

Submission
No 120

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

Name: Name suppressed

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Partially Confidential

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To: General Purpose Standing Committee Number 3

I write as a concerned member of the public in respect to the possible notion of revoking legislation which requires Registered Nurses (RNs) in Residential Aged Care Facilities (RACFs) in NSW. Such a move would have significant impacts on the philosophy of ageing (and dying) in place.

As a health professional with over 35 years nursing experience (25years within the community context) I am seriously concerned by the suggestion that RNs may be removed from RACFs. RACFs are now home to individuals with extremely complex physical and psychosocial needs. Over one-third (38%) of all individuals in residential care are in care for less than 1 year and 27% for less than 6 months (AIHW 2012). Such statistics are suggestive that many individuals entering RACFs are in the final stages of their life and require highly skilled caregivers commensurate with the Registered Nurse accreditation level.

In a previous position, as a manager of a publically funded community nursing service, I worked closely with RACFs to support their staff to be upskilled to complete all manner of clinical interventions. These interventions included parenteral administration of medication, complex wound care, catheter care and palliative care. Such support enabled residents of RACFs to remain in the comfort of their own "home" and can be viewed as achieving the same access and equity to care that other individuals are able to realise within the community. Simultaneously, it provided a more holistic and satisfying role for the RNs working within the RACF and thus is a valuable workforce retention strategy within the Aged Care sector. Publically funded Nurse Practitioners in Aged Care, are also worthy of consideration to support RACFs.

Additionally provision of such support also ensured that these residents were not unnecessarily transferred to acute hospital facilities for care where they may be exposed to vicarious morbidity from hospitalisation - such as falls, medication management issues, increasing confusion etc.

Provision of comprehensive care within the RACF also reduces the burden on acute facilities which are increasingly stretched. The notion of transferring a terminally ill resident to an Emergency Department to receive end of life medications is incongruous with good practice in palliative care let alone health. With proper education and support from experts such as Clinical Nurse Consultants, and staffing of Registered Nurses, a resident can be well palliated @ home within the RACF. Families and friends can comfortably support their relatives in this familiar environment which has the benefit often of single rooms and soft furnishings without the disruption of invasive acute care.

In my current role as a Community Aged Care Manager I believe it is incongruous to suggest that RACFs should be without the expertise of Registered Nurses. The Living Longer Living Better policy rightly seeks to keep older individuals living within their own homes supported by services for as long as feasible. Such an approach is highly commendable and commensurate with the wishes of older individuals. Where there is good access to community and primary health care nurses this approach to care is a safe and affordable alternative.

When an older person reaches the time when they must move to a RACF it is rarely gleefully embraced but more oftentimes a “last resort” for a myriad of reasons. The current rate of older people residing in RACFs is estimated to be approximately 6% of the aged population which is reflective of a small cohort group and reservedly for those older individuals with high care needs. Needs that can be met with dignity and professionalism within the RACF with the support of Registered Nurses available 24/7.

Kind regards,