

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

Name: Name suppressed

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Partially Confidential

Dear Committee members for the Inquiry into registered nurses in New South Wales nursing homes

Please accept this submission for your inquiry into this matter of great importance. I am a Registered Nurse (RN) working in an Aged Care Facility and have seen firsthand the risks associated and issues arising from not having RN's on duty twenty four hours a day.

I currently work in a facility that is designated as "low care" but approximately 90% of residents are classified as high care under the Aged Care Funding Instrument (ACFI) classifications. We do not have an RN on duty between 1700hrs to 0800hrs the following morning. During this time the facility is under the supervision of 'Care Services Employees' (CSE). The CSE's administer medications and deliver care that is required during these hours. There is an RN on call during this time.

The **"impact this has on the safety of people in care"** is considerable. The residents in these facilities usually have complex care needs and often palliative care is required. Quality palliative care is a vital aspect in ensuring people are able to die with dignity and with minimal pain and other symptoms. CSE's receive little to no training in recognising and managing symptoms in palliative care and therefore cannot ensure that quality palliative care is delivered. While an RN is available to be called in if required, often the symptoms are not recognized and there is a reluctance amongst staff to call their RN colleague as they don't wish to disturb their sleep. Our elderly population is vulnerable and deserve high quality care by Registered Health Professionals who have adequate skills and training to deliver their care.

There is a **"high possibility for cost-shifting onto other parts of the public health system as a result of any legislative or regulatory change to the current provisions"** and I have witnessed its occurrence. It has happened on a number of occasions that acute hospitals have not been able to discharge residents back to the Aged Care Facilities due to the need for minor complex care that requires an RN to attend to on a regular basis. For example; A resident requiring twice daily intravenous injection of antibiotics and continuous intravenous fluid infusion for an extended course of 6 weeks would be unable to return to the Aged Care Facility as an RN would need to be available out of hours to deliver the medication and deal with any arising issues with the continuous infusion.

"The administration, procurement, storage and recording of administration of medication by non-registered nurses in nursing homes and other aged care facilities with residents who require a high level of residential care, as compared with hospital clinical settings". CSE's administer medications at all times in many facilities and are responsible for carrying the keys for the dangerous drugs cupboards and signing out these medications. Often the dangerous drugs such as S8s and S4Ds are stored in a room that all staff have access to and not locked in cupboards. CSE's can be employed after undertaking a training course for as little as 4 weeks. They are then able

to administer medications after a 6 hour course. These medications include dangerous drugs such as anti-psychotics, sedatives and drugs of addiction such as morphine. The knowledge and understanding that the CSE's have of these drugs and their effects is minimal.

“The role of registered nurses in responding to critical incidents and preventing unnecessary hospital admissions” is significant. For example a resident who suffers seizures regularly would need staff to call an ambulance if an extended seizure occurred out of hours as CSE's are unable to administer the intravenous drugs required to stop the seizure and the RN on call would not be able to get to the facility in time if called.

RN's are trained in assessing patients and are able to make informed decisions regarding whether residents require hospital admission but CSE's do not have these skills.

There is a **“need for further regulation and minimum standards for assistants in nursing and other employees or carers with similar classifications”** as many training courses are minimal with even the trainers and assessors for these courses having minimal qualifications.

In addition, I believe the RN's who are working in aged care are being put under excessive strain by being forced to deliver 24 hour care in an 8 hour shift and being responsible for an entire facility while being at home and on call. Complex care needs and incidents do not always occur in office hours and CSE's are being challenged beyond their level of knowledge and skills to attempt to deliver quality care.

Thank you for taking the time to contemplate the issues I have raised in this submission and I hope these points will be taken into consideration within the inquiry. Please do not hesitate to contact me should you require any further information.

Many thanks and kind regards.