



Mr. Trent Zimmerman, MP, Chair
House of Representatives Standing Committee on Health, Aged Care and Sport
Parliament of Australia
Canberra ACT 2600

Via email:

Dear Mr. Zimmerman,

Re: Inquiry into the Quality of Care in Residential Aged Care Facilities

Thank you for your letter of 11 May 2018 regarding correspondence you received from Ms. Patricia Sparrow, CEO, Aged & Community Services Australia (ACSA) responding to comments that I made at the *Inquiry into the Quality of Care in Residential Aged Care Facilities* hearing on 5 March 2018.

In her correspondence, Ms. Sparrow raised the following:

“Aged & Community Services Australia (ACSA) wishes to clarify some comments made by Adjunct Professor Kylie Ward, CEO, Australian College of Nursing, at the inquiry hearing on 5 March 2018. In her evidence to the inquiry, Prof Ward stated that: *“law reform in NSW removed the requirement for a registered nurse to be onsite 24/7 in aged care facilities.”*”

The Chair inquired if other states have the requirement that registered nurses be in place in residential aged care facilities to which Ms Ward responded: *“Correct, all shifts.”* Ms Ward went on to state that *“All other states and territories have the requirement. We are concerned the changes in NSW may motivate other providers to push and lobby the government for the same, as a cost reduction.”*

While my comments above reflected my understanding of the registered nurse (RN) staffing requirements across Australia’s jurisdictions at the time of the hearing, I now acknowledge that the quoted advice is an inaccurate reflection of state and territory arrangements. In recognition of this, I formally retract my quoted statement above and offer my apology to you and the Committee for the provision of that information.

I would also like to take this opportunity to respond to other issues raised by Ms Sparrow relating to quality outcomes in aged care. Firstly, regarding the 2016 *NSW Parliamentary Inquiry into Registered Nurses in NSW nursing homes*. Noting the thorough nature of the inquiry, Ms Sparrow highlighted the NSW Government’s response to *Recommendation 8* of the inquiry report. ACN is of the view that there must be careful consideration of the comprehensive findings and recommendations of the inquiry. The Chair of the General Purpose Standing Committee No. 3 inquiry stated that:

“The committee acknowledges that the Commonwealth has jurisdictional responsibility and funds aged care across the country, but ultimately we were not convinced that the regulatory framework at that level adequately ensures that a high standard of care is delivered to



residents in aged care facilities through its staffing standards. We therefore support the current legislative requirement for registered nurses to be on duty at all times in New South Wales nursing homes. However, in recognition of the fact that aged care and the needs of our older Australians entering into nursing homes is evolving, the committee believes that this requirement must be framed in new a light.”¹

To this effect, the inquiry report recommended:

Recommendation 7

That the NSW Government:

- *retain the requirement in section 104(1)(a) of the Public Health Act 2010 for registered nurses to be on duty in nursing homes at all times, and*
- *amend the definition of ‘nursing home’ under the Act to read:*
nursing home *means a facility at which residential care (within the meaning of the Aged Care Act 1997 of the Commonwealth) is provided, being:*
 - (a) a facility at which that care is provided in relation to an allocated place (within the meaning of that Act) to a care recipient whose classification level:*
 - (i) includes the following domain categories or combinations of domain categories:*
 - (1) a high Activities of Daily Living (ADL) domain category; or*
 - (2) a high Complex Health Care (CHC) domain category; or*
 - (3) a domain category of medium or high in at least two of the three domain categories; or*
 - (4) a high behaviour domain category and either an ADL domain category other than nil or a CHC domain category other than nil; or*
 - (ii) is a high level resident respite care.*
 - (b) a facility that belongs to a class of facilities prescribed by the regulations.*²

Secondly, Ms Sparrow stated that:

“There are already effective Commonwealth ‘safety nets’ provided through the accreditation processes of the Australian Aged Care Quality Agency (the Agency) and the Aged care Act and Principles”.

As mentioned above, there are significant findings that suggest that the Commonwealth regulatory framework is not robust enough. For example, data relating to clinical outcomes (or clinical care indicators) within aged care facilities is lacking, particularly around prevalence of pressure injuries, unexplained weight loss, falls, polypharmacy and physical restraint use. While some government-led aged care facilities collect this data, there is no mandatory clinical care data program. ACN strongly

¹ <https://www.parliament.nsw.gov.au/committees/DBAssets/InquiryReport/ReportAcrobat/5821/Report%2032%20-%20Registered%20nurses%20in%20New%20South%20Wales%20n.pdf>

² <https://www.parliament.nsw.gov.au/committees/DBAssets/InquiryReport/ReportAcrobat/5821/Report%2032%20-%20Registered%20nurses%20in%20New%20South%20Wales%20n.pdf>



recommends the implementation of a governance process for the capturing of clinical outcome measures in addition to process measures to provide additional evidence relating to the role of appropriate staffing/skill mix on patient safety.

Thirdly, Ms Sparrow also stated that:

“ACSA is very supportive of 24/7 RN cover where it is needed in those services whose residents require a high level of clinical expertise at all times but is not aware of any research that demonstrates that higher levels of RNs in aged care increase quality outcomes for residents. What is required is the flexibility to have the most appropriate staffing model, including different skill mixes, to meet the care needs of residents.”

ACN continues to advocate for a minimum mandated requirement that a registered nurse (RN) be on-site and available at all times in residential aged care facilities as a majority of residents within aged care facilities do require high-level care (e.g. dementia, chronic pain, urinary incontinence).³ The following provides a list of evidence-based research demonstrating that higher levels of RNs in aged care increase quality outcomes for residents:

1. **Henderson, J., Willis, E., Xiao, L., & Blackman I. (2017). Missed care in residential aged care in Australia: An exploratory study. *Collegian*, 24:411–416.** *The study found that the primary reasons for missed care are due to increased resident acuity and fewer skilled nurses to meet this demand.*
2. **Mueller, C., Bowers, B., Burger, S.G., & Cortes, T.A. (2016). Policy brief: Registered nurse staffing requirements in nursing homes. *Nursing Outlook*, 64(5):507-509.** This policy brief discusses the association between fewer RNs with the greater likelihood of ‘failure to rescue’ due to limited time for assessment and timely interventions by RNs.
3. **Dellefield, M., Castle, N., McGilton, K., & Spillsbury, K. (2015). The relationship between RNs and nursing home quality: an integrative review (2008-2014). *Nursing Economics*, 33(2): 95-116.** *A majority of the studies included in this review consistently reported better nursing home quality with high levels of RNs through a variety of clinical indicators (fewer pressure ulcers, lower restraint use, decreased hospitalisation and mortality rates).*
4. **Spillsbury, K., Hewitt, C., Stirk, L., & Bowman, C. (2011). Relationship between nurse staffing and quality care in nursing homes: A systematic review. *International Journal of Nursing Studies*, 48: 732–750.** This review reports a positive correlation between RN staffing and improved care quality/outcomes in aged care facilities.
5. **Kim, H., Harrington C., & Greene, W.H. (2009). Registered nurse staffing mix and quality of care in nursing homes: a longitudinal analysis. *Gerontologist*, 49 (1):81-90.** *This study found that a higher RN mix is positively related to quality of care.*
6. **Horn, S., Buerhaus, P., Bergstrom, N., & Smout, R. (2005). RN staffing time and outcomes of long-stay nursing home residents. *Australian Journal of Nursing*, 105(11): 58-70.** *The study found a significant relationship between increasing the working time of RNs and the prevention of pressure ulcer, reduction in rates of hospitalization and UTIs, less weight loss,*

³ <http://www.achr.org.au/nurse-ratios-in-aged-care-homes/>



catheterization, deterioration in the ability to perform ADLs, and greater use of oral standard medical nutritional supplements.

7. **Mueller, C., & Karon, S. (2003). ANA nurse sensitive quality indicators for long-term care facilities. *J Nurs Care Qual*, 19(1): 39-47.** *This paper discusses the association of fewer RNs with a greater likelihood of adverse events due to the limited time for assessment and timely interventions by RNs.*

In summary, the research demonstrates that when aged care facilities are staffed with an appropriately skilled number of RNs, clinical outcomes for residents improve and the need to transfer a resident to hospital decreases. ACN is concerned that without an RN on site 24/7, standards of care diminish and residents do not access timely treatment when the “need arises” (i.e. if their condition changes or deteriorates). ACN believes a preventive rather than reactive approach should be provided necessitating that an RN be on site and available 24/7 to prevent errors in care and ensure high-quality care. RNs are best placed to provide professional and clinical oversight to enrolled nurses and assistants in nursing and ensure the health and wellbeing of health care consumer. This cannot be guaranteed when RN cover is on as “as-needed” basis.

If you have, any further questions on this matter please direct them to the Office of the CEO

Yours faithfully,

Adjunct Professor Kylie Ward
Chief Executive Officer
RN, MMgt, Dip App Sci (Nursing), Acute Care Cert, FACN, Wharton Fellow, MAICD

14 June 2018