Submission No 6

INQUIRY INTO PROVISIONS OF THE PUBLIC HEALTH AMENDMENT (REGISTERED NURSES IN NURSING HOMES) BILL 2020

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Response to the Inquiry into the provisions of the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020

My credentials relevant to this Inquiry:
For almost 30 years I have been working and researching in Australia and in 6 European countries in areas related to care and rights of terminally people in hospitals, in the community and in nursing homes. As part of that work I have interviewed or surveyed several thousand people, across all adult age groups, including terminally ill people and carers/family members of people who are ill or have dementia or who have died. I designed the Advance Health Directive and Enduring Power of Attorney documents that were the prescribed or recommended forms in Queensland from 1998 until November 2020 and redesigned the Advance Directive document to meet NSW legislative provisions. As there is no mandated Advance Care Directive in NSW, I was also able to develop an Advance Directive for use in residential care (nursing homes) and one specifically for LGBTI people. My comments below are based on that work.

Selected Inquiry Terms of Reference for response:

(a) The need to have a registered nurse on duty at all times in nursing homes and other aged care facilities with residents who have a high level of residential care.

I note that the term "nursing home" is used in this Inquiry, where the most-used terminology is now Residential Aged Care Facility. However, nursing home is the appropriate term when the focus is on the needs of people approaching the end of life and whose care needs are high.

Given that focus, a health emergency could occur at any hour of the day or night which requires the training, skills and authority of a registered nurse who can take immediate action. Such action would include quickly assessing the situation, ensuring the comfort of the resident and providing emergency medication if required, making a decision about whether or not the resident should be transferred to hospital (see below), whether the situation means that the family should be notified and whether the resident has expressed a wish to have a minister of religion with them at the end of their life. The resident's Advance Care Directive should also guide such decisions.

As on-going care will be required for all other residents in the facility, these tasks should not be delegated to a less-qualified staff member

(b) The impact registered nurses have on the safety and dignity of people in care.

A high percentage of residents at the nursing home level, i.e. high care, have dementia and are often confused and afraid. It is often difficult for them to be soothed without resorting to chemical restraint (fortunately physical restraint is now much less often used) and staff who lack adequate training in care of residents with dementia can exacerbate the problem and leave the resident in great distress. (As you would be aware, from the Royal Commission, untrained staff can easily become frustrated in such a situation and strike out at the resident). A registered nurse with good training in dementia care will have (or should have!) a range of options that they can use to settle a person in such a situation.

One very important point relating to the above is that people with dementia are at increased risk of falling; a fall will often result in a fracture, e.g., of a wrist or forearm. It is not uncommon for untrained staff to not be aware of the fracture; in turn, when they "grab hold" of the resident, the resident might strike out at them – understandably, as the person is hurting them. This can exacerbate the problem! Several (untrained) staff members may be called to help restrain the person. In short, this is abuse – and all because of inadequate staff training. A registered nurse with training in care of residents with dementia should be a minimum requirement at any time in a facility with high care residents. It may be that the facility management could "map the need" across several weeks and instead of having 3 registered nurses on duty for 8-hr shifts on any given day (meaning that the staffing requirement would be 4-5 registered nurses, to cover weekend and annual leave provisions) they could have two to cover high care periods and one on call for quieter periods.

(f) The potential for cost-shifting onto other parts of the public health system as a result of any legislative change to the current provisions for care in nursing homes or other aged care facilities.

With respect, I think this Term of Reference is the wrong way around; the cost-shifting already occurs because of the current legislative provisions. Because there is not a registered nurse always on duty in high care facilities, residents are "shipped off to hospital" for something that should be dealt with in the facility. My research found a number of cases where a resident was sent to hospital, was left on an uncomfortable trolley in the corridor - surrounded by strangers (which caused great distress to residents with dementia) – and was then returned to the facility without anything in particular having been done for them. In my interviews with staff in nursing homes I asked, "Why are the residents being sent to hospital, instead of being cared for here?" Often the response was "Because we can't get their GP to come when we need them." Further discussion made it clear that most of the problems the resident was experiencing were reasonably predictable, so they didn't need "the GP to come", they needed better planning for each resident, with medication on hand should the predicted emergency occur (or, at the very least, a prescription in the person's file which could quickly be filled).

Sending residents to hospital to die is also barbaric; to die surrounded by strangers in such an environment, instead of being cared for by people they know in a peaceful room in the facility, just to save money, is abuse. An Emergency Department is no place for anyone to die, given bright lights, noise, beeping equipment and people moving around at speed, and should only happen when there is a real emergency, not a predictable end-of-life event.

The above covers my major issues of concern. I wish the Committee success with this Inquiry and I have no problem with my comments being made public.

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