

**Submission
No 83**

INQUIRY INTO REGISTERED NURSES IN NEW SOUTH WALES NURSING HOMES

Organisation: Australian and New Zealand Society for geriatric Medicine(NSW
division)

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Key issues:

The ANZSMG(NSW) have been involved in discussions related to this issue since discussions began. We firmly are concerned about the reduction/removal of registered nurses working at aged care facilities at all times.

The complexity of residents' medical problems and therefore their care has significantly increased over the past 10 years. The number and types of medications residents are taking as a result of multiple complex diseases has grown and also become more complex. The chance of each resident needing to access hospital services is 25%/year. Many of these do not need hospitalisation if the facilities have adequate support to manage them.

Treating residents who rapidly deteriorate is best, in most cases, to occur in the aged care facility where they live. This often requires registered nurse leadership. Such treatment is best care for the resident as he/she stays in his/her environment, being looked after by the staff that know them. This reduces complications such as falls, delirium and medication incidents. Treating these residents in their own home also reduces ambulance transport, emergency department reviews and hospital admissions.

Many require palliative care treatment and are benefited by the use of restricted drugs, subcutaneous injections and syringe drivers. Again this optimal treatment requires registered nurse supervision.

Chronic diseases such as diabetes require monitoring and often subcutaneous injections. Many residents have previously been excluded from low level facilities purely on the basis that there was insufficient expertise of staff available in the form of registered nurses. These residents were assessed as high level so they could receive registered nurse assistance. Removing this assistance from high level settings can make some residents difficult to manage. Morbidity around inadequate treatment of chronic disease is worse for the residents and will put more requirements on specialist and hospital services.

Evidence:

Caplan showed that older patients do better if treated in their own home, including aged care facilities.

Jain and Gonski (being considered for publication) have shown that residents who deteriorate can be reviewed by flying squad teams rapidly to reduce transfer to hospital. Patient/carer/facility staff/GP satisfaction was excellent. Deterioration can occur any time and on any day of the week.

Case study: 71 year old resident living in a high care aged care facility. She suffered from severe dementia but had been settled, mobile and seemed to enjoy facility activities. She suddenly became delirious due to a urinary infection and deterioration in her chronic kidney disease. She was treated in her facility (her current home) with intravenous antibiotics and required urinary catheterisation. The requirement of her being nursed in an unfamiliar environment by unfamiliar

staff in hospital was avoided. The patient improved with treatment but never reached her baseline level and died peacefully 6 weeks later. Without the leadership and clinical skills of a registered nurse, this could not happen.

There are many, many examples of this.

Recommendations:

That high level aged care facilities have registered nurse presence on site 24 hours /day.

References:

Caplan GA. Does "Hospital in the Home" treatment prevent delirium? *Aging Health* 2008; 4: 69 – 74.

Ouslander JG, Perloe M, Givens JH et al. Reducing Potentially Avoidable Hospitalizations of Nursing Home Residents: Results of a Pilot Quality Improvement Project. *J Am Med Dir Assoc* 2009; 10: 644–652.