Australian Nursing and Midwifery Federation submission to

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE: REVIEW OF QUALITY USE OF MEDICINES PUBLICATIONS CONSULTATION

GUIDING PRINCIPLES FOR MEDICATION MANAGEMENT IN THE COMMUNITY (GPC)

5 NOVEMBER 2021

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INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 300,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

With regard to care of older people, ANMF members work across all settings in which aged care is delivered, including over 45,000 members who are currently employed directly in the aged care sector. Many more of our members are involved in the provision of health care for older persons who move across sectors (acute, residential, community and in-home care), depending on their health needs. Being at the forefront of aged care, and caring for older people over the twenty-four hour period in acute care, residential facilities and the community, our members are in a prime position to make clear recommendations to improve the care provided and enhance processes for access to that care.

The ANMF welcomes the opportunity to provide feedback on the Australian Commission on Safety and Quality in Healthcare: Updating Quality Use of Medicines Publications – *Guiding principles for medication management in the community (GPC)*. The ANMF has also provided a response to the Australian Commission on Safety and Quality in Health Care's consultation - Updating Quality Use of Medicines Publications – *Guiding principles for medication management in residential aged care facilities*. The ANMF's concerns in relation to medicines management are similar across both community care delivery and residential aged care.

The two main areas of concern that the ANMF believes require attention in the review of the *Guiding principles for medication management in the community* is the role of nurses in medicines management and the importance of a mandated staffing and skills mix that meets the assessed needs of older people. The ANMF's position on these two matters and how they should be addressed in the revised guiding principles are outlined below.

The role of registered nurses and enrolled nurses in medicines management

Older people in Australia using aged care services are characterised by increasing and significant care needs, multiple diagnoses, comorbidities and polypharmacy. It has been estimated that on average older people have 3.4 to 4.5 separate diagnoses, 6 comorbidities, and are taking 8.1 medicines.[1] People over 65 are more likely than any other group to be on a number of medicines,[2] are more sensitive to drug interactions, and more likely to have impaired metabolism and excretion, placing them at a greater risk of receiving a higher than intended dose and toxicity. The health and cognitive status of older people can deteriorate significantly in response to even small changes in conditions, so medicines (including supplements) must be administered with care, the necessity of each medicine regularly reviewed, and the person receiving care must be monitored for signs and symptoms of interactions and toxicity. Doing this safely requires education, experience, and skill, and therefore needs to be performed by registered and enrolled nurses.[3]

Registered nurses play a key role in medicines management, which includes working with prescribers and pharmacists to ensure that medicines are ordered and available for people, and are stored appropriately, administered correctly and documented. It is the view of the ANMF that there is a distinct difference between administration of, and assistance with, medicines. Only registered nurses, or enrolled nurses, without a Nursing and Midwifery Board of Australia (NMBA) registration notation, working under the supervision and delegation of a registered nurse, have the required education, knowledge and skills to safely administer medicines to those people in the community that are unable to safely self-administer their medicines.

The ANMF opposes the disturbing trend in care being delivered in the community of moving medicine administration from registered and enrolled nurses to unregulated care workers. It is the policy of the ANMF that all aspects of medicines management must be undertaken by registered nurses with elements of the medicines administration process delegated to enrolled nurses where the registered nurse has made the required situational assessment and is available to supervise any such delegation to the enrolled nurse. This is a regulatory requirement for all nurses and is established, expected best practice for medicines management in all contexts of practice. The ANMF's guidance for nurses in relation to medicines management working in aged care is detailed in the *Nursing Guidelines for Medication Management in Aged Care*.[4]

ANMF members regularly identify medicines management as a major concern for them in care delivery. The guiding principles perpetuate this situation as they provide no clear direction for detailed analysis of the quality use of medicines including safe administration. Nor do they provide safe guidance around the management of medicines for those self-administering their own medicines with the assistance of care workers.

The ANMF suggests that safe management of medicines be brought to the fore in the revision of these guidelines to provide clear direction for consumers, employers, workers and regulators. The guiding principles should clearly state that registered nurses and enrolled nurses, working under the supervision and delegation of the registered nurse, should administer medicines. The care worker's role in medicines must be limited to assisting older people who have been assessed by the registered nurse as being able to continue to self-administer their medicines at home and where the person's consent for this assistance has been gained. A clear definition of self-administration must be provided in the glossary of the guiding principles. Where assistance with self-administration is deemed suitable, the guiding principles should also require this to be clearly recorded in the person's plan of care and it should be subject to regular risk-assessment and review. Reference must also be made to ensuring compliance against state and territory drugs and poisons legislation.

Staffing and skills mix

The importance of a baseline staffing and skill mix that meets the assessed needs of the person to enable safe medicines management and quality care delivery within community care cannot be underestimated. The Royal Commission into Aged Care Quality and Safety clearly identified that the aged care workforce is the most critical component of the sector with regard to the delivery of safe, quality care including medicines management. The Commission further recognised that while the sector requires many reform measures to be implemented, safe and quality care for all people in Australia could not be guaranteed unless the chronic, underlying structural workforce issues were addressed. Crucially, this means ensuring an adequate number and skills mix of staff, an issue that the ANMF and its members have been raising for many years. This important finding of the Royal Commission is relevant not only for community care for older people but for all people in Australia receiving care in the community.

Low staffing levels and skills mix leads to unacceptable care, poor outcomes, and the experience of neglect and loneliness for older people requiring aged care.[56789] Evidence upholds, and common-sense dictates, that to provide safe, quality care, providers of community care must have at least the right number of the right kinds of staff to do the work.

Having an evidence-based staffing levels and skills mix model that enables best practice care would mean that all people receiving care in their home would be able to receive safe, effective, dignified care that meets their unique needs and preferences. Having the right number and kind of staff would mean that care is not rushed or missed. Nurses and other care staff would be able to take the time they need to provide respectful, person-centred care and to create and sustain meaningful personal relationships with people requiring care and their family members. It is the position of the ANMF that older people in the community should receive best practice care and that care delivered in the community setting should be provided using a staffing and skills mix that meets the assessed needs of each person.

SURVEY QUESTIONS

Guiding Principle (GPC) 1: Information Resources

GP 1 - Change to: Clinical governance of medication management

1. GP 1 - Recommendation 1:

Adapt content within the Medication Safety Standard relevant to the provision of medicines information and medicines information resources within the community

Agree

2. GPC 1 - Recommendation 2:

Ensure information within GPC 1 continues to align with all relevant professional board requirements and professional practice standards, and that the resource lists are updated

Agree

Any guidance used to support medicines management must always meet the accepted professional standards set by the regulatory authority for nurses, the Nursing and Midwifery Board of Australia (NMBA), as these are mandatory professional standards for nurses.

An important example of this is the NMBA's *Decision Making Framework for Nurses and Midwives*[10] which clearly identifies the delegation process for nursing activities by the registered nurse to enrolled nurses and unregulated care workers.* The current framework identifies a number of factors that a registered nurse must consider using a risk management approach when delegating and supervising aspects of nursing care including medicines management. These requirements must be clearly addressed in the guiding principles to ensure these mandatory regulatory standards can be met.

The ANMF also notes that care workers working in the community are not registered, do not have a minimum required qualification, nor are they required to work to a code of conduct or professional practice standards outlined by a professional board. It is the position of the ANMF that as care workers provide aspects of nursing care and work with, report to and are supervised and directed, by registered nurses, care workers should be regulated by the Nursing and Midwifery Board of Australia (NMBA) under the *Health Practitioner Regulation National Law*.[11 12]

*The term care worker also refers to Assistants in Nursing and personal care workers (however titled)

3. GPC 1 - Recommendation 3:

Consideration to be given to creating web-based lists of medication information resources in the updated guiding principles, so that these lists can be updated as needed to ensure people receiving care and health professionals have access to an up to date list of resources that also meet the community's diversity and health literacy needs

Agree

All evidence-based, relevant resources must also be easily accessible for nurses and, where appropriate, care workers. This needs to include adequate internet access and accessible devices for the workforce at the point of care.

GPC 2 - Self-administration

4. GPC 2 - Recommendation 1:

That the language within GPC 2 be amended to align with the concept and intent of person-centred care

Agree

In addition to the language being amended to align with the guiding principles with the intent of 'person-centred care', person-centred language should be integrated throughout all other guiding principles in the document.

5. GPC 2 - Recommendation 2:

For people (as well as clinicians) who are self-administering, include some additional advice on when and how to stop and restart medicines during periods of acute illness or "sick days".

Partly agree

The ANMF notes the increasing evidence regarding the use of medicines on 'sick days' and the need to provide ongoing support and resources for all people self-administering their medicines. This will ensure safe medicine use. Any resource provided for older people regarding sick days and their medicines needs to be developed using plain language with a basic level of assumed knowledge.

Further, as previously stated, the guiding principles need to also include a clear definition of assistance with self-administration of medicines, including the required safeguards relating to governance, risk management and documentation. This additional information will also need to address guidance for people who are self-administering without assistance, but who then require either assistance with, or administration of medicines during 'sick days'.

As only nurses should be administering medicines, there should be no requirement for guidance that involves nurses "taking over" the administration of all medicines on "sick days".

GPC 3 - Dose administration aids

6. GPC 3 - Recommendation 1a:

That GPC 3 has greater emphasis and more information on the need for medication reconciliation prior to DAA packing for the first time, and after changes to medicines or hospital admission

Agree

Medication reconciliation, matching medicines that a person should be prescribed with those that are prescribed, should occur prior to packing the DAA and following any changes to medicines prescribed. This is a process that should be undertaken by a pharmacist when packaging occurs and by a registered or enrolled nurse when administering medicines from a DAA. In accordance with the ANMF *Nursing Guidelines for Management of Medicines in Aged Care* and the ANMF Position Statement on the *Use of dose administration aids*, nurses who administer medicines from a DAA are expected to take responsibility for identifying each individual medicine prior to administration. This is essential to ensure that the packaged medicines align with the prescribed order and that the correct medicines are administered safely. Where individual medicines cannot be clearly identified, nurses must consult the pharmacist and return the DAA for repackaging.

Where a person is assessed as being unable to self-administer their medicines, either from the original container or a DAA, a nurse who is able to reconcile and identify the medicines must administer them. Care workers should only ever provide physical assistance to an individual who is self-administering their medicine, at the individual's request provided the individual has been assessed by the registered nurse as being able to self-administer.

This guiding principle should detail dispensing, medication reconciliation and administration requirements to provide clarity and guidance to those responsible for these aspects of clinical care when using DAAs, pharmacists and nurses respectively.

7. GPC 3 - Recommendation 1b:

That GPC 3 has greater emphasis and more information on the need for consent and communication around initiating and continuing use of DAAs.

Agree

GPC 3 should detail the evidence base for and best practice for consent from, and communication with, the person receiving care and their family when initiating and using DAAs. This should include information about the dispensing process, medication reconciliation, possible self-administration, appropriate administration by nurses, any changes to medications and what to expect when the person is unwell or transitions of care occur.

8. GPC 3 - Recommendation 1c:

That GPC 3 has greater emphasis and more information on monitoring and follow up of people using DAAs.

Partly agree

The inclusion of a greater emphasis and more information on monitoring and follow up of people using DAAs in GPC 3 is supported. However, should the person self-administering their medicines using a DAA become acutely unwell, following consent from the person, medicine administration should then be the responsibility of the nurse. Registered nurses and enrolled nurses, working under the supervision and delegation of the registered nurse, are educated to manage and administer medicines safely and effectively and to assess clinical symptoms, evaluate outcomes and initiate changes to the plan of care. All nurses administering medicines from a DAA must be able to identify each individual medicine prior to administration for all people to whom they are providing care, irrespective of whether they are well or acutely unwell.

9. GPC 3 - Recommendation 2:

That some additional advice on self-directed medication management during periods of acute illness be included. For instance, medication management on "sick days" (when and how to stop and restart medicines)

Partly agree

The ANMF notes the increasing evidence regarding the use of medicines on 'sick days' and the need to provide ongoing support and resources for all people self-administering their medicines. This will ensure safe medicine use. Any resource provided for consumers regarding sick days and their medicines needs to be developed using plain language with a basic level of assumed knowledge.

Further, as previously stated, the guiding principles need to also include a clear definition of assistance with self-administration of medicines, including the required safeguards relating to governance, risk management and documentation. This additional information will also need to address guidance for people who are self-administering without assistance, but who then require either assistance with, or administration of medicines during 'sick days'.

As only nurses should be administering medicines, there should be no requirement for guidance that involves nurses "taking over" the administration of all medicines on "sick days".

GPC 4 - Administration of medicines in the community

10. GPC 4 - Recommendation 1:

That information and resources relevant to GPC 4 be updated or aligned to reflect relevant state and territory legislative requirements and current practices of care providers and care environments.

Disagree

If you disagree, please briefly explain why

The ANMF supports the inclusion of updating the GPC 4 to align with relevant state and territory legislative requirements, however does not support the inclusion of current practices of care providers and care environments. There are many practices that are currently occurring in the community setting that are not consistent with quality care delivery nor quality use of medicines principles. This is particularly evident in community aged care delivery outlined in The *Royal Commission into Aged Care Quality and Safety, Final Report: Care Dignity and Respect*.[13] It is essential that this guiding principle is founded on evidence-based practice relevant to the context in which care is delivered, not current practice that may not be meeting the requirements of safe, quality, dignified, best-practice care.

GPC 5 - Medication lists

11. GPC 5 - Recommendation 1:

That GPC 5 be retained, and content information and accompanying resources updated.

Agree

The ANMF supports this guiding principle being retained and all accompanying resources being updated. It is also important that GPC 5 outlines that providers of community care must have the digital health infrastructure to enable health practitioners to access secure and up to date information at the point of care. This includes access to My Health Record and its record's medicines list.

GPC 6 - Medication review

12. GPC 6 - Recommendation 1:

That GPC 6 include information on risks of inappropriate polypharmacy and de-prescribing

Agree

The ANMF agrees with the recommendation to include evidence-based information on inappropriate polypharmacy and de-prescribing.

13. GPC 6 - Recommendation 2:

That other aspects of medication review from various resources, practice standards and guidelines be considered when updating GPC 6

Agree

The ANMF agrees that the outlined resources, practice standards and guidelines identified in the consultation paper should be considered when updating GPC 6. This will support the improvements required in the community setting to achieve quality use of medicines for medicine reviews. A rigorous clinical governance framework supporting quality use of medicines in the community setting should include how and where medicines reviews are completed, attached funding and clear evidence-based standards supporting these reviews. The multidisciplinary team including nurse practitioners, nurses and midwives need to participate in the clinical governance framework for ongoing medicines review.

GPC 7 - Alteration of oral dose forms

14. GPC 7 - Recommendation 1a:

That GPC 7 includes greater emphasis and more information on the need for consumers to be assessed for swallowing safety before being given medicines

Agree

Increased emphasis and information on the need for people to be assessed for swallowing safety before being prescribed and administered medicines is supported.

15. GPC 7 - Recommendation 1b:

That GPC 7 includes greater emphasis and more information on referral to a pharmacist or the consumer's GP when it is unsafe for a consumer to swallow oral formulations of a medicine.

Agree

GPC 7 should include further information about the importance of the multidisciplinary team in the assessment and management of people with conditions that impact their functional ability to swallow. This should include referral to a speech therapist and a dietitian where alteration or reconstitution of medicines is required.

Reference in the guiding principles to the Society of Hospital Pharmacists 4th Edition of the *Don't Rush to Crush* publication is supported. This publication should be added to the resources list for the guiding principles.

16. GPC 7 - Recommendation 2:

Consider how the content of other guiding principles may need to be amended, including; GPC 2 (Self-administration of medicines); GPC 4 (Administration of medicines in the community); and GPC 6 (Medication review).

Agree

See comments above in relation to the inclusion of content relating to the broader multidisciplinary team when managing medicines administration for people with conditions that impact their functional ability to swallow. This should apply to guiding principles GPC 2, 4 and 6.

GPC 8 - Storage of medicines

17. GPC 8 - Recommendation 1:

That information and resources relevant to GPC 8 be updated or aligned to reflect current tools, practices and legislation, and that consideration be given to combining with GPC 9 (Disposal of medicines)

Agree

GPC 9 - Disposal of medicines

18. GPC 9 - Recommendation 1:

That information and resources relevant to GPC 9 be updated or aligned to reflect current tools, practices and legislation, and that consideration be given to combining with GPC 8 (Storage of medicines)

Agree

GPC 10 - Change to: Authorised administration of medicines

19. GPC 10 - Recommendation 1:

That GPC 10 is retained and the focus broadened to encompass the situations where initiation of both prescription and non-prescription medicines is allowed or authorised, and renamed 'Authorised initiation of medicines'.

Agree

The ANMF supports the inclusion of other health practitioners who are authorised and competent to initiate both prescription and non-prescription medicines in this guiding principle. However, the changes must clearly

outline the specific regulated health practitioners authorised to undertake this role. It must distinctly identify the profession and the criteria under which that particular profession can undertake this role.

The information must provide clarity and prevent any misunderstanding that other professions not specifically named or unregulated health care workers could potentially initiate medicines. As outlined above it is the position of the ANMF that the role of the care worker in quality use of medicines must be limited to assisting residents who have been assessed by the registered nurse as able to self-administer their medicines. Care workers cannot be involved in any other element of medicines management.

20. GPC 10 - Recommendation 2:

That information and resources relevant to GPC 10 be updated or aligned with state and territory drugs and poisons legislation.

Agree

21. GPC 10 - Recommendation 3:

That other existing guiding principles be incorporated under this new 'title', for instance, GPC 11 (Standing orders), which are designed to allow or authorise administration of medicines in particular circumstances.

Agree

Please see relevant comments in question 19.

<u>GPC 11 - Standing order</u>

22. GPC 11 - Recommendation 1:

That existing GPC 11 be incorporated under a renamed GPC 10 focused on situations where initiation of both prescription and non-prescription medicines is allowed or authorised

Agree

23. GPC 11 - Recommendation 2:

That information and resources relevant to GPC 11 be updated or aligned with state and territory drugs and poisons legislation

Agree

GPC 12 - Risk management in the administration and use of medicines in the community

24. GPC 12 - Recommendation 1:

That information and resources relevant to GPC 12 be updated or aligned to reflect current tools and practices, for instance, relating to inappropriate polypharmacy and deprescribing, as well as clinical governance and risk management.

Agree

The ANMF agrees that information and resources relevant to GPC 12 are updated and aligned to evidence-based practice. In relation to clinical governance, the ANMF suggests that a clinical governance framework be outlined which incorporates governance at all levels, from the Board room to the point of care to support quality use of medicines.

Any clinical governance framework must also include the essential element of staffing. Medicines cannot be managed in a safe and effective way without the right number of the right kinds of staff. Quality use of medicines requires enough registered nurses and enrolled nurses, working under the supervision and delegation of a registered nurse, to meet the assessed needs of the person receiving care.

Further, registered nurses are fundamental to safe medicines management for people receiving care in the community setting. This includes management of polypharmacy and de-prescribing, where appropriate. Registered nurses both initiate a review and provide information on the clinical status of the person receiving care to inform decision-making by the prescriber. The updated guiding principle should reinforce the importance of registered nurses administering medicines to those who are unable to self-administer their medicines in the community setting.

Proposed new guiding principles

25. New GPC focused on person-centred care - Recommendation:

That a new guiding principle focused on 'person-centred care' is included in the updated *Guiding principles for medication management in the community*.

Agree

In addition to the inclusion of a new guiding principle on 'person-centred care', as outlined above person-centred language should be integrated throughout all other guiding principles in the document.

26. New GPC focused on communication - Recommendation:

That a new guiding principle focused on 'communicating with people receiving care and the importance of communication between colleagues' is included in the updated *Guiding principles on medication management in the community*.

Agree

In addition to the inclusion of a new guiding principle on communication, both with the person receiving care and between colleagues, it is essential that the guiding principles provide clarity for users as to who has responsibility for each aspect of medicines management. Miscommunication or confusion about roles does not support safe practice and quality use of medicines.

Purpose and scope

27. Please include your comments on whether the current purpose and scope of the *Guiding principles for medication management in the community* need to alter in any way, why and what change(s) you would suggest.

As indicated above, major changes need to be made to the guiding principles to provide clarity in relation to self-administration of medicines, assistance with self-administration of medicines, administration of medicines and the use of DAAs to administer medicines. The revised guiding principles need to provide clear, unambiguous guidance as to who should prescribe, dispense, administer or assist with self-administration for the quality use of medicines.

Additional questions

28. Are all of the current guiding principles still relevant to medication management within the existing *Guiding principles on medication management in the community*?

Yes

See responses provided above particularly in relation to GPC 2 and 3.

29. Are there any gaps or additional GPCs that should be included in the updated *Guiding principles on medication management in the community*?

Yes

See responses provided above particularly in relation to GPC 2 and 3.

30. Apart from those already identified, could some of the other existing GPCs on similar topics be 'grouped together' when updating the *Guiding principles on medication management in the community*?

No

There are no obvious areas where guiding principles could be grouped together.

31. Are you satisfied that the areas of importance or increased emphasis in medication management that have been identified, will be incorporated into the GPCs as proposed, in updating the *Guiding principles on medication management in the community*, in a way that meets your needs?

There are a number of outstanding issues raised throughout this response that need to be addressed.

32. Please provide details of any useful resources or guidance materials that should be referred to or included when updating the *Guiding principles on medication management in the community.* (This could be in the form of resource titles; references; website links; case studies; tools; exemplar/new models of practice/care).

The ANMF provides the following resources that should be referred to in the revised guiding principles:

ANMF *Nursing Guidelines for Medicines Management in Aged Care*

ANMF *Quality use of medicines* position statement

ANMF *Use of dose administration aids* position statement

ANMF *Care for people living with a disability* position statement

NMBA *Decision-making framework for nurses and midwives*

SHPA 4th Edition *Don't Rush to Crush*

33. Does the format of the existing *Guiding principles on medication management in the community* meet your needs?

Yes

34. Are you submitting your response to this survey on behalf of your organisation?

Yes

Please provide the name of your Organisation, email address optional if we need to follow up comments:

Australian Nursing and Midwifery Federation

fedsec@anmf.org.au

35. What is your main role in the organisation?

- National professional and industrial nursing and midwifery member organisation.

36. Which best describes the capacity in which you are responding?

- National professional and industrial nursing and midwifery member organisation.

37. Which of the following best describes where you are located?

- o Metropolitan
- o Regional or rural
- o Remote
- ● Not applicable (national organisation)

38. In which state or territory are you based?

- o ACT
- o NSW
- o NT
- o SA
- o TAS
- o QLD
- o VIC
- o WA
- ● Not applicable (national organisation)

CONCLUSION

Thank you for the opportunity to provide feedback on the Australian Commission on Safety and Quality in Health Care's consultation - Updating Quality Use of Medicines Publications –*Guiding principles for medication management in the community*. The ANMF supports many of the proposed additions and adjustments outlined in the consultation document. However, we reiterate that the guiding principles must provide clear direction for individuals, employers, workers and regulators on the important role of registered nurses and enrolled nurses, working under the supervision and delegation of the registered nurse, in the quality use of medicines. The care worker's role in medicines must also be explicitly identified as being limited to assisting people receiving care in the community who have been assessed as able to self-administer their medicines. Clear definitions of assistance and self-administration must be provided in the glossary of the guiding principles. The ANMF has detailed the importance of a baseline staffing and skill mix that meets the assessed needs of people receiving care in the community to enable safe medicines management and quality care delivery. We urge you to address this issue in the updated guiding principles. The ANMF looks forward to the next stage of the consultation for the review of the *Guiding principles for medication management in the community*.

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