

Submission
No 86

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

Name: Name suppressed

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Partially Confidential

Inquiry into registered nurses in New South Wales nursing homes

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.

Amendments to the Aged Care Act serve to improve 'the nursing home experience' for residents. Of primary importance are safety and comfort.

The Living Longer Living Better reforms allow for 'Ageing in Place'. Residents entering residential care facilities now have far more complex needs than would previously have been managed and are entering care at a later stage of their life. To safely and responsibly meet their increasing care needs it is critical and prudent to have an RN in each aged care facility for 24 hours of every day, to competently manage a the required level of care and supervise staff in providing that level of care.

The Quality of Care requirements (s.54-1) of the Aged Care Act (and Quality Standards by which facilities are assessed) mandate an adequate number of appropriately skilled and qualified staff to ensure that the care needs of care recipients are met. Based on a majority of residential aged care places providing care to more than 80% high care needs residents, then appropriately qualified and skilled staff must include 24/7 RNs.

The Charter of Care Recipients' Rights and Responsibilities – Residential Care (Aged Care Act 1997, User Rights Principles 2014) state the care recipient has the right to quality care appropriate to his or her needs. For a 'high care' resident, only an RN on duty 24 hours has the skill and education to provide care that is appropriate to their needs.

The safety of high care residents is vastly improved by having an RN, on account of an RN to be able to foresee problems before they occur based on their clinical knowledge. It is the RN who can delegate disease and age specific observations to capture any deterioration at an early stage. Safety is equally important after hours and cannot be managed by an RN 'on call' at home, taking a phone call.

(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.

In theory, it is possible that a system such as a visiting geriatric rapid assessment team, such as the Geriatric Flying Squad used by War Memorial Hospital could provide a prompt assessment service for nursing home residents to avoid hospital admission. However, assessment and recommendation would need to be available more expediently than an ambulance response, which is not feasible.

For as long as acute care hospitals retain the role of providing acute services to residents of nursing homes with a deterioration in health, costs of managing deterioration are in fact already borne by the NSW Health system.

Specialist appointments with medical practitioners and allied health staff held at Outpatient Departments are costed through Medicare, not the Commonwealth, for residents of Commonwealth-supported residents.

It is feasible that nursing homes with less than a specified number of high care residents (under ACFI) could safely manage with a 'mobile RN' shared between geographically close nursing homes. However, this situation would necessitate that the complexity of these residents' actual medical needs would need to exclude palliative care, advanced pain management and tubes of any type (such as tracheostomy tubes)

(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

Aged care hospital wards recognize that the care of older people with complex health care needs requires an RN on duty and on the premises 24/7. Nursing home residents whose health has deteriorated, or who are at risk of deterioration or who are recovering after a period of illness are managed by RNs in hospitals 24/7. There is no reason why a nursing home would not provide the same level and duty of care.

RNs are the critical link for managing complex health care needs in nursing homes. It is only the RN who can apply clinical judgement, synthesise assessment information, evaluate outcomes and make informed treatment decisions. Enrolled Nurses undertake an important role in nursing homes, however advanced skills of clinical judgement are not sufficiently developed in their Diploma or Advanced Diploma qualification.

Clinical judgement, assessment and evaluation of outcomes to treatment are not within the scope of practice or vocational training of unregistered care workers.

'Services that must be provided to care recipients who need them' specifies that nursing services such as complex health care needs and pain management is to be assessed and managed by a registered nurse. A registered nurse and an enrolled nurse can provide ongoing care and evaluation, but not unregistered care workers.

Enrolled Nurses work under the supervision and delegation of a Registered Nurse. The 24/7 nature of complex care needs, including palliative care and pain management of residents requires that an RN be available to continue with ongoing assessment and pain management. Pain does not necessarily subside after hours and it is not reasonable or explicable to not have pain management overnight as required, which only an RN can provide.

RNs are the only level of care staff authorized to delegate work, but cannot delegate decision making and care tasks requiring clinical judgement. In line with the Enrolled Nurse Competency Standards and Decision Making Framework (of the Nurses and Midwives Board) Enrolled Nurses must work under delegation and supervision of an RN.

It is essential to this Inquiry to recognise that the symptoms of complex health conditions and complex care needs of a resident do not subside or diminish 'after hours'. In fact, the need for increased observation is required after hours on account of scant staffing and the difficulty of distinguishing worsening health when a resident is drowsy or sleeping. An RN on the premises is the only person adequately skilled to most correctly distinguish between drowsiness and altered levels of consciousness due to illness.

(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

It is an RN only who can carry the key for Schedule 8 drugs kept at the facility (Poisons and Therapeutic Goods Act and Regs). Residents receiving palliative care or individualized pain management schedules requiring Schedule 8 drugs on a PRN bases (as required rather than regularly) suffer pain and distress if there is no RN available with the Schedule 8 key to administer 'as required' or PRN drugs. It is not legal to leave the Schedule 8 cupboard key with non-registered care staff and illegal to allow for Schedule 8 drugs to be able to be accessed by one person. Even if the Poisons and Therapeutic Goods Act and Regulations were amended in regards to administration authority, unregistered care workers with a Cert IV in Aged Care Work do not learn about medication side effects and interactions to safely manage restricted medications. Inadvertent errors in Schedule 8 administration can be fatal.

The RN is responsible and accountable for Schedule 8 drugs on the premises and this cannot be delegated.

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

It is reasonable assumption that older people entering residential care facilities will expect that their usual or potential care needs will be competently met by registered nursing staff of the aged care facility. Residents expect and prefer to be treated at the facility, not at a hospital.

Without an RN on the premises, residents must always be transferred to an Emergency Department if their condition deteriorates even slightly after hours. This is distressing and alienating for the older person, results in increased mortality and shifts the cost from the aged care sector to the NSW Health system.

This use of ambulances for avoidable hospital transfers often results from having no RN available to assess and make clinical decisions. It is unreasonable to use the Ambulance Service in this way in consideration of the demand for ambulance services.

Nursing homes with only unregistered care staff after hours generally phone the RN on call where none is present at the facility, if the care staff are unsure what to do. The situation of the facility's day time RN being on call every night can deter care staff from calling after hours if there is a problem. This is in consideration of recognizing the lack of sleep from being called during the night. Avoiding calling results in either the resident having to wait until the RN arrives at work and the resident being put at risk of life threatening deterioration.

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

A detailed statement of the authority and minimum training standards of unregistered care workers is required to clarify the unanswered questions about medication issues and authority to provide certain advanced levels of care, such as enteral feeding, wound care and injections.

Consideration must be given to the need for a national register of unregistered care workers, both personal details and employment records, in line with the Coroner's recommendations following the Quakers Hill fire.

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

Some nursing homes use a ratio of 1 RN to up to 150 residents! This seems a scandalous imposition on the RN and contributes to low staff retention, notwithstanding insufficient supervision of staff or monitoring of residents with complex care needs. 1 RN to 30 residents seems reasonable, again depending on the exact needs of the resident mix. For example, having just one resident with a tracheostomy would require a far more intensive ratio 24/7 to avoid the resident choking if suction is required. Similarly, palliative care and end of life residents would need a higher number of RNs on the premises 24/7.

Nurse to resident ratios calculated according to the high care needs is sensible and safe, providing the ratio is reviewed as frequently as changes in resident needs. On average, there are more than 80% of residents in facilities formerly known as hostels who have high care needs under ACFI, so there is no situation when an RN 24/7 would not be necessary for safe care.

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

5. Any other related matter.

A finding that RNs are not required 24/7 in nursing homes is a statement that older people do not deserve the best of care, an unacceptable message.

Registered aged care facility providers advertise 24/7 health care services in their promotional material, but are not providing the RN after hours. Residents aren't aware that there is no RN, as they call 'nurse' and someone comes. The public is unable to distinguish the important difference between job titles and responsibilities, until something goes wrong.

RECOMMENDATIONS:

That RNs be employed to provide care and supervision of all residents of residential aged care facilities 24 hours a day, 7 days a week.

That if an RN cannot be recruited, due to factors apart from the provider refusing to recruit, then a mobile RN be contracted on a 'share basis' between residential facilities in a region. The 'roving RN' nurse to resident ration would still need to be set.

That nurse to resident ratios are determined in accordance with the complex health care needs of the residents in that location. Clear guidelines for nurse to resident ratios must be set by the NSW Government for facilities where residents have moderate to advanced dementia, tracheostomy or other 'tubes', palliative care and end of life care, complex pain management regimes, diabetes having insulin injections or unstable diabetes, swallowing difficulties, and any location with a secure dementia unit.

That existing and prospective residents of residential care facilities be shown respect for their care needs and provided with safe and qualified care, in accordance with their rights under the Act.

That prospective residents be informed in their formal Resident Agreement of the presence or not of an RN on the premises 24/7.

That residents with high care needs under ACFI not be accepted by facilities without a 24/7 RN.

That the option of a 'roving RN' or telehealth RN service be utilized if recruitment is unsuccessful.

That unregistered care workers be listed on a national register, qualified to the level of Certificate IV if assisting with medications, or Certificate III providing there is a registered nurse on the premises after hours.