NURSES PROFESSIONAL ASSOCIATION OF AUSTRALIA

Aged Care Reform — What We Are Doing and Why It Matters

Member Newsletter · March – September 2026

This is a record of what NPAA has done on your behalf since March 2026 to push for aged care reform. It covers three formal meetings with the Aged Care Quality and Safety Commission, two frontline surveys, escalations to the Federal Health Minister, and enterprise bargaining claims. Read it as evidence — of your stories being heard, your names never used, and your concerns never dropped.

1. GATHERING YOUR EVIDENCE — THE SURVEYS

Before each Commission meeting, NPAA and AMPS ran a frontline survey to capture what was happening on the ground. We called members directly. We read every response. Nothing was summarised away.

Survey 1 — March 2026

- 83% of respondents reported missed care — pressure injury prevention, wound care, falls, hydration, documentation
- 90% said increasing paperwork was reducing their direct care time
- Only 20% believed care minutes were being accurately delivered in practice — not just reported on paper
- Only 26% felt their facility was using nurses to their full clinical scope of practice
- Widespread reports of SIRS incidents being downgraded internally and staff afraid to report directly
- Visa-related pressure and workforce exploitation across multiple states

Survey 2 — July 2026

- Unqualified staff administering scheduled medications confirmed routinely or occasionally across QLD, NSW, SA and VIC
- Multiple confirmed medication errors: wrong dose, wrong resident, non-crushable medications crushed, palliative medications mishandled
- Occupational violence reported by the majority of respondents — from residents, families and management
- Mandatory training being completed in workers' own time, unpaid, across the majority of respondents
- Overwhelming member support for a national ban on unqualified medication administration equivalent to Victoria's new law
- Significant member uncertainty about whether the August 2026 Work Value Case wage increase would be passed on in full

> *"They are adding hours from nurses who are not providing care on the floor — ANACC assessors at a computer, care managers doing file reviews. That is administrative work, not direct clinical care. They are reporting something that is not true to prop up actual deployed care minutes."* — RN, QLD
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> *"A resident was given 20ml of Risperidone instead of 0.2ml as charted, without an RN or EN present."* — EN, QLD
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> *"In 35 years it's too many to recount. The response from management is always 'What did you do to provoke them?' It is always the staff, never the resident."* — PCW, QLD

2. TAKING YOUR VOICE TO THE REGULATOR — THREE MEETINGS IN 2026

NPAA and AMPS hold three formal meetings each year with the Aged Care Quality and Safety Commission. These are on the official record. The Commission is required to respond. Here is what has happened at each one.

Meeting 2026/01 — 31 March 2026

Attended by: Kara Thomas (NPAA President), Dr Duncan Syme (AMPS President), Dr Gary Fettke, and six senior Commission representatives including two Deputy Commissioners.

- Presented March survey findings in full — workforce pressures, missed care, SIRS barriers, exploitation, bed block
- Raised EN underutilisation, documentation burden, hospital transfers and the AMPS Immediate Bed Block Solution Proposal
- Commission committed to two formal action items — both recorded in official minutes:

  Action 1: Commission to pass NPAA/AMPS feedback on care minutes and RN/EN workforce concerns to the Department of Health, Disability and Ageing. Due: 24 July 2026.

  Action 2: System risks and questions for the Commission to be carried onto the next meeting agenda. Due: 24 July 2026.

Note: The Commission's own update was not discussed at this meeting due to timing. This was named and followed up.

Meeting 2026/02 — 24 July 2026

Attended by: Kara Thomas (NPAA President) and five Commission representatives including two Deputy Commissioners and a/g Director of Intake and Complaints, Ana Chenoweth RN. Apologies: Dr Duncan Syme (AMPS), David Pezzanite (Commission).

The Chair noted some issues raised fall outside the Commission's regulatory remit — NPAA noted this on the record and named where responsibility does sit.

Medication Safety

- NPAA presented evidence of unqualified staff administering scheduled medications nationally
- Commission acknowledged Standard 5 requires safe medication systems — but did not commit to national consistency with Victoria's law
- NPAA position: this is a patient safety issue, not a state policy preference. We are continuing to push.

Care Minutes

- NPAA asked how the Commission is enforcing Standard 2.8 and whether indirect care time will be separately accounted for
- Commission confirmed complaints and intelligence about care minute manipulation can and should be reported — they form part of regulatory assessment
- Commission referred our indirect care minutes question to the Department
- On 27 July 2026, the Department responded in writing — three days after the meeting. The Department's position:

  Documentation, care planning and coordinating care with other practitioners are already recognised as direct care and can be counted towards care minutes.
  Other activities not meeting the direct care definition are captured in the Quarterly Financial Report and used to inform IHACPA pricing advice.

  There is currently no review of the care minutes definition underway.

NPAA's response: if documentation already counts as direct care, why are 90% of our members spending 6 hours on a computer and 2 hours at the bedside? Why are providers counting ANACC assessors and care managers doing file reviews as direct care? The framework may allow it. Our members are telling us it is being abused. We are not letting this go.

Documentation Burden and Red Tape

- NPAA sought clarification on which documentation requirements are regulatory versus provider-imposed
- Commission referred our questions to the Department and noted published guidance on the strengthened standards
- NPAA is now taking documentation red tape reduction into enterprise bargaining — seeking to establish documentation red tape reduction committees at the facility level

Enrolled Nurse Workforce

- Commission confirmed it shared NPAA/AMPS feedback on care minutes, 24/7 RN and long-stay older patients with the Department, along with our policy proposal
- We have written to the Minister for Aged Care regarding the definition and implementation of Care Minutes with the 10% EN rule.
- Department and Commission are continuing to work on care minutes compliance
- Department has recently made progress with states on delayed discharge — we will hold them to this

Occupational Violence

- NPAA reported widespread occupational violence — particularly workers in contact with high-acuity dementia residents
- Commission noted it considers what providers are doing to put safe systems of care in place

That is not enough. NPAA is escalating to the Federal Health Minister. See Section 4.

Bed Block and Delayed Discharge

- Commission confirmed its jurisdiction is limited to residential aged care and home care — hospitals are outside its remit
- Commission is working with states and territories to understand barriers to discharge and support for providers managing complex behaviours
- NPAA noted this does not address the clinical deterioration of older people stuck in hospitals — a patient safety issue the Commission must acknowledge

Complaints Process

- Commission committed to two new action items — both formally recorded, both due 24 November 2026:

  Action 1: Commission to provide NPAA with resources explaining what evidence providers must supply to demonstrate compliance with strengthened standards.

  Action 2: Commission to provide NPAA with a draft worker complaints factsheet for review and feedback before release.

- A dedicated team has been established at the Commission to work specifically on worker complaints
- NPAA will review the factsheet.

Higher Everyday Living Fees and Nutrition

- Commission flagged concerns about residents receiving poorer food and lifestyle options based on ability to pay — raised by NPAA in previous meetings and surveys
- Commission webinar on HELF held 11 August 2026 — available on demand at the Commission's website

Meeting 2026/03 — Next meeting: Tuesday 24 November 2026. Survey to follow in October.

3. BED BLOCK — A NATIONAL CRISIS AND NPAA'S CAMPAIGN

NPAA and AMPS first raised bed blocks and delayed discharge at the March 2026 Commission meeting. We presented the AMPS Immediate Bed Block Solution Proposal. Seven months on, the crisis has worsened significantly.

The numbers (September 2026)

- 3,600+ older Australians now stranded in state-run hospitals waiting for Commonwealth-funded aged care beds
- Up from 2,700 in mid-2025 — a 33% increase in 12 months
- Costing state health budgets more than $2.34 billion a year nationally
- Queensland alone: $2.5 million a day; 1,272 stranded patients; 15 patients stuck for more than 700 days; one patient waiting nearly three years
- Only 26 new aged care beds added in Queensland between June 2024 and June 2025
- Every state and territory health minister has now issued a joint statement demanding federal action

What our members are seeing

> *"The mobile, difficult-to-manage, violent patients are the ones who take the longest to find a placement. Many don't get to leave — unable to go home, not accepted into aged care, they remain on the ward for sometimes years, deteriorate and pass away before a placement is ever secured."* — RN, Hospital QLD

> *"Aged care facilities get to choose who they accept, which leaves the most in need rejected time and time again. Access to beds for the patients who need them most is the single biggest issue."* — RN, Hospital QLD

> *"The emergency department is quite overwhelming for a person living with dementia — lots of lights, noise, people — adding to confusion and disorientation. Extended hospital stays with no sunlight, no activities, no social engagement accelerates functional and cognitive decline."* — Member

NPAA/AMPS Immediate Bed Block Solution Proposal

Presented at the March 2026 Commission meeting. Calls for:

- Dedicated primary care doctors attached to aged care facilities for regular clinical review and to manage deterioration within the facility
- Hospital in the home services for aged care residents, including mobile X-ray
- Mandatory rotation of hospital doctors through aged care facility terms
- GP attachment to facilities to reduce polypharmacy and support early detection of deterioration
- Dedicated dementia-specific facilities for residents with severe behavioural complexity — hospitals and general aged care facilities are both failing this cohort
- Faster approval of assistive technology and home modifications to enable safe discharge
- Adequate DSA funding beyond the current five-day cap for residents requiring specialling

4. OCCUPATIONAL VIOLENCE — ESCALATING TO THE FEDERAL MINISTER

Occupational violence in aged care is not new. What is new is that NPAA is naming it, recording it, and refusing to let it be normalised.

What our members told us — July 2026 survey

- Occupational violence reported by the majority of respondents — from residents, families and management
- Most common management response: "part of the job" / incident system too complex to complete within shift / management discouraging reports
- Staff assaulted by residents have no equivalent SIRS reporting obligation to the one that applies when a resident is harmed
- No code of conduct mechanism exists for family members — the consumer rights framework is entirely one-sided
- Racial abuse and face-to-face aggression from management reported across multiple states

Member voice

> *"I wanted to make an incident report after being punched by a resident. The reporting system was so complex I didn't have time during my shift to complete it. Management was not happy to provide overtime and indirectly discouraged me from reporting."* — RN, QLD
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> *"One RN was called into the manager's office and had him get right in her face and yell at her. He was being racist. To placate her and keep her from taking things further, the company gave her a clinical excellence award."* — RN, QLD
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> *"Family members intimidate and yell at RNs constantly. There is no mechanism to require a code of conduct from families. We almost need a SIRS for families."* — RN, NSW

NPAA is formally raising this with the Federal Minister for Health and Aged Care

The Commission's response — that it considers what providers are doing to put safe systems in place — is not adequate. NPAA is asking the Minister to:

- Require the Commission to collect and publicly report data on occupational violence against aged care workers
- Introduce a mandatory reporting obligation for staff assaults equivalent to the SIRS obligation for resident harm
- Mandate a code of conduct framework for residents' families — the consumer rights framework cannot be one-sided
- Simplify incident reporting so frontline workers can actually use it within their shift

If you have experienced occupational violence and are willing to share your story to support this campaign, contact us at hotline@npaa.asn.au — for the attention of Kara Thomas. All accounts treated confidentially.

5. TAKING IT INTO ENTERPRISE BARGAINING

Regulatory advocacy only goes so far. NPAA is now embedding aged care reforms directly into enterprise bargaining claims — turning member evidence into enforceable workplace rights.

EBA claims arising from aged care survey findings

- Documentation red tape reduction committees — formal workplace committees with the power to identify and reduce unnecessary documentation obligations at facility level
- Mandatory training to be completed during paid work hours — no more training on personal time
- EN workforce protections — preventing the further elimination of EN roles and misclassification of EN care minutes as personal care minutes
- Safe medication administration — EN replacement of unqualified medicators where facilities cannot meet the Victoria standard through RN cover alone
- Occupational violence response obligations — incident reporting within paid time, mandatory debrief, no normalisation language ("part of the job")

These claims put your survey responses into legally binding form. Every member story that went into a survey is now working twice — once in the Commission meeting room, once at the bargaining table.

6. WHAT COMES NEXT

Commission action items — due 24 November 2026

- Commission to provide NPAA with guidance on what evidence providers must supply to demonstrate compliance with strengthened quality standards
- Commission to provide NPAA with a draft worker complaints factsheet for our review and feedback before release

Meeting 2026/03 — 24 November 2026

Our third and final Commission meeting for 2026. A new survey will go out in October. Watch for it — your response shapes what we raise.

Ministerial correspondence — occupational violence

NPAA has formally written to the Federal Minister for Health and Aged Care on occupational violence in aged care, medication safety, and bed block. If you have a story to contribute, contact us.

How to report to the Commission directly

Members who have evidence of care minute manipulation, unsafe medication administration, SIRS under-reporting or occupational violence can report directly to the Commission. You do not need to go through your employer. You can make an anonymous complaint

None of this happens without you.

Every survey response. Every phone call you took. Every story you shared. This is where it goes — into Commission meeting rooms, onto ministerial desks, and into enterprise agreements. You are the evidence. You are the campaign.

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