

**Submission
No 135**

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

Name: Ms Ruth Hatch

Date received: 23/07/2015

20th July 2015

Re: Inquiry into Registered Nurses in New

To whom this may concern,

I would like to address the following points:

1. The need for registered nurses in **Aged Care Facilities** (referred as nursing homes) and other aged care facilities with residents who require a high level of 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 104 of the *Public Health Act 2010* to have registered nurse on duty at all times in a nursing home, and in particular:
 1. The impact this has on the safety of people in care –
Not so; the introduction of mandatory reporting by the Department of Social Services on 1st July 2007 states 'All approved providers of Australian Government subsidised residential aged care must encourage staff to report alleged or suspected reportable assaults to enable approved providers to comply with their responsibility under the Act. This requirement recognises that in many cases, it may be staff who first notice assaults. The legislation therefore requires that approved providers not only give staff information about how to report assault, but also to actively require staff to make reports if they see, or suspect, an assault on a resident' and the non registered nurses supplying the hands on care are normally the first to notice and identify changes in residents, changes may be behavioural, emotional, cognitive or health relate.
The safety impact is only as good as the person overseeing and the commitment given by that person regardless of certificate held. Already there are issues retaining qualified registered nurses in the acute care stream more international registered nurses are supplementing the workforce with out placing extra demand on aged care. The cost for Registered Nurses 24 hours per day could possible compromise the overall safety of residents- EEN's and AIN's numbers reduced to allow for the wages cost of Registered nurses and the lowest paid care staff.
High standard of staff & skill can be achieved with Part time registered nurses supported by Allied Health Professional, Endorsed Enrolled Nurses and Certificate IV Aged Care Workers.
 2. 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
*This is what I see as the real issue behind the push for Registered nurses in **Aged Care Facilities** – cost-shifting for the public acute care by turning Aged Care Facilities into the new acute care centres for the elderly.*
The Commuio Report June 2013 reported 46% above the National Average 20011-2012 Longer stay for older persons in public acute care.
 - 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 same response as above- General push for less home like environments and more multi purpose and elderly acute care settings. Elderly residents receiving level 3 and 4 packages (same high care classification) in their own homes can h receive care supplied by a Certificate III Aged Care Worker and be sighted by an registered nurse for 30 minutes or less once a week and this is regarded as acceptable level of care.
 - 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.
Australian Aged Care Quality Agency Standards, Poisons and Therapeutic Act 2008, Aged Care Act 1997 and Guiding Principles for Medication Management in Residential Aged Care Facilities 2012. Medications are Accredited Pharmacist checked and pre-packed. Staff are assessed for competency annually in assisting persons

with medication management. Aged Care Facilities with non registered nurses have safer accountability systems for medication management and storage.

Residents requiring the skill of registered nurses for medication administration may still receive same without the need of a 24 hour on duty registered nurse- it is having a high level of relevant training- education and safe work practices and auditing systems.

Two fatal incidents that claimed front page headlines in all media outlets in recent years are directly related to Registered Nurses and medication mismanagement.

- d. The role of registered nurses in responding to critical incidents and preventing unnecessary hospital admissions.

EEN's and Allied Health have ability to respond to critical incidents.

Hospital admissions can only be authorised by the attending Emergency Department staff. There are options available for residents to be referred back to the sending facility.

Residents are encouraged to have more control over their care (LLLB) and will request to be seen at an emergency department. Am I correct in asking if this is his or her right as a consumer? Are you removing this right?

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

a. *The course contents for the Certificate III and IV in Aged Care are reviewed annually with input from the industry as to the required content. There is a focus on continuing education for all staffing in the Aged Care Industry- supported fact by the increase in On-line training programs and additional T.A.F.E and Adult Community Collage education program.*

b. *Annually competencies by both internal and external sources have elevated the basic skill level of Certificate III & IV and AIN's. EEN's are to comply with the following amended requirements. Our facilities non registered staff are to keep a similar diary of education as part of their performance appraisal and continuing employment.*

This standard applies to registered and enrolled nurses,

Requirements

1. Nurses on the nurses' register will participate in at least 20 hours of continuing nursing professional development per year.
4. One hour of active learning will equal one hour of CPD. It is the nurse or midwife's responsibility to calculate how many hours of active learning have taken place. If CPD activities are relevant to both nursing and midwifery professions, those activities may be counted in each portfolio of professional development.
5. The CPD must be relevant to the nurse or midwife's context of practice.
6. Nurses and midwives must keep written documentation of CPD that demonstrates evidence of completion of a minimum of 20 hours of CPD per year.
7. Documentation of self-directed CPD must include dates, a brief description of the outcomes, and the number of hours spent in each activity. All evidence should be verified. It must demonstrate that the nurse or midwife has:
 - a) identified and prioritised their learning needs, based on an evaluation of their practice against the relevant competency or professional practice standards
 - b) developed a learning plan based on identified learning needs
 - c) participated in effective learning activities relevant to their learning needs
 - d) reflected on the value of the learning activities or the effect that participation will have on their practice.
8. Participation in mandatory skills acquisition may be counted as CPD.
9. The Board's role includes monitoring the competence of nurses and midwives; the Board will therefore conduct an annual audit of a number of nurses and midwives registered in Australia.

Definitions

Context of practice refers to the conditions that define an individual's nursing or midwifery practice. These include the type of practice setting (e.g. healthcare agency, educational organisation, private practice); the location of the practice setting (e.g. urban, rural, remote); the characteristics of patients or clients (e.g. health status, age, learning needs); the focus of nursing and midwifery activities (e.g. health promotion, research, management); the complexity of practice; the degree to which practice is autonomous; and the resources that are available, including access to other healthcare professionals (ANMC 2009).

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. The CPD cycle involves reviewing practice, identifying learning needs, planning and participating in relevant learning activities, and reflecting on the value of those activities (ANMC 2009).

3 The adequacy of nurse to patient's ratios in nursing homes and other aged care facilities with residents who require a high level of residential care.
As stated above not all high care residents require a registered nurses intervention. Our facilities pain management program focuses on ongoing treatment of four twenty minute (minimum) sessions from Physiotherapist and Occupational Therapist- focus on regaining a, strengthening and maintaining quality and living with a pain level that is bearable by the individual.

So how is this to be measured- do we forgo quality and the Living Longer Living Better?

Is care to be compromised to enable facilities to afford the wages of registered nurses.

Most facilities will tell you they operate on a limited budget and have long wish lists of items they cannot purchase.

Thank you