

Supplementary questions
Royal Australian College of General Practitioners

1. In your evidence at the hearing you indicated that the role of a registered nurse can be important to recognise and manage deterioration. Could you please elaborate about the circumstances or conditions where a registered nurse's capacity to perform this role would be crucial?

We believe that it is essential to have a registered nurse in a residential aged care facility for the timely recognition and initial management of deterioration in health all residents, particularly those who require high level of care.

It has been argued that a resident might (hypothetically) only have a need for high care from a behavioural point of view. When considering the elderly, it would be unusual for elderly dementia residents to not also have concurrent medical problems. Additionally, dementia itself complicates the management of concurrent medical problems.

For obvious reasons, the range of skills that a registered nurse (RN) possesses cannot be substituted by having an enrolled nurse (EN), and most definitely not by having a number of aides-in-nursing (AIN). Here are some examples where an RN's skills would be important:

- a) Recognising and assessing degree of dehydration, e.g. in scenario of diarrhoea/vomiting*
- b) Initially assess signs and symptoms that indicate that bowel obstruction is likely*
- c) Assessing pulse (e.g. irregular, thready), particularly important in the presence of heart symptoms*
- d) Assessing level of and changing consciousness in strokes/TIAs/head injury.*
- e) Basic auscultation of the lungs, and recognise indicators of respiratory distress (e.g. speech, breathing rate, intercostal recession)*
- f) Recognising signs of acute delirium, being alert to infection being a probable cause and checking urine*
- g) Manage ongoing use of morphine / diabetes pump*
- h) Manage fluid balance, e.g. input/output charts. Able to implement GP instructions for corrective action, e.g. administer intravenous and subcutaneous fluids*
- i) Monitor use of S8 medicines with objective of satisfactory relief, e.g. pain relief, palliation*

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

The RACGP (NSW & ACT Faculty Faculty) recommends:

- a) There should be a registered nurse on duty 24/7 in an aged care facility when there are residents requiring high level of care*
- b) As an interim measure, in small nursing homes in rural and regional areas, consideration may be given to having an RN on call*
- c) There should a review of RN staffing ratio for the day hours. Indications from GPs, nurses and patients' relatives are that current RN staffing in many nursing homes are inadequate to properly supervise and monitor the patients requiring a high level of care.*
- d) Minimum requirements are needed for patient safety. The absence of widely recognised optimum staffing and care levels is not a valid argument against having minimum requirements.*

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A late contribution by a rural GP from northern NSW to the NSW & ACT Faculty (that supports recommendation (c) is summarised on the next page.

A GP from northern NSW advised that in June 2015, local GPs who have patients at a (de-identified) nursing home were memo-ed:

“As you are aware, we have 80 beds in our (redacted) facility. Presently we have about 65 residents and of these we have 63 residents on 9 or more medications.....

We have a large number of residents receiving Panadol t.d.s. and q.i.d. Unfortunately our staff are not able to administer the large volume of medication inc. the Panadols within the required time frame & as such the lunch time Panadols are usually not given...”

The GP advised that this memo was officially withdrawn by the nursing home management when they learnt of it. The situation described in the memo is:

- Not uncommon in nursing homes
- Indicates the increasing treatment complexity of the elderly residents in aged care homes
- Indicates that RN staffing ratio is both inadequate and not keeping up with increasing complexity of care.