



Registered nurses (RNs) in nursing homes – FREQUENTLY ASKED QUESTIONS

Surely all nursing homes have to have a registered nurse on duty?

At the moment, yes. In NSW it is currently a legal requirement – according to the *NSW Public Health Act 2010* – for there to be a registered nurse (RN) on duty at all times in a nursing home. The Act also requires homes to have a Director of Nursing (responsible for the overall care of the residents) who is a registered nurse. It also defines which aged care homes are considered 'nursing homes' (the introduction of 'aged in place' has meant that many supposedly 'low care' aged care facilities, while not technically classified as nursing homes, are occupied by a large number of very frail residents with high care needs).

However, on 1 July 2014, some wording changed in the *Commonwealth Aged Care Act 1997* which affected the definition of a nursing home in the NSW Act. Those changes could have erased the requirement to have an RN on duty at all times.

The *NSW Poisons and Therapeutics Goods Act 1966* and Regulations also uses these definitions to regulate the handling of Schedule 4D and Schedule 8 medications in nursing homes. So a change to this law could loosen the requirements as to who is allowed to procure, administer and have access to these serious drugs.

After lobbying by the NSW Nurses and Midwives' Association (NSWNMA), the NSW Minister for Health announced an Amendment to the Act that enables the status quo to

continue until the end of 2015, to allow for consultation with the aged care sector. The community must make its concerns felt, or face the real possibility that the requirement for RNs 24/7 in nursing homes will be dropped in NSW in late 2015.

Are registered nurses really essential? After all, carers do all the basic work in nursing homes.

RNs are essential where residents have been assessed as requiring a high level of care – and people don't enter nursing homes these days unless they require high care and have complex needs. Most aged care patients have overlapping conditions.

RNs have a vital role:

- Overseeing multiple medications, including assessing side effects
- Undertaking specialised wound care and nursing procedures for urinary catheters, naso-gastric tubes, ostomies, etc
- Minimising unnecessary transfers to Emergency Departments
- Providing palliative care to the dying so that they don't have to go to hospital
- Providing support and supervision to the rest of the nursing team – Enrolled Nurses and Assistants in Nursing.

Without registered nurses, many more aged care residents would be sent to hospital, placing even more stress on our already overstretched health system and causing unnecessary distress to the patients and their families.

Do the operators of aged care facilities support the mandatory requirement for RNs in nursing homes?

Two of the major groups, representing many aged care operators, Leading Age Services Australia (LASA) and Aged and Community Services NSW & ACT (ACSA), want the requirement dropped. They say they want “flexible approaches” to meeting residents’ care needs and want to rely on the accreditation system to determine staffing. It’s hard not to see this as an excuse for cutting out skilled staff and cost-cutting. It is also cost-shifting, as without RNs on duty, many more elderly people are sent to hospital Emergency Departments – or there are delays transferring the aged out of hospital and into a nursing home.

What’s wrong with using the accreditation system to work out how many staff are needed?

The accreditation system measures processes, not outcomes. Many nurses working in aged care find it deeply frustrating to spend a lot of their time on paperwork and are cynical about this system. For example, a key issue for residents and their families is that staffing drops to dangerous levels at night and on weekends. But quality checks only take place during business hours, meaning assessors rarely get an accurate picture of overall staffing. Nursing homes cannot be sanctioned for understaffing or skill mix imbalance under the current accreditation system. And Budget 2015 announced that accreditation services would be opened to the private market, challenging the consistency of existing standards.

Mandating a minimum of one registered

nurse on duty is a more direct way of ensuring that skilled staff are present. Rostering of a registered nurse shouldn’t be at the provider’s discretion, it should be based on the high-care needs of the residents, which have been professionally assessed and funded.

Just one registered nurse? For how many patients?

Most people are very surprised when they learn that there is no set ratio of nurses to patients in the aged care sector. It’s not unusual for one assistant to be looking after 20-30+ high-needs residents overnight. The care team is often largely composed of unregulated workers with minimal training. Removing the requirement for just one RN to be on duty will mean losing trained expertise, losing their capacity to recognise and respond to deteriorating clinical signs, resulting in many more patients suffering or being sent to hospital unnecessarily. One RN 24/7 is actually a very modest minimum standard for staffing and skill mix.

Won’t requiring registered nurses at all times mean that aged care operators have to put RNs into every facility, even if they’re low-care? Won’t this drive many of them out of business?

No. This is scare-mongering by the providers. We’re simply asking the Health Minister to make sure the legislation requires registered nurses to be on duty where residents are assessed and funded as needing them. Having a registered nurse at work 24/7 means that the focus remains on meeting the needs of the residents, rather than saving the providers money.



Take action now to insist on RNs 24/7 in aged care!

-  Sign our petition
-  Email the Minister for Health
-  Write to your local paper



Authorised by B.Holmes, General Secretary, NSWNMA

www.nswnma.asn.au/get-involved/aged-care-nurses