

The Director
General Purpose Standing Committee No. 3
Parliament House
Macquarie Street
SYDNEY NSW 2000

gpscno3@parliament.nsw.gov.au

To whom it may concern

Inquiry into registered nurses in New South Wales nursing homes

Australian College of Nursing (ACN) is pleased to submit comment on the Parliament of NSW's inquiry into registered nurses in NSW nursing homes. ACN is a membership organisation with members in all states and territories, health care settings and nursing specialties. ACN advocates for the nursing profession, advancing the skills and expertise of nurses to provide leadership in their contribution to the policy, practice and delivery of health care.

ACN consulted with its members about the inquiry's terms of reference. The consultation elicited many responses and ACN hopes that this submission provides useful feedback to inform the inquiry.

Please do not hesitate to contact me for further discussion of ACN's submission. We look forward to the outcomes of this inquiry.

Yours sincerely



Adjunct Professor Debra Thoms FACN (DLF)
Chief Executive Officer

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Inquiry into registered nurses in New South Wales nursing homes

Overarching comments

Care recipients assessed as requiring high care or complex care in nursing homes and other aged care facilities rightfully expect and are entitled to high standards of safe and efficient professional nursing care services led and managed by a director of nursing. By accepting residents with assessed need for high care or complex care under the Aged Care Funding Instrument (ACFI), approved providers are obligated under the Aged Care Act 1997 as amended to ensure that residents' care, treatment, protection and support needs are met by appropriately qualified personnel sufficient in numbers to meet residents' demand for care. Such a skilled and knowledgeable aged care workforce is also required to work under the formal and informal leadership and supervision of registered nurses (RNs). RNs provide education and guidance to other categories of health workers and are the key personnel able to assess, plan, implement and evaluate nursing services. RNs also collaborate with general practitioners and other health professionals and service providers in the coordination and delivery of health care in nursing homes.

The availability of an RN at all times provides in-house expertise in nursing homes to facilitate and manage the health and well-being needs of care recipients. RNs are able to prevent deterioration of residents' health and capacity, potentially reducing the number of resident transfers to emergency departments and hospital wards and thus improving residents' quality of life. In the case of a transfer to a hospital emergency department (most often a public hospital), the hospital then bears the cost of treatment and care for health conditions that might have been prevented by earlier involvement of RNs. Legislation requiring nursing homes to have an RN on duty in the nursing home at all times and an RN appointed as a director of nursing of the nursing home, is a key health protection measure in NSW for frail aged people with often complex care needs living in residential aged care facilities. The removal of these two legislated requirements has the potential to put nursing home residents' health and welfare at risk should facilities opt to reduce formal leadership by directors of nursing and the number of RNs' who deliver direct care to residents.

TOR 1: The need for registered nurses in nursing homes and other aged care facilities with residents who require a high level of residential care

(a) The impact of amendments to the Aged Care Act 1997 (Cth) by the Aged Care (Living Longer Living Better) Act 2013 (Cth) on the requirement under s 104 of the Public Health Act 2010 to have a registered nurse on duty at all times in a nursing home

(i) The impact this has on the safety of people in care

(ii) The 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

(b) The requirement for a registered nurse to be on duty in a nursing home at all times, as compared with requirements in aged care hospital wards.

(c) 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

(d) The role of registered nurses in responding to critical incidents and preventing unnecessary hospital admissions

(a) The impact of amendments to the Aged Care Act 1997 (Cth) by the Aged Care (Living Longer Living Better) Act 2013 (Cth) on the requirement under s 104 of the Public Health Act 2010 to have a registered nurse on duty at all times in a nursing home

(i) The impact this has on the safety of people in care

ACN understands Section 104 of the *NSW Public Health Act 2010* has been impacted by the Living Longer Living Better amendments to the *Commonwealth Aged Care Act 1997*. Section 104 of the *NSW Public Health Act 2010* defines a 'nursing home' as a place providing 'high level residential care' within the meaning of the *Commonwealth Aged Care Act 1997*. Further, under Section 104 a 'nursing home' must have an RN on duty at all times and appoint an RN as director of nursing. However, with the changes to the *Commonwealth Aged Care Act 1997* this definition of 'nursing home' became obsolete because the Living Longer Living Better amendments removed the 'high care' and 'low care' distinction¹. The nursing profession in NSW has highlighted that the removal of this distinction in the *Commonwealth Aged Care Act 1997* potentially risks the safety and quality of care to residents with high level care needs if facilities caring for such residents no longer employ RNs

¹ The Aged Care Funding Instrument uses 'high', 'medium' and 'low' assessment categories for residents' care needs.

and an RN as a director of nursing. ACN agrees with these concerns believing the minimum RN staffing requirements under Section 104 of the *NSW Public Health Act 2010* should be retained in NSW. ACN also recommends that the professional nursing staff requirement in NSW become the minimum standard for aged care staffing in residential aged care in other states and territories of Australia for the reasons outlined below.

Increasing resident acuity in nursing homes

Trends indicate that the health needs of aged care recipients are becoming more acute and more complex due to Australians growing older and the prevalence of chronic disease increasing with age (KordaMentha 2014, KPMG 2013). Care recipients in residential care more commonly have comorbidities, chronic diseases and cognitive impairments. Furthermore, more than half the residential aged care population has a diagnosis of dementia and people with dementia are at increased risk of injury due to falls (Grealish et al. 2012). These people are increasingly less stable in terms of the health, a reflection of their complexity and frailty. The growing pattern of frailty and dependence amongst aged care populations confirms the need for the formal leadership and direct care role of RNs in nursing homes and other aged care settings to ensure residents have timely, safe, quality and efficient access to the level of nursing expertise they require.

The unique contribution of RNs in residential aged care

The RN is an authorised health practitioner under the Health Practitioner Regulation National Law and is required to demonstrate competence in the provision of nursing care specified by regulatory arrangements that govern their practice. RNs practise “...independently and interdependently, assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and health care workers” (Nursing and Midwifery Board of Australia 2006). Enrolled nurses (ENs) and unlicensed care workers (however titled) work under RN direction and supervision and they lack the education, knowledge and skill to substitute for an RN.

The RN takes a leadership role in the coordination of nursing care and provides evidence-based nursing care that includes the treatment of illness and prevention of suffering such as through pain management, palliative and care at the end of life. RNs also optimise residents’ physical and mental capacity through health promotion, the prevention of physical or mental illness and disabilities and rehabilitation care. Delivering safe and effective nursing care to residents with assessed need for high care or complex care requires the scope of practice and knowledge of an RN who accepts responsibility for public safety as a condition of national registration and authorisation as a health practitioner. The health state of residents with high and complex levels of care need may quickly become unstable and incidents requiring clinical nursing interventions cannot always be foreseen or planned for. For this reason, facilities require an RN on duty at all times. RNs also lead multi-occupational teams, coordinate care; manage the clinical aspects of aged care; and expertly support residents and their families.

Meeting complex care needs and nursing skill mix

Nursing staff skill mix in nursing homes should refer only to nurses and should not include unlicensed care workers who undertake specific tasks and general duties as directed by nurses. RNs are needed to work with residents who require 24-hour care at a standard that reflects the actual and potential care needs of residents. Residential and community care services can only be effective if led by RNs who take responsibility for appropriate clinical assessment, management, nursing care planning, implementation, coordination and evaluation. RNs are required to safely and effectively:

- > Provide and oversee nursing care procedures;²
- > Deliver restorative care;
- > Provide safe behavioural management and access to competent psychogeriatric assessment;
- > Provide early and accurate diagnosis and treatment and prevent deterioration from treatable conditions;
- > Provide effective health emergency responses;
- > Provide safe and effective palliation, including monitoring and managing any side effects and complex pain management;
- > Manage the administration of medications consistent with the guidelines for quality use of medicines;
- > Direct infection prevention and control programs (vital for residents and the broader community); and
- > Refer to and consult with other relevant health professionals, service providers, and community and support services.

RNs provide essential staff mentoring, supervision, direction, development and delegation where it is safe to do so to ensure safe and appropriate care for those with complex health, social and psychiatric care needs. Residential aged care facilities employ significant numbers of unlicensed care workers, who have variable educational backgrounds and tend to have low levels of knowledge about important health care concerns such as quality use of medicines, essential hydration and nutrition, behavioural management in dementia care and palliative care. The role of the RN is vital to leading and overseeing the safety and effectiveness of care work undertaken by unlicensed care workers. A decreased presence of RNs on staff in nursing homes and a greater dependence on unlicensed workers could have a negative impact on the safety of people in care.

Research in the acute sector shows a convincing correlation between the numbers of bachelor degree-educated registered nurses within nursing skill mix and patient mortality with the presence of more RNs leading to safer health care (ACN 2014). There is a high likelihood that a higher RN component in the staffing mix in aged care may lead to better health outcomes for residents in the aged care sector. An international study of staffing skill mix in nursing homes has found that increased RN staffing has a positive effect on care outcomes in nursing homes, with more research being required to inform policy making (Konetzka et al. 2008).

² Procedures such as, physical assessment, effective pain management, inhalation therapy, wound care, stoma care, incontinence management, the care of indwelling urinary catheters, falls prevention and pressure sore risk assessment, prevention and management, insertion, care and maintenance of tubes, including intravenous and naso gastric tubes, tracheostomy care

Keeping pace with industry innovation

Government regulation of the aged care sector must keep pace with population needs and innovation by industry to meet these needs. Industry reports recognise the potential profitability of high care dementia wings particularly in large-scale residential aged care facilities and report that some providers are shifting towards meeting higher dementia care needs. These reports have also highlighted the growing need for “specialised care” in nursing homes as chronic diseases and co-morbidities increase amongst Australia’s residential aged care populations (KordaMentha 2014, KPMG 2013).

The report by KordaMentha (2014) specifically recognises that as care needs become more complex specialist care supported by a qualified workforce will be required, stating “...*the need for specialised care will increase dramatically over the next 50 years. This will provide opportunities for aged care providers, but will also require substantial investment in specialised care facilities...*” “*An appropriately skilled and well qualified workforce is fundamental to the delivery of quality aged care and, as such, it is essential to build workforce capacity within the industry...*” (KordaMentha 2014).

These industry reports indicate the need for RN leadership in both generalist and specialist clinical care roles in long-term care and they should contribute to informing the regulation of nursing homes in NSW considering that they are major care providers in Australia. In 2011, NSW was allocated 33.7% of national aged care places (AIHW 2012) and it is projected that NSW will have the greatest number of people living with dementia with 303,673 cases by 2050 (Deloitte Access Economics 2011 in Grealish et al. 2012). NSW regulation of aged care homes should seek to keep pace with industry innovation by ensuring facilities providing professional level care have the RN skill mix required to manage increasingly complex health care needs. In other Australian jurisdictions there is already a recorded decrease in the reliance on RNs to provide direct care in residential aged care (King et al 2012). NSW has provided leadership in the sector by maintaining a requirement for at least one RN to be on duty at all times. Any regulatory change that reduces the legal obligation on approved providers to ensure ongoing availability of RNs for the clinical care of older adults in NSW could expose residents to risk and leave the sector’s workforce ill-prepared for the future.

(ii) The 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

The presence of RNs within nursing homes enables the provision of a more complex level of care for residents, making nursing homes both residences and care facilities. RNs are comprehensively educated to care for residents with broad ranging health care needs, and to monitor and manage those needs through applying a higher level of knowledge and expertise than that possessed by ENs or unlicensed care workers. Removing the requirement for an RN as a director of nursing and for RNs to be on duty at all times at nursing homes could result in increased responsibility placed on less qualified direct care staff. This could have the flow-on implication of increased hospital transfers due to a lack of nursing expertise to manage clinical concerns and incidents on-site.

An increase in aged care residents being unnecessarily transferred to hospital for issues that could be otherwise managed by RNs within the nursing home could see a cost-shift from residential aged care to the acute hospital sector. Apart from cost-shifting, unnecessary transfers to hospital may negatively impact the health of nursing home residents. This can be especially detrimental for people with dementia conditions. Currently, dementia is the leading cause of care dependency and disabilities for populations in the 60+ age bracket (ADI 2009 in Grealish et al. 2012). Research shows that patients with dementia experience increased impacts of delirium, functional decline and adverse events associated with long stays in hospital including, pressure sores, reductions in muscle tone and immobility (Lang et al. 2010, Zuliani et al. 2011 in Grealish et al 2012). The main reason for hospitalisations within this population is not necessary for symptoms of dementia, but for associated co-morbidities such as “*severe cognitive impairments, poor nutrition, dependency for activities of daily living and carer stress*” (Grealish et al. 2012). With adequate resourcing in the context of residential aged care, conditions leading to hospitalisation may be appropriately managed by RNs potentially reducing costs for hospitals as well as benefit the wellbeing of the residents.

The removal of the requirement for an RN in the nursing home at all times could also impact on the timing of transfers of residents from acute care to residential aged care, potentially obstructing hospitals’ patient flows and placing an unnecessary cost on public hospitals. Hospitals have a duty of care not to discharge patients into inadequate care. This duty could see the delay of patient transfers if there are no RNs on staff in nursing homes to manage residents’ care arrangements. The length of residents’ hospital stays would increase particularly if RN staffing levels in nursing homes are not sufficient to care for residents with an assessed need for high care or complex care. Increased length of hospital stays have significant negative impacts on patients’ physical and mental states upon discharge (King et al. 2006 in Grealish 2012). These adverse effects could potentially be avoided with the availability of an RN in the patient’s residential care facility.

(b) The requirement for a registered nurse to be on duty in a nursing home at all times, as compared with requirements in aged care hospital wards.

Different care facilities require varying levels of nurse staffing in terms of both nurse numbers and specialisations. Staffing levels should be determined by the care needs of residents or patients as well as the general clinical supports that are available at nurses’ fingertips’. Nursing homes and aged care hospital wards have distinctively different health systems infrastructure but both settings can have responsibility for managing the high dependence care associated with frail care recipients, chronic and complex conditions, comorbidities, poly-pharmacy, cognitive impairment, palliative care and critical incidents. Aged care wards in hospitals are embedded in a rich clinical infrastructure with the advice of specialist clinical nurse consultants, medical doctors and other health professionals as well as diagnostic facilities available in-house on a 24-hour basis. Residential aged care facilities lack the rich clinical infrastructure tertiary hospitals offer and this lack constitutes one of the decisive reasons why, in ACN’s view, RNs should be available in residential aged care at all times.

(c) 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

ACN supports the position that the administration, procurement, storage and recording of administration of medication in any nursing home facility requires a quality use of medicines equivalent to that in hospital settings. ENs are able to administer medication within their scope of practice under the delegation and supervision of an RN and within the scope of jurisdictional legislation. ACN takes the firm view that the role of the unlicensed care worker (however titled) should not extend beyond *assisting* older people with *self-administration* of their medicines from dose administration aids. Where dose administration aids are not used in nursing homes, unlicensed care workers should not be involved in any aspect of the use of medication.

ACN agrees with the Australian Nursing and Midwifery Federation's (ANMF) *Nursing Guidelines: Management of Medicines in Aged Care (2013)* (the *Guidelines*) that *“registered or enrolled nurses, in consultation with medical practitioners and pharmacists, are the appropriate professionals to administer medicines to older people who are unable to self-administer their medicines.”*

With regards to the role of the EN, ACN supports the *Guidelines'* statement that:

“Enrolled nurses may administer medicines unless there is a notation on their registration to the contrary. They must comply with relevant state and territory legislative requirements, and be covered by written organisational policies and protocols. Enrolled nurses work under the direction and supervision of registered nurses.”

The *Guidelines* appropriately advise that there are practices that pose significant risk to quality use of medicines in residential aged care, including polypharmacy; the use of tranquillisers and psychotropic agents; inadequate processes for medicines review; and, of serious concern, medicines administration by unqualified and unregistered staff (ANF 2013). The *Guidelines* highlight that circumstances exist where unregistered care workers are inappropriately directed to administer medicines to residents in nursing homes (ANF 2013). Unregistered care workers do not have the clinical education to administer medication to people too unwell to attend to this need themselves. These care workers do not possess skills in the quality use of medicines and their unqualified participation in medication administration could have catastrophic outcomes for residents. Unregistered care workers should not be involved in medication management in any health care setting.

(d) The role of registered nurses in responding to critical incidents and preventing unnecessary hospital admissions

In nursing homes the direct care role of RNs is essential in responding to critical incidents and to preventing unnecessary hospital admissions. RNs are qualified to monitor the health care needs of residents and take responsibility for the early detection of health issues and the management of the deteriorating resident. Additionally, RNs are responsible for being the point of contact for medical, emergency and hospital staff. RNs' ability to evaluate and decide when a resident needs emergency care and then accurately explain the resident's

medical history and symptoms to health professional external to the nursing home supports the provision of the most appropriate care.

International research states that appropriate nurse staffing in nursing homes reduces hospital emergency room visits and inpatient stays for nursing home residents (Aiken et al. 1985 in Aiken 2008). RNs act to prevent hospitalisations by devising care plans for residents that minimize the risk of admission to hospital. They also provide the necessary care when critical incidents occur to minimise incident severity and appropriately relay information to emergency and medical staff. The RN also reassesses and redesigns care plans for residents upon their return from the hospital to prevent re-admissions.

The presence of RNs in nursing homes at all times could better equip facilities to respond to critical incidents and prevent unnecessary hospital admissions. A large proportion of Emergency Department presentations in NSW are residents of nursing homes who become acutely unwell (Emergency Care Institute et al 2013). In a recent NSW pilot study report, *Aged Care Emergency Models of Care*, it was stated that “*a number of studies have found that for certain disorders or conditions, effective treatment does not necessitate presentation to ED (Emergency Department) from the residential aged care facility (RACF). For example, those with acute infections treated in their residence have similar or better survival and fewer complications compared to those transferred to hospital for treatment, even accounting for severity*” (Emergency Care Institute et al 2013).

The report outlined that the Aged Care Emergency program was successfully designed to support staff in RACFs to manage non-life threatening acute care needs in the facility with the objective of avoiding ED presentations. Of note is that one of the specific challenges cited by the report was that RACF staff skill-mix was heavily orientated to the non-professional workforce. Taking a whole of systems view, the experience of this pilot study suggests that nursing homes appropriately staffed with RNs would likely be better placed to effectively collaborate with acute care services to prevent unnecessary hospital admissions.

TOR 2: The need for further regulation and minimum standards for assistants in nursing and other employees or carers with similar classifications

ACN acknowledges the valuable contribution that unlicensed care workers (assistants in nursing and other employees or carers with similar classifications) make in the provision of care in nursing homes. This sizable workforce makes up 68% of direct care employees in residential facilities and forms the largest and fastest growing occupational group in the sector (King et al. 2012). Unlicensed care workers in aged care are

increasingly obtaining qualifications through the vocational education system.³ However, there is still a portion of the workforce who have not received any formal training. For example, in 2012 just over 15% of unlicensed care workers employed in residential aged care had no post-school qualifications of which 7.8% had a year 10 qualification or below (King et al. 2012). ACN remains concerned that there are no nationally agreed minimum educational requirements or competency standards supporting the regulation of their roles.

This lack of formalised regulation of the educational and competency requirements for the aged care workforce puts the protection of frail aged residents at risk. ACN believes that nationally consistent regulation through minimum education and competency standards for unlicensed care workers is required to guide this classification of workers in the delivery of competent and safe care. This would also give greater effect to the Council of Australian Government's (COAG) endorsed *National Code of Conduct for health care workers* (the Code) by providing occupational standards for assessing safe and ethical practice within this occupational group.

ACN notes our support for the recently endorsed COAG Code. Its implementation will provide improvement on the level of public protection relating to the role of unlicensed care workers in nursing homes. Given that each state and territory has been made responsible for progressing legislative changes to bring the Code into effect, ACN encourages the Government of NSW to consider the most appropriate application of the Code against its existing arrangements to optimise quality of care for residents in nursing homes.

TOR 3: The adequacy of nurse to patient ratios in nursing homes and other aged care facilities with residents who require a high level of residential care

The impact of nursing skill-mix on patient outcomes

Currently the Commonwealth Aged Care Act 1997 does not stipulate nurse to patient ratios in nursing homes or any minimum requirement for RNs to be on duty. The Act requires that residential care services are staffed by “*appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards*” but does not define what constitutes appropriate staffing. It is ACN’s view that in order to promote safety and quality, regulation of nursing homes should stipulate appropriate staffing requirements in the

³ According to The Aged Care Workforce, 2012, there has been “...a substantial increase in the proportion of Personal Care Assistants and Community Care Workers with Certificate IV qualifications” (King et al. 2012).

delivery of direct care and set at a minimum that an RN be on-site and available in a residential care facility at all times.

The lack of clarity regarding the meaning of appropriate staffing in the Commonwealth Aged Care Act 1997 places onus on jurisdictional regulation to ensure appropriate nursing skill-mix in nursing homes at all times across the 24-hours of care. Appropriate nursing skill-mix is fundamentally linked to delivering appropriate care. Measures of indicators of care could identify, albeit with some time lag, whether care staff skill mix and numbers met residents' demand for care, assistance and attention. ACN would support the introduction of such measurements. Until such measures have been trialed and introduced, however, nurse to resident ratios may ensure appropriate staffing and should be considered in the context of residential care.

Research published by Konetzka et al. 2008 in an article entitled *The Staffing-Outcomes Relationship in Nursing Homes* indicates that more RN staffing is associated with more positive outcomes for residents. The objective of this resident-level longitudinal study, was to assess 'whether a change in registered nurse (RN) staffing and skill mix leads to a change in nursing home resident outcomes while controlling for the potential endogeneity of staffing'. The study concluded that "Increases in RN staffing are likely to reduce adverse outcomes in some nursing homes. More research using a broader array of instruments and a national sample would be beneficial" (Konetzka et al. 2007). While this is international research, it indicates that there would be significant industry benefit in undertaking specific research to support policy making in the Australian aged care context.

The increasing need for high and complex care amongst the residential aged care population necessitates the setting of minimum requirements for the direct care role of RNs. For nursing homes to deliver on the expectations for nursing services as outlined under the Commonwealth Aged Care Act 1997 *Quality of Care Principles 1997 Schedule 1—Specified care and services for residential care services*, adequate numbers of RNs relative to assessed need for high care or complex care of care recipients must be on staff at all times. The adequacy of nursing ratios in determining RN staff levels requires close examination. It is essential that existing minimum requirements in NSW regulation are maintained and that empirical evidence informs future arrangements stipulating appropriate RN staffing levels in residential age care.

TOR 4: The report by the NSW Health Aged Care Steering Committee

N/A – this report has not been released

TOR 5: Any other related matter

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