

**Submission
No 146**

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

Organisation: National Tertiary Education Union - NSW Division
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Submission to the Inquiry into registered nurses in New South Wales nursing homes

National Tertiary Education Union (NTEU)

The National Tertiary Education Union represents staff at universities across Australia.

The NTEU appreciates the opportunity to provide feedback to this inquiry which is timely in terms of the demographic trends in NSW indicating an aging population (Commonwealth of Australia Treasury, 2015). This trend will increase the demand for aged care residential and community places and an increased need for competent and qualified staff to deliver the care safely and efficiently. As the population ages and people spend more time in their homes, the population in residential aged care will be older and their self-care skills will be lower, while their medical conditions are expected to be more complex requiring sophisticated nursing, medical and allied health interventions.

We are deeply concerned about the Education of future health professionals and carers. We believe that it is crucial that the highest standards of care are maintained in our nursing homes and that our nursing homes are staff by people with appropriate qualifications. This requires appropriate professionals on duty 24 hours a day as it is clear that the elderly are just as likely to suffer discomfort and require medical and professional whether it is night or day.

Currently the majority of residents are admitted via hospital and they move between residential care and hospitals via EDs depending on their medical conditions. The potential for cost-shifting from the aged care facilities (Commonwealth funded) to NSW Hospitals is well known and any further reduction of nursing services capacity within aged care homes would drastically increase this potential. The NTEU is firmly of the view that registered nurse clinician availability within clinical areas of aged care comes are essential to this capacity.

While nurse management is a legitimate pathway for nurses who prefer administrative work, there is also a need to maintain nurse clinician pathways in aged care in order to support the operation of a nursing specialty area that is increasingly important considered against the ageing population trends. Because of the way aged care is currently operating, the career pathway for RNs in aged care leads out of clinical roles and into management where their emphasis is on funding assessments, system management, managing bed occupancy and responding to complaints and other organisational issues. Nurses in these roles cannot logically be included in any calculation of nurse to staff or nurse to patient ratios.

In response to the proposal to remove the requirement for NSW aged care facilities to have registered nurses on a 24 hour basis, the NTEU makes the following

observations and recommendations:

Aged care staffing is regulated by the Aged Care Act 1997 which states approved providers must provide 'appropriate staffing' however this leaves it up to the approved provider to determine the appropriateness of staff qualifications and the numbers of staff. The quality of staffing within aged care services subsidized by the Commonwealth Government is not clearly specified nor is it closely monitored in terms of appropriateness for the 2015 resident profile being admitted for care. NSW legislation is therefore needed to bridge this gap in regulation.

Therefore:

1. Legislation should be implemented (either changes to the Public Health Act 2010 or new legislation) that ensures there are registered nurse clinicians at all times in residential aged care facilities that are funded by the Commonwealth Government to deliver appropriate levels of nursing for people assessed under the Aged Care Funding Instrument (ACFI) as requiring registered nurse care and treatment.

Registered nurses provide the only permanent professional presence by health practitioners in the aged care sector. They are critical in the staff mix and central to establishing and maintaining treatment capability for an increasingly elderly, sick and disabled clientele. Nurses are assisted in this work by care assistants (however named) who are minimally trained and therefore require close supervision and direction by registered nurses working as clinicians and clinical leaders in the context. Without RN oversight aged care facilities will increasingly rely on untrained staff and will result in increased admissions to general hospitals. Therefore in NSW there is a need to manage this potential impost on NSW hospitals.

Therefore:

2. The Public Health Act 2010 should be extended to require all assistants in nursing working with registered and enrolled nurses in aged care where the majority of residents are assessed as requiring high care, to possess a minimum standard of qualification of Certificate level III in Aged care or Assistant in Nursing, under the Australian Qualifications Framework.

Approved providers whose priority is to build in profits/surpluses rather than contributing to staff development or improvements in services to aged clientele, are also expanding the job responsibilities of untrained and unregulated staff to overlap with health practitioner scope of practice, especially that of ENs and RNs but without adequate supervision by a health practitioner. In NSW the Public Health Act 2010 provides an opportunity to hold employers responsible for their corporate decisions that impact on the adequacy of aged care services and the partnerships that exist between aged care, community and hospital services.

Therefore:

3. Employers should be regulated in terms of their accountability for the competence and qualifications of their employees and be regulated under the Public Health Act 2010 to report on staffing adequacy against the resident case-mix they have admitted for care.

4. A comprehensive review of safe staffing levels in aged care facilities should occur to establish a safe registered nurse to assistant staffing ratio and also the registered nurse to resident ratio. The outcome of which should inform safe staffing levels for the purpose of national and State accreditation of aged care facilities and subsequent quality reviews.

Increasingly close partnerships between aged care homes and acute hospital services warrant a renegotiation of contributions to NSW public health through formalized arrangements or memoranda between services. Where aged care is co-located with hospitals or where multi-purpose services (MPS) are established there needs to be greater clarity about the responsibilities and funding flows regarding service provision, staffing and clinical outcomes.

Therefore:

5. Because a failure of aged care sector capacity in NSW would directly affect the operations of both hospital and community care services under the NSW Ministry of Health, a mandatory system of independent, outcomes based care regulation should be created for NSW-based aged care facilities. This should incorporate quality outcomes that specifically address the recruitment, qualification, training and supervision of all staff employed in residential aged care facilities; and also the oversight of appropriateness of admissions to aged care facilities depending on their registered nurse capacity to accept the transfer of care and treatment associated with residents admitted from NSW hospitals.

The primary concern of the NTEU is the education of nurses. Currently registered nurses are required to complete a university degree accredited with the Australian Nursing and Midwifery Council (ANMAC) in order to qualify for registration by Nursing and Midwifery Board of Australia (NMBA). It is a requirement by NMBA that university students of nursing undertake a clinical placement, that is, 800 hours of workplace experience for registered nurses. In 2012 9% of students complete a placement in aged care facilities either high or low care. That is approximately 6,000 students. (Health Workforce Australia 2014).

Of great concern to the NTEU is the diminishing supply of registered nurses employed in the Aged Care sector, and as a consequence, the value of learning within aged care clinical contexts will break down. If, as a consequence of the current aged care workforce strategy, clinical nursing presence at a professional level is insufficient to satisfy clinical workplace accreditation as part of the undergraduate nursing program, then gerontological nursing will only be able to be learned within the hospital sector. The current 6,000 student nurses will have to return to the hospital system for their aged care learning. In this situation it is possible that hospitals would have to restrict student placement numbers making it difficult for students to complete their degree because clinical learning places are not available

The supervision and assessment of student competence within the context of clinical placements must be undertaken by an appropriately qualified registered nurse. For learning to occur during clinical placement, a crucial aspect of accredited pre-registration programs, students require access to professional nursing exemplars and role models in the clinical area.

Since the repeal of the NSW Nursing Homes Act 1988 in 2005, there has been a diminution of registered nurses as clinicians within the aged care sector and most are now in management roles. Access by students of nursing to nursing clinicians in aged care is now quite difficult with almost no RN coverage on evening, overnight and weekend shifts. Any further reduction of RNs in the clinical areas of aged care would make it impractical for students to learn nursing in this context.

Therefore:

6. The appropriateness of aged care contexts for undergraduate clinical placements should be reassessed by the ANMAC and accreditation of facilities suitable for clinical placements of nursing and possibly other health practitioner disciplines, awarded on the basis of adequate student access to practicing clinicians in their health discipline.

We appreciate the opportunity to contribute to this inquiry and would like the opportunity to address the inquiry at your convenience.

Genevieve Kelly

References

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