

**Submission
No 31**

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

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My name is Diane Lang I teach CHC30212 Cert III Aged Care at Illawarra TAFE Bega campus. I have been a registered nurse in a public hospital for 5 years and prior to that I was an aged care worker (ACW) for 10 years.

Australian Institute of Health and Welfare 2011 statistics stated we have 185,000 permanent aged care residents, 85,200 with a diagnosis of dementia, 40,000 circulatory diseases, and 29,400 with diseases of the musculoskeletal and connective tissue. Why is this information important, because the removal of registered nurse 24/7 will then transfer the essential after hour care to an unlicensed ACW.

Currently the main task of an ACW is to assist with the resident ADL's and perform non-complex tasks with the support and supervision of an RN from a care plan. ACW are the back bone of any nursing home without them the place would not function. However the training they receive is directed towards delivering personal care in a humanistic way by supporting independence and delivering care safely and responsibly.

Since I started teaching I have noticed a lack of consistency in standards of educational requirements to work in an aged care facility. Some people are employed without a certificate and then the facility will train them on the job. Adult Education Courses our offering a Certificate of attainment in Aged care, 6 units, 1 month costing \$203.00. Also some online courses are advertising that the student can achieve a Cert III in 5 weeks.

The TAFE Cert III course I teach was 12 hours a week over 12 teaching weeks, with a minimum of two week placement. In that 12 weeks we deliver 14 units such as legal and ethical framework, First Aid, how the body functions, delivery of personal care, WHS, dementia and palliative care. So that means most of the units were taught in less than one week with extra at home work.

Everything they are taught is at an elementary level because they only need to understand why they perform said tasks. Working in an nursing home is not about not the intricate workings of the human body and the disease process it is about delivering the personal care to the residents. These courses do not prepare them with the necessary knowledge, skills and experience to perform the role of supervising the full care of people whom are frail injured and with multiple co-morbidities.

Currently the changes to TAFE have had a huge impact on the delivery of these courses. Obtaining a full class is usually unachievable in rural regions so funding is reduced to compensate for fewer numbers. This year our course has been reduced to 5 hours face to face with increased studies at home and the cost has exponentially increased to 1000's of dollars. Hence many students cannot afford the TAFE course and with less face to face they are finding course content hard to comprehend. The cheaper and easier option becomes more feasible, but at what cost to the work force and the people they care for.

The job ACW currently do requires a level of knowledge, skill and judgement that cannot be met by the limited training they receive, let alone manage the complex care residents need without the support of registered nurses. Would you be happy to have an unregistered under skilled person looking after the health and welfare of your parents.

It is important to balance the risk and safety of residents under the care of a facility with competent and knowledgeable staff whom have regulatory licenses requirements. Unfortunately ACW are unlicensed and as such are not accountable to any regulatory board. When I was an AIN if a resident had pain or had a sudden medical change the RN was contacted and she used her clinical expertise to assess and monitor the situation. But I can tell you if one of my students was in charge of a shift, they DO NOT have the essential skills needed to safely and effectively assess and monitor any sudden medical changes.. They are at risk of performing clinical skills that are beyond there scope of practice. Will they be delivering S8 medication or injectable medications?

If an employer wants them to perform activities that would previously be out of their scope of practice they will have to comply with the employers wishes because there is no RN after hours to do the said task.

Currently ACW are taught they are only assisting in the safe delivery of medication with appropriate assistance and the workers do not sign the medication order, they sign the delivery of 5 pills. There is no need to know what the person is taking. As this is beyond the skill level required. A licensed nurse endorsed enrolled nurse or a registered nurse signs a medication order and has a sound understanding of what why and the action of the medication. These are skills ACW do not and should not have.

My transition from an ACW to a RN was a huge wake up call. After working at the nursing home for ten years I considered myself an Assistance in Nursing and thought I had sufficient nursing skills. However once I commenced my Bachelor of Nursing I realised I knew a very small percentage of what is necessary to delivery safe proficient medical care.

But what I recognised was the nursing skills are just a different aspect to nursing care. ACW know what every one of residents likes and dislikes are. We know that Mrs. B hates to sit next to MRS V so we adjust accordingly or that Mr. C likes to get up late an sit in the sunny corner. We provide a home like environment while still performing most of the personal care for the person. We can recognise when a resident is uncomfortable or unsettled and usually know how to relieve or settle the behaviour. ACW are the arms and legs of the residents we are also their voice and advocate on their behalf. The skills of an ACW are enhanced and supported by the professional registered nurses.

The less organised and educated the workforce is the more control and influence the employer may have. Without a strong regulated workforce overseeing the full care of residents the risk of delivering unacceptable care rises. ACW need to be supported by skilled nurses to then be able to do the job they are skilled in and that is delivering personal care needs in nursing home that look at all aspect of the person's requirements.

I would be happy to discuss any of these concern I have raised with anyone whom might be interested in listening.

Diane Lang RN July 12 2015 TAFE Educator Aged Care Bega