

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

Organisation: Palliative Care Nurses Australia Inc
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The Chair
Select Committee on the provisions of the *Public Health Amendment
(Registered Nurses in Nursing Homes) Bill 2020*
Parliament of New South Wales
6 Macquarie Street
SYDNEY NSW 2020

Dear Ms Houssos

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

On behalf of Palliative Care Nurses Australia (PCNA) we thank you for the opportunity to provide feedback into the Inquiry into the provision of the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020.

The Australian Government has policy, funding and regulatory responsibility for the aged care system. Currently, residential aged care providers are required to make decisions about staffing and comply with the Commonwealth Aged Care Act 1997 and the Aged Care Quality Standards.

This Inquiry will examine whether additional staffing regulations should be required for NSW aged care facilities, how appropriate staffing in the aged care system impacts on our public health system and lessons from the COVID-19 pandemic.

As the national peak body for palliative care nurses, PCNA represents a large NSW member base of specialist palliative care nurses and a rapidly growing RACF nursing workforce membership base, who are passionate about excellence in palliative care. We provide a unified voice for nurses who deliver, or have an enduring interest in palliative care practice, policy, education and research. Our goal is to support our members to provide high quality, evidenced-based palliative care services for patients/residents at the end of life and their families.

Do you believe there is a need to have a registered nurse on duty at all times in nursing homes and other aged care facilities with residents who require a high level of residential care?

As people who are living in Residential Aged Care Facilities (RACF) are often frail and are living with multiple co morbidities, they have complex healthcare needs that require care provided by a skilled Registered Nurse [RN]. RNs are licensed by AHPRA and have standards that they must practice under, meaning that they are accountable for their actions - this is not the case for personal carers/care service employees/care workers (or however named).

The current clinically inadequate staffing situation in RACF's, coupled with the lack of GP's can mean that elderly people are required to be transported to hospital for assessment and healthcare management, thus increasing the number of Emergency Department presentations and subsequent hospital admissions, often in opposition to the residents Advance Care Plan (ACP) or expressed wishes.

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Transfer of RACF residents to emergency departments is associated with adverse outcomes including clinical complications, inadequate quality of care and increased mortality within three months.

Do you have any comments on the impacts of having registered nursing staff on duty at all times on people in care?

People receiving care and their significant others feel more comfortable and confident knowing that a healthcare professional is able to assess and make healthcare decisions at all times rather than just during business hours, as healthcare needs can change at any time. PCNA supports the NSW Health End of Life and Palliative Care Framework 2019-2024 and the vision that “All NSW residents, their families and carers have access to and receive the best possible end of life and palliative care, based on their individual needs. This care places the person at the centre, where their preferences, values, beliefs and dignity are respected, and quality of life matters most”. This vision is underpinned by specific values, one of which states “Service providers and clinicians have the necessary skills and knowledge”. RN's are essential in provision of quality palliative care and end of life by providing optimum assessment, and treatment regimes particularly for the relief of pain and other symptoms. PCNA is aware of situations whereby residents do not receive adequate and regular pain relief as no RN is on duty.

Do you believe there is a need for further regulation and minimum standards of care in nursing homes and other aged care facilities?

Personal carers/care service employees/care workers (or however named) should be licensed (as all other healthcare professionals are) to ensure that they are accountable for their actions. Currently if the care they provide is inadequate or dangerous there is no way for future employers to know this.

Minimum standards of care are essential to ensure that older people who often have complicated needs are often vulnerable, with multiple co-morbidities receive the care that they deserve. Within RACF's there are staffing challenges as there are high patient to staff ratios coupled with a poor skill mix due to a low proportion of qualified staff (RN's, Clinical Nurse Consultant's (CNC) and Nurse Practitioners (NP) that are able to make clinical decisions. The current staff skill mix in RACF displays a reorganisation of care away from nurses with most care being provided by non-nursing staff (care workers) as care staff constitute approximately 70% of RACF staff.

Education and Training is essential to provide palliative care and end of life as core skills, depending on the workers role ie: care worker through to RN and senior nursing roles.

Do you believe there is a need for further regulation of safe staffing levels in nursing homes and other aged care facilities?

Currently it is at the discretion of the care provider to assign staffing levels. This means that one Registered Nurse can be responsible for all residents in that residential aged care facility. This can mean that one registered nurse can be overseeing 120+ patients which is not possible or safe. The RN is also responsible for the care workers, medication safety and compliance, coordinating care, responding to emergency situations, clinical or otherwise, calling in medical staff, organising ambulances, managing visitors and responding to deteriorating residents who are reaching end of life by communicating with family members, where a death has occurred following procedures of compliance, which include supporting family, organising transfer of deceased, documentation etc.

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Do you have any comments on the importance of appropriate staffing levels across the whole skill mix? (Health Professionals, Registered Nurses, Enrolled Nurses, Personal Carers, Support Staff)

Given the complexity of the needs of older people residing in Residential Aged Care Facilities and a significant rise in chronic illness and dementia related illness, it is vital that there are adequate levels of all healthcare staff to ensure that the needs of the older person are met. Currently there is a funding model (ACFI) that focuses on disability (more money is provided when people require more care or assistance) as opposed to promoting independence and rehabilitation.

Occupational Therapists, Physiotherapists, Speech Therapists, Psychologists and Social Workers are all vital in ensuring that older people achieve maximal quality of life. In a recent KPMG report commissioned by Palliative Care Australia (PCA) it is highlighted that in 2017, 36% of Australians died in RACF, yet only 1:50 residents received palliative care.

PCNA strongly advocates that a RN and senior nursing workforce mix, along with and supported by a well-developed EN and care worker models of care 24/7 are required to provide optimum care. New models of care with improved skill mix could contribute to minimising GP call outs, particularly after hours.

Do you believe there is 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?

Currently when an RN is not present at a residential aged care home 24/7, the care workers call the ambulance service to assess the resident or to administer medications which results in ambulances not being available for medical emergencies. This often contributes to significant transfer of care to acute hospitals.

In residential aged care facilities that do not have 24/7 RN availability palliative symptom management is compromised as medications cannot be administered when required resulting in increased suffering for the older person and their quality of life and dignity compromised.

Do you have any comments on the role of registered nurses in responding to critical incidents and preventing unnecessary hospital admissions and ambulance call outs?

Registered Nurses are vital in Residential Aged Care Facilities 24/7 as they are able to assess residents who have falls, deteriorate, or require palliative care symptom management and treat accordingly. Without the skilled ability of the RN to assess and manage older people will require assessment by ambulance paramedics and potentially transfer to Emergency for a matter that could be managed at the Residential aged care facility.

Increasing complexity of resident's needs, dementia related illness and clinical issues such as delirium, escalation of mental health issues require the skills and expertise of a RN who is trained to assess, deliver treatment and care and recognise and escalate clinical issues and other issues of significance.

Do you have any comments on lessons to be learnt from the impact of the COVID-19 crisis on private aged care facilities where staffing levels are not mandated?

PCNA is aware of exemplar RACF models that throughout the COVID-19 pandemic continued to provide excellent care and respond to needs through sound governance and models of care that included risk management and strong leadership. These models included RN's, CNCs, care workers and integration with Local Health District services (including access to Public Health and up to date MOH policies/procedures/tools). Working together and in a partnership approach there was timely communication, exchange of ideas, escalation planning and response, sharing of resources

Those RACF's that did not have mandated staffing struggled to provide basic care, optimum pandemic management, poor communication with families leading to aggression and frustration,

Do you have any other comments on the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020?

RNs are essential to the management of older people residing in Residential Aged Care Facilities. There needs to be an adequate number of RNs on duty each shift to ensure that the healthcare needs of frail older people with multiple comorbidities living in residential aged care facilities are managed effectively. PCNA believes that this must be supported and driven by clinical indicators and data that reflect the accurate complexity and needs of residents, including their palliative care needs.

Do you have any other comments or feedback on what aged care should be like in New South Wales?

PCNA on behalf of NSW members and nurses in general within NSW support and advocate for improved and enhanced staffing models of care that include RNs on all shifts, other staff including ENs and care workers. Older people residing in Residential aged care facilities in NSW deserve to receive effective and optimal healthcare that improves their quality of life. Improved integration with Local Health Districts, Primary Health Networks (PHN's), Public Health units, NSW Ambulance and Specialist services including Aged Care and Palliative Care that provide consult services at the RACF. NSW with its rapidly growing ageing population requires a workforce plan for RACF/Aged Care that builds capacity, is responsive, provides a career structure to attract and retain nurses through opportunities of research and teaching.

Please feel free to contact me at _____ or _____ should you wish to further discuss our feedback above.

Yours sincerely

Janeane Harlum, President
Palliative Care Nurses Australia

On behalf of the PCNA Committee - including myself, Julianne Brisbane (Committee Member) and Josh Cohen (Vice-President)