

**Submission  
No 96**

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

**Organisation:** *Alzheimer's Australia NSW*

**Date received:** *22/07/2015*

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**NSW Legislative Council**  
**GENERAL PURPOSE STANDING**  
**COMMITTEE NO. 3**

**Inquiry into registered nurses in New  
South Wales nursing homes**

**Submission from Alzheimer's Australia  
NSW**

The Hon. John Watkins AM

Chief Executive Officer

Alzheimer's Australia NSW believes that it is incumbent on the NSW Government to ensure that the registered nurse requirement currently afforded by the *Public Health Act 2010* continues to protect residential aged care residents and ensure ongoing safety and quality of care is provided.

Our response to the Terms of Reference are included below.

**1. The need for registered nurses in nursing homes and other aged care facilities with residents who require a high level of residential care, in particular:**

**(a) the impact of amendments to the *Aged Care Act 1997 (Cth)* by the *Aged Care (Living Longer Living Better) Act 2013 (Cth)* on the requirement under s 104 of the *Public Health Act 2010* to have a registered nurse on duty at all times in a nursing home, and in particular:**

**(i) the impact this has on the safety of people in care**

The *Aged Care Act 2014* does not mandate that nursing homes or facilities with high care residents have a registered nurse on at all times. Rather, Division 54-1 (b) of the *Aged Care Act 2014* states that a residential aged care facility should “maintain an adequate number of appropriately skilled staff to ensure that the care needs of care recipients are met”.<sup>1</sup> This is open to interpretation and results in residential aged care facilities employing staffing practices that often do not ensure the safety of residents.

In its submission to the then Commonwealth Department of Health and Ageing in 2012, NSW Health argued that “It should be a priority that legislation to establish the Quality Agency includes requirements which specify that a registered nurse must be appointed as the Director of Nursing (or similar title) at a residential care facility and a registered nurse must be on duty in residential aged care facilities.” Alzheimer's Australia NSW agrees with this view, however, understands that funding from the Commonwealth to residential aged care providers may limit their capacity to roster RNs at all times, particularly in facilities with a small number of beds eg. Less than 30.

Most aged care residents typically have complex healthcare needs with official figures quoting 53 per cent have a diagnosis of dementia<sup>2</sup>, although anecdotally providers tell us this figure is much higher. Furthermore, residential aged care is increasingly admitting and supporting people with very high care needs, with community care increasing its capacity to support people to remain in their own home for longer. Our concerns for having care and staffing requirements in residential aged care are heightened by the statistic that 90 per cent of people with dementia will be admitted to residential aged care due to their high support needs.

Alzheimer's Australia NSW believes that it is incumbent on the NSW Government to ensure that the registered nurse requirement currently afforded by the *Public Health Act* continues to protect residential aged care residents in a new form. It is critical for NSW to have a mechanism that ensures ongoing safety and quality of care is provided to its vulnerable older population.

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<sup>1</sup> Commonwealth of Australia (2014) *Aged Care Act 2014* p.248

<sup>2</sup> AIHW (2012) *Dementia in Australia*, Canberra.

**(ii) the possibility for cost-shifting onto other parts of the public health system as a result of any legislative or regulatory change to the current provisions**

Combining the increasing acuity and complex care needs with decreased registered nursing staff on duty in aged care facilities is likely to have an impact on the health and hospital system in NSW. A pattern of missed clinical issues that if picked up earlier could have been managed in the facility with primary care support, will likely result in increased ambulance call outs and admissions to Emergency Departments and wards in NSW hospitals.

Hospitals are not good places for people with dementia to go, with longer stays, higher rates of admission and mismanagement of dementia<sup>3</sup>. The costs of hospital stays for people with dementia have also been estimated to be approximately \$8,500 higher per episode than people without dementia.

The overall health status of people with dementia often declines due to hospital stays, and this may negatively impact on their right of return to a residential aged care facility if the operator deems it unsafe to return based on increased support needs and inability to safely manage this within their staffing skillset. Service providers undertake their own assessments of the care needs of potential residents to determine if they can be adequately cared for in their residential aged care facility. Anyone with complex care needs beyond the facility's capacity to accommodate will likely remain in hospital for an extended period of time.

Moves to decrease skills and qualifications in the aged care facilities will result in more cases of 'bed blockers' in public hospitals in NSW. For people with dementia, the longer the stay the less likely they are to be able to be accommodated in a facility due to increased agitation, more frequent and severe behavioural and psychological symptoms of dementia (wandering, verbal and physical aggression, vocalisation,), increased risk of falls and malnutrition / dehydration. Evidence indicates that hospital staff sometimes manage these behaviours through increased use of environmental and chemical restraints<sup>4</sup>.

**(b) the requirement for a registered nurse to be on duty in a nursing home at all times, as compared with requirements in aged care hospital wards**

The purpose of aged care hospital wards is different to that of residential aged care facilities, therefore requirements for RNs and the duties they perform are different. In addition, the levels of responsibility differ. For example, in an aged care hospital ward there will be less patients with higher acuity and comorbidities. Dementia is also not the reason for admission in most cases. However, in aged care, dementia is the reason for admission in most cases, there will be more residents (patients) and the nursing staff are responsible for the ongoing care of residents, including meeting their medical, social, physical and psychological needs.

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<sup>3</sup> AIHW (2013) *Dementia Care in Hospitals: costs and strategies*, Canberra.

<sup>4</sup> Ibid

Alzheimer's Australia NSW (2013) *The Interaction Between Hospital and Community-Based Services for People with Dementia and their Carers*, North Ryde.

Alzheimer's Australia (2014) *The Use of Restraint and Psychotropic Medication in People with Dementia*, Canberra.

**(c) the administration, procurement, storage and recording of administration of medication by non-registered nurses in nursing homes and other aged care facilities with residents who require a high level of residential care, as compared with hospital clinical settings**

Medication management is one of the most complex and fraught clinical activities undertaken in residential aged care facilities. Sanctions and non-compliance notifications, albeit rare, when they do occur are often triggered by medication mismanagement stemming from either administration and/or recording of medications given to residents<sup>5</sup>. Considerable guidelines and systems have been produced for the residential aged care sector, however, human errors still occur.

The Australian Nursing and Midwifery Association reported that Registered and Enrolled Nurses are increasingly concerned that in some circumstances assistants in nursing (however titled) and other unqualified or inappropriately qualified care workers are being directed to administer medicines to residents in aged care facilities. While unqualified or inappropriately qualified care workers can be made aware of correct procedure for medicines delivery, they do not have the necessary education and knowledge required for making clinical judgements on why they are administering a medicine or when not to administer. It is for this reason that medication administration by unqualified or inappropriately qualified staff has the potential for error and possible dire consequences. Without the necessary education, staff will be unable to identify side effects or adverse reactions requiring intervention. Guidelines and system enhancements cannot overcome this education, skill and experience gap between Registered and non-registered nurses.

**(d) the role of registered nurses in responding to critical incidents and preventing unnecessary hospital admissions**

Current practices of employing RNs as facility managers addresses this in standard business hours. After-hours arrangements are generally fulfilled by on-call RNs, however, there is variability in their distance from facilities and subsequent capacity to respond to critical incidents. The path of least resistance for staff with low qualifications will be to call an ambulance.

The pattern of occurrence of critical incidents, particularly related to the symptoms of dementia, is in non-business hours. This gives Alzheimer's Australia NSW further concern about the capacity of residential aged care facilities to respond to critical incidents and prevent unnecessary hospital admissions of people with dementia. Sundowning, psychosis, aggression, resisting care, noisy vocalisations, nocturnal disturbance, hallucinations and sexual behaviour are all expressions of unmet need that are more likely to occur in the evenings and night time. RNs are also critical in the facility's ability to respond to and manage delirium and falls.

Palliative care is an increasing feature of residential aged care and the ability to deliver effective palliative care will be compromised should RNs not be on staff. Good palliative care delivered in residential aged care facilities will prevent unnecessary hospital admissions. This capacity to deliver palliative care is enhanced when the resident has an Advanced Care Plan (ACP). Often the ACP does not go with the resident should they be admitted to hospital

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<sup>5</sup> Australian Aged Care Quality Agency, presentation to LASA Qld conference March 2015  
<https://www.aacqa.gov.au/about-us/PresentationtoLASAQ3.ppt>

and costly and unwanted interventions are provided unnecessarily, sometimes without consent thereby constituting assault of people with dementia by NSW Health staff.

NSW Office of Social Impact Investment (a joint initiative NSW Department Premier and Cabinet and NSW Treasury) in conjunction with NSW Health should examine the potential for an outcomes based funding approach to offset the additional costs to residential aged care providers of having RNs on staff. Our proposed model would see funding of residential aged care facilities that can demonstrate a social impact by preventing unnecessary or preventable hospital admissions. Such an approach would lead to better outcomes for older people and their families in NSW through improved approaches to palliative care eg. dying with dignity and avoiding unnecessary treatments thereby improving quality of life at the end of life for the individual and their family. It would also increase Registered Nursing capacity in residential care facilities, lower the costs of acute care in public hospitals and increase bed capacity to respond to non-aged care admissions.

## **2. The need for further regulation and minimum standards for assistants in nursing and other employees or carers with similar classifications**

Alzheimer's Australia NSW understands that AINs and ENs need to work under the supervision of a RN. Without sufficient requirements to roster RNs, this will not be possible for all staff at all times.

## **3. The adequacy of nurse to patient ratios in nursing homes and other aged care facilities with residents who require a high level of residential care**

In its submission to the then Commonwealth Department of Health and Ageing in 2012, NSW Health argued that "it will be essential that residential aged care facilities employ staff with the required skills mix to provide the best possible care to all residents regardless of the complexity of their care needs, which may take time to achieve. It is also not clear how staffing numbers will be determined to provide for such a wide range of residential aged care needs, from basic low level care through to high complex care within an existing facility ... to ensure quality and safe levels of care to patients and staff."

As at May 2013, there were 60 Multipurpose Services (MPS) established in NSW, with a further 4 sites in the final stages of planning and/or with building commenced. When these MPSs are completed 59 of the MPSs will be in receipt of aged care funding<sup>6</sup>. There are 134 MPSs across Australia, providing 2,794 residential care places in 2010-2011<sup>7</sup>. Places for MPSs are not allocated by the Commonwealth Department of Social Services in the Aged Care Approvals Round as they are a partnership between the Australian and State Governments to provide flexible funding to enable small communities to integrate acute and aged care services. MPSs play a critical role in rural and remote communities in meeting the care needs of people with dementia. Alzheimer's Australia NSW question what commitment would the NSW Government make to appropriately staffing these services given their status as Flexible Places?

## **4. The report by the NSW Health Aged Care Steering Committee, and**

No response to this item.

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<sup>6</sup> <http://www.health.nsw.gov.au/rural/rhhsp/Pages/MPS-Sites.aspx>

<sup>7</sup> Australian Institute of Health and Welfare 2012. *Residential aged care in Australia 2010–11: a statistical overview*. Aged care statistics series no. 36. Cat. no. AGE 68. Canberra: AIHW.

## **5. Any other related matter.**

As flagged in our response to 1a) and 1d), Alzheimer's Australia NSW is aware that legislation that requires RNs on duty 24hrs a day, 7 days a week will impose a considerable cost burden on residential aged care providers. This will be particularly acutely felt in smaller facilities of less than 30 beds and these are primarily located in rural and regional areas. Staffing in these areas is already difficult and requiring higher level nursing staff to be on duty at all times may result in closures of some facilities. This is not an outcome desired or sought by Alzheimer's Australia NSW in its argument for retention of RNs. Therefore, we have made the suggestion in 1d) for an innovative approach to funding increased clinical and nursing capacity in residential aged care facilities that we believe would represent an acceptable outcome for aged care providers.