Response to the request for additional evidence for :
NSW Legislative Council Select Committee Inquiry on the provisions of the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020.

NSW NURSES AND MIDWIVES' ASSOCIATION
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Foreword

The New South Wales Nurses and Midwives' Association (NSWNMA) is the registered union for all nurses and midwives in New South Wales. The membership of the NSWNMA comprises all those who perform nursing and midwifery work. This includes registered nurses, enrolled nurses and midwives at all levels including management and education and assistants in nursing and midwifery.

The NSWNMA has approximately 70,000 members 10,000 of which work in aged care and is affiliated to Unions NSW and the Australian Council of Trade Unions (ACTU). Eligible members of the NSWNMA are also deemed to be members of the New South Wales Branch of the Australian Nursing and Midwifery Federation.

NSWNMA exists to be a strong, influential union of members respected as a contemporary leader in society for its innovation and achievements. We welcome the opportunity to provide a response to this consultation.

This response is authorised by the Elected Officers of the New South Wales Nurses and Midwives' Association

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Additional information

Please find a list of all that is effectively missed out in a residential aged care facility where a Director of Nursing and Registered Nurses (RNs) are not in place, requested at the Inquiry hearing on Monday 29 March 2021 by The Hon. Greg Donnelly. This will supplement the *ANMF National Aged Care Staffing and Skills Mix Project Report 2016: Meeting residents' care needs: A study of the requirement for nursing and personal care staff* provided to Committee Members at the time.

Due to the variable and individual nature of residents needs it is difficult to quantify the exact missed care that could occur for resident B (see table below). However, we have attempted to capture those elements that are guaranteed for residents through NSW legislation that are missing if there is sole reliance upon commonwealth legislation.

It should be noted this list is not exhaustive and is generalised. Whilst we are not suggesting the scenarios described for Resident B always occur, the law as it stands could allow for these scenarios to occur. Indeed, we regularly receive feedback from our members providing scenarios where residents in facilities without a RN 24/7 do experience a lower standard of care.

Resident A	Resident B
RACF approved pre 1 July 2014 for high care operating within existing Commonwealth and NSW legislation required to have a Director of Nursing and to have a Registered Nurse on duty at all times	**RACF approved post 1 July 2014 or no low care places as at 30 June 2014 operating only within Commonwealth legislation – no NSW legislated staffing requirement**
• Clinical governance, infection prevention and control and care delivery overseen by an experienced and senior Registered Nurse acting in the capacity of a Director of Nursing • Director of Nursing to provide clinical supervision to RNs enabling better quality assurance in care delivery • Director of Nursing providing professional support ensuring aged care is a more attractive workplace for highly skilled RNs • Director of Nursing available to support new graduate RNs entering the profession	• General Manager who is not a RN overseeing delivery of clinical care, complex healthcare and complex polypharmacy by unregulated care workers • Access to RN determined by the provider, including for the administration of 'as required' pain medication • Unregulated AIN/PCW administering medication including dangerous drugs of addiction (DDA) • Limited protections through good practice guidelines on safe use of medicines

reducing staff turnover and creating safer care environments which will enable more continuity of care and building of local expertise • 24-hour access on-site to at least one RN • Management of each shift by a RN who has completed a three-year degree and who is accountable to a professional registration body for their professional conduct • Management of each shift by a RN who is able to assess, plan, implement and evaluate nursing care using evidence-based practice and a professional code of ethics • RN on-site at all times to directly supervise, educate and support care workers in the delivery of direct care to residents • Management of each shift by a RN who has a professional requirement to report drug errors ensuring safer medication practice • Immediate access to 'as required' medications including s8 and s4d for pain relief • RN administration of dangerous drugs of addiction (DDA) • Same legal protections as patients in NSW Hospitals regarding drug procurement, administration and storage enhancing resident safety • Management and administration of all prescribed medicines by a licensed and regulated RN or EN with a minimum training of AQF level 5 including in pharmacokinetics, pharmacodynamics, and nursing assessment • Immediate access to 'as required' medications including s8 and s4d for pain relief • RN administration of all dangerous drugs of addiction (DDA)	• Unregulated AIN/PCW administering medication including dangerous drugs of addiction (DDA) • No minimum training requirements before medications can be administered by care workers • No legislated minimum training standards for care workers. Training determined by the provider and often delivered online • Transfer to hospital or reliance on peripatetic ad-hoc and on-request clinical support leading to poorly coordinated clinical care, delays in meeting care needs or undesired hospitalisation inconsistent with *Ageing in Place* ideology • Limited ability of workers to receive, interpret, deliver and evaluate care instructions from medical professionals including GPs either by telephone or via Telehealth • Management of complex healthcare unachievable without hospitalisation or outreach services funded by the LHD

• On-site timely clinical care assessed, planned, delivered and evaluated by RNs including: catheterisation; palliative care; complex wound management; enteral feeding and psychotropic medication regimes • Management of each shift by a RN who is able to receive, interpret, deliver and evaluate care instructions from medical professionals including GPs either by telephone or via Telehealth • Management of each shift by a RN who has graduate level education, and clinical competency in relation to infection prevention and control • Management of each shift by a RN who has graduate level education in chronic disease management, health promotion and preventative health thereby reducing avoidable hospitalisation • Management of each shift by a RN who is required to undertake continuous professional development in order to maintain their professional registration • Management of each shift by a RN who is required to adhere to professional standards relating to conduct and ethics and is subject to mandatory reporting requirements	

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