

Submission  
No 69

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

**Name:** Name suppressed

**Date received:** 20/07/2015

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Partially Confidential

My name is \_\_\_\_\_, I'm proud to say I'm a Registered Nurse an RN, who works within Nursing Homes in NSW and have done so for the last 13 years. I and many other RN's oversee the care given to one of our most vulnerable populations, the elderly. I've had the privilege of working in some wonderful nursing homes managed by inspiring teams; however, I've also had numerous experiences working within nursing homes that are primarily focused on methods to increase funding and appearance, as opposed to delivering quality care aimed at enhancing and enriching lives. I write this submission to the General Purpose Standing Committee No.3, in defense of retaining RN's to work on the floor of all NSW Nursing Homes 24/7.

I fear if legislation isn't in place ensuring RN's are required to be on duty in nursing homes 24/7, some unscrupulous aged care providers will move to cut costs and no longer employ RN's to oversee care, instead utilise enrolled nurses and carestaff in our place, or solely have RN's on-call, not immediately accessible. For those that don't know the difference in nursing qualifications, you can attain the qualification to be a carestaff member in some cases in as little as 3 months, to be an enrolled nurse you need to complete an 18 month TAFE course or equivalent qualification. Today, the minimum tertiary qualification required to be a Registered Nurse is a 3 year university degree, many RN's then go on to do additional tertiary education in the area of their specialty e.g. aged care nursing, dementia nursing etc. etc. Registered Nurses are also required to do a minimum of 20 hrs.a year of relevant education to maintain their registration. So you can see; the knowledge and skill level of an RN is significantly more advanced than carestaff and enrolled nurses.

I believe carestaff are the heart and soul of nursing homes; I have a great deal of respect for these amazing nurses who are hugely unrecognised, over worked and underpaid. I've had the privilege of working with some wonderful and inspiring enrolled nurses; however, I don't believe either of these groups of nurses have the knowledge, experience or skills to safely nor effectively manage the complex care needs of our nursing home residents, who have multiple chronic complex diseases. These residents require access to registered nurses 24/7. These are the nurses trained to identify a resident's deterioration and put into place strategies to ensure their health and wellbeing needs are met. Registered nurses attend to invasive procedures such as catheterisation, complex wound management, implement palliative care to the dying resident, attend to pain management, we minimise unnecessary hospital transfers, communicate with the multi-disciplinary health care teams to ensure the residents care needs are met, RN's attend to the myriad of health assessment's and in-house documentation; we communicate with residents families and **Direct and Co-ordinate** the care given by EN's and carestaff. It's imperative an RN is on duty 24/7 to manage the multitude of acute events that arise each and every shift; events such as resident falls, acute illnesses that often evolve quickly including; diabetic complications, delirium, TIA's, frequent episodes of constipation that if not managed may result in mortality, outbreak management, reportable incidents, staff disputes etc etc.

I wonder how much consideration has been given to the potential outcomes if RN's are no longer on duty 24/7 in nursing homes; such as an increase in our resident's' pain and suffering, the potential for a loved one to die prematurely, a reduction in our resident's quality of life, an increased burden on ambulance service, **significantly** higher presentation rates to local hospital emergency departments, increases in hospital admissions, a much higher demand on local GP's to attend nursing homes; this should be particularly concerning as GP's are already struggling to find the time to attend to their Pt's living in nursing homes. Who will our GP's and their fellow members of the multi-disciplinary health care team communicate to? Will this communication be accurately understood and implemented? And how will EN's and carestaff be supported to manage the degree of pressure they may be exposed to?

Anyone who has placed a loved one into a nursing home knows what a heart wrenching decision it is to make, a decision not made lightly. My family and I made the decision to place my beautiful mum, into a nursing home about 10 years ago. She was only 63 years old; we simply couldn't give her the 24 hour care she needed. Mum, had a disease called Progressive Supra-Nuclear Palsy, a disease that destroyed her ability communicate and care for herself. This terminal disease, like all terminal diseases bring a myriad of complications, which to the untrained eye would not have been managed and most certainly, would have resulted in her dying even more prematurely. Who would have identified mum became toxic as a consequence of her medications? Not an easy task when the patient has no ability to communicate, who would have identified she was silently aspirating food into her lungs? Who would have identified she was becoming septic as a consequence of a urinary tract infection? Who would have attended to the invasive procedure of inserting the indwelling catheter required? Can you image if there were no RN on the floor to manage these scenarios, my mother's symptoms would likely have been unidentified, resulting in unimaginable pain, suffering, loss of dignity and probable death or in the best scenario, identified, but required numerous hospital transfers to treat; using additional ambulance time and hospital beds, all of which could have been avoided.

Speaking from my personal experience, I can categorically say, that we would not have placed mum into ANY nursing home that didn't have RN's on duty at all times. If that meant mum had to live outside of our local area, then so be it. This then poses the challenge to loved ones who may already be struggling with feelings of guilt associated with placing a family member into a nursing home, will they be able to find the extra time and money required to travel further, to continue to be a part of their loved ones life, to be actively involved in their care and to continue to ensure their loved one doesn't feel abandoned and alone at the most vulnerable time in their life.

Many community members are aware of the advertising campaigns supporting nursing ratios in our NSW Public Hospitals, such as 1 nurse to 4 patients. Residential aged care has no such luxury, even though all nursing homes have many residents with complex care needs that often mirror those conditions suffered by geriatric patients found in public hospital beds. I have worked in aged care facilities where I've been the only RN on duty for approximately 120 residents! not an uncommon scenario, **Clearly** the system is currently understaffed with RN's and significantly compromising the care of nursing home residents as well as the health and wellbeing

of staff. Now is the time to increase the number of RN's working on the floor of nursing homes, **NOT** to remove the limited number already in place!!

RN's are 'registered' if found to be practicing negligently etc. can lose their registration, subsequently threaten our livelihood and ability to provide for our families. As previously mentioned we are also required to complete 20 of hours of relevant education per year to maintain our registration. This assists RN's to keep up to date with 'best practice '. While I certainly agree RN's should be held accountable for their practice and potentially lose their registration if warranted, I do believe **all** staff working in hands-on care roles, such as the carestaff, should also be held accountable for their practice and also be required to complete ongoing relevant education in order to maintain employment. Often I have witnessed apathy and compromised care by carestaff. Why not have an annual registration/education requirement in place to hold carestaff accountable for their actions, whilst also assisting in ensuring our carestaff have the knowledge to implement the best care possible.

I believe the introduction of carestaff to administer all regular packed medications in aged care facilities optimises the degradation of residential aged care. Previously the RN administered all medications to all residents. This gave us the opportunity to briefly assess each resident as we administered their medications. We were able to keep up-to-date with each resident's medication regime; ensuring the medication orders were current, correct and legal, we could monitor for potential side effects and ensure interventions were in place protecting our residents from inappropriate medication orders and medication toxicity. We could do what we were trained to do, and what we spent hundreds of hours at university learning to do, pharmacology and medication administration was one subject when I went to university that you had to achieve 100% in, otherwise you couldn't complete your degree. So how is it, that carestaff, who have minimal training or experience, have no idea what the medications they are administering are for nor what potential side effects these medications may have, are allowed to administer medications that have the potential to cause harm and even lead to death?

In my experience in residential aged care I have seen priority's shift from delivering care to maximizing funding opportunities. Money that could be spent on delivering care, providing appropriate resources, and employing staff that have the necessary skill mix appears to be redirected to employ specialist staff or external organisations that have a sole focus of finding methods of increasing a facility's funding. Some organisations may say this extra funding goes toward care delivery (does it?) Is it mandated and accounted for?

Care delivery in residential aged care is supposedly overseen by the Standards and Accreditation Agency. I've been involved in many accreditation visits whilst working on the floor of residential aged care facilities in NSW. I have completely lost faith in a system that constantly appears to ignore the reality. Residential aged care facilities are given numerous months warning if they are to have an agency visit and even warned if they are going to have an 'unannounced' agency visit? So off course

facilities will do all they are able in this pre:warned timeframe, to improve the outcomes. I've been in facilities that employ many more staff to work on the floor the day of any accreditation visits, as soon as the visits over, staffing returns to its normal minimal standard. I've witnessed organisations give in-services or have meetings prior to agency visits, educating staff on what they should say and not say, and educating staff on aspects of care delivery and documentation that should be regularly reinforced not only when an agency visit is due. I have witnessed teams of staff arrive on the floor from different departments within the residential aged care organisation prior to agency visits, these staff will go through most documentation on each resident, ensuring only what they believe is appropriate is made available. If the Standards and Accreditation Agency wants to accurately assess what is truly occurring in residential aged care facilities then perform 'unannounced visits' but ensure these visits are **unannounced**.

I am passionate about residential aged care nursing and believe all of our residents deserve quality care aimed at health promotion and enriching lives. I believe the system currently in place requires an overhaul. Develop a simplified funding instrument that is completed independently of residential aged care organisations. An assessment tool that could be funded by Medicare but completed by each residents GP or specialist RN. Ensure a high percentage of money generated goes toward appropriate facility staffing and resources make each facility accountable for their expenditure via regular **unannounced** visits and audits.

Let's make NSW the common sense aged care provider. Introduce a system in which all NSW residential aged care facilities implement the same assessment tools. Design these tools to be user friendly, not duplicating information but that provide the relevant information on each resident. Assessments that don't require exhaustive staff time to complete. Introduce a common sense approach to writing resident care plans. Care plans that aren't written to support the ACFI funding being claimed but support the care needs of each resident. Care plans that aren't the length of 'moby dick', care plans that the floor staff actually have the time to read and become familiar with.

I certainly don't believe I have all of the answers required to improve our failing aged care system but do believe Australia has the appropriately qualified people that have the skills to develop an accreditation and funding system that is free from manipulation, transparent and reflective of care needs. A system that harnesses not only managerial staff but also utilises the knowledge and experience of residential aged care floor staff including RN's EN's, carestaff, kitchen, cleaning and maintenance. The floor staff are those staff members that can truly advise if a system is achievable, relevant and effective.

Today our assessment tools are often designed by RN's in governance roles that haven't worked on the floor of aged care facility for years (if ever), therefore, have no true understanding of the pressures and limitations floor staff face, nor as to how these pressures and limitations effect the care given to our residents. Why not implement a system which mandates all staff with nursing qualifications within an

organisation that are employed to either manage a residential aged care facility and/or develop assessment tools etc. are required to regularly do a shift working on the floor, thereby ensuring managers and those nurses in governance are truly privy to the real life experience of residential aged care nursing and supported to consider the reality when designing systems and tools. This will also ensure that managers etc. witness firsthand the quality of care being given to residents.

I have read on numerous occasions how residential aged care nursing is an unattractive proposition for new graduates, that RN's who work in nursing homes are unknowledgeable and unskilled. I find these comments insulting and completely inaccurate; however, they do contain some truth. We could prevent many more hospital admissions if nursing homes supported RN's to implement clinical procedures we are trained to do. If we have the relevant qualifications, why can't we insert cannulas and administer IV antibiotics like our sisters in public hospitals, why can't we insert sub-cutaneous lines and commence hydration therapy. By increasing the clinical role of RNs in nursing homes you can immediately make aged care nursing more attractive to new graduates. However, to do this, aged care providers need to stop producing the ridiculous amount of paperwork they require RN's to complete. This now often results in the RN's being shut away in an office for the majority of their shift completing paperwork that is focused on funding. Return the focus of RN's to hands on clinical care and supervision and you will improve resident outcomes.

I've worked in public hospitals and in community nursing roles. Whilst I found these roles rewarding and at times challenging I always felt reassured in the knowledge that I had sufficient medical support available should I have required back up. RN's in nursing homes don't have this luxury, an effective aged care RN is required to have much more knowledge on many chronic diseases and their management plans, not such a narrow focus. Support RN's by improving their access to Nurse Consultants in their local areas. Create registers of local wound consultants, diabetic educators etc.

Support residential aged care facilities to implement structured staff education programs based on 'best practice' not education delivered free by companies that provide regular stock to facilities, in my experience this type of education is biased toward the products they sell and often delivered by salesreps with minimal educational qualification's on the area they are educating staff on.

I'm sure the NSW government does what it is able to promote the health and well-being of its constituents. I sincerely hope this inquiry into registered nurses in NSW nursing homes considers the **reality** of what is occurring in our aged care facilities, recognises and prevents the numerous disastrous consequences that may result, if legislation is not in place requiring RN's work on the floor of all NSW nursing homes 24/7. I am proud to be an RN working in nursing homes, I find nothing more rewarding than caring for those that at their most vulnerable, those that have contributed to the creation of our society and often defended our nation. These wonderful people now need us to do all we can to ensure their health and well-being is supported and optimised. What will it say about the NSW government if they do nothing and abandon the health and wellbeing needs of our elderly community members living in residential aged care facilities to a failing system that is frequently

manipulated to reduce expenses and maximise funding whilst delivering minimal standards of care.