

**Submission  
No 110**

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

**Organisation:** Council on the Ageing (COTA) NSW

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

---



**NEW SOUTH WALES**

## **Inquiry into registered nurses in New South Wales nursing homes**

### **COTA NSW Submission to the Inquiry**

**Lisa Langley**

**Policy Manager, COTA NSW**

**Level 6, 280 Pitt Street**

**Sydney NSW 2000**

**(02) 9280 3860**

## Summary

**COTA NSW supports the position of NSW Nurses and Midwives Association that it is in the best interests of nursing home residents to have their care overseen by registered nurses twenty four hours a day.**

COTA NSW supports the requirement for a registered nurse to be on duty in a residential aged care facility 24 hours a day, seven days a week. A recent AIHW report demonstrates that with the policy shift away from residential care to supporting people to 'age in place' at home, people are entering residential care later in life and with higher levels of disability, complex care needs, dementia and need for palliative care (AIWH, August 2014). With this in mind we argue that rather than having *decreased* the requirement for registered nurses, these recent changes have actually *increased* the need for registered nurses to be available around the clock to monitor the increasingly complex needs of residents and to help avoid unnecessary and unwanted hospital admissions.

### **Aged care reform and the NSW Public Health Act 2010**

COTA NSW believes that although the distinction between 'low' care and 'high care' has been removed under the new aged care legislation it should not be seen as an opportunity to undermine care by removing the need for around the clock registered nurses in NSW residential care facilities.

Before the removal of the distinction between 'low' and high' care beds in residential facilities, many providers reported that in many instances low care bed spaces remained empty. In fact, Aged and Community Services reported that, "for the last 4 years there is a clear trend of increasing numbers of operational low care beds being used for people with high care needs". This clearly reflects the trend of people entering residential aged care with much higher care needs requiring around the clock skilled nursing care.

COTA NSW believes that the NSW Government has a responsibility to its residents to ensure that those people who require care in a residential aged care facility in NSW receive the best care possible. The responsibility to provide quality 'care' to older people with complex care needs, dementia, or palliative care for example often traverses the boundaries between aged care and hospital care. Very often a nursing home 'resident' can quickly become a NSW hospital 'patient' and vice versa. The NSW Government has a continuing responsibility to ensure standards of nursing care are maintained across both hospital and aged care settings for the benefit of NSW residents in need of care.

### **Who are the majority of nursing home clients?**

COTA NSW supports the age care reforms overall intent to promote a person's ability to 'age in place' in their home for as long as possible. The consequence of shifting care away from residential facilities to delivering care at home is that more people are postponing or avoiding entry into a residential age care facility until they can no longer be cared for at home. Many people who would have previously entered a residential facility as a 'low care'

patient are now more likely to be supported to live at home with community aged care support.

As a result people are now entering an aged care facility at an older age and usually with complex care needs. For example, cardiovascular disease and dementia affect a significant proportion of residential aged care residents, and increasing numbers receive specialised services such as pain management, palliative care and end-of-life care. In addition, residents in aged care facilities are prescribed significantly more medicines than people living independently. In this complex care environment, registered nurses are essential to perform expert nursing procedures such as overseeing the dispensing of complex medications, managing any changes or a deterioration in a resident's condition, and knowing when a GP or nurse practitioner should be called.

### **Nurse staffing levels and the issue of staff to patient ratios**

The positive relationship between nurse staffing levels and the quality of nursing home care has been demonstrated widely. As a result, nurse staffing levels are an integral part of improving the quality of care in nursing homes (Ning Jackie Zhang et al., 2006). Access Economics, in its report for the Australian Nursing Federation entitled *Nurses in Residential Care*, also confirms that the evidence shows that a higher nurse ratio in the staffing mix contributes to better quality outcomes. These findings demonstrate the danger of applying an arbitrary approach to registered nurse staffing levels so that there are no consistent standards that can be applied when it comes to care.

Some providers argue that they need further flexibility to determine staffing levels, when in fact there are currently few existing conditions around staffing levels that exist now. It is not surprising that in the absence of any mandatory staff to patient ratios in residential aged care that providers, often under pressure to contain costs, do so by seeking to reduce and streamline their staffing levels. In addition, under pressure to contain costs, and without any mandatory guidelines that require certain staffing levels, providers can decrease registered and enrolled nursing levels and increase the use of unlicensed assistants in nursing and personal care workers.

COTA NSW believes that the related issue of a continuing lack of mandated minimum staff/resident ratios that is contributing to the exodus of experienced nurses and other staff from aged-care homes. Those staff who remain often find it difficult to meet their responsibilities to residents in the available time and as a result care can be compromised.

COTA NSW argues that there should in fact be more staffing requirements, not less, including standardized staff to resident ratios and the continuing requirement for registered nurses to be rostered on all shifts. This is fundamental to ensure a standardised quality of care can be delivered to residents with increasingly complex care needs.

## Quality care and the Australian Aged Care Quality Agency

The Australian Aged Care Quality Agency has taken over responsibility for the accreditation of residential aged care homes from the former Aged Care Standards and Accreditation Agency. This new agency is also responsible for home care standards.

Any changes to the requirement for registered nurses to be rostered on all shifts 24 hours per day should be considered alongside the agency's *Accreditation Standards* detailed in the *Quality of Care Principles 2014*. Despite the recent reforms and the development of the new standards, there are still no mandatory staff to patient ratios or clear guidelines about nursing staff levels.

There are four Standards:

Standard one: Management systems, staffing and organisational development

Standard two: Health and personal care

Standard three: Care recipient lifestyle

Standard four: Physical environment and safe systems

Each Standard consists of a principle and a number of expected outcomes. Standard one also has an 'intention' which indicates it acts as the umbrella for the other three Standards. There are 44 expected outcomes across the four Standards. Nursing homes must comply with all 44 expected outcomes at all times.

While the standards do not specify or mandate nursing levels as a requirement for care delivery, the requirements under the standards articulate outcomes that would be difficult to meet without registered nurses. *Under Schedule 2 of the Accreditation Standards, Part 1, Management systems, staffing and organisational development*, item 1.3 specifies that "Management and staff have appropriate knowledge and skills to perform their roles effectively" and item 1.6 specifies that, "There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives.

The requirements under *Part 2, 'standards related to health and personal care'*, includes several items that clearly require the need for expert nursing care. For example, item 2.3 specifies the need for "management and staff have appropriate knowledge and skills to perform their roles effectively," 2.4 specifies that "care recipients receive appropriate clinical care", 2.5 specifies that "care recipients specialised nursing care needs are identified and met by appropriately qualified nursing staff", 2.7 specifies that "care recipients' medication is managed safely and correctly", 2.8 specifies that "all care recipients are as free as possible from pain" and 2.9 specifies that "the comfort and dignity of terminally ill care recipients is maintained." Any loss of registered nurses in aged care would undermine residents' access to palliative care, management of acute incidents and episodes as well as pain management.

## **Changes to RN staffing will increase health costs**

Maintaining the requiring for registered nurses around the clock in nursing homes contains health costs. Around the clock registered nursing care can help prevent unnecessary trips to public hospital emergency departments or the necessity for prolonged hospital stays. It can also help ensure a patient can be transitioned from hospital back to care the residential facility if the hospital is confident that ongoing nursing care is available.

Conversely, it is not uncommon for unwell or injured aged care residents to end up in public hospital emergency departments and hospital beds. Having registered nurses available in residential care facilities can make a significant difference as to whether a resident must be sent to hospital and when they can return. In addition, residents who are in need of palliative care are often transferred to hospital to die, in the absence of any palliative care being available at the nursing home facility.

The flow-on consequences of implementing an arbitrary approach to registered nurse staffing in residential care facilities to our public hospitals is significant. Emergency departments are already overburdened. Having the option of treating certain conditions in the residential care facility by registered nurse on duty is often the best option for both the patient and the overburdened hospital. In addition it is widely known that many older hospital patients remain in hospital beds for too long and do much worse as a result because they cannot be transitioned back to a residential care facility or back home.

## **Models of care that facilitate links between hospitals and aged care**

A broader policy issue that affects both the quality of care and the cost of care for older people is the lack of policy coordination and cross border funding between the aged care and hospital systems for programs that promote the best quality, cost effective care for the patient/resident. Maintaining adequate levels of registered nursing care around the clock not only has the effect of minimizing the need to transfer certain patients to hospital but it also facilitates the movement of patients from hospital back to residential care when hospital staff know the patient will have access to ongoing nursing care.

COTA NSW agrees with Aged and Community Service's that new models of care need to be developed that meet the complex care needs of nursing home patients, but this needs to be done without compromising the health, rights and welfare of patients in residential care facilities.

There are ways to ensure that high level nursing care can be delivered in a residential care settings that can help bridge the gap between hospital and nursing home care for the benefit of residents/patients. For example, the **Queensland Hospital in the Nursing Home (HiNH) Program** provides a safe and appropriate alternative to hospitalization and reduces the need for residents to leave Residential Aged Care Facilities (RACFs) to attend or be admitted to an acute hospital for conditions that may be safely treated within their own facilities. The program was initially conceived as a hospital bed managing strategy but it was later found that the program had benefits for nursing home residents as well.

A recent evaluation of a Hospital in the Nursing Home Program found that there was a significant independent relationship between the program and shorter in-hospital stays. The researchers concluded that HINH model, with its focus on delivering acute care for aged care facility residents, could impact on health service delivery with a demonstrated reduction in in-hospital stay times and the available bed space created could be used for other patients perhaps waiting in the ED or surgery (Wendy Chaboyer et al., 2010).

In 2012 the Commonwealth Government funding the program, *strengthening links between aged care and healthcare system: models for healthcare delivery for aged care recipients*. The program sought to develop innovative models to strengthen links between existing aged care and healthcare services that were cost effective and improve the way both the aged care and health systems worked. An invitation to apply for funding was advertised in November 2012 and proposals were selected through an open competitive round. Funding was provided over 18 months from June 2013. The Centre for Health Service Development (CHDS) at the University of Wollongong was appointed to undertake evaluations of the models. Only one organization in NSW, Community Care Northern Beaches, was successfully funded from the program.

## **Conclusion**

Delivering the right care to older people is a joint responsibility between both the Commonwealth aged care and state run hospital systems. For quality care to continue, staffing must adequately meet the needs of residents and have the appropriate skill mix to deliver the care required across both systems. This requires consistent levels of nursing care in both aged care and hospitals to help ensure consistent, quality care for patients and reduce unnecessary costs. The current requirement is for just one registered nurse per shift. These highly skilled nurses play a critical role in the delivery of care in an aged care setting for those residents with complex care needs, dementia and those in need of palliative care at end of life. Removing these nurses puts residents at risk.

## References

Access Economics 2009, Nurses in residential aged care, report by Access Economics for the Australian Nursing Federation

Australian Institute of Health and Welfare 2014, Patterns in use of aged care: 2002-03 to 2010-2011, (AIHW), August 2014

Ning Jackie Zhang; Lynn Unruh; Rong Liu; Thomas T.H. Wan., 2006 '*Minimum staff nursing ratios for nursing homes*' Nursing Econ. 2006; 24(2):78-85, 93.

Technical Paper on the changing dynamics of residential aged care prepared to assist the Productivity Commission Inquiry Caring for Older Australians, Department of Health and Ageing, April 2011

Australian Institute of Health and Welfare (2014) Use of aged care services before death, (AIHW), March 2014

Wendy Chaboyer, Denise Polit, Julia Crilly, Lukman Thalib, Marianne Wallis (2010): An outcomes evaluation of an Australian Hospital in the Nursing Home admission avoidance programme. Blackwell Publishing Ltd. Accessed 16/07/2015 <http://dx.doi.org/10.1111/j.1365-2702.2010.03371.x>.

---