vital in ensuring that positive outcomes result, be it in a football game, aboard a ship or in an aged care facility. Yet the converse is also true, lack of leadership can result in a rapid decline in a facility to the point of being unable to satisfactorily meet expected outcomes. Having a good team without good leadership usually results in losses rather than wins. It also results in the good players leaving and seeking a place where good leadership is evident.

In aged care, poor leadership results in inferior performance and facilities fall into decline.

Does Management equal Leadership?

Good managers should be good leaders; firm but fair and ensuring a safe, secure and harmonious environment that is good for residents and staff. The role is one of mentor, coach, adjudicator and sometimes

pseudo parent. Not a task suitable to all people and not one that can be achieved simply by appointing



someone into the role.

Managerial positions can be easily created but where does a person gain the skills to be a good leader? How do we assess a person's good leadership skills on interview? What strategies does the facility have in place to ensure that it will not suffer due to poor leadership? Is leadership the domain of the board, CEO, DON or who? Is it essential that we have good leadership in aged care?

Let us start with the last question, first. The answer simply put is YES, YES, YES.

It is our belief that one of the biggest problems we see in aged care is poor leadership. Problems with staff communication, conflict and objectives not being met. Without doubt when we discuss these issues with staff they usually indicate the problem radiates from above, a lack of leadership.

Good leadership is not something that can easily be

quantified, but it is reflected in many ways. More often it is the results of poor leadership that we are more likely to see. Large staff turnover, high absentee rates and a sense of confusion, disillusion and frustration are usually evident.

It is easy to appoint or hire a manager, and many people like the notion of the title, MANAGER, but calling someone a manager does not guarantee that they will be able to provide leadership.

Some individuals are very good at interviews. They paint a glorious picture and have all the right answers. The problems start when talk has to become action and the person is required to 'produce the goods.'

Every facility should have a good understanding of what is required for senior positions. Boards and proprietors have the responsibility to ensure that whomever they appoint will ensure that the facility is properly and correctly run. Proper resources must be allocated and staff need to have the training and ability to carry out their tasks. Most of this is nothing more than common sense, but it is interesting and sad to see how many places do not do it well.

Integrity

Another aspect of leadership is that of integrity. If strong leadership does not come from the top, how can anyone expect staff to do the

right thing? Cutting corners at the top allows all staff to justify cutting corners in their area. Telling 'porkies' is a prime example. We often hear of practices being modified to suit either Accreditation or RCS demands. If this is done the result could be catastrophic in having staff thinking it is all right to 'bend' a little and it also provides the potential for the offender to have to prove that their behaviour does not constitute professional misconduct.

A good leader should provide a sterling example for others to follow. If the leader makes it known that they live by the rules and then insist that everyone else does the same, they come from a position of strength. If they acknowledge that they might bend the rules, they are giving everyone license to do the same. Think about it, if this statement relates to you.

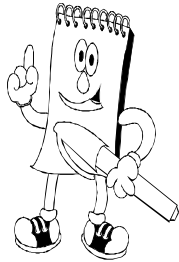
Finally, it is critical that managers fully understand legal issues that could impact on the successful running of their facility. Ignorance is no excuse and it is very difficult to try and back pedal after the event. A good leader is one that has ensured that risk is managed and minimised on every possible occasion.

Saying you don't have the time, resources or knowledge to do so is saying that you are not capable of providing the necessary leadership needed to run the facility.

What role do Nursing Agencies have in staffing Aged Care Facilities, asset or financial drain?

By Vicki Mutton, Client Service Manager Nursing Care Services

Would you like to have something you have written or said published? Simply mail, fax or e-mail us a copy with your details and we will try to make it happen.



**N & C Baron
& Associates**

ABN 35 041 713 303

PO Box 687
Mitcham SA 5062

Ph. (08) 8276 9763
Fax. (08) 8277 0300

www.ncbaron.com

Editorial Rights

The Baron Report reserves the right to publish as a whole, or in part, any articles submitted and included for publication.

Articles may be edited to a suitable size for publication.

Views expressed in articles submitted and included are not necessarily those of N & C Baron & Associates.

No responsibility is accepted by N & C Baron & Associates for the accuracy of information contained in the text.

This issue has been discussed and debated on numerous occasions, with varying conclusions about the true merit of utilising agency nursing services.

Given the current worldwide nursing shortage, and the proliferation of nursing agencies, there is obviously merit in the use of agency staff for casual nursing placements, to supplement full time staff short falls. The real issue is the duration and purpose of agency nursing staff utilisation.

Is the agency being used to replace short term staffing shortages (due to unplanned sick leave, seasonal demands or high admissions), or is it expected that the agency will fill permanent gaps in rosters indefinitely, or until the organisation can successfully recruit a replacement?

If the answer is short term casual placements, then control of costs is simply a matter of forecasting the expected shortfall duration and relating that to the weekly cost to supplement with agency nursing staff.

Most Aged Care organisations can budget for increased agency usage by reviewing past sick leave trends (especially in the winter months), monitoring leave debts, and as part of their succession planning strategy.

Permanent roster short falls, however, are much harder to control. While many agencies have staff embedded as long term team members of a workforce, this needs to be carefully managed, as negotiations on placement costs early on will impact for the duration of the placement.

Additionally, long term placements invariably last longer than anticipated. Add to this the layer of costs involved in finding alternative solutions (advertising, interviews, and training) and the cost can easily blow out.

Often, the best solution is to work with an agency either to find a suitable permanent candidate, or to set a placement duration which expires during a period of low recruitment demand.

In that case, the advertising dollars will have their best impact, and there is a lower risk of selecting a candidate which will turn down an offer.



What is the answer?

The first step in finding this solution is to realise that the use of agency staff does not necessarily mean poor use of financial resources.

As mentioned previously, many hospitals and Aged Care Facilities have agency staff "embedded" to supplement their own staff teams, whether due to staff numbers or skills shortfalls.

Many Managers have a perception that agency charge rates are high when compared to their own staffing costs. The reason is that agency charge rates include many on-costs which are transparent when costing in-house staff.

For example the agency fee includes costs such as Leave Debts, Payroll tax, Superannuation and Workcover levies, which are usually carried by other departments and traditionally not included in staffing budgets.

However, the entire agency costs are often charged directly to this budget. These on-costs can add around 40 to 50% to the basic wages cost, leading to overspend on wages budgets. Meanwhile, other budgets such as Superannuation and Workcover will be underspent.

It is important for nurses who manage nursing costs and agency contracts to have a very clear understanding of the structure of the charges to enable them to efficiently manage their resource utilisation.

Close liaison with finance personnel should also occur, and where possible, include a re-allocation of budgets to reflect the absorption of the on-costs if agency charges are paid entirely from a wages budget.

In addition to staff numbers, other factors to consider are skill mix and staff continuity. This can often be the most difficult task and again, a close relationship with the agency can help to minimise the impact by ensuring continuity of staff.

With a good understanding of the costs involved, the focus moves away from avoiding use of agency staff at all costs, to a more moderate approach which allows the best mix based on good standard of care and continuous care to residents.

Nursing Care Services strives to build strong relationships with clients and encourage discussion to ensure reasonable rates and staffing strategies that benefit both organisations.

Summary

This article has been written to encourage Aged Care Facilities to review their use of nursing agency services and look more closely at the costs of their current service.

As a consumer, you should understand completely the service you are receiving and how the costs compare to in-house staff.

Given the current nursing shortage, and the forecast increasing demand for Aged Care places, the role for the nursing agencies will only grow. Aged Care Facilities should have a clear understanding of the costs and benefits of nursing agency staff, and negotiate charge rates appropriate to their expected usage.

For further information contact the author, Vicki Mutton at **Nursing Care Services** on 8367 0044 or mobile 0438 276 601.

Thorny Issues 5 - Dollars and Sense - Summary

Using sense to save dollars was the theme of this year's Thorny Issues conference.

Jill Pretty, Policy Officer with Aged and Community Services NSW/ACT started the day with a look at mooted changes to resident funding. She discussed the proposed changes to the RCS and how these have had to be re-considered in light of Professor Hogan's recommendation of a drop in category numbers from eight to three.

Jill has been at the forefront of industry consultation as a representative on behalf of Aged and Community Services and made a point that one can never be sure what impact consultation may have and with change comes risk.

She summarised that the industry is advocating for "*A simplified system that:*

- *Decreases paperwork*
- *Allows more time for residents*
- *Encourages staff to work in aged care*
- *Promotes professional practice.*"

But for the moment, change is delayed and with an election looming, there is every possibility that other changes, not yet explored, may result.

Angela Halsey exploded the myth in some people's minds that if the RCS reduces its interest in 'Social and Human Needs' there will somehow be less onus on providers to address these needs.

She reviewed the requirements of Standard 3 and the expected processes and results to support compliance, finishing with some examples of 'better practice' identified by the Agency.

Some say the big disappointment was that all of the examples presented were from interstate, a challenge perhaps to South Australian providers?

Doug Strain, CEO of Masonic Homes talked about the Changing Culture of Aged Care and stimulated the audience with selected insights of changes and challenges addressed in the recent review of Professor Hogan.

He painted a picture of an 'immature' industry in the throes of major growth which is going to significantly alter the way we look at aged care in the future. The drive for increased efficiency to meet customer expectations in a cost-effective manner will have long reaching effects.

Doug foresees an industry where successful players have strong management and leadership

structures that are accepting of change, readily embracing technology and innovation and entering into strategic alliances or partnerships with others not directly aged care focused but with complimentary goals.

But probably the biggest change he sees the 'commercialisation' of the industry. Bottom line, unless an organisation is financially viable, it will not be in business. This does not mean a deterioration of quality but rather effective management of the diminishing resources to support the commitment to customer service that ensures ongoing viability.

After lunch speakers are often easily forgotten because the audience has such low energy levels. Well, not so this time!

A highly entertaining but also extremely relevant presentation was delivered by **Robert Godden** from Speakman, Tanner & Menzies. In a nutshell, Robert's rules are:

- *Know who you want*
- *Plan your process*
- *Be even-handed and transparent*
- *Negotiate the parameters*
- *Don't lose them* (in the first place)

Simple concepts, yet they seem to cause so many people and places no end of grief in attempting to hire, retain and dismiss staff by

not adhering to them.

Allison Willis, Senior Project Manager from the Nurses Board of South Australia spoke about the role possibilities and parameters of the Enrolled Nurse. Many audience members were surprised to learn that their ENs who they believed were classified as working without supervision are, in fact working under indirect supervision.

Also clarified were the differences between the role of the EN and Care Worker and appropriate delegation of care; a really timely presentation.

The day ended with a stimulating debate between 'the two Robs', **Rob Bonner** and **Rob Dempsey** about the very thorny issue of the cost of professional staff. With many valid points on both sides we saw probably for the first time, some common agreement. Registered Nurses are essential to quality care delivery, are valued (if not paid as such) and need to be recruited and retained by providers if they are to remain in business (echoes of Doug Strain's presentation).

Another successful Thorny Issues day completed. The participants verdict: "the best one yet".

Both Doug's and Robert's presentations are posted on the N & C Baron website.

For You

We spend a lot of time researching the thorny issues that could cause facilities grief.

We feel that having practical people that have answers

or insights into these issues is an effective way of moving the agenda along.

We have been very pleased with the positive feedback that we received after the conference and will

endeavour to continue to offer these opportunities.

If you know of a Thorny Issue you would like explored or wish to recommend a topic or speaker, please contact us.

Thorny Issues 6

is booked for **Thursday 18 August 2005** – put it in your diary NOW.

Support visit Concerns

by Neil Baron

Nobody likes being told that they are not doing a great job and often the first point of retaliation is the messenger.

Conversely we all feel that we are entitled to defend our position, to explain what we are doing and why.

If we can get the mix right then everyone is part of a winning situation, everyone is able to save face and move towards correcting problems. Well that's the theory.

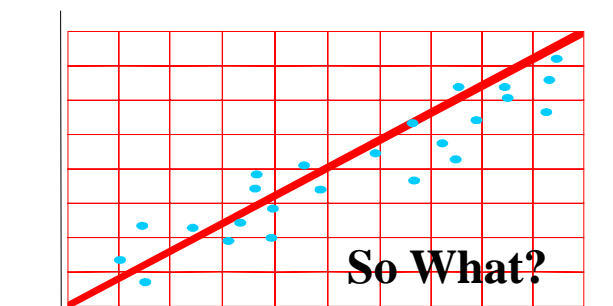
Unfortunately we have been hearing expressions of concern from some facilities on the manner of some visits with "Gestapo" being mentioned. This is not just in South Australia but also from the Eastern States.

Now we must say that particular term does not sit easy with us. Having had the privilege of visiting more than a dozen of the European sites where the aftermath of Gestapo tactics resulted in the suffering and death of millions, we believe that the term is most inappropriate and

should not be used in any context, nor should it be used lightly.

But ill use of terms aside, it appears that problems do exist. Part of the problem we be-

lieve is that auditors are still



lieve is that auditors are still too subjective and wanting to impose their values and thoughts on how to do things, rather than looking at what is actually happening.

This notion was highlighted in *The Baron Report Vol 2 Issue 4 2001* which we have reproduced and included in this edition. (For copies of all past editions of *The Baron Report* please visit our website, www.ncbaron.com and go to docu-

ments.) It also needs to be said that the constant demand for graphs to demonstrate progress often shows the naivety of the person making the request. While there is a

time and place for graphs as a way of summarising past performance, there are many more effective ways.

Nothing in the Aged Care Principles states that you need to have graphs.

Assessor or Educator?

One area of concern is determining what role the auditor is presenting at the time, that of assessor or educator. It has to be one or the other in or-

der to be objective and transparent.

Comments made by auditors should be put in writing so that there is no misinterpretation of what is being conveyed.

This procedure, if adhered to should result in reduced confusion and allow everyone to understand what is attempting to be said.

Unfortunately verbal communication is just too easy to be misconstrued. Support visits should be positive for all and better practice should be the result. If this is not the case it is perhaps necessary to revisit what is happening.

We acknowledge that many facilities have had positive experiences but believe that this is as it should be and should not come as a surprise.

If you have had a positive or negative experience we would like to hear from you.

Your confidentiality will be respected.

Congratulations Ananda

Aged Care is rapidly changing and that change is becoming evident in all the building and renovations that we are continually coming across.

The old 'cottage' style accommodation are rapidly disappearing, being replaced with lovely resort type accommodation.

It will be interesting to see what facilities will be seen as models to emulate in the future.

One facility that will have tongues wagging is the newly opened facility in Hope Valley.

It was a real pleasure to have a guided tour by Dr Goel of his new facility, Ananda.

It was a rainy and grey day, but that did not seem to be concerning the residents who were happily chatting around the fireplace. Our only regret was not being able to join them.

The kitchen was to magnificent, as was the cake we were served, courtesy of the qualified chef employed to provide meals to a standard equivalent to the surroundings.

Residents are the big winners in this facility.

Room decor and attention to little details really do make a difference.

Wow. It is wonderful to see the results that can be achieved when good planning and passion com-

bine. The involvement of staff in the planning process ensures that the facility is as functional as it is attractive. The results are lovely and a credit to all concerned.

Dr. Goel, Brenton, Jackie and all the staff should be justifiably proud of their efforts.

Well done

The Baron Report

Volume 2, Issue 4, 2001

Clarification Sought - Clarification Given

by Carla and Neil Baron

Accreditation is about quality; developing a system that is transparent and understandable by all stakeholders. Most places have grasped that notion and have grown because of it.

Over the last few months we have heard some worrying stories relating to accreditation audits and follow-up visits.

Some facilities have spent time and money on areas that were deemed to be 'necessary' on the first round to find they are being downplayed or ridiculed on follow-up visits. This experience, it would

appear, is not limited to S. A.

It appears that the notion of quality (that is the same system on every occurrence) is not always evident. The notion that a facility should do something because an auditor says so needs to be questioned as to the basis of the request.

As discussed in the last issue of *The Baron Report*, a clear understanding of what is a directive and what is a suggestion needs to be made transparent. It appears that in some instances facilities are being told to do something, implying that it is a mandatory

situation. That is fine and there should be no problem in a facility carrying out that request. There also should be no difficulty in the auditor giving a clear indication of the basis of the request.

For example if a room is required to be painted pink to meet a standard then it must happen. If on the other hand the auditor thinks that the room would look good painted in pink, then this needs to be made clear.

The challenge then is for the Agency to be able to confidently demonstrate that all

auditors are telling the same story and that when asked to clarify a situation this is done promptly and clearly in writing, relating to the relevant area.

Following a request for clarification, Angela Halsey, State Manager of the Agency provided this letter which we are pleased to present in its entirety. We thank Angela for responding to this matter and explaining the Agency position. The greater the level of understanding, the less likely that misinterpretations will occur.

The Aged Care Standards Agency

28 May 2001

Dear Ms Baron.

CLARIFICATION RE REQUIRED IMPROVEMENTS

Since the first round of accreditation, a small number of service providers have sought clarification of issues, comments or suggestions raised by assessors during support visits. In some cases, they felt they were receiving different signals from different assessors.

I hope this helps to clarify that issue for your members.

Firstly, I would like to outline the role of assessors and of the Agency in specifying **requirements** or making **suggestions**.

In accrediting a residential care service, the Agency must decide "whether there are any matters in respect of which improvements must be made to improve compliance with the Accreditation Standards" (Accreditation Grant Principles, s2.28(1)(b)). The Agency details these "matters" in each service's Site Audit Report as **Required Improvements**. These are matters which a service must address, and must include in the Plan for Continuous Improvement sent to the Agency after accreditation.

During support contacts assessors will, among other things, ascertain progress on any Required Improvements.

Many services will also find that, in the Site Audit Report, assessors identified **Opportunities for Improvement**. There is no obligation for services to act on these suggestions. Rather, they should consider them in the same category as suggestions raised by staff, residents, relatives, or any other contributor to their continuous improvement program.

A service must show that it is actively pursuing continuous improvement. The ways in which it captures feedback about gaps in its processes, and identifies improvements, is part of the test that continuous improvement is working.

Similarly, assessors may make comments or suggestions which do not appear in written reports. Again, these are intended to help management and staff improve their systems or service. Assessors do not expect their suggestions to be acted upon as a matter of course.

If services are unsure about any issue raised by an assessor, please contact the assessor concerned and clarify that issue.

Yours sincerely

Angela Halsey State Manager (SA/NT)

Current information for the Aged Care Industry