

**Submission
No 56**

**INQUIRY INTO REGISTERED NURSES IN NEW SOUTH
WALES NURSING HOMES**

Name: Mrs Penelope Callaghan

Date received: 17/07/2015

Dear Committee members,

My submission is in relation to the Inquiry about registered nurses in nursing homes. There are many deleterious consequences to losing RNs from high-needs aged care facilities.

"Aging in Place" for all facilities, and ACAT not having to specify "high" or "low" care on the ACCR, mean that the NSW legislation requiring 24/7 RN presence in "high care" facilities is ambiguous.

I know from my experiences at work that RNs are required more than ever.

My role as a Clinical Nurse Consultant in a mental health service for older people means that I see first-hand the impact of lesser-trained and less-accountable people working in facilities. I also used to teach AINs the Certificate 3 in Aged Care in a college, so am aware of their training and academic level.

RNs work extremely hard supervising, doing dressings, being educators, being administrators, providing expert care for residents. Most of them work longer hours than they are paid for, leading to increased physical and mental fatigue.

The physical safety of residents is compromised due to AINs not recognising dangerous situations; using equipment that they are barely trained to use; and administering (not "assisting with self-administration" as is their correct brief) residents' medications without knowing what the drug is used for and the side-effects about which to be alert.

The psychological stress experienced by residents is significant, when they fall, have pain, or can't make themselves understood to a nurse with minimal English skills/minimal nursing skills. Hence their emotional safety is compromised, and more than ever we receive referrals to assess and treat for anxiety and depression. As well, residents who have cognitive deficits have less emotional understanding of their environment, and are at risk of reacting with verbal and physical aggression towards each other and towards the staff. These residents are at risk of developing psychosis as well as anxiety and depression, thereby prompting Drs to prescribe anti-psychotic medicines to assist sedation. These medicines can cause strokes and falls.

Serious medications are prescribed for elderly people. These meds can contribute to strokes, falls, delirium, constipation, general confusion. AINs are only supposed to "assist with self-medication" with their residents, but it is the norm for them to be actually administering medications, (especially on weekends) and not just assisting. AINs are not aware of the reasons for the prescription, or the effects and side-effects, or the strict checks which should be done

with each resident. AINS are frequently asked to do tasks, like giving medicines, which are legally beyond their role and responsibilities. They are asked to do these due to lack of RNs. How will this be safer with fewer or lack of RNs?

Admissions to ED and hospitals are frequent for elderly people, as frailty, multiple medical problems, polypharmacy become more the norm. Look at the average age of patients in hospital. Emergency Depts and hospital wards can be frightening places for them, besides the pain, delirium, social disruption and expense incurred. More RNs in facilities will help lessen these trips to hospital because residents will receive timely care and expert nursing where they live.

In our current health system there is a frightening trend by the ministry to replace RN positions with AINs and ENs. Obviously they cost less to employ. These nurses definitely have important roles,

but not to replace well- educated, well -trained RNs. These nurses need to be employed to assist RNs, with tasks within their own scope of skill and responsibility.

Thank you for your attention.