

Submission
No 61

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

Name: Name suppressed
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Partially Confidential

I am an aged care RN. I have worked in aged care since 1987. I have seen and felt the impact of various aged care reforms to aged care.

The threat to the delivery of safe quality care to our vulnerable residents is further intensified by the state government contemplating the removal of the legal requirement that a registered nurse must be on duty 24 hours a day 7 days a week in NSW nursing homes.

Registered nurses are vital to the delivery of safe quality care to our elderly.

RNs provide leadership by directing, supporting and supervising the care given by unregulated care workers.

RNs assess and monitor our residents' physical and mental health.

RNs implement and evaluate the care delivered to our elderly who suffer from complex chronic diseases.

RNs liaise with doctors, allied health specialists and family members.

RNs manage complex clinical procedures like wound dressings, catheterisations, peg tube feedings, peritoneal dialysis procedures and the management of pain relief when someone is chronically ill.

RNs provide palliative care.

RNs administer restricted medications that must be monitored for effectiveness and adverse side effects.

Through our knowledge and assessment skills, RNs provide early detection and prevention of health complications.

RNs assist in improving health outcomes for our residents.

Sadly though, there are less RNs being employed in aged care facilities...

I am deeply concerned that some managers of nursing homes are putting more responsibilities on unregulated care workers so that they can reduce RN staffing levels. At times, disregarding the carer's education and literary skills.

Personal carers who have medication endorsement are allowed to administer medications from dose administration aids (webster packs) of which they have limited knowledge of the drugs they are administering. They are only expected to count the tablets and sign. The training received by the unregulated care workers vary considerably.

Because of our residents' complex chronic illnesses, their medications vary from cardiac drugs, anticoagulant medications, antibiotics, epileptic medications, antidepressants, and restricted medications for pain.

When medications are administered by an RN, We assess our residents' physical and mental status at the same time.

Has their swallowing capability altered?

Has their cognitive ability deteriorated?

Are they showing signs of delirium?

Are they exhibiting signs of adverse effects from the medications they are taking?

Are they suffering from undiagnosed depression?

Through our knowledge and observational skills, we decide when a medication has to be withheld and for our resident to be reviewed by the Doctor.

Aged Care providers allow unregulated care workers to administer medications from dose administration aids but the RN still has the professional responsibility to notify the Facility Manager when the resident safety is compromised.

How can one RN supervise the medication administration of a carer when there is only one RN to manage 40 residents, or 80?

Schedule 8 medications that used to be stored in a double locked safe, counted and administered by an RN and a witness, is now packaged in a dose administration aid card only and can be administered by a carer unsupervised?

There is no legally mandated RN to resident ratios nor direct care staff to resident ratios in aged care.

The Aged Care Standards and Accreditation Agency Auditors inspect aged care facilities during the day, often with plenty of notification of their visit. So prior to their visit, paperwork are ensured to be done. After their successful visit, and with 3 years for the next inspection, our dreaded restructuring begin! Often, our hours of work are reduced!

I feel disheartened by all this. I have dedicated my life to aged care, to looking after our elderly, the sick and the dying and to see before my eyes that the quality of care will further deteriorate once we, RNs, leave and be replaced by unregulated care workers.

From residents' slips to drips, from turning red to blue, from choking to gasping, carers call on us- RNs for immediate intervention.

Our emergency departments and ambulance services will be stretched to the limit because there will be more admissions from aged care facilities. Emergency admissions will vary from assessments from falls, catheterisations from dislodged tubes, palliative care, chronic infections, dehydration, to name a few.

If only I have the power to make a positive change to Aged Care:

1. I would ensure that there will be legally mandated registered nurse to resident ratios and direct care staff to resident ratios. This will ensure that the workloads for aged care workers are manageable.
2. I would ensure that government funding to staffing is itemised separately by the aged care providers, from other expenditure.
3. Keep the distinction between high care and low care facilities.
4. Keep registered nurses in aged care.
Medication administration must be administered by registered nurses not unregulated care workers. There are more medication errors when unregulated care workers administer medications. I suggest you call on the Meditrax Agency to submit their collected data. They are an agency that conducts medication management reviews in nursing homes and hostels.
5. Ensure that all direct carer workers are licensed with AHPRA, the Australian Health Professionals Regulation agency.

Our population is ageing. We need more qualified staff in aged care, not less...