

Submission  
No 129

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

Name: Name suppressed

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Partially Confidential

I work as a Clinical Nurse Consultant in a rehabilitation setting within a teaching hospital.

I have 25 years nursing experience.

Unfortunately many people who come to rehabilitation do not succeed in getting home and require residential care. People fear going to a nursing home and equate it to a fate worse than death. We are obliged to recommend the nursing home care as the availability of community care cannot match the needs of the patients; ultimately we have to reassure people that the care provided nursing home will meet the needs of the patient and be a place to live life with meaning and purpose.

Many of the people who no need to go to a nursing home from hospital are still requiring a highly complex and often end of life care. Research has shown that the proportion of registered nurses vs. unregistered assistants increases the quality and safety of care. I cannot imagine how I could honestly recommend nursing care that did not include a registered nurse supervising the highly complex and advanced practice related to complex and palliative care provision. People in nursing homes are often dependent on complex technical treatments that require equipment expertise and therapies such as tube feeding, CPAP machines, and pain management.

In addition to providing care that is complex and demanding the provision of safe medication delivery specific to pain management and palliative care could not be managed without the knowledge, skill and understanding requisite to a level of training and experience provided by registered nurses. Without such a level of experience and training people will probably die in pain and suffering without the immediate access to dangerous drugs such as morphine.

The last phase of life should not be considered or delivered in a way that is demeaning of the contribution people have made to society throughout their lives. To reduce to what equates to nought direct oversights from a registered nurse who is legally obliged to provide care of a higher standard than unregistered assistant will undoubtedly lead to increasing unplanned emergency department visits of people who will not probably not benefit and possibly be harmed by unnecessary hospital treatment. There is a danger that should nursing home care reputation be further devalued to any lower point than its current already jaded position people will begin to refuse to use it and hospitals will become the proxy care providers. Community care currently cannot cope with the current demand for care that has been growing with the ageing population.

There needs to be at least one registered nurse per shift in a high level care situation, these nurses need access to continuous professional development and regular clinical supervision. Unregistered care assistance cannot be trained or held accountable in the way that registered nurses have been relied upon to develop the aged care sector. The long-term future image of residential care depends on the quality of care that is delivered.

Regards

Clinical Nurse Consultant