Submission No 158

INQUIRY INTO REGISTERED NURSES IN NEW SOUTH WALES NURSING HOMES

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I am an RN in an aged care facility where there is not 24 hour nursing coverage. There is an RN on site between the hours of 08:00 and 16:00, six days per week. The remainder of the week an RN is on-call. For the previous ten years I have worked in a residential aged care facility (RACF) where there has been 24/7 nursing coverage.

The difference in the two styles of care delivery is vast. It begins before a resident enters the RACF and continues until the resident permanently leaves the facility. So let's have a look at a few examples of life in an RACF without an RN on site 24/7. When Mary (pseudonym) entered the facility via hospital she came with a discharge letter and a medication chart signed by a doctor and her medications in their original containers. There was a delay in her discharge from the hospital and the ambulance did not arrive until 16:00 hours. Without an RN on site her medications could not be dispensed until the medications were placed in a Webster pack by the pharmacy. Before the pharmacy can pack the medications the staff at the facility needed to contact either the resident's GP or an after-hours GP to come to the facility and complete the paper work. By the time the documentation was complete it was now 20:00 hours and the pharmacy was closed. So Mary was unable to have her pain medication or her sleeping tablet. Needless to say she had a very painful and distressing night until the next morning when the RN came on shift and was able to administer some medications. If there was an RN on site Mary's medication could have been administered at the appropriate times, thus avoiding stress on Mary's first night.

So, Mary has now been at the facility for a few months and at 17:00 hours staff notice there is no urine in the urinary bag to record. The last recorded amount of 150mL is documented at 10:00. Staff telephone the RN who instructs them to look and make sure the urinary catheter is attached to the bag, that there is no kink in the tubing that Mary is not sitting on the tubing that Mary has been drinking. After a half an hour staff telephone the RN again and tell her there is still no urine in the bag. The RN now needs to make the decision to either call the after-hours GP or send Mary to hospital. The RN instructs the staff to call the after-hours service. Unfortunately the after-hours service is extremely busy and would not be able to attend for a few hours. Staff inform the RN who decides to send Mary to hospital. Mary is transported to hospital via ambulance at 19:00 hours. Mary's family is also informed and are upset that nothing can be done at the facility. A catheter change is performed at the hospital and Mary is returned to the facility at 05:00 the next morning. If there was an RN on site this 15 minute catheter change could have been performed at the facility thus avoiding the pain and anxiety to Mary, the worry to the family, the time and expense of an ambulance and hospital staff. But more importantly if an RN was on site she would have observed at 12:00 hours there was no urinary output and therefore avoided the whole distressing episode of sending Mary to hospital.

Mary has now been at the RACF for three years and is treated like family by staff. She is at the end of life and is experiencing agitation, breathlessness and pain. These symptoms can be effectively managed by medications but need to be administered by an RN on a regular basis. As there is no RN on site 24/7 Mary has been sent to hospital for the last days of her life. This is extremely distressing to staff and other residents at the facility, Mary's family and friends and Mary herself. One of the benefits of working in aged care is the ability to provide a good death to a resident and to be there for the resident's family. This was not achieved for Mary and her family.

We need RNs in aged care facilities 24/7. I know if I need to go to a facility, or if my parents need to go to a facility, I would only use a facility with 24/7 RN coverage.