



Australian College of Nursing

REGISTERED NURSES IN NURSING HOMES BILL

AUSTRALIAN COLLEGE OF NURSING RESPONSE TO THE
NSW LEGISLATIVE COUNCIL (January 2021)



General comments

The Australian College of Nursing (ACN) would like to thank the New South Wales (NSW) Legislative Council for the opportunity to provide feedback on the **Registered Nurses in Nursing Homes Bill 2020**. As the pre-eminent and national leader of the nursing profession, ACN is committed to supporting registered nurses (RNs) to lead person-centred, value-based and sustainable residential aged care.

ACN members have been actively involved in efforts to improve aged care, both in residential aged care facilities (RACFs) and home-based health care. ACN represents thousands of nurses working in aged care and has strongly advocated for nurse leadership in health and aged care provision and policy reform. In a 2016 White Paper, ACN argued **Nurses are essential in health and aged care reform**, as they are highly trusted, well-educated, flexible, fiscally accountable and responsive to patient and community needs.¹ In a 2019 Position Statement, ACN advocated for **The role of nurses in promoting healthy ageing**, through their expertise in critical thinking, clinical assessment, clinical decision-making, care coordination and clinical and managerial leadership.²

ACN has long promoted **The role of registered nurses in residential aged care facilities**, highlighting their unparalleled capacity to provide frontline leadership in the delivery of nursing care and in the coordination, delegation and supervision of care provided by enrolled nurses (ENs) and unregulated health care workers (UHCWs).³ There are currently no minimum safe RN staffing requirements in RACFs, forcing many ENs and UHCWs to work well beyond their scope of practice, resulting in poorer patient outcomes and reduced quality of care.⁴ ACN unequivocally advocates for *at least one permanent RN to be on staff at all times in every RACF*. An appropriate and evidence-based skill mix in the care team should then support the RN to provide high quality and person-centred care.

For many years, ACN members have been concerned over the reliance on UHCWs in RACFs. In a 2019 White Paper, ACN argued for the **Regulation of the unregulated health care workforce across the health care system**, particularly in the aged care system, with Australia's ageing population presenting increasingly complex and chronic health challenges.⁵ In a 2020 Position Statement, ACN proposed a number of solutions to provide greater accountability, oversight and effective utilisation of **Unregulated health care workers**.⁶ While it is not possible to determine exact figures due to lack of data, regulation or professional representation, it is estimated 70% of the UHCW workforce are in aged care and make up the majority of the aged care workforce. These UHCWs are not obliged to have undertaken even basic skills training around care provision or infection prevention and control (IP&C) before commencing their role; or to be regulated through participation in the National Registration and Accreditation Scheme (NRAS).⁷ While new legislative requirements stipulated that aged care

¹ Australian College of Nursing. (2016). Nurses are essential to health and aged care reform. Australian College of Nursing. Retrieved from: <https://www.acn.edu.au/wp-content/uploads/white-paper-nurses-essential-health-aged-care-reform.pdf>

² Australian College of Nursing. (2019). The role of nurses in promoting healthy ageing. Australian College of Nursing. Retrieved from: <https://www.acn.edu.au/wp-content/uploads/position-statement-role-nurse-in-promoting-healthy-ageing.pdf>

³ Australian College of Nursing. (2016). Position statement: The role of registered nurses in residential aged care facilities. Australian College of Nursing. Retrieved from: <https://www.acn.edu.au/wp-content/uploads/position-statement-role-rn-residential-aged-care-facilities.pdf>

⁴ Allard, T. (2016). Nursing home profits soar as patient care declines, Sydney Morning Herald. Retrieved from: <http://www.smh.com.au/federal-politics/political-news/nursing-home-profits-soar-as-patient-care-declines-20151224-glupug.html>

⁵ Australian College of Nursing. (2019). White paper: Regulation of the unregulated health care workforce across the health care system. Australian College of Nursing. Retrieved from: <https://www.acn.edu.au/wp-content/uploads/white-paper-regulation-unregulated-health-care-workforce-across-health-care-system.pdf>

⁶ Australian College of Nursing. (2020). Position statement: Unregulated health care workers. Australian College of Nursing. Retrieved from: <https://www.acn.edu.au/wp-content/uploads/position-statement-unregulated-health-care-workers.pdf>

⁷ Australian College of Nursing. (2020). Position statement: Unregulated health care workers. Australian College of Nursing. Retrieved from: <https://www.acn.edu.au/wp-content/uploads/position-statement-unregulated-health-care-workers.pdf>

providers had to appoint an IP&C Lead by 4 December 2020 (or to complete an approved IP&C course by 28 February 2021), this training is not mandatory for UHCWs.⁸

The Royal Commission into Aged Care Quality and Safety has revealed systemic failures in aged care, only compounded by the COVID-19 pandemic. According to the Interim Report, Volume 1: *'Left out of sight and out of mind, these important services are floundering. They are fragmented, unsupported and underfunded. With some admirable exceptions, they are poorly managed. All too often, they are unsafe and seemingly uncaring.'*⁹ ACN has provided various submissions to the Royal Commission, including on **Investigating the impact of COVID-19 on aged care**¹⁰ and the **Aged care workforce**.¹¹ ACN is committed to ensuring residents in RACFs are treated with respect, dignity and the highest standards of care, with recognition the RACF is their home.

ACN believes RNs should be empowered to lead aged care provision and policy, ensuring they are supported to work to the top of their scope of practice and drive much-needed change. With RNs increasingly used merely for 'legislative requirements', more and more RACFs are replacing RNs with UHCWs, or reducing RN hours. Aged care workforce reforms should focus on ensuring adequate funding and support for evidence-based staffing and skill-mix in RACFs. With RACFs staffed with appropriately qualified, regulated and skilled health care personnel working to their full scope of practice, many of the current failures in RACFs and aged care more broadly would be addressed.

ACN responses to consultation questions

The need for a registered nurse on duty at all times

1. 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?

ACN unequivocally believes there should always be a registered nurse on duty at all times, in all aged care facilities, regardless of whether residents *require a high level of care*. RNs are uniquely qualified to provide high-quality, person-centred and professional aged care.

2. Do you believe that the additional costs that may occur from increases to staffing levels should be paid by:

- **government**
- **the public (for example through the taxation system)**
- **aged care operators**
- **individual residents**

ACN members believe the government should pay for any additional costs that may occur in public facilities, and aged care operators should pay for additional costs in private facilities, with some means-tested subsidies for private facilities that demonstrate compliant, high-quality and safe aged care provision. Older Australians deserve to be treated with dignity and respect; the quality of the

⁸ Department of Health (Nov 2020). Infection prevention and control lead. Retrieved from: www.health.gov.au/initiatives-and-programs/...

⁹ Royal Commission into Aged Care Quality and Safety. (2020). Interim report: Neglect. Volume 1. Page 1. Retrieved from: <https://agedcare.royalcommission.gov.au/sites/default/files/2020-02/interim-report-volume-1.pdf>

¹⁰ Australian College of Nursing. (2020). Investigating the impact of COVID-19 on aged care: ACN submission to the Royal Commission into Aged Care Quality and Safety. Retrieved from: <https://www.acn.edu.au/wp-content/uploads/20200702-impact-of-COVID19-on-aged-care-final.pdf>

¹¹ Australian College of Nursing. (2019). Aged care workforce: ACN submission to the Royal Commission into Aged Care Quality and Safety. Retrieved from: <https://www.acn.edu.au/wp-content/uploads/20191212-aged-care-workforce-consultation-final.pdf>

care they have access to and receive should be guaranteed through a value-based system that delivers the outcomes that matter to residents and rewards aged care facilities that demonstrate the best possible standards of care provision.

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

ACN members believe having at least one registered nurse on duty at all times in RACFs will dramatically improve the provision of quality and safe aged care for people in care. Many residents in RACFs have highly complex care needs that only an RN can address, including symptom management of chronic disease and multimorbidities, rapid deterioration of conditions such as Parkinson's disease, Huntington's disease or dementia, wound care, social needs, and polypharmacy. Ideally, RNs in RACFs should have specialist expertise and additional qualifications in aged care, recognising aged care is complex and requires an appropriate skill mix of suitably qualified staff.

RNs provide critical leadership and clinical acuity in a range of RACF functions, including:

- Raising standards of care
- Recognising and managing early signs of illness and deterioration
- Preventing hospitalisation due to falls, pressure injuries, malnutrition, confusion, infections or wounds
- Educating, supervising, directing and supporting ENs and UHCWs to carry out care duties
- Administering medication and identifying potential and actual drug interactions
- Communicating with carers and family members
- Triaging care needs
- Infection prevention and control
- Quality improvement and innovation
- Managing nutrition, hygiene and hydration
- Identifying the need for allied health input and arranging referral
- Immunising residents
- Providing palliative care
- Assessing the psychosocial and wellbeing needs of residents.

However, ACN is concerned that without adequate support from the government and aged care industry to address the root causes of workforce shortages, such as recruitment and retention of RNs in aged care, mandating RNs at all times will set up RACFs to fail. ACN urges much greater investment in ensuring aged care is seen as, and is, an attractive career prospect for RNs, particularly in rural and remote areas and to address the needs of those from marginalised groups, such as Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse populations or those from the LGBTQIA+ community.

Standards of care

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

ACN members strongly advocates for further regulation and minimum standards of care in RACFs to ensure safe, quality and person-centred aged care. The Royal Commissions into Aged Care and the COVID-19 crisis in Victoria have identified systemic failures in – particularly private – aged care facilities, primarily arising from lack of regulation and minimum standards of care. Nurses with specialist expertise in aged care, for example at Nurse Practitioner level, need to be actively involved in the development of policy and regulation related to standards of care; they also need to be appointed to any oversight or regulatory bodies and have positional authority on those bodies to facilitate monitoring and enforcement of changes and the evolution of further improvements.

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

ACN members strongly believe in the need for further regulation of safe staffing levels in RACFs. However, ACN argues this must be based on an evidence-based assessment of an appropriately qualified *skill mix*.

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

As above, ACN members believe an appropriate skill mix will ensure all RACF staff are able to work to their full scope of practice and provide residents with the best possible care. Without an appropriate staffing skill mix, residents in some RACFs will continue to receive poorer standards of care, require more frequent and unnecessary paramedic and hospital intervention, and experience adverse care outcomes. The definition of *appropriate staffing levels* should not be at the discretion of individual providers. Skill mix in RACFs must be regulated and frequently audited by properly established governance and regulatory bodies to not only ensure compliance with regulation and minimum standards, but also that care is safe and high-quality, and provides outcomes that reflect the values, needs and preferences of residents. Nurses, as the majority of the health care professional workforce, must be included in any auditing processes as well as the implementation of any associated changes.

ACN believes nurses at all levels, general practitioners (GPs), allied health professionals and UHCWs all play an important role within the RACF care team, provided this is carefully balanced to address the needs and preferences of residents. However, as stated in the **General comments** section above, ACN has long advocated for the regulation of UHCWs to ensure they undertake basic care and IP&C training prior to employment in an RACF. Within aged care system, RNs also manage transition from home into RACFs and respite care for families and carers.

ACN members are concerned about the reported care standards in some aged care facilities and with continual cost-cutting measures leading to reduced hours for qualified staff, over-reliance on UHCWs, and poor, unsafe conditions for residents. In some facilities, our members have reported the imperative to drive profit and efficiency means care for residents is rushed and ad hoc, leading to unnecessary acute care intervention, malnutrition, injury and at times, avoidable tragedy.

Impacts on other parts of the public health system

7. 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?

ACN believes legislative changes to current care provision will drastically reduce costs to the acute health care system. Substandard care as a result of inadequate and inappropriate skill mix in RACFs means many residents require transfer to a hospital setting. Ensuring an RN is on staff at all times would enable the care team to recognise and prevent many injuries, illnesses and deterioration and avoid unnecessary hospitalisations.

On the other hand, greater investment in community and primary health care and aged care in the home would also reduce dependence on RACFs and the acute care system.

In terms of cost shifting onto other parts of the public health system, ACN believes there is greater potential with a Value Based health Care (VBHC) approach. ACN argues that a shift is required in models of care delivered to ones that provide the right incentives and the right care at the right time for the right price, in the right place by the right provider. In December 2020 ACN released a White Paper titled, 'The Importance Of Value-Based Health Care To Patient-Centred, Fiscally Responsible Health Care And The Centrality Of Nursing To Its Authentic And Effective Functioning'.¹² In this paper, ACN highlighted that Australia's health needs are changing fast, and pressures on our health budgets are mounting. ACN argues that our ageing population and rise in chronic and complex conditions means changes to the way we deliver, and fund health care are sorely needed.

8. 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?

RNs provide critical leadership and clinical professionalism in responding to critical incidents and preventing ambulance call outs and unnecessary hospitalisation. However, this must be reinforced with adequate EN and UHCW assistance, as well as in-reach support, including the option and ability to contact a GP after hours. However, as above, the emphasis should be on the skill mix of the care team, rather than numbers alone. A newly graduated RN may not have the same skills or experience as a senior RN in managing crises; this would be addressed with a skill mix model, but not a ratio or quota model. Likewise, this must be supported through adequate funding to ensure the sustainability of the RN workforce, with meaningful efforts to recruit and retain RNs in the aged care system.¹³

Lessons from the COVID-19 crisis

9. 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?

¹² Australian College of Nursing (ACN). 2020, 'The Importance of Value-Based Health Care to Patient-Centred, Fiscally Responsible Health Care and The Centrality of Nursing to Its Authentic and Effective Functioning —A White Paper by ACN 2020' <https://www.acn.edu.au/wp-content/uploads/white-paper-value-based-health-care.pdf>

¹³ International Council of Nurses 2009. Position statement: Evidence-based safe nurse staffing. <https://www.acn.edu.au/wp-content/uploads/2018/09/ICN-PS-Evidence-based-safe-nurse-staffing.pdf>

ACN members believe there have been several pertinent lessons arising from the COVID-19 crisis in private aged care facilities where staffing levels are not mandated.¹⁴ In particular, ACN is concerned with:

- the imperative for profit and cost-efficiency above the needs of residents
- the casualisation of the workforce particularly among UHCWs, forcing many to work across different facilities in order to earn a living
- inadequate training and education for UHCW staff and carers, particularly in IP&C measures
- the impact of social isolation, with staff spending less and less time with residents unable to see family and friends
- insufficient personal protective equipment (PPE)
- unsatisfactory planning for pandemics.

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

ACN members would like to add the following comments for consideration:

- The Bill should ensure there is a clause in every Award that legislates evidence-based staffing required for safety, to ensure employers cannot use loopholes to avoid compliance.
- The Bill should mandate regulation and registration of UHCWs. RNs provide clinical leadership and supervision of ENs and UHCWs, but basic training and professional standards of currently inadequately trained staff would enable RNs to do their jobs much more effectively
- Gerontology-qualified RNs such as NPs, should be supported and remunerated appropriately for their skills and expertise.
- Any legislative changes must be meaningfully supported through adequate, transparent funding and other mechanisms. Mandated staffing levels without requisite investment in recruitment and retention of RNs will see many RACFs fail to meet minimum standards.

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

ACN members believe aged care should be person-centred, holistic and high-quality, affording older Australians the autonomy, dignity and respect they deserve.

Greater investment must be made to ensure older people can remain in their homes for as long as possible to preserve their freedom, self-determination and independence and give them choice.

Aged care should be value-based, delivering the outcomes that matter most to older people, while ensuring the long-term sustainability of the workforce and health care system more broadly.

¹⁴ Australian College of Nursing 2020. Covid-19 nursing workforce solutions: Expert advisory group. <https://www.acn.edu.au/wp-content/uploads/nursing-workforce-solutions-response-COVID-19-supporting-documentation.pdf>