

**Submission  
No 117**

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

**Organisation:** Silver Chain Group

**Date received:** 23/07/2015

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23 July 2015

General Purpose Standing Committee No. 3  
Parliament House  
Macquarie St  
Sydney NSW 2000

To The Director,

Please find attached a submission from Silver Chain Group with feedback on the Legislative Council Inquiry being conducted by the General Purpose Standing Committee No. 3. *Registered nurses in New South Wales nursing homes (Inquiry)*. Silver Chain understands the rationale for the proposed changes to New South Wales legislation regarding staffing requirement in aged care facilities, but acknowledges the importance of appropriate care delivered by appropriately qualified staff, and would particularly like to comment on *the role of registered nurses in responding to critical incidents and preventing unnecessary hospital admissions*.

On behalf of Silver Chain Group I would like to thank the NSW Parliament for the opportunity to provide this feedback. Should you have any questions about our submission or wish to discuss any aspect of our submission in more detail, please do not hesitate to contact me.

Sincerely

Christopher McGowan  
Chief Executive Officer

23 July 2015

**SILVER CHAIN GROUP SUBMISSION TO LEGISLATIVE COUNCIL INQUIRY CONDUCTED BY THE GENERAL PURPOSE STANDING COMMITTEE NO. 3.**

**REGISTERED NURSES IN NEW SOUTH WALES NURSING HOMES (INQUIRY)**

**1 OVERVIEW**

Silver Chain Group have been supportive of the Federal Government's *Living Longer Living Better* aged care reforms and associated legislative changes in their aim to create a flexible, seamless aged care experience for older Australians, where consumers can play a more active role in the services they receive to achieve the outcomes they desire. For example, Silver Chain Group was supportive of the 2014 amendment to the Aged Care Act 1997 to remove the distinction between care recipients approved for high level residential care or low level residential care, as it meant Residential Aged Care Facilities (RACFs) can now be much more responsive to care recipient's changing needs, where care may have previously been limited to a recipient's Aged Care Funding Instrument (ACFI) classification.

However, Silver Chain understands these changes to Federal legislation have prompted changes to NSW legislation. Currently the NSW Public Health Act 2010 requires a Registered Nurse (RN) on duty at all times in a facility allocated places requiring a high level of residential care. The removal of the distinction between high and low level residential care has brought this requirement into question, and opened up RACFs in NSW to significant change in staffing requirements.

As a provider of high valued health and social care services, Silver Chain Group understands the importance of the role of RNs. Our organisation is one of the largest in-home health and care providers in Australia. With over 3,000 staff and 400 volunteers, we assist over 62,000 people in Western Australia, South Australia, Queensland and New South Wales to remain living in their homes and communities every year. As of July 2015, approximately 20% of Silver Chain Group's employees nationally are RNs, who play a leading role in the development and delivery of our community health and social care programs, which include Silver Chain Home Hospital, Hospice Care Service, the Priority Response Assessment (PRA) service, and the delivery of Home Care Packages.

## 2 KEY ISSUES

### 2.1 Importance of Registered Nurses in hospital avoidance

As a provider of aged care services, Silver Chain Group acknowledges the critical role RNs play in the care of an older person, regardless of whether they are receiving care in their home, community or a RACF. In Silver Chain's experience, this includes overseeing clinical care and support, clinical assessment, delivering a broad range of care from wound care to medication management and ensuring compliance with clinical practice. Silver Chain's RNs also play a major role in preventing acute patient admissions for patients who would otherwise be admitted to hospital.

It is widely accepted that older people are admitted to hospital more often than other populations. Nationally in 2013–14, people aged 65 and over accounted for 40% of all hospital separations. Persons aged 85 and over accounted for about 7% of all separations in 2013–14. Between 2009–10 and 2013–14, separations for those aged 85 and over increased by an average increase of 6% each year - faster than the population growth for this age group (4.3% annually over the same period)<sup>1</sup>. In a review of Emergency Department (ED) presentations, the NSW Agency for Clinical Innovation found that between 2005-2013, 210,000 (6%) of all ED presentations by patients aged 65 years and over were for potentially preventable hospitalisations. Of these, 9,764 (4%) were referred by a RACF<sup>2</sup>.

For permanent residents who separated from RACFs in a twelve month period between 2012 and 2013, 38% per cent had a total period of care of less than one year, including 27 per cent for less than 6 months. During the same period, people aged between 85–89 years accounted for the highest number of admissions for permanent care (28 per cent of all admissions to RACFs)<sup>3</sup>. This suggests people are entering RACFs closer to the end-of-life phase more often, which is also when they are at greater risk of hospitalisation.

Registered nurses in nursing homes are critical in preventing unnecessary trips to hospital emergency departments or prolonged hospital stays. They can provide immediate clinical care to residents with complex needs, and can manage changes or deterioration in a resident's condition. Removing the requirement for nursing homes with high care residents to have a RN on duty 24/7 could be expected to result in an increase in hospital transfers, many of which could be potentially preventable. However, even if the requirement is maintained, Silver Chain Group sees a gap for RACFs in NSW, which could be addressed through greater external support for RNs in RACFs to help their residents avoid unnecessary hospitalisations.

### 2.2 The structure of the aged care workforce

In 2012, the then Department of Health and Ageing undertook a national census and survey of the aged care workforce. This research found that three quarters of RACFs reported skill shortages in one or more occupations. Of the skill shortages in these facilities, two-thirds reported RN shortage<sup>4</sup>.

<sup>1</sup> Australian Institute of Health and Welfare. (2015). Australian Hospital Statistics – Admitted patient care 2013-14. Australian Institute of Health and Welfare; Canberra, ACT.

<sup>2</sup> NSW Agency for Clinical Innovation. (2015). *Regional Aged Care Hospital Avoidance Compendium Report (Rural and Metropolitan) – At a Glance 2014*. Agency for Clinical Innovation: Chatswood, NSW

<sup>3</sup> Australian Institute of Health and Welfare. (2014). Residential aged care and aged care packages in the community 2012–13 web report. Retrieved from <http://www.aihw.gov.au/aged-care/residential-and-community-2012-13/>

<sup>4</sup> Department of Health and Ageing [now Department of Social Services]. (2013). *2012 National Aged Care Workforce Census and Survey – The Aged Care Workforce, 2012 – Final Report*. Department of Social Services: Canberra, ACT

This finding is supported by a report published by Health Workforce Australia in 2013, which noted a decreasing trend of RNs working in aged care – from 11 percent (or 18,313) in 2003 to 8 percent (or 16,431) in 2009<sup>5</sup>.

The difficulties associated with recruiting RNs is a long-standing issue for providers in the aged care sector, and is impacted upon by shortages of RNs across the broader health and social care industries, comparatively lower rates of pay when comparing to other nursing roles, and the widely acknowledged ageing of the aged care nurse workforce. In the same report, Health Workforce Australia found that aged care has the highest average age for RNs (49.8) indicating higher numbers of older RNs work in this area, meaning vacancies occur more often as nurses retire.

### 3 ADJUNCT MODELS TO 24/7 STAFFING REQUIREMENT

While Silver Chain Group supports the requirement for a RN to be on duty in nursing homes with high care residents at all times, it acknowledges the challenges facing the practical application of this requirement, namely the decreasing aged care RN workforce, and the desire of the NSW Government to align its legislation around RACF staffing requirements with that of other State, Territory and the Commonwealth Governments.

If the requirement remains in place, there may be situations where a single RN is on duty each shift on a 24/7 basis. Silver Chain Group believes that there is opportunity to increase support to these RNs, helping them avoid unnecessary hospitalisations amongst their residents. There are a number of effective hospital avoidance models using RNs in place across Australia which provide support to RACFs, and could be used in conjunction with a 24/7 staffing requirement model. These include hospital and community Hospital in the Home (HITH) models and community nursing services, and a number of specific examples of models currently supporting hospital avoidance in RACFs have been outlined below:

Program	Provider	Overview
Priority Response Assessment (PRA)	Silver Chain Group (WA)	PRA is a 24/7 non-emergency service that provides advanced clinical assessments within four hours. This assessment may lead to the provision of short term acute care interventions to address an immediate need or admission to other services.
Comprehensive Aged Residents Emergency and Partners in Assessment, Care and Treatment (CARE-PACT) trial	Metro South Hospital and Health Service (QLD)	CARE-PACT provides a 24/7 hospital-based, single point of telephone contact for referral of deteriorating RACF residents for GPs, paramedics, RACF staff and community health providers. On ringing CARE-PACT, an acute gerontic nursing assessment (with emergency physician input and using a collaborative care planning approach) links the resident to one of four types of services, whichever is most appropriate for their care needs.
Acute Post-Acute Care (APAC)	Central Coast Local Health District (NSW)	The APAC service provides intense, short term, interdisciplinary acute health care and management to patients as direct substitution for in-patient hospital care 7 days a week between 7am – 8:30pm.

<sup>5</sup> Health Workforce Australia. (2013). *Australia's Health Workforce Series – Nurses in focus*. Health Workforce Australia: Adelaide, SA

NSW Dementia Behaviour Management Advisory Service (DBMAS)	HammondCare (NSW)	The HammondCare DBMAS program is a Commonwealth funded 24/7 state wide helpline for staff and carers for people with dementia. Callers are connected with a consultant from DBMAS' multi-disciplinary team, who will make an assessment about the intervention and recommendations required. From September 2015, the Commonwealth Government's Severe Behaviour Response Teams (SBRTs) will act on referrals from DBMAS to respond to RACFs within 24-48 hours to assist them with providing appropriate care for residents with very severe and extreme behavioural and psychological symptoms of dementia.
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If the NSW staffing requirement is removed, these models could potentially be used as an alternative to have a RN on duty 24/7 in RACFs – deploying the relatively limited number of aged care RNs in the right place at the right time according to the needs of patients. However Silver Chain Group would strongly argue for this not to be the case and for the NSW Government to retain its existing requirement within the NSW Public Health Act 2010.

#### 4 SUMMARY

As a provider of community health and social care services, many of which are delivered by its highly valued RNs, Silver Chain Group is supportive of the requirement for a RN to be on duty in nursing homes with high care residents at all times to remain in place, although the organisation acknowledges the challenges facing the practical application of this requirement in the current environment of the aged care sector in NSW.

Silver Chain views the role of the RN in responding to critical incidents and preventing unnecessary hospital admissions as critical, and believes hospital avoidance models which support RNs working in RACFs could be utilised to a greater extent across NSW.