

## **Online questionnaire report: Inquiry into the provisions of the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020**

The Select Committee on the Provisions of the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020 launched an online questionnaire to enable public participation in an efficient and accessible way.

The questionnaire was not intended as a statistically valid, random survey. Like the submission process, respondents self-selected in choosing to participate. This means that respondents were not a representative sample of the New South Wales population, but rather interested members of the public who volunteered their time to have a say. It should be noted that some participants may reside outside of New South Wales.

The questionnaire was complementary to and did not replace the usual submission process. The submission portal was also available to individuals and organisations who wished to provide a more detailed response to the inquiry's terms of reference. In this regard, some respondents may have completed the questionnaire and also made a submission.

### **Questions**

The questionnaire comprised 13 questions. This included background information about the respondents including the capacity in which they responded to the questionnaire.

A mix of multiple choice and open-ended questions sought the views of respondents on:

- whether there is the need for a registered nurse on duty at all times in aged care facilities
- standards of care in aged care facilities
- impacts on other parts of the public health system
- lessons from the COVID-19 crisis
- their general comments on the bill or aged care in New South Wales.

The full list of questions is at Appendix 1.

## Responses to questions

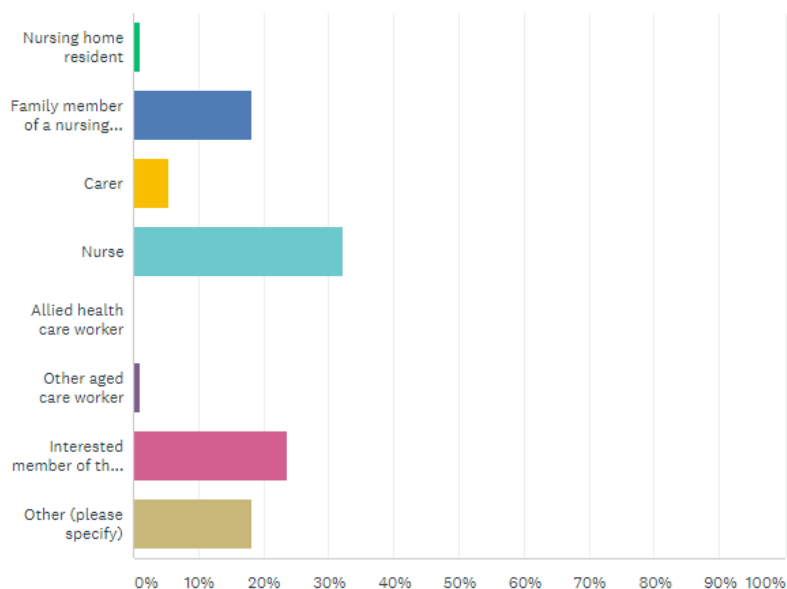
The questionnaire was open from 20 November 2020 to 28 April 2021 and received 94 responses. A sample of answers and summaries of responses are provided for each question below. The samples have been selected to represent the various viewpoints expressed in the responses.

### Background

Most respondents to the questionnaire were nurses (32.26 per cent), followed by other interested members of the public (23.66 per cent) and family members of nursing home residents (18.28 per cent).

### In what capacity are you responding to this questionnaire?

Answered: 93 Skipped: 1



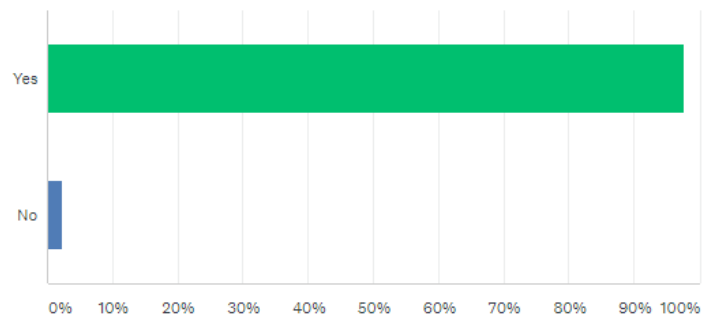
ANSWER CHOICES	RESPONSES
▼ Nursing home resident	1.08% 1
▼ Family member of a nursing home resident	18.28% 17
▼ Carer	5.38% 5
▼ Nurse	32.26% 30
▼ Allied health care worker	0.00% 0
▼ Other aged care worker	1.08% 1
▼ Interested member of the public	23.66% 22
▼ Other (please specify)	Responses 18.28% 17
<b>TOTAL</b>	<b>93</b>

***Do you believe there is a need to have a registered nurse on duty at all times in nursing homes and other aged care facilities with residents who require a high level of residential care?***

An overwhelming majority of respondents (97.73 per cent) believed that there is a need to have a registered nurse on duty at all times in aged care facilities with residents who require a high level of residential care.

Do you believe there is a need to have a registered nurse on duty at all times in nursing homes and other aged care facilities with residents who require a high level of residential care?

Answered: 88 Skipped: 6



ANSWER CHOICES	RESPONSES
Yes	97.73% 86
No	2.27% 2
TOTAL	88

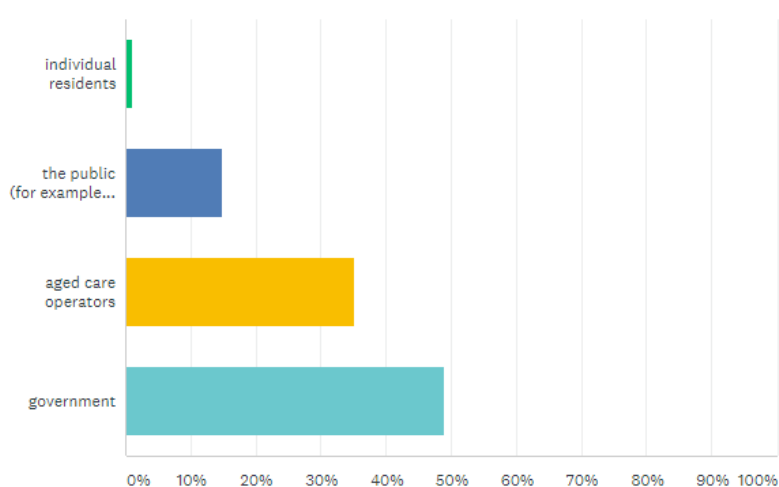
***Do you believe that the additional costs that may occur from increases to staffing levels should be paid by:***

- a) government***
- b) the public (for example through the taxation system)***
- c) aged care operators***
- d) individual residents***

Most respondents believed that any additional costs that may occur from increases to staffing levels should be paid by the government (48.86 per cent). A considerable number of respondents believed that these costs should be paid by aged care operators (35.23 per cent).

Do you believe that the additional costs that may occur from increases to staffing levels should be paid by:

Answered: 88 Skipped: 6



ANSWER CHOICES	RESPONSES
individual residents	1.14% 1
the public (for example through the taxation system)	14.77% 13
aged care operators	35.23% 31
government	48.86% 43
<b>TOTAL</b>	<b>88</b>

***Do you have any comments on the impacts of having registered nursing staff on duty at all times on people in care?***

Most respondents believed that registered nurses should be rostered on 24/7 due to their specialist knowledge and skills to manage situations that other staff are unable to, including the ability to provide clinical care and appropriately administer medication.

- 'Registered nursing staff are needed to provide clinical oversight and leadership of non-nursing care, and professional nursing care to increasingly frail group of older people who live in residential care. Given the growing frailty of the resident group, and the unpredictability of the need for clinical intervention, nursing staff should be available at all times. Although the need for registered nurses' strong infection control knowledge

was evident before the Covid-19 pandemic (eg in deadly outbreaks of influenza and gastro-intestinal disease), the pandemic has made this issue critical. The outstanding record of state-owned facilities in Victoria, which have mandated nursing staff ratios around the clock supports this case.' (Researcher on aged care systems)

- People in nursing homes are there because of their high health care needs. Many have multiple health problems. The knowledge to provide for their complex care needs comes from a registered nurse. There needs to be an RN present 24 hours a day, 7 days a week, because people can fall, or fall ill at any time (Family member of a nursing home resident)
- 'RN sent resident to hospital as he had chest pain. The resident said nothing until the RN observed his pallor and non verbal signs confirmed with vital signs. This saved his life. This happened at midnight. RN needs to be in attendance 24/7.' (Nurse)
- 'It is important to have a level of care that is appropriate to the complex care and health needs of the residents. These people are in care because they are needing a level of care that is very complex. The skills and knowledge a RN has is at the level to support the health needs and provide safe care.' (Interested member of the public)
- '... Having a registered nurse on duty 24/7 is a vital part in providing qualified competent staff in an environment that provides care to some of our most vulnerable people.' (Former mental health nurse)
- 'A registered nurse is needed to sign out end of life medication ... My family were very thankful that an RN was in duty at all times within the nursing home my mother was an inpatient in last October when she was administered end of life palliative care medication in a very timely manner. Nothing more horrendous on a family losing a loved one knowing that their loved one has lost their right to sedation and pain relief when needed only because an RN was not on duty to administer this medication...' (Family member of a nursing home resident)
- 'Calling it a nursing home implies care from a nurse ... An RN is qualified to make important decisions, including when a doctor should be contacted, and also the administration of prescribed medications.' (Interested member of the public)

Other respondents expressed the view that registered nurses are able to prevent unnecessary hospitalisation by addressing the health needs of residents before they warrant admission to hospital. Some of these respondents also saw this as a benefit to the public health system.

- '... These residents cannot live in hospitals and as such need registered nurses who are trained to make assessments in the facility. I have seen many inappropriate transfers of patients to hospital because of a lack of registered nurses and also a blockage of residents in returning to facilities because a lack of registered nurses when the facility is the tenured address of the resident ... without RNs on site there will be a lot of inappropriate hospital transfers but more importantly residents in pain and distress that cannot receive treatment because of a lack of RNs ...' (Specialist Geriatrician)
- 'Vital for aged care to have ability to give gold standard of care, this is exemplified by having qualified and experienced Registered Nurses on site 24 hours a day 7 days a week.'

Will cut down admissions to emergency departments which is traumatic for the elderly, will give security of care and ability to care in the 'home' environment and our elderly who cannot be cared for by family deserve this simple and obvious level of care at all times.' (Interested member of the public)

- 'People in aged care have increasingly complex physical and psychosocial needs. Many elderly people also die in aged care facilities. RNs need to be available 24/7 as many things occur over the 24 hour period that required assessment, treatment (that is appropriate) administration of medications when needed - especially if dying. This will support residents to remain in their aged care facility and reduce the need to transfer to acute hospitals.' (Nurse)
- 'Without training to a high level residents end up in hospital costing the government a lot more money.' (Retired aged care registered nurse)
- 'Would prevent so many unnecessary transfers to Emergency Departments, because staff are not qualified to do observations following falls etc. Puts extra load on hospitals and distressing for residents. Registered nurse needs to be in addition to care staff, so they can maintain a supervisory role.' (Family member of a nursing home resident)

However, some respondents held concerns about workforce shortages and availability when rostering registered nurses, particularly in regional, rural and remote areas.

- In regional rural remote aged care facilities, there would not be the workload required, funding available or qualified staff available to have RN's on duty for 24 hours. Our residents are cared for by an RN 2 days a week with qualified care staff attending to their needs at other times. The RN carries out the Doctor's instructions and oversees wound management, falls and other clinical care ... We have tried to employ another casual RN for 12 months, but have not been successful. (Assistant Manager Aged Care Facility)
- There is a well-documented chronic shortage of RNs in rural NSW, nursing homes are in competition with local hospitals, hostels and community health organisations for their services. To fill our roster of required RNs, our nurses are working long hours with overtime adding to our costs. The Director of Nursing, a management position, and the Clinical Care Manager, management and clinical, have been diverted from their positions to fill vacant shifts. Casual workers on the verge of retirement have delayed leaving the work force to enable our nursing home to continue operating. (Finance Manager at a high care nursing home)

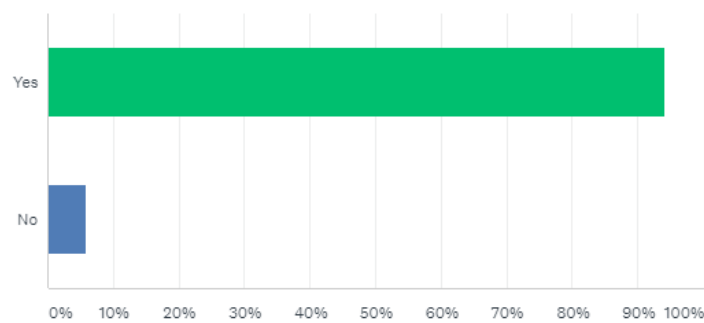
*Do you believe there is a need for further regulation and minimum standards of care in nursing homes and other aged care facilities?*

*Do you believe there is a need for further regulation of safe staffing levels in nursing homes and other aged care facilities?*

Over 90 per cent of respondents believed that there is a need for further regulation and minimum standards of care and regulation of safe staffing levels in nursing homes and other aged care facilities.

Do you believe there is a need for further regulation and minimum standards of care in nursing homes and other aged care facilities?

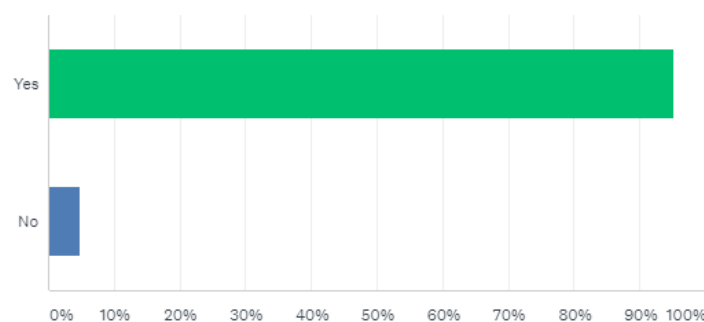
Answered: 84 Skipped: 10



ANSWER CHOICES	RESPONSES
Yes	94.05% 79
No	5.95% 5
TOTAL	84

Do you believe there is a need for further regulation of safe staffing levels in nursing homes and other aged care facilities?

Answered: 84 Skipped: 10



ANSWER CHOICES	RESPONSES
Yes	95.24% 80
No	4.76% 4
TOTAL	84

***Do you have any comments on the importance of appropriate staffing levels across the whole mix? (Health Professionals, Registered Nurses, Enrolled Nurses, Personal Carers, Support Staff)***

Many respondents felt that staffing ratios were important to improve staff workload and allow nurses to fulfil their roles appropriately to offer adequate care to patients.

- 'Without some sort of ratios there is only basic care given demands of residents in residential care is quite high without the right staffing this can result in basic human neglect through no fault of the staff.' (Carer)
- 'There should be a much higher ratio of qualified staff to nursing home residents than there is at present.' (Interested member of the public)
- 'Older people in residential care must have access to all appropriate allied health professionals. Minimum qualifications and staffing levels must be mandated and enforced. Registered nurses must be employed in all residential aged care. Staffing should be on a fixed ratio basis and qualifications must be included in this fixed ratio, rather than being left up to individual facilities to determine. The ratio must also be tied to the number of residents and their needs.' (Aged care advocates)
- 'Better staff patient ratios especially with single rooms as staff are in these attending to patient care while wandering patients are up and about and not being supervised. Personal carers on each shift would help with these patients to suit our walk with them. A lot of patients sadly don't get visitors and personal carers could fill this void.' (Family member of a nursing home resident)
- 'We desperately need mandated minimum staffing levels and required mix of skills and qualifications over every shift in every RACFs. Nurses must be working on the floor with PCWs. Nurses administer medications, mentor PCWs and is the team leader. Nurses ensure that residents under their care are looked after ... PCWs' roles are to assist our residents with their personal hygiene, toileting and continence care, assist at mealtimes, to assist with regular repositioning and PAC. Since the deregulation was introduced in the Aged Care Sector, understaffing has become the norm. Workloads have been stretched. Even our hours have been reduced yet our workloads have increased. Also, Providers have allowed PCWs to administer medications, with S4 and S8s in Webster cards! These are dangerous drugs kept in double locked safes in hospitals with 2 nurses witnessing its administration to a patient! This is dangerous and yet it is allowed to happen in aged care!' (Nurse)
- 'I would like to see enforceable staff ratio mix not unlike child care ie 1 RN per set number of residents and/or level of care that each resident requires. RNs will have the ability to recognise any deterioration in health and obtain appropriate medical care in a timely fashion. Personal Carers do not have the training or skills to recognise early warning signs of deterioration. Low staff numbers increase the risk of adverse outcomes and poor quality care for these most vulnerable senior residents.' (Interested member of the public)



- We believe all practical efforts should be made to have an RN on duty at all times for the best possible care of our residents. An RN must be rostered and in attendance outside of the hours of 7.00 am to 7.00 pm. Between 7.00 am and 7.00 pm an enrolled nurse may be in charge of a facility with an RN available on call to offer advice or attend the facility as needed. This would allow for the necessary skills to be available for clients in residential aged care facilities with the flexibilities to suit both clients and staffing levels. It will spread the load over the RN and EN work force, avoiding burn out in our RNs and reduce the financial burden nursing homes carry as opposed to the low care facilities. Both State and Federal governments need to look more closely at increased funding for facilities that are required to have a registered nurse to be on duty. (Finance Manager at a high care nursing home)

More specifically, some respondents were interested in seeing an implementation of a mandatory staffing ratio consisting of 30 per cent registered nurses, 20 per cent enrolled nurses and 50 per cent assistants in nursing/personal care workers.

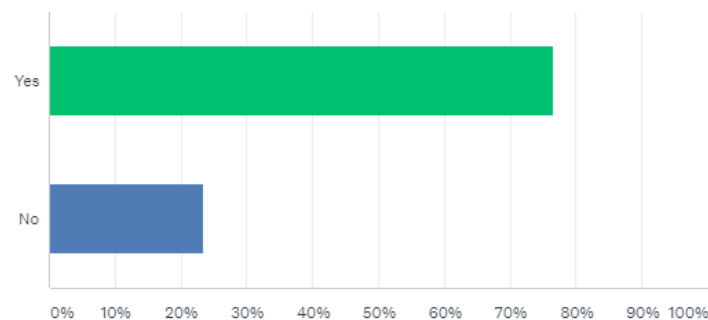
- '... It is crucial to have a skills mix of 30% enrolled nurses, 20% enrolled nurses and 50% Personal Care Workers. Each has a role to play. Nurses must be allocated to administer these complex medications, not PCWs! Nurses supervise and assess residents whilst they administer residents' medications. Nurses supervise PCWs, mentor and educate. Nurses initiate infection control measures when a resident is suspected to have a contagious infection.' (Nurse)
- 'There needs to be 4 hours and 20 minutes of hands on care & a skill mix of 30% RN's, 20% EN's, 50% AIN's over a 24 hour period. Allied Health and Medical Officers are very important to ensure adequate, safe, resident care.' (Nurse)
- 'Registered nurses are the linchpin of this system, supported by ENs and Assistants in nursing, who are properly supervised. evidence shows care improves with mandated ratios. The Victorian Government has recently released a media release about wide-ranging reforms in Vic. Their public aged care facilities were strikingly spared the infections of Covid compared to the stark infections in private aged care. Flinders Uni has evidence that a skills mix of 30% RNs, 20% ENs and 50% AINs is optimal.' (RN and daughter of person who was in RACF)

***Do you believe there is the potential for cost-shifting onto other parts of the public health system as a result of any legislative change to the current provisions for care in nursing homes or other aged care facilities?***

Most respondents (76.54 per cent) believed that there is the potential for cost-shifting onto other parts of the public health system as a result of any legislative change to the current provisions for care in nursing homes or other aged care facilities.

Do you believe there is the potential for cost-shifting onto other parts of the public health system as a result of any legislative change to the current provisions for care in nursing homes or other aged care facilities?

Answered: 81 Skipped: 13



ANSWER CHOICES	RESPONSES	
Yes	76.54%	62
No	23.46%	19
<b>TOTAL</b>		<b>81</b>

***Do you have any comments on the role of registered nurses in responding to critical incidents and preventing unnecessary hospital admissions and ambulance call outs?***

Most respondents argued that registered nurses have specialist knowledge which can help prevent health situations escalating to the point where a hospital admission becomes necessary.

- '... Nurses are important in aged care. Nurses reduce hospital admissions by dealing with symptoms observed before it becomes a medical emergency.' (Nurse)
- 'While registered nurses may prevent some cases becoming hospital emergencies, they may also be able to save lives by making an early call for an ambulance ...' (Interested member of the public)
- 'Prevention is better than the cure' as the old saying goes. Having registered nurses on duty 24/7 does prevent unnecessary hospital admissions and ambulance call outs. Properly trained and supported registered and EEN's make professional medical assessments that creates a safer more professional environment in aged care.' (Interested member of the public)

- 'If there were more registered nurses / Nurse Practitioners (NP) in RACFs I believe the number of residents sent to Emergency Departments (ED) for Covid-19, constipation, urinary tract infections, blocked urinary drainage catheters, dislodged percutaneous endoscopic gastrostomy (PEG) and intravenous cannulae, would be reduced considerably and in many cases, eliminated. Ambulance staff may have a dreadful time trying to put confused frail aged into an ambulance and if the resident is infectious the staff must wear PPE which often frightens residents. Then there is extra cleaning to do in the ambulance. Nursing staff in EDs do not have time to care for the elderly, with or without dementia and behavioural challenges, who may fall out of bed / over the bedrails, fracturing skulls or limbs, doing more damage to themselves and even dying from the injuries.' (Nurse)
- 'As a community and hospitalist Geriatrician in a geriatric medical assessment unit, I had a birdseye view of this problem. In facilities where, I had regular interactions with the RNs, we were able to reduce presentations to hospitals and reduce ambulance call outs. The RNs would call and I would suggest certain investigations to be carried out. I would then either chase the results from the hospital and discuss with the RN or I would arrange to see the resident ... Behavioural management in nursing homes can [also] be a major problem and requires trained nurses to advise and manage. Importantly, many residents have been able to die with dignity and good palliative management in their own "home" due to the ability of RNs to administer prn medications. Nursing homes without RNs often through a lack of qualified staff, subject their dying residents to uncomfortable ambulance trips and deaths in hospital.' (Specialist Geriatrician)
- 'RNs will be able to recognise minor changes in health and manage situations (eg early infection) before they become critical. RNs will also have appropriate skills to be able to perform some basic procedures (eg urinary catheterisation) that a personal carer would otherwise call on Ambulance for assistance and emergency department management.' (Interested member of the public)
- 'A RN has the knowledge to properly assess a patient's health needs. If the only person in a facility is a personal carer, then ambulances may be called when not needed, or alternatively, not called when they are needed. Caring for the elderly is a complex process and a wide range of knowledge is needed especially when there is an emergency .' (Family member of a nursing home resident)
- 'Clinical RN has the training and knowledge to attend to critical incidents and know the suitability for hospital or not. Thus reducing the load on hospitals.' (Nurse)
- 'Nurses are there to provide immediate intervention like urinary catheterizations, injections, complex wound dressings, antibiotics administration, palliative care and pain management. When there is no nurse, residents are sent to hospital so taxpayers are yet again footing the bill, despite the aged care sector already getting billions in subsidies with no strings attached.' (Nurse)

One respondent agreed that registered nurses have the capacity to prevent unnecessary hospital admissions but with the caveat that they must be well supported by higher staffing levels and timely access to medical advice.

- 'Well-supported registered nurses have capacity to respond to critical incidents and prevent unnecessary hospital admissions and ambulance call outs. Support of two kinds would be needed in addition to their own clinical skills: 1) Higher staffing levels as well as a higher proportion of skilled staff in facilities are important, because the older people who are the subject of 'critical incidents' are likely to temporarily need additional support. At current low staffing levels, facilities may not be able to manage that extra support, and so 'shift the cost' of care to the hospital system. Higher skilled staff, including allied health, can also have a preventative impact -- physiotherapy, OT, dietetics, pharmacy -- can all reduce the likelihood of critical incidents occurring. 2) Timely access to medical advice as necessary, to support clinical decision-making in critical incidents in facilities. In other words, if timely medical advice is available only in Accident and Emergency departments, staff of residential care facilities may have little option but to seek a hospital transfer that could have been prevented.' (Researcher on aged care systems)

Another respondent felt that there are more underlying issues such as access and time restraints which mean that registered nurses may not be able to prevent hospital admissions. They also suggested that aged care facilities may prefer to send residents to hospitals as it is less costly on the facility.

- 'RNs working in aged care do not have the time to deal with multiple complex emergencies. They often don't have access to a Medical Practitioner either . Plus aged care providers prefer residents to be sent to hospital as it means their staff don't have to deal with the issue as it may be 'costly'. Providers know how to rort the system.. They will still receive government and residents funding when the resident is absent. So they see it as a win win ...' (Family member of a nursing home resident)

***Do you have any comments on lessons to be learnt from the impact of the COVID-19 crisis on private aged care facilities where staffing levels are not mandated?***

The overwhelming majority of respondents believed that there were lessons to be learned from the COVID-19 crisis regarding private aged care facilities.

Almost half referred to the need for increased staffing levels. They stated that more staff would result in better care for residents and lower the likelihood of mistakes being made.

- 'This has shown why we need mandated staffing as we have had staff going to work due to pressures put on them from providers when they were sick. If you have good staffing and systems in place you would not have seen this. The pressure to try and provide good care when you do not have the resources such as enough staff causes burnout and the inability to even recruit as it does not provide an environment that many would like to work in.' (Interested member of the public)
- 'Low staffing levels lead to staff at risk of taking shortcuts and not following correct processes and procedures in order to complete their workloads.' (Nurse).
- 'We need to have a serious look at the staffing situation. We are like elastic stretched. Give us staff on the floor so we can provide quality care.' (Nurse)
- 'Horrific. Some deaths may have been avoided by proper, adequate staffing.' (Interested member of the public).

- 'The number of deaths indicated facilities did not have adequate staff to cope. Patients were left without adequate care.' (Family member of a nursing home resident)

Numerous respondents believed that the pandemic showed that many aged care staff were poorly trained in procedures which would have limited the spread of COVID-19.

- 'RNs have an understanding of infection control procedures leading to reduced risk of cross infection to other residents and/or staff. Poorly trained minimally qualified staff already stretched in time to provide basic care quickly become overwhelmed and is a recipe for rapid disease spread among other very vulnerable residents, then staff who either don't understand or have time to follow any infection control protocol, if it is introduced in a timely manner. Infected residents are best transferred promptly to be managed in appropriate facilities with appropriate qualified and trained staffing levels which reduce transmission of air borne diseases such as COVID-19.' (Interested member of the public)
- 'Care staff are often very good at their basic care tasks ... repeated often throughout day, but in my opinion they don't have the skills to perform safely in an infectious environment.' (Family member of a nursing home resident)
- 'How totally unsatisfactory that inexperienced, unqualified, casual staff are responsible. This is an absolute disgrace and the federal government should be held accountable for the privatisation and neglect of these facilities.' (Interested member of the public)

Further, respondents commented on the role of the federal and state governments in managing aged care facilities, and the privatisation of aged care facilities. These respondents expressed concern around transparency and safety in these facilities.

- 'Private aged care facilities only exist to make money. They run their facilities with the aim to make money, not to care for society's most vulnerable . We need to radically change the aged care system . Remove private providers from aged care and take the running of aged care from the federal Government. State Governments need to take over and run aged care...' (Family member of a nursing home resident)
- '... As these institutions are privatised it is important in a pandemic that representatives of the health department check that facilities are following good isolation procedures ...' (Nurse)
- '... It is staggering that there are no requirements to report on how federal funding is allocated, that there isn't a minimum staff ratio and greater requirements for training and qualifications. The system had been revealed to be profoundly broken and immediate change is essential.' (Family member of a former nursing home resident)
- '... The federal and state governments have the responsibility to ensure that all aged care are managed in and safe and transparent manner. Clear state and federal procedures need to be made to ensure the wellbeing of the residents and staff living and working in the aged care sector.' (Interested member of the public)

Some respondents also expressed concerns about personal protective equipment (PPE), including lack of PPE in nursing homes, limited training on how to use it, and the impact of staff shortages on correct PPE usage.

- 'My observation was that staff did not adhere to or understand PPE protocols. Training was provided by an unsupervised online short course. On more than one occasion I called out staff for not following protocols...' (Family member of former resident)
- 'I used to teach donning & doffing of PPE when I was the infection control consultant at RPAH. The order in which PPE is removed is very specific and takes time. One or two care staff with 40 residents cannot possibly be expected to do this properly therefore they risk contaminating themselves and the residents' (Nurse)
- 'I cannot imagine how difficult it would be for aged care staff learning to don and doff PPE (that's if they even had a full range of PPE) rushing from one resident to another trying not to contaminate themselves, the environment, and fomites such as blood pressure cuffs. How are they able to reposition residents every two hours (standard practice) each time donning & doffing PPE... impossible.' (Nurse)

Some respondents expressed concern about aged care workers working in multiple facilities due to the risk of COVID-19 transmission.

- '... Staffing turned out to be so poorly paid that many workers had to take jobs at several aged care facilities to maintain a living income, and this exacerbated the dangers when the pandemic hit. Both staffing levels and pay have to be improved so that staff do not work in multiple facilities.' (Interested member of the public)
- 'Often casual poorly paid nursing assistants work at several different homes. We need to introduce measures to discourage this happening.' (Family member of a nursing home resident)
- 'Adequate staffing would have made the situation a lot more bearable and use of staff that work at different facilities should not be allowed as the risk to residents is escalated.' (Family member of a nursing home resident)

A few respondents compared the situation in New South Wales to that in Victoria, in which public aged care facilities have implemented mandatory staffing levels.

- 'The case of Victoria provides clear lessons: public facilities with mandated registered nurse and other staffing levels fared much better.' (Researcher on aged care systems)
- 'You only have to look at the evidence of Victoria for ample proof. Public facilities with mandated staffing levels had very little infections and no deaths due to COVID. Strong proof, that even the providers will struggle to dismiss.' (Nurse and family member of a nursing home resident)

Finally, some respondents also commented on the impact of the pandemic and staff shortages on the mental health of both staff and residents.

- 'In some cases where staffing levels were at a minimum, residents were locked down in their room without seeing anyone for long periods at a time. This meant a large increase in mental health issues. Mental health workers needed to be placed in homes and age appropriate activities provided. The rule of not moving between nursing home aggravated the staff shortages.' (Family member of a nursing home resident)
- 'The health toll on both residents and working staff will have long term personal effects.' (Family member of a past nursing home resident)

***Do you have any other comments on the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020?***

Almost a third of respondents to this question reiterated the need to have registered nurses in residential aged care facilities at all times. Reasons given include ensuring residents receive an appropriate level of care, the complex nature of geriatric care and the importance of respecting the dignity of elderly people. Other respondents expressed support for mandatory staffing ratios to ensure the best quality of care for residents.

- 'We are supporting the mandatory employment of Registered Nurses in Nursing Homes and the implementation of an appropriate ratio that puts the human rights of older people at the centre of their care and ensures that they receive the appropriate level of professional care to meet their needs.' (Aged care advocates)
- 'Geriatric care is extremely complex. It involves multi-system degeneration and can be palliative, psychosocial, chronic, intensive, culturally safe and needs to be treated as the specialised discipline it is. Not only should RN's be 24/7, but may consider completing their Master's degree in Aged Care/Gerontology ...' (Nurse)
- 'We cannot continue to give such substandard care to our elderly. They deserve the best care and that involves having registered nurses on every shift to team lead and have the appropriate amount of staff on each shift to match the needs of the residents. Nothing less will do!' (Nurse)
- 'Please ensure RNs are mandated in Aged Care Facilities. Good quality care for our elders relies on the knowledge and experience of a RN. Surely this is a matter of respecting our elders in their time of need.' (Family member of a nursing home resident)
- '... The first thing residents want to do when they wake up in the morning is go to the toilet. But there is not enough time for two care staff who have arrived on duty at 0700 hours to take 20, 30, 40 or more, residents to the toilet all at the same time. Some residents are faecally incontinent and changing pads requires care staff to devote a lot of time to cleaning them up properly (or even to shower them before breakfast). Many residents have hearing aids. Care staff has to make sure the aids are clean and batteries are working/changed/tested before they are inserted correctly into residents ears, ready for breakfast ... Dentures must be cleaned and given to residents or put into the mouths of residents who cannot do this for themselves ... Breakfast may be served at 0730 hours, but the kitchen closes at 0830 hours. Many of the 20, 30, 55 residents need their food cut up for them and some need to be fed (if they have lost the use of an arm following a stroke, for example). Some will choke and die because care staff do not know what to do, have not been trained. It is completely unrealistic to think that two care staff can safely

manage all the tasks I have mentioned, even for 10 residents ... I feel 'ratios' of RNs to care staff, need to be discussed in the context of what care staff must do each shift. Staff cannot get everything done the way things are at the moment ...' (Nurse)

- 'It's misleading and inaccurate to call residential facilities "nursing homes" when there is no nurse present! Often with low qualified staff in low numbers there is little "care" involved. It is my opinion that staff ratios, similar concept to those required for child care, in both mandated qualifications and numbers is essential for quality care of our frail vulnerable aged when it is no longer practicable to manage them in their own homes.' (Interested member of the public)
- 'Adequate staffing, adequate numbers of skilled RNs and ENs with adequate medical support as back up is essential to provide the foundations of care for our elderly (and those with no other options for care).' (Nurse)

Some respondents condemned what they deemed a prioritisation of profit over care.

- 'I have attended several meetings with representatives from industry over the years and service providers often cite cost burdens as reasons not to raise standards ... The problem is putting the opinions of people who are responsible for profit ahead of those who are responsible for care ...' (Specialist Geriatrician)
- 'Registered nurses should never have been removed in the first place. Money seems to have been the underlying factor, wanting profit over acceptable standards of care.' (Family member of former nursing home resident)
- 'If this is all about money I find it a disgraceful act. These elderly deserve the best care possible.' (Carer)

Finally, some respondents cited the federal Royal Commission into Aged Care Quality and Safety in their responses.

- 'The committee needs to take on board all the recommendations made by recent enquires relating to the recent COVID outbreak as well as adopt recommendations from the Aged Care Royal Commission.' (Interested member of the public)
- 'I do not have any confidence in the Royal Commission into Aged Care at all. Despite all the evidence, nothing changes. NSW MUST have many more protections and regulations in place to protect residents in our state laws and regulations around staffing, skills mix and administration of medications ...' (Nurse, family member of a former nursing home resident)

***Do you have any other comments or feedback on what aged care should be like in New South Wales?***

The committee received a variety of responses to this question. Many respondents commented on the government's role in the aged care sector. Some stated that aged care facilities should not be run for profit and should be government owned. Others argued that the for profit sector needs to be regulated more closely, and that the government should provide facilities with more funding.



- 'All publicly owned with a responsible government in place.' (Interested member of the public)
- 'Regulate the “for profit” aspect more closely. The ACFI funding tool is openly rorted, where are the industry watchdogs?' (Nurse)
- 'Aged care should be affordable for the client. The Australian Government should be funding more appropriately ...' (Finance manager at a high care nursing home)
- 'Aged care residents need to be protected and safe. The NSW Government needs to take over the running of aged care ...' (Family member of a nursing home resident)
- 'We need to see transparency in aged care. Where are providers spending the money?' (Nurse).

Respondents also stressed the need for individualised, compassionate, respectful care of residents, and greater valuing of aged care workers.

- 'Every aged person is entitled to be treated with dignity and respect in their final days, whether that be in their own homes for as long as practicable or in a residential facility. It's increasingly difficult for people to be managed in their own homes with insufficient carers available to support our aged in that situation. Why is the government playing catch up when it has been recognised for many decades that our population is ageing and care needs are becoming more complex? I would like to see the elderly treated with greater respect and dignity rather than a burden to have to 'manage' in the same way you might manage an animal.' (Interested member of the public)
- 'A resident should have care that encompasses dignity, choice and respects cultural background.' (Family member of a nursing home resident)
- 'Where residents in aged care are treated with care and respect. Where care workers are valued, and paid appropriately for the hard work they do. Aged care is seen as a specialist area in nursing, medicine and that there is an overarching awareness of the ever increasing complexity of many diseases and situations of those who end up living in aged care.' (Nurse)
- 'Aged care should not be a place to fear, as it is now. Relax routines, a more individual approach instead of the herd mentality. Extra staff, and a totally humane approach.' (Nurse)

Some respondents stressed the need for facilities to implement a holistic care model, focusing on mental health, social and physical wellbeing and individual needs alongside physical health. They also stated that more specialised services are required, including geriatric, palliative, nutritional and psychiatric care.

- 'There must be incentives to facilitate at a minimum stabilisation of the mental and physical condition of the aged care resident. Aged care must not be seen as the end of the road. We need to look beyond only providing basic care (food and showers) to a system that supports residents to live a holistic life that will maintain and hopefully improve their physical and mental capabilities. Social wellbeing and acknowledging cultural difference is

part of quality care and must be prioritised. Support for independent and professional advocacy services must also be provided ... The aged care system must uphold the human rights of older people.' (Aged care advocates)

- 'Each facility should have a designated local area health service provider that they can receive Geriatric Specialist support from as well as designated allied health services. The Geriatric Services should be associated with the area local hospital to facilitate smooth admissions and discharges where needed providing horizontal as well as vertical integration through the community. Outreach Services where ambulance plans are integrated also help to reduce presentations to hospital, when resident could adequately be cared for in the home. Ultimately we need to consider who is in aged care, not who we think is in aged care. We need to acknowledge the high level needs and support those adequately. Nutritional and behaviour needs are paramount in conjunction with good Geriatric, geriatric psychiatry and palliative care.' (Specialist Geriatrician)

## **Conclusion**

The online questionnaire has been a valuable tool to efficiently gather the views of interested stakeholders on the issues raised in the terms of reference. The information gathered through the questionnaire will inform committee members and will be reflected in the inquiry report. The committee may also use the responses to support its findings and conclusions.

## Appendix 1: List of questions

### Page 1

1. Contact details (*free text*)  
Name:  
Email address:  
Postcode:
2. In what capacity are you responding to this questionnaire?
  - a. Nursing home resident
  - b. Family member of a nursing home resident
  - c. Carer
  - d. Nurse
  - e. Allied health care worker
  - f. Other aged care worker
  - g. Interested member of the public
  - h. Other (*free text*)

### Page 2 – The need for a registered nurse on duty at all times

3. Do you believe there is a need to have a registered nurse on duty at all times in nursing homes and other aged care facilities with residents who require a high level of residential care?
  - a. Yes
  - b. No
4. Do you have any comments on the impacts of having registered nursing staff on duty at all times on people in care? (*free text*)
5. Do you believe that the additional costs that may occur from increases to staffing levels should be paid by:
  - a. government
  - b. the public (for example through the taxation system)
  - c. aged care operators
  - d. individual residents

### Page 3 – Standards of care

6. Do you believe there is a need for further regulation and minimum standards of care in nursing homes and other aged care facilities?
  - a. Yes
  - b. No
7. Do you believe there is a need for further regulation of safe staffing levels in nursing homes and other aged care facilities?
  - a. Yes
  - b. No
8. Do you have any comments on the importance of appropriate staffing levels across the whole skills mix? (Health Professionals, Registered Nurses, Enrolled Nurses, Personal Carers, Support Staff) (*free text*)

### Page 4 – Impacts on other parts of the public health system

9. Do you believe there is the potential for cost-shifting onto other parts of the public health system as a result of any legislative change to the current provisions for care in nursing homes or other aged care facilities?
  - a. Yes
  - b. No
  
10. Do you have any comments on the role of registered nurses in responding to critical incidents and preventing unnecessary hospital admissions and ambulance call outs? (*free text*)

*Page 5 – Lessons from the COVID-19 crisis*

11. Do you have any comments on lessons to be learnt from the impact of the COVID-19 crisis on private aged care facilities where staffing levels are not mandated? (*free text*)

*Page 6 – Other*

12. Do you have any other comments on the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020? (*free text*)
  
13. Do you have any other comments or feedback on what aged care should be like in New South Wales? (*free text*)