



Australian College of Nursing

PRE-BUDGET SUBMISSION 2020 – 2021



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Pre budget submission 2020-21: Foreword

The Australian College of Nursing (ACN) welcomes the opportunity to provide our budget proposals ahead of the 2020-2021 Budget.

At the 72nd World Health Assembly in Geneva, the World Health Organization announced 2020 as the Year of the Nurse and Year of the Midwife. This is the first time in history this has occurred. The ambition to achieve universal health coverage (UHC) globally, as part of the agreement of the Sustainable Development Goals in 2015, means there will be even greater demand for health workers. As nurses undertake different roles in different circumstances, they all share in the combination of knowledge, practical skills and values that makes them particularly well placed to meet the health needs of our community, in the future as well as the needs of today. Nurses are a part of their local communities, sharing its culture, strengths and vulnerabilities, and can shape and deliver effective interventions to meet the needs of patients, families and communities¹.

Australia's Long-Term National Health Plan (2019) aims to make our health system better at preventing disease and promoting health, being more focused on patients' multidisciplinary needs, more affordable, and more accessible to all Australian's wherever they live and whoever they are². Nurses are the largest group of professional health workers globally and carry out most of direct patient care. The economic productivity of Australia is dependent on the health of its citizens and nursing care is unequivocally linked to quality outcomes in terms of health-related, economic and social impact. The All-Party Parliamentary Group (APPG) argue that increasing the number of nurses as well as, developing nursing so that nurses can achieve their potential, will have the wider triple impact of improving health, promoting gender equality and supporting economic growth³.

This submission provides a way forward to address issues that impact on consumers in our health and aged care systems. The strategies outlined support an equitable, accessible, sustainable, affordable and fit for purpose health and aged care systems which provide outcomes that matter to consumers. ACN is well positioned to deliver on the recommendations outlined and support the Australian Government in its delivery of Australia's Long-Term National Health Plan.

ACN is committed to our intent of advancing nurse leadership to enhance the health of all Australians. Nursing is highly regarded by the public as the 'most trusted profession' and has been for many years⁴. ACN welcomes the opportunity to work with the Government through media and social media channels to raise the profile of nursing and demonstrate the value nurses bring to the health and aged care systems during 2020; the 'Year of the Nurse & Midwife'.

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1 All Party Parliamentary Group on Global Health: Triple Impact – how developing nursing will improve health, promote gender equality and support economic growth; London, 17 October 2016. Accessed on 12/11/19 at https://www.who.int/hrh/com-heeg/digital-APPG_triple-impact.pdf?ua=1

2 Australian Government. Australia's Long Term National Health Plan. Department of Health. Accessed on 13 December 2019 at https://www.health.gov.au/sites/default/files/australia-s-long-term-national-health-plan_0.pdf

3 All Party Parliamentary Group on Global Health: Triple Impact – how developing nursing will improve health, promote gender equality and support economic growth; London, 17 October 2016. Accessed on 12/11/19 at https://www.who.int/hrh/com-heeg/digital-APPG_triple-impact.pdf?ua=1

4 Roy Morgan Image of Professions Survey. 2017: June 07 2017 Finding No. 7244 <http://www.roymorgan.com/findings/7244-roy-morgan-image-of-professions-may-2017-201706051543> Accessed November 2018

Building capability in Aged Care

Recommendation

ACN seeks funding of \$12.28 million to address clinical, leadership and service delivery issues in the aged care sector through upskilling the nursing workforce in aged care to meet the complex care needs of residents over a three-year period.

Proposal

ACN has mapped a course for change in RACFs by upskilling the nursing workforce to ensure the provision of consumer directed care that meets the complex care needs of residents and provides a return on investment through reduced costs related to staff retention, pressure injuries, falls, medication errors, ED presentations, ambulance costs and hospital admissions whilst also reducing the use of restraints and improving quality of life years (QALY) indicators.

ACN proposes a set of initiatives to address clinical, leadership and service delivery issues related to the nursing profession in the aged care sector as identified in the Royal Commissions Interim Report: Neglect.

We will build on existing relationships with aged care providers to create a network of aged care organisations willing to lead the way and change the aged care environment, bring together stakeholders at an aged care summit (think tank), build clinical and leadership capability in the aged care nursing workforce at all levels of the nursing profession, support newly registered nurses to enter the aged care sector and provide a nursing expert advisory service to support aged care providers to address clinical, leadership and service delivery issues related to the nursing profession in RACF.

Initiatives include:

Aged Care Summit

\$250,000 in 2020

The Aged Care Summit will bring national leaders together with international experts to develop strategies to address the issues identified in the Final Report from the Royal Commission into Aged Care Quality and Safety.

Establish an expert nursing advisory service

\$3.7 million over three years

Develop and implement a nursing expert advisory service to support aged care providers to address clinical, leadership and service delivery issues that are impacting on the care provided to residents in residential aged care facilities (RACGF) and are specifically related to the nursing profession.

Develop nursing leadership in Aged Care

\$855,000 over three years

A targeted strategy to develop nursing leadership in mid-career nurse leaders and executive nurse leaders working in aged care. The Executive Nurse Leadership Program supports participants to develop capabilities outlined in ACN's Nurse Executive Capability Framework which has been validated by a panel of experts through a Delphi technique and can be accessed here <https://www.acn.edu.au/wp-content/uploads/Nurse-Executive-Capability-Framework.pdf>

This initiative will support 90 nurses to attend ACN's prestigious nurse leadership programs.

- ACN's Mid-Career Leadership Program: 50 nurses
- ACN's Nurse Executive Leadership Program: 40 nurses

\$475,000 over three years

Establish and provide a career development and mentoring program to further establish leadership and a career path for nurses working in aged care.

Develop clinical expertise in Aged Care

\$2 million over three years

Develop and implement a national online web based graduate transition program for newly registered nurses working in aged care and support 100 graduate nurses to develop expertise in aged care.

\$3.5 million over three years

Develop a national program that supports the development of 100 advanced practice nurses working in aged care.

\$1.5m over three years

Develop and deliver aged care specific CPD programs to be delivered nationally with a combination of web-based program delivery and locally delivered programs which will be targeted at regional, rural and remote areas.

Research will underpin these initiatives to provide a comprehensive evidence base to inform government on national strategies in aged care going forward.

Background

The health and well-being of Australia's ageing population demonstrates what happens when nurses are removed or undervalued in a system where they provide value. From 2013 to 2017 the number of Registered Nurse (RN) and Enrolled Nurse (EN) full time equivalent positions in residential aged care dropped by 13%, whilst the number of residential aged care places up till 2015 increased by 30% and dependency levels of residents increased from 64.4% assessed as high care in 2003, to 89% in 2015 (Australian Nursing and Midwifery Federation 2019)⁵.

There is considerable evidence about the impacts of nursing on quality, access and cost-effective care and about the relationships between nursing education, workload and environment to reduce adverse outcomes. The thinking abilities of the RN is related to improved patient and resident outcomes.

The inclusion of RN's across the health and aged care sectors (The Conversation, 2014; Twigg et al., 2013)^{6,7} has demonstrated outcomes such as prevention of key complications particularly in dementia patients (including incontinence, urinary tract infections, pressure ulcers, pneumonia and delirium) (McCloskey and Diers, 2005; Bail et al., 2013)^{8,9}, fewer hospitalisations, shorter lengths of hospital stay and fewer visits to Emergency Departments (Palliative Care Australia, 2017).

In the hospitals setting there is evidence about substituting higher numbers of less highly qualified/educated nursing and support staff being associated with lower cost-effective care and an increase in the occurrence of adverse events such as medication errors and falls, and poorer patient outcomes¹⁰. This is in an environment where fall related injury among older people is a major public health issue with an estimated one in three older people living in the community being estimated to fall each year. Persons in RACF (6% of the older population) account for a disproportionate number of medically treated falls injury (30% of total falls) (Watson, W et al 2010)¹¹.

Cost savings and increased productivity have been identified as a result of reduced complications and shorter lengths of stay associated with higher nurse staffing levels¹² with a recent case study review in aged care indicating that 5,000 avoided emergency department (ED) visits from RACF residents each year could provide an annual savings of over \$5.7 million in reduced ED, hospitalisation and ambulance costs¹³.

- 5 Australian Nursing and Midwifery Federation. Nurses and Midwives Paycheck. June-August 2019. Volume 18 No.3. Melbourne
- 6 Duffield, CM. 2014b, Replacing registered nurses isn't the answer to rising health costs, The Conversation, viewed 5 March 2019 <http://www.theconversation.com/replacing-registered-nurses-isnt-the-answer-to-rising-health-costs-25739>
- 7 Twigg, D., et al., 2013. 'The economic benefits of increased levels of nursing care in the hospital setting', JAN 69(10):2253-2261.
- 8 McCloskey, B., & Diers, D. 2005, 'Effects of New Zealand's health reengineering on nursing and patient outcomes', Medical Care, 43(11):1140-1146, viewed 30 January 2019 <https://pdfs.semanticscholar.org/cdb2/8152d67e9307d23aa78ca0d42749f29714f2.pdf>
- 9 Bail, K., et al., 2013, 'Potentially preventable complications of urinary tract infections, pressure areas, pneumonia, and delirium in hospitalised dementia patients: retrospective cohort study', BMJ, vol. 3, no. 6, doi: 10.1136/bmjopen-2013-002770.
- 10 ICN. Accessed at <https://www.acn.edu.au/wp-content/uploads/2018/09/ICN-PS-Evidence-based-safe-nurse-staffing.pdf>
- 11 Watson W, Clapperton A, Mitchell R. The incidence and cost of falls injury among older people 2006/07. NSW Department of Health (2010). Access on 16 December 2019 at <https://www.health.nsw.gov.au/falls/Publications/incidence-cost-of-falls.pdf>
- 12 Keepnews, 2013; Needleman et al., 2006; Dall et al., 2009
- 13 KPMG Cost Benefit Analysis of Nurse Practitioner Models of Care Report. Department of Health. November 2018

Research has found a relationship between effective nurse leadership and lower rates of restraint use, behavioural problems and complications of immobility (Anderson et al 2003)¹⁴. Unfortunately, chemical and physical restraint is the easiest 'care' practice for many, but it is a pathway for people with dementia that is not in line with our human rights or best practice (Commonwealth of Australia, 2019)¹⁵. Reducing the use of restraints was one of the three urgent recommendations highlighted by the Commissioners in their interim report.

The Royal Commission into Aged Care Quality and Safety released its interim report stating that "as a nation, Australia has drifted into an ageist mindset that undervalues older people and limits their possibilities. Sadly, this failure to properly value and engage with older people as equal partners in our future has extended to our apparent indifference towards aged care services. Left out of sight and out of mind, these important services are floundering. They are fragmented, unsupported and underfunded. With some admirable exceptions, they are poorly managed. All too often, they are unsafe and seemingly uncaring" (Commonwealth of Australia 2019)¹⁶.

The Interim Report: Neglect (Commonwealth of Australia, 2019) released by the Royal Commission on 31 October 2019 states:

*"We have found that the aged care system fails to meet the needs of our older, often very vulnerable, citizens. It does not deliver uniformly safe and quality care for older people. It is unkind and uncaring towards them. In too many instances, it simply neglects them"*¹⁷.

Recruitment and retention of the nursing workforce requires attention in the aged care sector. As indicated in the 2016 National Aged Care Workforce Census and Survey (NACWCS), roughly one tenth of workers in the residential and community aged care workforce were seeking alternative employment; and there was only a four percent increase in the aged care workforce from 2012 to 2016¹⁸, which is insufficient to meet the projected demands. It has been reported that the aged care workforce will need to grow at a rate three times this rate¹⁹. Effective leadership ensures a positive, supportive and efficient workplace culture where staff feel appreciated, and their professional development valued, resulting in greater stability, reduced staff turnover, higher rates of recruitment and quality patient care^{20,21,22}.

Effective leadership ensures a positive, supportive and efficient workplace culture where staff feel appreciated, and their professional development is valued, resulting in greater stability, reduced staff turnover, higher rates of recruitment and quality patient care (Twigg and McCullough, 2014; Duffield et al., 2011)^{23,24}. However, managers do not always have the skills necessary for leadership roles as selection is generally based on clinical skills and level of seniority. Therefore, succession planning and mentoring at all levels of an organisation is essential (Titzer et al., 2013; Titzer 2016)^{25,26}.

14 (Anderson RA, Issel LM, McDaniel RR 2003, Nursing homes as complex adaptive systems, Nursing Research, vol 52, no 1 pp 12-21.)

15 Commonwealth of Australia (2019); Royal Commission into Aged Care Quality and Safety. Interim Report: Neglect. Volume 1.

16 Commonwealth of Australia (2019); Royal Commission into Aged Care Quality and Safety. Interim Report: Neglect. Volume 1.

17 Commonwealth of Australia (2019); Royal Commission into Aged Care Quality and Safety. Interim Report: Neglect. Volume 1.

18 2016 National Aged Care Workforce Census and Survey – The Aged Care Workforce, 2016. ISBN: 978-1-76007-314-5. Accessed at: https://www.gen-agedcaredata.gov.au/www_ahwgen/media/Workforce/The-Aged-Care-Workforce-2016.pdf

19 Tune, D (2017) 'Legislated Review of Aged Care 2017', Canberra: Commonwealth of Australia.

20 Darbyshire, 2010, p. 7

21 Di Twigg and Kylie McCullough, 'Nurse Retention: A Review of Strategies to Create and Enhance Positive Practice Environments in Clinical Settings' (2014) 51(1) International Journal of Nursing Studies 85.

22 Duffield CM, Roche MA, Blay N, Stasa H 2011, 'Nursing unit managers, staff retention and work environment', Journal of Clinical Nursing, vol. 20, no.1/2, pp. 23-33.

23 Di Twigg and Kylie McCullough, 'Nurse Retention: A Review of Strategies to Create and Enhance Positive Practice Environments in Clinical Settings' (2014) 51(1) International Journal of Nursing Studies 85.

24 Duffield CM, Roche MA, Blay N, Stasa H 2011, 'Nursing unit managers, staff retention and work environment', Journal of Clinical Nursing, vol. 20, no.1/2, pp. 23-33.

25 Titzer et al (2013). Nurse manager succession planning: synthesis of the evidence. Succession planning: a call to action for nurse executives. Journal of Nursing Management, 2013, 21, (pp 971-979).

26 Titzer, J (2016). Three first steps for effective succession planning. American Nurse Today. Vol (11). Number 9.

Evaluation

The **\$12.28 million funding** will build on existing relationships with aged care providers to create a network of aged care organisations willing to lead the way and change the aged care environment through enhancing clinical and leadership skills of nurses in aged care.

Outcomes of this package will include:

- Demonstrated cost savings in the aged care sector
- Reduced staff turnover and higher rates of recruitment
- Improved quality of care including but not limited to reduce falls, pressure injuries, etc
- Reduced use of restraints
- Reduced ED presentations, hospitalisation and ambulance costs
- Improved quality of life year (QALY).

Further evidence will be collected through research to demonstrate the long-term impacts of nurse interventions, including cost comparisons of outcomes. This will provide evidence for the government to inform future decisions related to nursing in aged care.

Conclusion

We have proposed a package of initiatives which together will upskill the nursing workforce to support aged care providers to address clinical, leadership and service delivery issues related to the nursing profession in aged care. Importantly, these initiatives will address key issues in aged care such as restraint which was one of the three urgent recommendations identified in the Royal Commissions Interim Report: Neglect. Evidence demonstrates the impact nurses have in aged care to reduce the use of restraints, behavioural problems and complications of immobility to mention a few.

ACN is the pre-eminent and national leader of the nursing profession and has established corporate relationships with a number of aged care providers. Our membership is representative of the percentage of nurses working in the aged care area nationally which supports our proposal to be the lead nursing professional college for aged care nurses.

Advanced Practice Nursing

Recommendation

ACN seeks funding of \$10,000,000 to establish up to 40 new advanced practice nurse pilots nationally over a three-year period to address issues of access, equity and cost-effective health and aged care service delivery.

Proposal

The Australian College of Nursing (ACN) proposes new health service models that draw upon the untapped potential of the senior nursing workforce to address current issues of timeliness, accessibility, relevance and economic sustainability of Australian health and aged services.

Establish 40 Advanced Practice Nurse Pilots

\$10 million over three years

Establish 40 pilots nationally to enable APNs to establish new innovative service delivery models or build on an existing service delivery models with the objectives to address current issues of timeliness, accessibility, relevance and economic sustainability. Each pilot will be supported by research to demonstrate evidence-based outcomes and cost effectiveness.

A case study review of nurse practitioners in aged care indicated that an expenditure of \$1.5 million per year could realise an annual saving of \$5.7 million whilst improving quality of life for residents. Case studies identified nationally suggest advanced practice nurses (APNs) could achieve a similar return on investment whilst improving access to care.

ACN's White Paper '*A New Horizon for Health Service: Optimising Advanced Practice Nursing*' maps a course for change and justifies the need with analysis of prevailing health service models in under-serviced consumer groups. The White Paper can be accessed here: <https://www.acn.edu.au/wp-content/uploads/white-paper-optimising-advanced-practice-nursing.pdf>.

ACN will implement up to 40 demonstration pilots over three years. The pilots will be supported by research to demonstrate the feasibility, quality, sustainability, clinical and cost effectiveness of advanced practice nursing services in areas of need including but not limited to disadvantaged groups, community and primary healthcare, aged care, rural and remote areas.

Background

The Australian health service has significant gaps and inequalities. Consumer access to health care varies. There is rapid escalation in the numbers of people with chronic and complex health conditions and their needs for coordinated care are not being addressed. Australia has an ageing population and their health and well-being is not being consistently nurtured.

Goals of health service need to include prevention and early intervention for all, through high-quality, community-based health services. Hospitalisation should be a last resort.

Current health models are not sufficient. New service and funding models are an imperative in the current climate of budget pressures and the changing profile of health care consumers. There is very limited evidence that specifies effectiveness of nursing, and particularly advanced practice nurses, enabled to work at full scope of practice.

Nursing service needs to be more effectively distributed across hospital and primary care service contexts, with relevant funding models that accommodate patient-centred care aimed at maintaining aging-in-place and self/care-care management of chronic conditions. This is nursing's expertise.

A case study review of nurse practitioners in aged care indicated that an expansion of 10 nurse practitioners in aged care would cost approximately \$1.5 million per year, but conservatively result in 5,000 avoided emergency department (ED) visits each year, and a staggering annual savings of over \$5.7 million in reduced ED, hospitalisation and ambulance costs²⁷. Case studies identified nationally suggest advanced practice nurses, not including nurse practitioners, will achieve similar outcomes.

To build a career in advanced practice, a nurse will have completed a three-year undergraduate degree to qualify for nurse registration followed by clinical specialist training through a higher education graduate certificate course. After an additional period of clinical experience, the nurse is likely to complete a master's degree.

ACN argues there is untapped potential in the senior nursing workforce to address current pressing issues of timeliness, accessibility, equitability, relevance and economic sustainability of Australian health services.

Evaluation process

Project characteristics

The \$10 million funding will support up to new 40 pilots which will enable advanced practice nurses to develop and pilot new innovative service delivery models or build on an existing service delivery models, with objectives to address current issues of timeliness, accessibility, relevance and economic sustainability. Each pilot will be supported by research to demonstrate evidence-based outcomes and cost effectiveness.

Potential areas for development will include, but not be limited to:

- Ageing-in-place
- Innovative primary health care service delivery
- Effective and therapeutic transition between acute and community health services
- Institutional, primary care, rural and regional, in-reach and out-reach service models.

Common service features of all pilots will be:

- A focus on an identified health and aged care area of unmet need
- New nurse led health service models that draw upon the untapped potential of the senior nursing workforce to address current issues of timeliness, accessibility, relevance and economic sustainability of Australian health and aged services
- A value-based health care service delivery approach that is focused on achieving outcomes that matter to patients
- Maintaining aging-in-place and self/care-care management of chronic conditions where relevant coordination with existing services where these exist.

ACN will oversee the selection process for submissions selecting the pilots that have the biggest impact on access, equity and cost-effective care for preventative health and chronic disease. The selection process will include an assessment which identifies the pilots with the greatest return on investment in the health and aged care systems including but not limited to those isolated by geography and/or disadvantaged and vulnerable communities. The pilots will include service delivery and research to provide government with evidence-based models that can be implemented nationally.

ACN is the pre-eminent and national leader of the nursing profession in Australia and a community of dynamic and passionate nurses. We are committed to our intent of advancing nurse leadership to enhance the health care of all Australians. We provide oversight to several national projects of this size and are well placed to lead initiatives across rural and remote, regional and metropolitan as well as across specialities areas such as but not limited to aged care, chronic disease management and paediatrics.

Conclusion

This funding submission supports Australia's Long-Term National health Plan (2019) to make our health system better at preventing disease and promoting health, being more focused on patients with APNs working in interdisciplinary teams. Funding will enable the Australian Government to invest in the new models of care nationally that are evidenced based and demonstrate a significant return on investment, addressing issues of cost, access and equity in the health and aged care systems.

Rural and Remote Nursing

Recommendation

The Australian College of Nursing (ACN) seeks funding of \$8,981,000 over three years to develop and deliver education to nurses working in rural and remote environments.

Proposal

Delivery education to rural and remote nurses

\$8.981 million over three years

The Triple Impact Report by the All-Party Parliamentary Group (APPG) in Global Health, by strengthening nursing globally we can achieve universal health coverage. Through targeted, multi-modal educational programs, ACN will support this strategic goal by providing access to education tailored to the needs of rural and remote nurses and increasing the number of nurses educated in these environments.

People living in rural and remote areas face specific health challenges, with reduced health outcomes. These communities are often dependent on nurse-led services. The Government's 'Stronger Rural Health Strategy' identifies that the nursing workforce has a breadth of skills and experience whilst also recognising the need to utilise the nursing workforce more effectively in these areas. This proposal will enhance the education of nurses to ensure all Australians living in rural and remote communities have access to highly skilled nursing professionals.

ACN will provide education to support the central role of the nursing workforce working in rural and remote settings to deliver patient-centred care. Through the development of education and learning across three key domains this will enable an increase in the number of nurses educated, employed and retained in rural and remote areas; support nurse leaders and develop nursing leadership whilst enabling the nursing workforce to practice to their full potential to meet the needs of rural and remote communities.

Background

Australians have one of the highest life expectancies in the world ; however, Australia's rural and remote communities experience poorer health outcomes compared with many of their metropolitan counterparts. Rates of potentially preventable diseases and avoidable hospitalisation increase significantly with geographical remoteness. Mortality rates for men and women are significantly higher in very remote areas compared with major cities. These outcomes reflect both the high proportion of socioeconomically disadvantaged residents and Aboriginal and Torres Strait Islanders with high disease burdens, and inequitable access to health services including primary health care (PHC) services for those living in rural and remote communities.

Many rural and remote communities are dependent on nurse-led services. Nurses are often the only resident health practitioner with a requirement to provide health care to all in the community. We also know that a higher proportion of Aboriginal and Torres Strait Islander people live in remote areas (21%), compared to 2% of the non-Indigenous population.

Barriers to accessing health care have been linked to unmet health care needs including lack of preventative and screening services and treatment.

Outlined within the Closing the Gap Report 2019 we know that Australia is not on track to close the gap in life expectancy by 2031. We also know that through the Aboriginal and Torres Strait Islander Health Performance Framework (HPF) report 2017, 64% of the total burden of disease among Indigenous Australians is due to chronic disease.

In August 2019, ACN launched its White Paper 'Achieving Quality Palliative Care for All: The Essential Role of Nurses' within which it outlines the need to provide funding for the development of education programs and professional development for nurses working in rural/regional settings that will enable the design, implementation and evaluation of evidence-based nurse-led models/interventions to ensure optimal outcomes for all Australians with life-limiting conditions.

The provision of palliative care services is not restricted to specifically identified palliative care settings. Every day, nurses provide palliative care to patients such as part of chronic disease management, and whilst they are providing essential nursing services, they are not considered to be a specialist in this field. A report released by the AIHW in 2018 outlines that in 2016 there were 2,888 registered nurses in Australia identified as being palliative care nurses with one quarter of palliative care nurses working mainly in community-based settings, which includes Aboriginal Health Services. In the latest report published by the Nursing and Midwifery Board of Australia (June 2019), there are 303,991 registered nurses across Australia. This demonstrates a need to ensure that all nurses providing care to patients with palliative care needs have access to specific educational materials to assist in their provision of appropriate care delivery to their patients.

ACN's Position Statement '*The role of nurses in chronic disease prevention and management in rural and remote areas*', released in March 2019, puts forward the argument that nurses are well positioned because of their education, skills and values, to meet the needs of holistic care that acknowledge the social determinants of health and therefore improve health outcomes. The importance of nurses embedded in communities cannot be underestimated. Nurses through a holistic lens are able to encompass public health promotion, disease prevention and assist the communities with their healthier choices, empowering not only individuals but their families and support networks, by working alongside local populations. Nurses are across all geographical areas, constituting the largest group of health professionals. Many rural and remote communities are dependent on nurse-led services and in these communities nurses are often the sole resident health practitioner available to a community.

Evaluation process

Project characteristics

The \$8,981,000 funding will support the delivery of multi-modal educational programs to support nurses working in rural and remote settings. It is important to recognise the educational requirements across the nursing workforce and these programs will be available for ENs and RNs.

Over three years, ACN will reach a target audience of over 1,000 nurses working in rural and remote areas through the following key deliverables:

- Graduate Certificates (RNs only): to educate 500 nurses
- Continuing professional development programs: to educate 400 nurses locally
- Advanced Diploma (ENs only): educate 100 nurses
- Master's in nursing (RNs): educate 20 nurses
- Board ready programs: to educate 10 nurses
- ACN's Mid-Career Leadership Program: to educate 36 nurses
- ACN's Nurse Executive Leadership Program: to educate nine nurses.

Outcome measures will include:

- Education provided to 1,000 nurses living and working in rural and remote settings
- Evaluation report
- Delivery of educational programs occurs in rural and remote towns/settings.

Conclusion

Funding a budget proposal to provide a mix of local and centralised provision of education to nurses working in rural and remote Australia aligns with the strategic intent of the WHO Triple Impact Report 2016 and will enable Government to invest in the most effective use of nursing to successfully achieve strategic priorities outlined within the Health Reform Plan '*Australia's Long Term National Health Plan*' 2019.

Through the key deliverables outlined, ACN will ensure the execution of the outlined purpose leading to increased numbers of nurses educated and employed in rural and remote settings, nurse leadership development and enabling nurses to work to their full potential meeting the needs of their communities.

Voluntary Assisted Dying Nursing

Recommendation

The Australian College of Nursing (ACN) seeks funding of \$275,000 over three years to design and implement online education short courses for nurses to deliver quality end-of-life (EOL) care. Education for EOL care is specifically targeted to facilitating nursing care which relieves pain and suffering, provides compassionate support to family, friends and carers, conforms with legislative requirements in each jurisdiction and meets professional and ethical community expectations.

Proposal

Develop online Voluntary Assisted Dying short courses

\$275k over three years

ACN proposes to design, implement and evaluate nurse led online short courses tailored to the specific needs of nurses in EOL care working in the various state and territory jurisdictions.

There is increasing community support for voluntary assisted dying (VAD) legislation, both nationally and internationally. It is a requirement of the Nursing and Midwifery Board of Australia (NMBA) that all nurses observe the mandatory legislative standards of practice including codes of conduct and of ethics.

VAD legislation poses significant challenges for nurses because nurses play a pivotal role in EOL care and commonly receive requests for assisted dying (up to 18%). That can place nurses in difficult professional, moral and legal positions where acting in accordance with the profession's standards can conflict with their own values constituting a conscientious objection.

It is imperative that patients are provided with quality EOL care which simultaneously meets mandated legislative requirements and professional and community expectations. Nurses need education tailored to the many vexed issues which EOL care can raise to support this objective in the face of changing VAD legislation in each jurisdiction (Attachment A).

Background

The nursing role in End-of-Life Care

The Australian College of Nursing (ACN) held an inaugural National Policy Summit in Canberra in April 2017. One of the four Policy Chapter's established and endorsed at the Policy Summit is the End-of-Life Care Chapter called for governments to invest in initiatives supporting individuals' choice regarding EOL care. Nurses play a significant role in palliative and EOL care as explained in *Achieving Quality Palliative Care for All: The Essential Role of Nurses* (the White Paper) as developed by the EOL Chapter. As the White Paper shows, nurses are the largest group of health care professionals who provide palliative and EOL care. Quality nursing care provided during EOL profoundly influences a person's quality of life, comfort and dignity during this vulnerable time. Care should be delivered in partnership with health professionals, individuals and their families and be responsive to changing needs and circumstances, whilst maintaining a person-centred focus.

ACN believes there should be a focus on providing quality nursing care that promotes quality of life, dignity, respect of choices and comfort during any stage of a person's EOL care. To ensure this occurs there should be a focus on providing nurses and other health care professionals with nationally consistent education on scope of practice, EOL laws and Advance Care Planning (ACP).

The current legislative context

Currently, jurisdictions in Australia recognise an individual's right to refuse treatment for conditions which may have a life-limiting effect. Commonly this legislative process is known as 'advance care directives' or 'advance care planning'. Until recently however, these processes did not allow a person with a terminal illness to voluntarily end their own life at a time of their choosing. On 19 June 2019 the *Voluntary Assisted Dying Act 2017* came into effect in the state of Victoria thus enabling those with a life limiting illness to choose their own end of life pathway making voluntary assisted dying legal, albeit under strict safeguards. In December 2019, the West Australian Parliament also passed laws which will enable voluntary assisted dying to occur. It has been suggested that similar laws will pass in other state and territory jurisdictions in Australia. ACN supports VAD legislation that protects individuals and health professionals and ensures all necessary safeguards are in place to address issues of competence, conscientious objection and abuse of process.

Complicated laws may affect community understanding of their responsibility and the criteria for accessing assisted dying as well as a nurse's understanding of their legal and professional obligations. Considering that, ACN advocates for enhancing the role of primary care services in managing EOL care so that there is greater public awareness about accessing useful legal information and that health care professionals are informed and aware of appropriate resources. Education at a state and territory level is necessary to ensure a skilled nursing workforce able to meet those expectations and able to support individual options for EOL care including nurse led community engagement in developing an improved understanding of EOL laws and ACP.

Differences between EOL care and Palliative care

It needs to be understood, that EOL care and palliative care are not the same although palliative care is often a part of EOL care. As populations age, the incidence of multiple and chronic co-morbidities is increasing with the associated need for palliative care (and EOL care) also increasing. Timely and seamless transition for all patients between the complex and varied levels and types of health care is ideal in all settings, but especially in rural and remote areas of the country which are so often poorly serviced. Nurses constitute the majority profession in the health care workforce, so it follows that they deliver EOL care across the whole health care system, not only as specialist palliative care nurses: the more remote the location the more likely it is that a nurse is the only health care practitioner and the only one delivering EOL care.

ACN supports people's right to choose and nurses have a clear role in advocating, educating and informing patients, their families and carers of their EOL options and rights. There should be a focus on the provision of EOL care services in the setting most suitable for the individual (home, aged care facility, hospice). ACN advocates for EOL care services to provide round-the-clock care and support and for that care to be adequately resourced by suitably qualified staff including Registered Nurses and Nurse Practitioners. This would assist in reducing delays in access to services and promote meaningful and culturally respectful experiences for patients, families and staff.

Education to meet EOL needs for individual, families and diverse communities, needs to consider all of these issues.

Evaluation process

Project characteristics

ACN proposes to deliver a two-part webinar education program addressing the essential legal and ethical requirements for nurses with respect to Voluntary Assisted Dying (VAD) legislation relevant to their jurisdiction. It is noted that currently Victoria and Western Australia are the only States to have legislation in place regarding VAD, with Queensland currently progressing legislation through Parliament.

Webinar one areas of focus will include, but not be limited to:

- VAD legislation within the respective jurisdiction
- History of VAD including community advocacy
- Current status of VAD Australia-wide
- Ethical principles underpinning VAD legislation
- Nursing and Midwifery board of Australia (NMBA) requirements
- What this means for the nurse
- Checklist to ensure mandated requirements are met.

Webinar two areas of focus will run six weeks post Webinar one and will include, but not be limited to:

- Follow-up discussion following self-reflection
- Provide an update on any changes within the relevant jurisdiction.

ACN will evaluate these education programs with the resulting data analysed to both improve the course offerings and to ensure the course meets student (and community) expectations.

Indicators of success would include but not be limited to a marked increase in the numbers of health care practitioners enrolling in the courses and feedback that those attending the course had an improved understanding of their legal and professional requirements relative to VAD legislation and EOL care.

Conclusion

ACN believes the quality of EOL care can be improved with a multi-pronged approach facilitated by specifically educated nurses. The approach includes education specific for nurses so that they may engage not only with individual care delivery but also stimulate and lead community engagement with this very significant care, often emotionally charged circumstance of EOL care.

Attachment A

Voluntary Assisted Dying (VAD): Essential legal and ethical requirements for nurses for each Australian jurisdiction

MODULE TITLE	TOPICS COVERED	Time allocated	OUTCOMES
<p>Module one</p> <p>VAD legislation in Australia and in [insert State/territory]: current status</p>	<p>Part one</p> <ul style="list-style-type: none"> History of VAD legislation including community advocacy Current status of VAD legislation Australia wide and as specific to each state/territory Ethical principles underpinning VAD legislation Nursing and Midwifery Board of Australia (NMBA) requirements relative to codes of ethics and of conduct including conscientious objection Arguments for and against VAD legislation <p>Part two</p> <ul style="list-style-type: none"> Key features (principles) of specific legislation in [insert name state/territory] What this means for you as a nurse in [insert name state/territory]: practical application including special circumstances such as cultural and Indigenous aspects and rural and remote situations Check list to ensure all mandated requirements are met 	<p>2-3 hours: depending on status and complexity of different legislation</p>	<p>Understanding of the legal requirements for individual nurses relative to VAD legislation and EOL care, as it applies in their jurisdiction.</p> <p>Understanding of the professional requirements and community expectations for individual nurses relative to VAD legislation and EOL care.</p> <p>Outcomes based improvement in EOL quality care as judged by peers, managers and patients.</p>
<p>Module two</p> <p>Webinar</p> <p>VAD update and discussion</p>	<p>Follow up to module one: chance for individual nurses to discuss issues arising following self-reflection and to provide an update on any changes in their jurisdiction</p>	<p>1 hour: conducted six weeks after module one</p>	<p>Satisfactory resolution of personal issues in EOL consistent with NMBA requirements.</p>

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