

Supplementary questions

Dr Maree Bernoth

What recommendations to the NSW Government would you like to see come out of this inquiry?

The outcomes from this inquiry should be the retention of the Registered Nurse in residential aged care facilities in New South Wales. Yet, legislation alone will not ensure that this is a reality nor will it ensure that the retention of this level of health professional is successful in delivering quality, safe and appropriate care to the residents of our facilities. There are multiple levels of responsibility and support mechanisms needed to ensure the optimal outcome for frail older people. My thoughts about these are outlined below.

1. **Policies, procedures and managerial practices** must be focused on ensuring that Registered Nurses work to their full scope of practice. Too often they are charged with documentation and relegated to an office rather than being actively involved in clinical nursing.
2. Registered Nurses working in aged care must be paid the full remuneration of any other Registered Nurse and as such, must work to their **full scope of practice**. Attitudes must change from being that aged care work is simple, boring and second tier; the Registered Nurse has the responsibility to have the knowledge and skills commensurate with caring for frail older people with complex conditions just as the intensive care Registered Nurse has a responsibility to have the knowledge and skills to enable them to work in intensive care.
3. To enable **new graduate registered nurses** to commence their career in residential aged care, there must be existing Registered Nurses to preceptor them. The implication is that the experienced RN has preceptor training so they can skilfully support the new graduate. The NSW Government could provide financial incentives for managers to employ new graduates in their facility and scholarships to provide an incentive for new graduates to engage with residential aged care. This strategy is significant to rural and remote facilities in attracting newly Registered Nurses.
4. **Links between universities and residential aged care facilities** need to be established and/or strengthened. A multitude of opportunities exist when partnerships are formed. An example is the University of Tasmania and the links they have with both metropolitan and rural aged care facilities. There is reciprocity in teaching and learning and rich opportunities for research. If the staff and residents of the aged care facility are involved in research, there is a sense of excitement and inquiry and the Registered has the chance to extend their role to that of researcher or research assistant. The basis for evidence based practice is established for the facility, the

university is engaged with the clinical setting and there is a reason for Registered Nurses to remain in aged care or build associate relationships with the university.

5. **Research must be encouraged** in residential aged care and involve the Registered Nurse in the activity. This involves expertise and financial support but something often overlooked is ethics committees that are skilled in approving research related to ageing, residential care and researching vulnerable groups such as those with dementia. There are many ethical dilemmas when researching frail older people and their families and we need committees with the skills, knowledge and sensitivities to assess applications.
6. **Communities of practice** can be established in a virtual environment for the Registered Nurses working in aged care facilities across NSW. This environment it is a place where RNs can meet, share knowledge and experiences, get expert assistance, learn, be informed of opportunities and be linked so they do not feel isolated. This is especially important for the rural and remote RNs. This strategy would assist in retaining RNs in residential aged care.
7. I suggest that **groups of aged care specialised** be established to support Registered Nurses provide optimal care. These groups can be modelled on the Medicare Local model and provide support for residential aged care facilities in a particular area. They could include specialities such as a Nurse Practitioner, a dietician, physiotherapist, podiatrist who would be available to provide specialist input into the care of residents in the designated area. These specialist groups would be particularly significant in rural and remote areas where specialist care is not readily available. They could be responsible for reporting on quality care so could be funded by disbanding the Aged Care Quality Agency which is bureaucratic, very costly in time, angst and money and is not effective in ensuring quality care is delivered.

These comments evolve from my years of clinical experience as well as my experience as a researcher and academic in aged care. I hope they assist the committee to provide a substantive document that support our older people in residential aged care and the Registered Nurses charged with assessing their needs and implementing clinical interventions to ensure quality of care and quality of life.

Yours sincerely,

Dr Maree Bernoth

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