



## australian nursing federation

### Senate Community Affairs Committee: Inquiry into Palliative Care in Australia

Questions posed to the Australian Nursing Federation (ANF) while giving evidence to the Committee on 24 April 2012, and taken on notice.

#### Questions 1:

What does the ANF think about the announcement of Friday 20 April 2012 from the Australian Government regarding aged care reforms, in terms of meeting the concerns expressed in our submission to the Committee? This particularly relates to the adequacy of the aged care workforce to provide palliative care: both from the perspective of numbers of staff and educational preparation.

The initial impression of the ANF to the Australian Government's Aged Care Reform Package, announced 20 April 2012, has been favourable. For the past three years the ANF's *Because We Care* campaign has focused on the delivery of quality care for older Australians, through better wages, staffing levels and skills mix. The ANF considers that the injection of \$1.2 billion over five years into Australia's under-resourced aged care workforce will assist in closing the wages gap for aged care workers.

The development of a Workforce Compact to improve terms and conditions for nurses and assistants in nursing, will improve the ability of residential aged care facilities to attract and retain nursing staff. Importantly, improved financial sustainability for providers should mean they are more prepared to invest in appropriate skill mix of nursing staff. That is, retention of their registered nurses, or attraction of new ones into aged care, given that the new funding will go toward higher wages, improved career structures, better continuing professional development and education opportunities, and workforce planning.

With an increased number of registered nurses as clinical leaders, who can coordinate and deliver complex palliative care in residential aged care facilities, there will be less need for dislocation of residents requiring palliation from their familiar surroundings into acute care settings.

Other aspects of the reform package particularly welcomed by the ANF include improved funding for:

- dementia care and diagnosis,
- provision of viability supplements for rural and remote providers of aged care,
- supporting older Australians from diverse backgrounds, such as Aboriginal and Torres Strait Islander peoples, and
- more home care packages.

The ANF will be a member of the Industry Advisory Committee and until this committee commences its work much of the implementation details of the reform package remain unclear and thus the nature and extent of the impact for registered and enrolled nurses and assistants in nursing. For example, changes are mooted to the Aged Care Funding Instrument (ACFI) but it is not apparent at this stage whether these changes will address the ANF's concerns and lead to improvements for older people requiring palliative care in residential aged care facilities. The ANF will be seeking to clarify the impact of the Aged Care Reform Package on ACFI.



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The ANF will be working with the Government to ensure that, through the proposed Workforce Compact, there will be significant improvement in funding and opportunities for education and continuing professional development, especially in relation to dementia care and palliative care for older people.

In our submission to the Senate Community Affairs Committee, the ANF had outlined the vital role that Nurse Practitioners can play in the delivery of palliative care. The ANF does not envisage that the proposed Workforce Compact will have any impact on the role of Nurse Practitioners in palliative care. We therefore urge the Senate to make recommendation in their report for funding investment in positions for Nurse Practitioners with palliative care expertise, in aged care settings.

### **Question 2:**

**With regard to a case manager role, particularly care co-ordination in the community, who does the ANF see as being the most appropriate person to undertake this role?**

The ANF considers, categorically, that the most appropriate person to undertake the role of case manager, including care co-ordination in the community, is the registered nurse. Registered nurses are educationally prepared to undertake assessment of a person's care needs, implement and monitor care outcomes, within the context of the person's physical, mental, spiritual, cultural and family/carer environment.

As part of the assessment process the registered nurse care co-ordinator ascertains which aspects of care may safely be delegated to other health care workers. The registered nurse can more effectively delegate when he/she know the level of education and competence of those to whom they are delegating care. The education and competence level of the enrolled nurse is known, as they are regulated and practice within the same professional practice framework as the registered nurse. The assistant in nursing/personal care worker (however titled) is largely an unknown quantity however, as despite the fact they provide direct care, they do not have a professional practice framework and are not currently regulated.

The ANF has made application to the Australian Health Ministers Advisory Council for registration of assistants in nursing. We use this opportunity to call on the Senate to support our efforts by making recommendation that the assistants in nursing workforce be regulated to ensure protection of the public through safe and quality care. Regulation provides a risk management approach to protection of the public through the professional practice framework elements (previously mentioned for registered and enrolled nurses) of:

- Registration
- Competency standards
- Scope of practice
- Decision-making framework
- Code of Ethics
- Code of Professional Conduct
- Professional Boundaries
- Other relevant registration standards:
  - Continuing professional development registration standard
  - Criminal history registration standard
  - English language skills registration standard
  - Recency of practice registration standard
  - Professional indemnity insurance arrangements registration standard.



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The delivery of palliative care is complex and requires the health care professional to be equipped with a particular set of knowledge, skills and attitudes in order to give safe and competent care. The ANF takes the position that all workers in aged care: registered nurses, enrolled nurses and assistants in nursing, need education and continuing professional development in this area to be able to ensure safe and competent care to older people requiring palliation. Further, that registered nurses are best placed to undertake the role of case manager, as their everyday practice involves assessment, monitoring, evaluation and delegation of care, as well as co-identification of appropriate resources and co-ordination of care across the multidisciplinary health care team.

A response given by Ms Coulthard at the Inquiry hearing sums up the reason why registered nurses are well placed to be case managers, as follows:

*...nurses are the one group of people who do understand what all of the other health practitioners do and who know where they are, how to get hold of them and when to get hold of them.*