Australian Nursing And Midwifery Federation

SUBMISSION TO THE DEPARTMENT OF HEALTH CONSULTATION ON SERIOUS INCIDENT RESPONSE SCHEME FOR COMMONWEALTH FUNDED RESIDENTIAL AGED CARE: FINER DETAILS OF OPERATION

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Australian Nursing & Midwifery Federation

Annie Butler
Federal Secretary

Lori-Anne Sharp
Assistant Federal Secretary

Australian Nursing and Midwifery Federation
Level 1, 365 Queen Street, Melbourne VIC 3000
T: 03 9602 8500
F: 03 9602 8567
E: anmffederal@anmf.org.au
W: www.anmf.org.au

INTRODUCTION

> *People have the right to be treated with respect and dignity, whether they are being cared for in their own homes or in residential aged care.*[1]

The Australian Nursing and Midwifery Federation (ANMF) welcomes this opportunity to provide feedback to the Department of Health on the consultation paper *Serious Incident Response Scheme for Commonwealth funded residential aged care: finer details of operation*. The Australian Government's decision to improve protections for consumers of aged care, acting on the recommendations of recent national studies about older Australians, is to be commended. The establishing of a stronger incident reporting system for residential aged care is overdue and is especially critical in light of recent public exposure of serious harm and distress caused to facility residents and their families.

The 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 275,000 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 approximately 40,000 members who are currently employed directly in the aged care sector. Many more of our members are involved in the provision of care for older persons who move across health and aged care sectors (acute, residential, community and in-home care), depending on their health needs. Being at the fore-front of aged care, and caring for older people 24 hours a day in acute care, public and private residential facilities and the community, our members are in a prime position to make clear recommendations to improve the care provided. In particular, our members want to see improved accountability by providers within aged care for the safety of elderly people.

[1] Australian Nursing and Midwifery Federation, 2017, Position Statement: C*ompulsory reporting of abuse in aged care settings for nurses and assistants in nursing*, available from: http://anmf.org.au/documents/policies/PS_Compulsory_reporting.pdf

INTRODUCTION

> *The abuse of a person in an aged care setting includes any act which occurs within a relationship where there is implied trust or power imbalance, which results in harm.*
>
> *… abuse can take various forms such as physical, sexual and financial abuse. It can also be the result of intentional or unintentional neglect.*
>
> *Neglect can occur due to excessive workloads and could include episodes of missed care and/or poor quality care.*[2]

The ANMF note that recommendations from the Australian Law Reform Inquiry into Elder Abuse (2017) and the Carnell-Paterson *Review of National Aged Care Quality Regulatory Processes (2017)* are being acted on, to strengthen reporting requirements on abuse in residential aged care facilities. The proposed Serious Incident Response Scheme (SIRS), which seeks greater accountability from providers of aged care, must give consumers of such services and those who provide their care, transparency on the delivery of care to elderly people and the actions taken to improve outcomes. It is essential the Aged Care Quality and Safety Commission has a system which not only elicits information on serious incidents, but focusses on actions and outcomes, to effectively deliver a safety agenda of continuous improvement for the aged care sector.

It is the ANMF's view that along with the range of actions and improvements that are urgently necessary to address the systemic issues with Australia's aged care sector, appropriate, safe, quality care for any person will not be feasibly achieved or sustained without the introduction of mandated minimum safe staffing levels. Increased funding that is transparently directed to providing care for aged care consumers, diverse skills, resources, training, and capabilities are required to care for everyone in aged care, but without the minimum numbers of the right kind of staff, that care cannot be delivered effectively or appropriately.

WORKFORCE ISSUES

While the ANMF acknowledges a complexity of issues contribute to the occurrence of serious incidents in residential aged care facilities, without legislated mandated minimum staffing and skills mix, the SIRS will quickly become another aspect of the system that doesn't achieve the desired outcome. To prevent and/or deal with serious incidents there must be a mandated requirement for sufficient, qualified nurses and aged care workers.

Our members experience is that frequently they are required to complete incident reports that are time consuming, reducing the time available to provide resident care with no apparent action taken to address the problem/s identified. Further, ANMF members report that too often, rather than addressing the system issues leading to serious incidents, blame and retribution is directed to the nurse and care worker. The proposed new SIRS must encourage appropriate reporting, provide a timely response to all concerned, and seek to identify and address the system failures we know exist.

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[2] Australian Nursing and Midwifery Federation, 2017, Position Statement: *Compulsory reporting of abuse in aged care settings for nurses and assistants in nursing*, available from: http://anmf.org.au/documents/policies/PS_Compulsory_reporting.pdf

The ANMF has been voicing our members' concerns over a number of years, about the increasingly dire situation they experience with reduced numbers and skills mix of care staff in residential aged care, and particularly decreasing numbers of registered nurses. Members of the ANMF – nurses and carers – regularly report ratios of one registered nurse to as many as 140 residents, in some facilities. This is untenable in terms of nurses and care workers being able to provide the necessary oversight for safeguarding residents. This is reflected in the report of a national survey of aged care nurses, care workers and community members (mostly relatives of people in aged care), conducted by the ANMF in 2016:

> *The picture of residential aged care painted by the stories and comments of participants is one approaching despair. Participants state that resources in facilities, both human and otherwise, are becoming so scarce that on many occasions it is just not possible for residents to be cared for safely or, as reported by many participants, even humanely.*[3]

In 2016, the ANMF released the report of a National Aged Care Staffing and Skills Mix Project, which demonstrated the urgent need for a staffing and skills mix methodology that considers both staffing levels (the right number) and skills mix (the right qualification) to meet the assessed needs of residents in residential aged care. Using an evidence-based methodology this study, the first of its kind in Australia, concluded that the minimum staffing skills mix required for aged care facilities was: registered nurses (RN) 30%, enrolled nurses (EN) 20% and personal care worker (AIN/PCW) 50%.[4]

In a report titled *Who will keep me safe? Elder Abuse in Residential Aged Care*,[5] the New South Wales Nurses and Midwives Association (NSWNMA), the NSW Branch of the ANMF, members concerns were highlighted "about the prevalence and management of elder abuse in residential aged care settings". The NSWNMA report showed staff skill mix, with high numbers of low skilled staff and low numbers of registered nurses, was a common factor in situations where resident to resident abuse occurred, and, that inadequate staff numbers overall were a precursor to elder abuse. In highlighting elderly resident to resident abuse in residential aged care facilities (most often persons with dementia), the report referred to members who considered inadequate staffing (both in terms of numbers and qualification level) meant residents could not be appropriately supervised and monitored. In addition, staff were often not adequately trained to de-escalate aggressive situations.

Registered nurses are educationally prepared to assess and instigate or delegate appropriate care, and to monitor for, and identify, where the risk of a serious incident may be occurring. However, current staffing conditions, in terms of staffing numbers and levels of qualified staff, are undermining their role as clinical leaders within aged care and not enabling them to effectively provide the care required.

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[3] Australian Nursing and Midwifery Federation, 2016, *ANMF National Aged Care Survey*, available from: http://www.anmf.org.au/documents/ANMF_National_Aged_Care_Survey_Report.pdf

[4] Willis, E., Price, K., Bonner, R., Henderson, J., Gibson, T., Hurley, J., Blackman, I., Toffoli, L and Currie, T, 2016, *Meeting residents' care needs: A study of the requirement for nursing and personal care staff.* Melbourne: Australian Nursing and Midwifery Federation.

[5] New South Wales Nurses and Midwives Association, 2015, Report: *Who will keep me safe? Elder Abuse in Residential Aged Care*, available from: http://www.nswnma.asn.au/wp-content/uploads/2016/02/Elder-Abuse-in-Residential-Aged-Care-FINAL.pdf

The ANMF maintains registered nurses are prime leaders in aged care facilities and, if given the opportunity in a manageable environment, they can champion quality care, challenge status quo and, with the team, significantly contribute to addressing the incidence of preventable serious injury or death. What is required is a fundamental shift in legislation, governance, attitudes and practice. Inadequate staffing is the core issue contributing to the risk of serious injury or preventable death of people being cared for in aged care facilities. The frequency of serious incidents for residents will only be significantly reduced when mandated staffing levels and skills mix is legislated and implemented in aged care facilities. The elderly cannot receive proper care unless there is an appropriate number and mix of skilled and experienced staff, which includes registered nurses, enrolled nurses and aged care workers.

The foregoing commentary on workforce issues has been included to emphasise organisational factors beyond the control of nurses and care staff which are often contributory factors to incidents of a serious nature leading to harm and distress for residents. It is often the case that the organisation has failed to provide the staffing numbers and skills mix to manage required care.

SPECIFIC FEEDBACK

Definition of a 'serious incident'

The ANMF considers other components that should be in scope for a SIRS include:

- psychological abuse should be added;
- a third component should be added to accommodate a pattern of acts of omission by an organisation. The rationale for this is the ANMF has direct knowledge that serious incidents happen due to systemic failures of the organisation, such as failing to provide safe staffing numbers and skills mix to enable adequate supervision of residents.

Alleged, suspected or actual serious incidents by a staff member against a consumer

Physical abuse

The ANMF supports the proposed definition adapted from both the NDIS Quality and Safeguards Commission definition and the NSW Ombudsman's definition:

> *Unlawful contact with, or assault of, an aged care consumer, including the unreasonable use of physical force, injury, or physical coercion of an aged care consumer.*

Sexual abuse

The ANMF supports the proposed definition which is consistent with the NSW Ombudsman's disability reportable incidents scheme definition:

> *Any sexual activity inflicted on, with, or in the presence of an aged care consumer.*

Financial abuse

The ANMF supports the inclusion of financial abuse and the proposed definition adapted from the definition in Section 6 of the *Victorian Family Violence Protection Act 2008*:

> *Behaviour that is coercive, deceptive, or unreasonably controls the finances of an aged care consumer.*

Seriously inappropriate, improper, inhumane or cruel treatment

The ANMF supports the inclusion of seriously inappropriate, improper, inhumane or cruel treatment and proposed definition:

> *Unreasonable behaviours against a consumer that constitutes a serious breach of the duty of care, and/or any relevant code of conduct or professional standard that applies(ied) to the staff member.*

We agree with the focus being on *"the alleged conduct rather than the actual effect of the conduct, and could include:*

- *emotional/psychological abuse;*
- *making excessive and/or degrading demands;*
- *a pattern of hostile or unreasonable and seriously inappropriate, degrading comments or behaviour; and*
- *threats, insults or taunting".*

Inappropriate physical/chemical restraint

The ANMF has raised concerns about restrictive practices in aged care, over a number of decades. Research over the last decade shows that if root causes for undesired behaviours are determined and corrected, the need for restraints can be ameliorated and alternatives can be implemented.[6] We argue that lack of staff availability for providing care and resident supervision, is a key contributory factor for ineffective behaviour management. Therefore, we support the inclusion of inappropriate physical/chemical restraint in the SIRS if it assists in identifying aged care providers who fail to provide staffing numbers and skills mix required to supervise residents. The proposed definition is supported:

> *The use of physical or chemical restraint that does not meet the requirements of the Quality of Care Amendment (Minimising the Use of Restraint) Principles 2019.*

It is the view of the ANMF that the consequences, for example physical harm or injury, resulting from physical/chemical restraint, must also be captured by the SIRS.

[6] Agens, J.E., 2010, Chemical and physical restraint use in the older person. *British Journal of Medical Practitioners,* 3(1), available from: http://www.bjmp.org/content/chemical-and-physical-restraint-use-older-person

Neglect

The provision of safe staff: resident ratios and skills mix in aged care are intrinsically linked to safety and protection against neglect. Providing assessed nursing and personal care requirements for older people takes time, resources and expertise. Our members report that care is often compromised due to unsafe staffing levels and they are unable to provide effective, evidence-based care and a safe place for people to live. This is organisational neglect and a factor which is outside the individual control of workers in most residential aged care facilities.[7]

The ANMF, therefore, supports the inclusion of neglect in the SIRS but with amendments (as shown in bold):

> *Intentional or reckless failure in the duty of care for an aged care consumer that may also be a gross breach of **organisational policy, procedure, processes or** professional standards.*

Alleged, suspected or actual serious incidents between aged care consumers

Sexual abuse

The ANMF supports the proposed definition of sexual abuse:

> *Any sexual activity inflicted on, with, or in the presence of an aged care consumer without their consent.*

Physical abuse causing serious injury

The ANMF supports the proposed definition of physical abuse causing serious injury:

> *Unlawful contact with, or assault of, an aged care consumer, including the unreasonable use of physical force, injury, or physical coercion of an aged care consumer.*

An incident that is part of a pattern of abuse

The ANMF agrees it is important to identify patterns of abusive behaviour and supports the definition adapted from the ALRC report:

> *Repeated behaviour towards an aged care consumer that forms part of a pattern of abuse (whether or not against the same or different consumers), but may not be seen as instances of abuse in isolation.*

[7] NSW Nurses and Midwives Association, 2016, *Who will keep me safe? Elder Abuse in Residential Aged Care*, available from: http://www.nswnma.asn.au/wp-content/uploads/2016/02/Elder-Abuse-in-Residential-Aged-Care-FINAL.pdf

Unexplained death or serious injury

The ANMF agrees with the inclusion of unexplained injury/death but considers this should be expanded to encompass 'premature deaths' and 'unexpected deaths' where steps may not have been taken to prevent death or injury. There is also the aspect of serious injury from occurrences such as falls, pressure injuries, and adverse events from medicines mismanagement which should be included in the SIRS. These serious injuries are often due to systemic failures, such as insufficient nurses and care workers to provide care. All serious injuries, explained or unexplained, should be reported and investigated to identify case specific and system issues that can be managed. All unexpected or unexplained deaths should also be reported, with additional reporting to the Coroner. Uniform processes for the reporting of unexpected or unexplained deaths in Residential Aged Care facilities to the Coroner should be developed. This will enable appropriate investigation to identify preventable or premature deaths.

The rationale for our requested inclusions is as follows:

- *Preventable deaths – premature or unexpected deaths:* A 2017 research report by Professor Joseph Ibrahim highlighted a catalogue of preventable deaths arising in residential aged care facilities, resulting from sub-standard care processes.[8] His findings highlight organisational failures of staff having less access to continuing education, and numbers of registered nurses decreasing while unregulated care worker numbers are increasing.

- *Minimising the risk of falls and serious harm or death from falls:* Falls amongst elderly people in residential aged care facilities occur for many reasons. Good practice guidelines suggest that identification of risk factors must be accompanied by a strategy to ensure adequate supervision of residents.[9] The volume of research revealing that increased staff supervision is instrumental in reducing falls, particularly in those with dementia, supports the ANMF's contention of safe staffing numbers and skills mix to mitigate serious incidents. This is evidenced by a 2019 report by the NSW Nurses and Midwives Association *Why Ratios Matter: Hip fractures in residential aged care*,10 which states:

  75% of survey respondents who had transferred a resident to hospital for a fall in the past year indicated falls could have been avoided if there were better staffing ratios in their facility" and provided evidence that "risk of falls is reduced as ratios of registered nurses to residents is increased.

[8] Ibrahim, J., 2017, *Recommendations for Prevention of Injury-Related Deaths in Residential Aged Care Services*. Monash University: Southbank, available from: https://agedcare.health.gov.au/news-and-resources/publications/2016-national-aged-care-workforce-census-and-surveythe-aged-care-workforce-2016

[9] Australian Commission on Safety and Quality in Healthcare, 2006, *Preventing falls and harm from falls in older people: Best practice guidelines for Australian residential aged care facilities*, available from: https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Guidelines-RACF.pdf

[10] NSW Nurses and Midwives Association (NSWNMA), 2019, *Why Ratios Matter: Hip fractures in residential aged care*, available from: https://www.nswnma.asn.au/wp-content/uploads/2019/03/Why-Ratios-Matter.pdf pg 4.

The ANMF has developed a number of Aged Care Information Sheets (see Appendix 1) to provide advice on areas of practice that, if not managed appropriately, could lead to serious injury or death. These include:

- Medication;
- Pressure Sores;
- Preventing Falls; and
- Understaffing.

The ANMF, therefore, supports the proposed definition for unexplained death or serious injury, with amendments (as shown in bold):

A serious incident also includes ***an unexplained*** *death or serious injury* ***resulting in moderate to serious temporary or permanent harm or death*** ~~*that is unexplained*~~*;* ***a premature or unexpected death (where steps may not have been taken to prevent death);*** *and/or where the perpetrator isn't known.*

In addition, the ANMF recommends the Aged Care Quality and Safety Commission works with the Australian Commission on Safety and Quality in Health Care to develop a nationally consistent definition of what constitutes a serious injury for the purposes of reporting.

Exemptions to reporting

The ANMF considers the SIRS should be well established before thought is given to the possibility of exemptions from mandatory reporting. Should a process of exemptions be instituted at some stage, this should be within the powers of the Aged Care Quality and Safety Commission. Accumulated data from the SIRS will assist in this decision making and in evaluation of the new scheme.

The examples provided on page 17 of the consultation paper which outline scenarios that wouldn't be considered serious incidents are appropriate and highlight the fact that there must be safeguards for aged care staff in the course of conducting their normal business in a complex care environment.

Reporting responsibility and timeframes

It is noted that approved providers will be responsible for reporting serious incidents in the proposed SIRS. The ANMF support this and argue staff should have the ability within the scheme to report in good faith and without fear of reprisal, in instances where they feel the provider is not ensuring a safe environment.

The ANMF considers the aged care sector has not yet reached a position where the public can be assured that providers have the skills and capability to self-govern in relation to serious incidents. Also, that a capability gap exists in relation to identification of what constitutes a serious incident, or patterns of neglect. This is further demonstrated by the findings of the Senate Community Affairs References Committee inquiry into the effectiveness of the Aged Care Quality Assessment and Accreditation Framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are practiced.

The report on their findings states:

> *Examples of poor care are often dismissed by RACF provider groups as not representative of the generally high standard of care in RACFs across Australia. The Aged Care Guild submitted that 'critical incidents are largely isolated and reflective of poor leadership and oversight of staff adherence to care standards and existing practices and procedures'. However, in recent years these individual incidents have begun to be looked at as a whole, forming a picture of a service sector that is plagued with regular and disturbing incidents of substandard care.*11

While there is some merit in consistency of reporting timeframes for serious incidents across the NDIS and residential aged care, the ANMF suggests the initial notification timing is dependent on ensuing action by the Commission. We question whether the requirement for reporting within 24 hours is because the Commission is wanting to follow up and take action if the provider response is not seen to be sufficient. Other than consistency with the NDIS, clarification on the rationale behind the 24 hour timeframe would be useful.

Protections for those providing information or reports

The ANMF absolutely supports the consultation paper's indication that legislative changes may need to be made to section 96-8 of the Act to ensure whistleblowing protections for residential aged care staff.

Powers of the Commission in relation to reportable incidents

The primary purpose of the scheme should be on the action taken by providers in response to the incident and the outcome of those actions. The Aged Care Quality and Safety Commission must have powers to intervene if appropriate and timely action is not seen to be taking place. If this is not the case, then the scheme just becomes a data gathering process, and true accountability of aged care providers will not be achieved.

The secondary purpose of the scheme is the collection and analysis of the data. This data must be utilised to identify issues impacting resident safety, to enable continuous improvement. The educative powers of the Commission are critical in this continuous improvement process. Education programs for providers and staff should include, at a minimum:

- appropriate behaviour management strategies including de-escalation of incidents to prevent or reduce serious incidents occurring (while this is already a component of educational preparation for registered nurses and enrolled nurses, it is particularly pertinent for care workers);
- building organisational capability of investigating incidents and determining level of seriousness for reporting (harm and/or distress incurred for resident involved); and,
- the role and powers of the Commission in responding to serious incidents.

The Commission's powers must extend beyond not only making clear the responsibilities of the aged care providers but also accountabilities for visiting treating health care practitioners, such as General Practitioners.

[11] Senate Community Affairs References Committee, 2019, *Final Report on the inquiry into the effectiveness of the Aged Care Quality Assessment and Accreditation Framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are practiced.*, available from: https://apo.org.au/sites/default/files/resource-files/2019/04/apo-nid228536-1348996.pdf pg11.

Other matters

The ANMF notes and welcomes the fact that "the proposed SIRS will place a greater focus on how providers investigate and respond to serious incidents, than current arrangements." From a workplace health and safety perspective, the ANMF maintains that the investigation of incidents must lead to improved care management and safe environments for residents and staff. The proposed SIRS, with its emphasis on provider 'response', must enable a clear indication that the investigation has been done properly and a timely, appropriate response instigated.

The ANMF members employed in the sector report a lack of sophistication to investigate incidents in some aged care facilities. This systems issue could be corrected in part by the education programs referred to above, but also by the Commission's requirement for standardised reporting mechanisms for all residential aged care facilities. Consistent reporting software across residential aged care facilities would also expedite processing of information received by the Commission.

Conclusion

The ANMF welcomes the opportunity to contribute to the development and implementation of the Serious Incident Response Scheme to be administered by the Aged Care Quality and Safety Commission from 1 January 2020. The ANMF is committed to processes that enhance and improve the care and safety of recipients of residential aged care. Education for providers and staff about the new system for reporting is essential to the success of the scheme and more importantly to ensuring safety of residents.

Our submission to this consultation reinforces the essential element to providing safety in all aspects of care - that being the importance of implementing an evidenced-based staffing and skills mix methodology in residential aged care facilities. The safety and quality of aged care depends on the implementation of a minimum staffing skills mix of: registered nurses (RN) 30%, enrolled nurses (EN) 20% and care workers (AIN/PCW) 50%. The safety of residents depends on the availability of staff (numbers and skills mix) to prevent harmful incidents, especially those of a serious nature. The schemes success should be able to be measured in terms of reduction in numbers of serious incidents.

> *Having to rush frail, anxious, vulnerable, perhaps demented, persons in order to attend to their most basic requirements instead of maximising their remaining abilities, hearing their concerns and honouring who they are, or - at worst - allowing the cover-up of cruelties & neglect, is a disgrace and poor reflection on the society that ignores or fails to address such issues.*[12]

[12] Australian Nursing and Midwifery Federation, 2016, ANMF National Aged Care Survey, available from: http://www.anmf.org.au/documents/ANMF_National_Aged_Care_Survey_Report.pdf

APPENDIX 1

ANMF ADVICE ON MEDICATION

"THERE'S DEFINITELY AN ISSUE WITH UNTRAINED STAFF ADMINISTERING MEDICATIONS."

Cherise, Aged Care Nurse

Medicines help maintain or improve our health. But if taken incorrectly, they can be dangerous – even deadly.

In some jurisdictions there are no safeguards in the legislation to prevent carers or unlicensed workers from giving medications, even high risk medications.

If an aged care resident is not competent to self-administer their medicines, then only a registered nurse or enrolled nurse with relevant qualifications should do so. They have the training, knowledge and experience to perform this important role safely and know when to talk to a medical practitioner.

MEDICINES IN AGED CARE – THE RISKS.

Because people in aged care are old and usually infirm, they will often need to take prescribed medicines. These medicines are important because they can help them live longer, healthier lives and minimise pain and discomfort.

But medicines can also be harmful. If the wrong kind of medicine is taken, or the wrong dose (either too much or too little), at the wrong time of day, or not according to the directions on the bottle or packet, the outcome can be serious. People can feel sick or even die.

That's why it is essential for people in residential aged care to be given their medicines by trained people who know what they're doing – registered nurses and enrolled nurses.

Australian Nursing & Midwifery Federation

RATIOS FOR AGED CARE MAKE THEM LAW NOW

Authorised by Annie Butler, Australian Nursing and Midwifery Federation, 1/365 Queen Street, Melbourne

WHY ONLY TRAINED NURSES SHOULD GIVE MEDICINES.

As a part of their training, every registered nurse learns how medicines should be used. They know how to give them safely and in the way the laws say they should be given. They know about the changes that happen to a person's body as they get older and about different chronic illnesses.

Registered nurses also have expert knowledge about what different medicines do, so they know what to look for to see if the medicines are having a good or bad effect. Crucially, they know when to stop giving a medicine if it is having a bad effect, and also what medicines to give in an emergency if a doctor is not available.

Enrolled nurses who have a qualification in medication administration can also give medicines. And they are qualified to recognise the bad impacts of the side-effects of medications and know when to bring this to the attention of the registered nurse.

NO ONE ELSE IS QUALIFIED TO GIVE MEDICINES.

Assistants in nursing or personal care workers are not qualified to give medicines. They can help people who are able to take their own medicines from a pre-packaged medicine container, but nothing more. Care workers should not be asked to give medicines because they have not been trained to understand why the person is taking the medicine, what it will mean if the person doesn't take their medicines on time, or what to look for if a medicine is having a bad effect.

"PEOPLE WERE ON CHEMOTHERAPY TABLETS AND NOT GETTING THEM AT THE RIGHT TIME."

– Gladys, Aged Care resident

CONCERNED ABOUT A LOVED ONE OR RESIDENT?

People living in aged care have the right to be given their medicines by registered nurses and enrolled nurses who know how to give medicines safely and what the medicines will do to their body.

If you have any concerns, ask these questions:

- Are there enough registered and enrolled nurses on shift to properly administer medications?
- Is there enough handover time to discuss medication issues for residents?
- Are unqualified carers being made to administer medications because there are not enough registered and enrolled nurses on shift?

WHAT TO DO IF YOU ARE CONCERNED ABOUT ANY OF THESE ISSUES.

1. Talk to the facility manager and explain your concerns. If you are a family member, write to the facility and indicate that you only want registered and enrolled nurses to administer medications.
2. If you are a carer and being asked to administer medications and you are concerned, contact the facility manager and let them know.
3. If your wishes are not complied with, or you are concerned about a resident or loved one's medication management, contact the Aged Care Complaints Commissioner at: **agedcarecomplaints.gov.au**
4. If you're not already a member, join the ANMF or one of our branches at **anmf.org.au**

(Your complaint to the aged care complaints commission can be anonymous, confidential or open.)

morestaffforagedcare.com.au

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ANMF ADVICE ON PRESSURE SORES.

"PRESSURE SORES ARE INCREDIBLY PAINFUL.

SOMETIMES AGED CARE RESIDENTS HAVE TOES OR FEET AMPUTATED."

Cherise, Aged Care Nurse

Because pressure sores are most likely to develop on people who have limited mobility, elderly Australians in Aged Care are at particular risk. But pressure sores are preventable.
In fact, pressure sores are easier to prevent than treat. Yet because of chronic understaffing in Aged Care, thousands of elderly Australians suffer from these painful injuries every year, sometimes leading to amputations and even deaths.

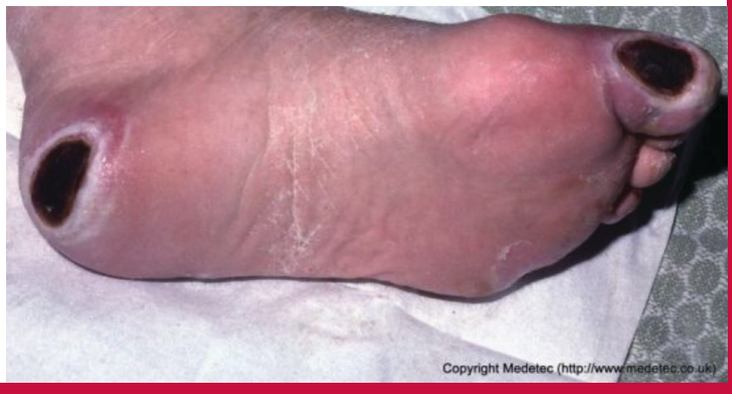
FIRST, WHAT IS A PRESSURE SORE?

Pressure sores (also called bed sores, pressure injuries or pressure ulcers) are areas of skin and tissue that are damaged due to constant pressure or friction.
They usually develop where there are bones right under the skin. If a person has limited mobility and either lies or sits in one position for an extended time, the pressure on the parts of the body in contact with the surface (such as the shoulders, buttocks, ankles and elbows) can quickly cause pressure sores to develop. These can occur on the surface of the skin or be deep in the tissue.

WHAT ARE THE EFFECTS OF PRESSURE SORES?

Pressure sores can be intensely painful. At a minimum, they will undermine a person's health, mobility and ability to participate in normal activities. They can take a long time to heal and regularly reappear.
Many sufferers, especially the elderly, require extended periods of hospitalisation. If not treated early and effectively, they can lead to serious,
even life-threatening complications. These include:

- Abscesses
- Cellulitis (a bacterial infection of the skin and tissue beneath the skin)
- Osteomyelitis (infection of the bone)
- Sepsis (a potentially life-threatening complication of an infection)
- Squamous cell carcinoma (a type of skin cancer)



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IDENTIFYING AND MANAGING THE RISK OF PRESSURE SORES.

While pressure sores can lead to serious, even fatal complications, they are highly preventable.
For Aged Care facilities, it gets down to having enough staff to properly manage the risk of pressure sores developing and enough trained nurses to treat them early if they do develop.

PRESSURE SORE RISK FACTORS.

Many of the risk factors that contribute to the development of pressures sores are particularly relevant to elderly Australians in Aged Care.
Those most at risk of developing pressure sores are:

- People with limited mobility who can't move easily for themselves.
- People who have nerve or other problems that affect their ability to feel pain or discomfort.
- People who aren't getting enough protein, vitamins and minerals in their diet.
- People subjected to prolonged wetness from perspiration, urine or faeces.
- People with diabetes or other conditions that affect their circulation.
- People who are elderly, especially aged over 85, because the skin usually becomes more fragile with age.

PREVENTING PRESSURE SORES.

Pressure sores are recognised Australia-wide as being highly preventable. Health services across Australia have adopted nationally approved guidelines for the prevention and management of pressure injuries that every Aged Care home should follow.

"A LOT OF PEOPLE IN AGED CARE GET PRESSURE SORES THAT ARE ABSOLUTELY PREVENTABLE."

– GABRIELLE, REGISTERED NURSE

PLAN OF CARE FOR ANYONE AT RISK OF PRESSURE SORES

To prevent residents developing pressure sores, Aged Care facilities needs a workforce with the right skills to identify the risk factors and detect early signs of pressure sores developing.
Most importantly, they need to implement a Plan of Care, which focuses on:

- Relieving pressure on vulnerable areas. People with limited mobility need to be repositioned at least every two hours
- Reducing shearing and friction
- Ensuring good nutrition and hydration
- Ensuring the skin is clean and dry
- Daily skin care as well as inspection of the skin to check its integrity and ensure early detection
- Encouraging daily exercise

CONCERNED ABOUT A LOVED ONE OR RESIDENT?

Pressure sores are easier to prevent than treat, so a good management plan is essential for anyone in Aged Care. If you are at all concerned about a loved one and possible pressure sores:

1. Speak to the registered nurse and ask about a care plan.
2. Speak to the facility manager and ask them for a treatment plan.
3. If the facility doesn't respond or you are still concerned, contact the Aged Care Complaints Commissioner at:
   www.agedcarecomplaints.gov.au

Australian Nursing & Midwifery Federation

MoreStaffForAgedCare.com.au

RATIOS FOR AGED CARE MAKE THEM LAW NOW

Authorised by Annie Butler, Australian Nursing and Midwifery Federation, 1/365 Queen Street, Melbourne

ANMF ADVICE ON PREVENTING FALLS

"THERE SIMPLY WERE NOT ENOUGH STAFF TO GO AROUND. I SAW THIS VERY OLD LADY GET UP AND FALL ON THE FLOOR..."

Margaret, Relative

Aged care residents are at a high risk of falls that can cause serious injuries and even death.

The older people get, the more susceptible they become to falls. And the more serious the results of those falls can be. That's why it's important that aged care facilities have enough qualified staff to assess the risk of falls and know both how to minimise the chances of falls occurring and how to care for residents who have suffered from a fall.

THE RISKS OF FALLS IN AGED CARE.

Many people enter aged care when they reach a stage in their life where their mobility is becoming limited, sometimes after a fall at home. So they are already very susceptible to falls and relying more and more on other people to help with the activities of daily living.

The risk becomes even higher if they are taking medications that may affect them in different ways, such as sedatives and anti-depressants. Residents with mental health issues, such as dementia, will also be at higher risk.

WHAT HAPPENS WHEN AN OLDER PERSON FALLS?

Because our bodies become more fragile as we age, elderly people are more likely to sustain serious injuries if they have a fall. Skin tears and broken bones are common, and some injuries may even result in death.

Even minor injuries can lead to decreased physical activity, a fear of further falls and a loss of independence. So, having enough qualified staff in aged care to minimise the likelihood of falls is vital to the residents' quality of life.

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HOW UNDERSTAFFING IN AGED CARE CAN LEAD TO MORE FALLS.

When an aged care facility lacks qualified nursing staff, it is more likely that a thorough risk assessment will not be made and that early warning signs are missed. Understaffing also makes it impossible for carers to properly monitor the activities of residents when they are out of bed.

Falls also occur when aged care residents with limited mobility attempt to do things for themselves, like walking to the toilet, because the shortage of staff means there is no one available to help them.

HOW TO HELP PREVENT A LOVED ONE HAVING A FALL.

- Request a falls risk assessment by a registered nurse or nurse practitioner
- Ask for a physical assessment by a registered nurse or nurse practitioner
- Encourage the elderly person to take regular exercise to increase their strength and balance and assist where possible.
- Ensure that they have safe footwear and that walking aids, such as frames, are within easy reach.
- Request a review of medicines, especially those that affect their level of awareness.
- Look to see if the facility provides a safe environment.
- Insist on safe staffing levels – this means the right mix of qualified nursing staff and carers and enough staff to be able to monitor all residents, particularly when out of bed. Recent research shows that a safe staffing level should include a skill mix of 30% registered nurses, 20% enrolled nurses and 50% carers.
- Remember, registered nurses have the education to make the initial falls risk assessment and then decide on the best plan for preventing falls. They also have the knowledge and skills to provide emergency treatment and care if a fall does occur.
- Aged care facilities should also provide continuing professional development for nursing staff and carers on the risk factors and prevention of falls.

"UNDERSTAFFING IN AGED CARE CAN LEAD TO RESIDENTS SUFFERING FALLS THAT CAUSE SERIOUS INJURY AND EVEN DEATH."

WHAT TO DO IF YOU ARE CONCERNED ABOUT THE SAFETY OF A LOVED ONE.

1. Speak to your facility manager.
2. If you are not satisfied with their actions, make a complaint through the Aged Care Complaints Commissioner at: **agedcarecomplaints.gov.au**
3. Join our campaign and sign our letter to your politician at **timeforruby.anmf.org.au**
4. If you're not already a member, join the ANMF or one of our branches at **anmf.org.au**

Remember, if you are extremely concerned about the safety of residents and the level of care being delivered at your facility, make a complaint to the aged care complaints commissioner immediately. Your complaint can be confidential or anonymous if you have concerns about repercussions or do not wish to be identified.

morestaffforagedcare.com.au

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ANMF ADVICE ON UNDERSTAFFING

"I BELIEVE THE LACK OF STAFF AMOUNTS TO ABUSE."

Margaret, Relative

Is your Aged Care workplace understaffed?

The Australian Nursing & Midwifery Federation is proud of the hard work and dedication of our members in aged care. Nurses and carers do their very best, but in many facilities there simply aren't enough staff for our members to provide the quality of care they want to provide – the kind residents both need and deserve.

HOW TO IDENTIFY UNDERSTAFFING IN AGED CARE FACILITIES.

If you are concerned about staffing levels at your aged care facility, you're not alone. Thousands of other nurses and carers across Australia have told us the same thing.

Examples of understaffing include:

- Your employer is not replacing staff on sick leave or annual leave.
- Staff are missing lunch and toilet breaks.
- Hours and shifts for staff are being cut.
- Staff need to stay back late to complete their work without paid overtime.
- A lack of staff on nightshifts.
- No registered nurse on nightshifts.
- Handover of shift not able to be adequately undertaken.

If any of these issues apply to your aged care workplace, your facility is understaffed. If you want to improve aged care outcomes, it's time to speak out and work with other nurses and carers to make staff ratios law.

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UNDERSTAFFING LEADS TO BAD OUTCOMES.

Understaffing puts undue pressure on nurses and personal care workers and can lead to poor and sometimes dangerous outcomes for aged care residents.

Problems that can arise include falls, missed care, infections, bedsores and issues with medications, including unqualified staff being told to administer medications. There also may not be enough time to ensure residents are properly fed and washed.

Many of our members also report that because of understaffing they often have to care for too many residents with dementia or other complex needs.

WE NEED MANDATED STAFF RATIOS NOW.

Thousands of nurses and carers have joined with the ANMF to demand that there be a guaranteed minimum number of staff on for every shift, including a minimum number of trained nurses.

Right now, residents are only receiving an average of 2.8 hours of care per day. This is not nearly enough. To ensure there are enough nurses and carers on shift, the ANMF is advocating for legally mandated staff ratios that will guarantee an average of 4.3 hours of care per resident per shift.

To achieve this ratio, many more nurses and carers will need to be trained, but it is the only way to deliver the care and dignity aged care residents deserve.

"WHEN YOU'RE ELDERLY, SURELY YOU SHOULDN'T HAVE TO SUFFER."

- Gladys, Aged Care Resident

WHAT TO DO IF YOU ARE CONCERNED ABOUT STAFFING LEVELS.

It's time for political leadership so that every aged care facility provides the care, emotional comfort, respect and dignity elderly Australians deserve. If you are concerned about the staffing levels, care and skill mix at your aged care facility:

1. Speak to your facility manager.
2. If you are not satisfied with their actions, make a complaint through the Aged Care Complaints Commissioner on 1800 951 822 or online at **agedcarecomplaints.gov.au** and seek advise from your union, the ANMF.
3. If you're not already a member, join the ANMF or one of our Branches. You can find the contact details for all Branches at **http://anmf.org.au/pages/anmf-branches**

YOUR PRIVACY CAN BE PROTECTED.

If you have reason to be extremely concerned about staffing and the level of care being delivered at your facility, make a complaint to the Aged Care Complaints Commissioner immediately. If you have concerns about repercussions or do not wish to be identified, your complaint can be confidential or anonymous.

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