

Professor Rosalind Croucher AM

Australian Law reform Commission President  
Commissioner in charge  
Elder Abuse Inquiry  
By email or online (extension received until 10 March 2017)

Dear Professor Croucher AM,

**Australian Law Reform Commission Elder Abuse Inquiry: response to Discussion Paper (DP 83) December 2016**

The Australian College of Nursing (ACN) applauds the work of the Australian Law Reform Commission Discussion Paper on 'Elder Abuse'. The paper provides a detailed overview of issues associated with elder abuse, as well as valuable guidance on law reform. We support Proposal 2-1, the proposed development of a National Action Plan to address this important issue, however we advocate that nurses, as the most trusted and largest proportion of health professionals, must be included as key leaders in the consultation process.

In response to the second stage of the consultation process and the release of the Discussion Paper (DP 83) ACN reiterates the positions we submitted in August 2016 as part of the first round of consultation into Elder Abuse. Further to the proposed changes we would like to address the valuable role nurses play in reducing the risk and impact of elder abuse.

While the role of health professionals is broadly addressed towards the end of the paper, the unique role of the nursing profession in the prevention, early detection, reporting and management of elder abuse is not well articulated. As such, ACN provides the following response in support of the Australian Law Reform Commission progressing this work, and recommends that any final report includes a discrete section that addresses the valuable role nurses play in reducing the risk and impact of elder abuse.

Please do not hesitate to contact me if you have any further questions.

Yours sincerely



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10 March 2017



Australian  
College of  
Nursing

Response to the Australian Law  
Reform Commission Discussion  
Paper: (DP 83) 'Elder Abuse'

# Table of Contents

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*Background* ..... 1

*Patient Advocacy*..... 2

*The Nursing Workforce*..... 3

*The Current Composition of the Aged Care Workforce* ..... 5

*Lack of career path*..... 6

*Nurses reduce the risk of abuse*..... 7

*Nurse Sensitive Indicators* ..... 8

*The Business Case for Quality* ..... 8

*Conclusion* ..... 9

## Australian College of Nursing: Response to the Australian Law Reform Commission Discussion Paper ‘Elder Abuse’

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The Australian College of Nursing (ACN) applauds the work of the Australian Law Reform Commission discussion paper on ‘Elder Abuse’. The paper provides a detailed overview of issues associated with elder abuse, as well as valuable guidance on law reform. We support Proposal 2-1, the proposed development of a National Action Plan to address this important issue, however we advocate that nurses, as the most trusted and largest proportion of health professionals, must be included as key leaders in the consultation process.

While the role of health professionals is broadly addressed towards the end of the paper, the unique role of the nursing profession in the prevention, early detection, reporting and management of elder abuse is not well articulated. As such, ACN provides the following response in support of the Australian Law Reform Commission progressing this work, and recommends that any final report includes a discrete section that addresses the valuable role nurses play in reducing the risk and impact of elder abuse.

### Background

Australia’s health and aged care systems face a number of complex and interconnected challenges in providing quality innovative and cost-effective care into the future.<sup>1</sup> These include an ageing population increasingly affected by chronic disease, rising health costs, technological change and the need to improve the equity and accessibility of the health care system. This applies particularly for people living in rural and remote locations, and Aboriginal and Torres Strait Islander peoples.<sup>2</sup>

These issues are likely to play out within a context of economic uncertainty and nursing workforce challenges, as health care providers and governments seek ways to contain the costs of care delivery, improve productivity, and recruit and retain skilled staff. This will require changes in the way health and aged care is delivered, models of care and the role of all members of the health workforce.

Nurses have a central role to play as Australia strives to meet these challenges.<sup>3</sup> Uniquely positioned, the nursing profession provides invaluable insights into how health care spending may be most effectively utilised. Our nursing workforce is highly educated, flexible, fiscally accountable and responsive to consumer and community needs. Rated as the most highly regarded and trusted of all professions,<sup>4</sup> nurses utilise public confidence to guide the consumer experience, enhance primary health care capacity and reach, and have the greatest impact on the success or failure of health and aged care reform.

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<sup>1</sup> Council of Australian Governments, *National Health Reform Agreement* < [http://www.federalfinancialrelations.gov.au/content/npa/health/\\_archive/national-agreement.pdf](http://www.federalfinancialrelations.gov.au/content/npa/health/_archive/national-agreement.pdf)>.

<sup>2</sup> Health Workforce Australia, *Australia’s Health Workforce Series - Health Workforce by Numbers*, <<http://www.medicaldeans.org.au/wp-content/uploads/Health-Workforce-by-Numbers-FINAL.pdf>>.

<sup>3</sup> Shahirose Premji and Jennifer Hatfield, ‘Call to Action for Nurses/Nursing’ 2016 *BioMed Research International*.

<sup>4</sup> Roy Morgan Research, *Roy Morgan Image of Professions Survey 2016: Nurses still easily most highly regarded – followed by Doctors, Pharmacists & Engineers* < <http://www.roymorgan.com/findings/6797-image-of-professions-2016-201605110031>>.

However, increasingly nurses are being replaced in aged care, and a focus on 'fiscal' measures is seeing increased use of unregulated workers. Nursing has considerable value in aged care, having built on its foundations of caring to now be a scientifically based profession that identifies and meets unmet needs in healthcare.

Engaging nurses in the health and aged care reform agenda is critically important to ensure that it reflects the practical realities of providing health and aged care. Nurses therefore, must be key leaders in discussions that set standards and determine models of care.

Despite their ubiquity and constant presence at the point of care, nurses are conspicuous by their absence in the discussions that shape health and social policy, services and funding. The case for engaging nurses meaningfully in health and aged care reform was made in ACN's White Paper: Nurses are Essential in Health and Aged Care Reform, found at: <https://www.acn.edu.au/white-papers>

Nursing has a presence in primary health, in aged care and acute hospital settings. They spend more time with patients than any other health professional. This allows nurses to gain a greater understanding of their patients' needs, an understanding that other health professionals struggle to attain due to the confines of their role. As a result, they get to know the patients more closely and they notice when changes occur, for example: new injuries, changes in appetite or behaviour. Nurses understand the patient situation within the family and social construct. Nurses talk to the patients' carers, and due to their status as most trusted professional, patients are more likely to confide in them.

Each patient contact is an opportunity to make an impact by responding to needs, listening to concerns, and updating patients and their families and/or carers.<sup>5</sup> Nurses, with their training, wide-reaching presence and public trust are one of the most appropriate health professionals to assess and, with the appropriate support, are the best placed to respond to potential problems regarding elder abuse. Without nurses fulfilling these roles, the risk of abuse is increased.

## Patient Advocacy

Nurses are first and foremost patient advocates, and as such advocacy sits at the core of what it means to be a nurse and what the nursing profession is. Like all advocates nurses act in the best interest of their patients: they do not profit at their expense; they do not betray their confidence; and at all times the patient comes first.

While it is debated what comes within the ambit of advocacy, it would be fair to say that nursing, more than any other profession, practices a broad, practical and applied model of advocacy. It is

**Proposal 3–5** Any person who reports elder abuse to the public advocate or public guardian in good faith and based on a reasonable suspicion should not, as a consequence of their report, be:

- (a) liable, civilly, criminally or under an administrative process;
- (b) found to have departed from standards of professional conduct;
- (c) dismissed or threatened in the course of their employment; or
- (d) discriminated against with respect to employment or membership in a profession or trade union.

<sup>5</sup> Health Education England, *Making Every Contact Count* (2017) National Health Service < <http://www.makeeverycontactcount.com/>>.

often so practical and different to that of other advocates, such as lawyers, that many may not see what nurses do as advocacy. However, in reality it is what defines, unifies and drives the profession.

While in one sense advocacy is the act of speaking out, writing or otherwise promoting, protecting and defending the interests of another. For nurses advocacy is far more practical and responsive to patient need: it is ensuring they are cared for when they cannot care for themselves, and speaking for them when they cannot speak for themselves. ACN therefore welcomes the protection that Proposal 3-5 provides surrounding the disclosure of elder abuse.

Advocating for patients may see nurses undertake new activities, move into new spaces and challenge views of what nurses should and can do. It is advocacy that drives nurses to develop efficient, effective and sustainable models of care, and it is what makes them so crucial to the health and aged care reform agenda.

That said, there are limits, and nurses do not advocate for patients who can advocate for themselves. Nurses promote independence, not dependence, and they will not do for a patient what a patient can do for himself or herself. This advocacy role, when supported, also empowers nurses to ensure the practice of other health professionals is safe and acceptable to the consumer.<sup>6</sup>

## The Nursing Workforce

Nurses make up over 50 per cent of the health professional workforce<sup>7</sup> and there are approximately 380,000 nurses and midwives registered in Australia.<sup>8</sup> There are three types of regulated nurses:

- Nurse Practitioner (NP) - A registered nurse who is educated and endorsed to function autonomously and collaboratively in an advanced and extended clinical role with the equivalent of three years' full-time experience in an advanced practice nursing role. Nurse practitioners refer patients to other health care professionals, prescribe medications and order diagnostic investigations, among other duties.<sup>9</sup>
- Registered Nurse (RN) - A person registered with the Nursing and Midwifery Board of Australia as having completed a minimum three years undergraduate nursing degree. An RN is licensed to practice nursing and their roles may include administration, leadership and management duties, medication administration, assessment and management of clients including complex nursing care, specialised nursing care, research, and policy. RNs have a higher level of accountability and more responsibility than an enrolled nurse or assistant in nursing (AINs) (however titled).<sup>10</sup>
- Enrolled Nurse (EN) - Registered with the Nursing and Midwifery Board of Australia an EN must work under the direct/indirect supervision of an RN at all times. They should only carry out practice that they are appropriately trained and competent to do, and which is within their scope of practice.

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<sup>6</sup> Australian College of Nursing, *Nurses are Essential in Health and Aged Care Reform A White Paper by ACN 2016* <[https://www.acn.edu.au/sites/default/files/advocacy/20160930\\_nurses\\_are\\_essential\\_to\\_health\\_and\\_aged\\_care\\_reform\\_white\\_paper\\_web.pdf](https://www.acn.edu.au/sites/default/files/advocacy/20160930_nurses_are_essential_to_health_and_aged_care_reform_white_paper_web.pdf)>.

<sup>7</sup> Health Workforce Australia, *Health LEADS Australia: the Australian health leadership framework* (July 2013), Australian Government <<https://www.aims.org.au/documents/item/352>>.

<sup>8</sup> Nursing and Midwifery Board of Australia, *Nursing and Midwifery Board of Australia Registrant Data* (2016) Australian Health Practitioner Regulation Agency <<http://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx>>.

<sup>9</sup> Nursing and Midwifery Board of Australia, *Guidelines: For nurses applying for endorsement as a nurse practitioner* (1 June 2016) <<http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Endorsements-Notations.aspx#nurse>>.

<sup>10</sup> Nurse in Australia, *Categories of Nurses in Australia* <<http://www.nurseinaustralia.com/categories-of-nurses-in-australia/>>.

This demonstrates an existing professional structure of accountability and support within nursing conducive to the early reporting of concerns around elder abuse. There are several documents outlined in ACN's original submission that together provide a national framework for responsible and accountable nursing practice for all areas of practice.

Nurses must also comply with the Australian Health Practitioners Regulation Agency (AHPRA) Guidelines for mandatory notifications that stipulate the requirements for registered health practitioners to make mandatory notifications under national law to prevent the public from being placed at risk. The guidelines for notifiable conduct are appropriately broad encompassing any conduct by a regulated health practitioner "Placing the public at risk of harm because of practice that constitutes a significant departure from accepted professional standards".<sup>11</sup>

**Proposal 11-4** There should be a national employment screening process for

Australian Government funded aged care. The screening process should determine whether a clearance should be granted to work in aged care, based on an assessment of:

- (a) a person's national criminal history;
- (b) relevant reportable incidents under the proposed reportable incidents scheme; and
- (c) relevant disciplinary proceedings or complaints.

**Proposal 11-5** A national database should be established to record the outcome and status of employment clearances.

**Proposal 11-6** Unregistered aged care workers who provide direct care should be subject to the planned National Code of Conduct for Health Care Workers.

Proposals 11-4 and 11-5 of the Discussion Paper propose a national employment screening process and a national database of the status of employment clearances for Australian Government funded aged care and a code of conduct. ACN would like to point out that such a process is already available for regulated nurses within the provisions of the Health Practitioner Regulation National Law Act 2009.<sup>12</sup> A national database retained by AHPRA is also publicly available.

ACN welcomes proposal 11-6 proposing AINs who provide direct care being subject to the planned National Code of Conduct for Health Care Workers. Furthermore, ACN supports the regulation of AINs through participation in the National Registration and Accreditation Scheme, and the establishment of a practice framework which articulates a minimum level of education, a defined scope of practice, and national codes, standards and guidelines.<sup>13</sup>

<sup>11</sup> Australian Health Practitioner Regulation Agency, *Guidelines for mandatory notifications* (March 2014) <<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/Guidelines-for-mandatory-notifications.aspx>>.

<sup>12</sup> Queensland Parliamentary Counsel, *Health Practitioner Regulation National Law Act 2009* (1 July 2010) <<https://www.ahpra.gov.au>>.

<sup>13</sup> Australian College of Nursing, *Assistants in Nursing (however titled) Position Statement* (March 2016) <[https://www.acn.edu.au/sites/default/files/advocacy/submissions/ps\\_assistants\\_in\\_nursing\\_c5.pdf](https://www.acn.edu.au/sites/default/files/advocacy/submissions/ps_assistants_in_nursing_c5.pdf)>.

## The Current Composition of the Aged Care Workforce

ACN is concerned by the trend in the makeup of the aged care workforce, which has seen a reduction in the proportion of regulated health professionals working directly at the bedside.<sup>14</sup> See table 1 below for rates of decline of RNs in aged care between 2003 and 2012.<sup>15</sup>

Table 1: Full-time equivalent direct care employees in the residential aged care workforce, by occupation: 2003, 2007 and 2012 (estimated FTE and per cent)

Occupation	2003	2007	2012
Nurse Practitioner	n/a	n/a	190 (0.2%)
Registered Nurse	16,265 (21.4%)	13,247 (16.8%)	13,939 (14.7%)
Enrolled Nurse	10,945 (14.4%)	9,856 (12.5%)	10,999 (11.6%)
Personal Care Attendant #	42,943 (56.5%)	50,542 (64.1%)	64,669 (68.2%)
Allied Health Professional	5,776* (7.6%)	5,204* (6.6%)	1,612 (1.7%)
Allied Health Assistant			3,414 (3.6%)
Total number of employees (FTE) (%)	76,006 (100%)	78,849 (100%)	94,823 (100%)

\*In 2003 and 2007 these categories were combined under 'Allied Health'

#The term PCs includes personal carers, assistants in nursing and other unlicensed workers (however titled) working in aged care

This direct care with patients at the bedside provides valuable opportunities where an appropriately trained health professional can assess and identify potential problems and respond accordingly. However, increasingly business models are being deployed where nurses are being utilised only for 'legislative requirements', with AINs (however titled) fulfilling most of the traditional care elements. This is problematic, as they have limited and varied degree of training and preparation. Increasingly they are being recruited from the culturally and linguistically diverse (CALD) community, which is not a problem in itself, however appropriate professional oversight, guidance, training, support and supervision is required.

Law reform in NSW removed the requirement for an RN to be on site 24/7 from aged care facilities.<sup>16</sup> This is of great concern as ENs and AINs (however titled) work under RN direction and supervision and they do not possess the education, knowledge and skills to substitute for an RN.<sup>17</sup> At a time of increasing aged care service demand, retaining the number of nurses should be a key priority and ACN's position is that regulation of residential aged care facilities (RACFs) should at a minimum

<sup>14</sup> Debra King et al, *The aged care workforce 2012: final report*, Australian Government Department of Health (2012) <<http://apo.org.au/node/33009>>.

<sup>15</sup> King et al 2012, above n 14.

<sup>16</sup> Australian College of Nursing, *ACN concerned about removal of legal requirement for registered nurses (RNs) in nursing homes* (3 May 2016) <<https://www.acn.edu.au/australian-college-nursing-concerned-plans-remove-legal-requirement-registered-nurse-rn-be-site-and>>

<sup>17</sup> Australian College of Nursing 2016, above n 13.



mandate a requirement that a registered nurse (RN) be on-site and available at all times to promote safety and well-being for residents.<sup>18</sup>

There is reduced incentive for regulated staff to seek employment in the sector due to a wage disparity. For example, full-time residential aged care nurses earn approximately an average of \$207 per week less than nurses working in other sectors such as acute care.<sup>19</sup>

High turnover of nursing staff in aged care results in lower quality of care, poor wellbeing of nurses and increased costs in staff recruitment and training. Nurses cite the following as to why the aged care sector is relatively unattractive:

- a stressful working environment;
- poor career path;
- inadequate professional development opportunities and training;
- relatively low remuneration;
- heavy workload; and
- devaluing of care work<sup>20</sup>

Poor health outcomes that may have been preventable but for the erosion of nursing roles in aged care can be clearly demonstrated in the following two incidents:

In one reported case, an elderly woman in an aged care home died in excruciating pain because no staff member on duty was qualified to administer the prescribed morphine. The woman's daughter was so traumatised by the situation, she could not remain at her mother's bedside to hold her hand.<sup>21</sup>

In another reported case, an 89-year-old died after being allegedly assaulted in her sleep by a fellow nursing home resident in far north Queensland. Both residents were reported as having dementia.<sup>22</sup>

### Lack of career path

Clear career paths are important for staff retention and satisfaction. This stands true for nursing. The majority of roles for nurses in aged care are managerial and away from direct patient care. There are few support roles such as those available in the acute hospital setting. This means that the RN or the EN has to not only provide supervision, but also training needs. Due to a lack of specialist nursing positions, for example nurse educators, stomal therapy nurses, specialist clinical nurse consultants (CNCs), nurses in aged care can feel under-supported which can lead to early burnout and ultimately them leaving the sector.

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<sup>18</sup> Australian College of Nursing 2016, above n 16.

<sup>19</sup> Australian Nursing and Midwifery Federation, 'Public Hospital and Private Aged Care Comparative Wage Information' (2017) 16 (2).

<sup>20</sup> Fengsong Gao et al, 'Models for predicting turnover of residential aged care nurses: A structural equation modelling analysis of secondary data' (2014) 51 *International Journal of Nursing Studies* 1258.

<sup>21</sup> Sarah Russell, *We're ignoring the needs of our ageing population*, The Sydney Morning Herald (17 April 2016) <<http://www.smh.com.au/comment/were-ignoring-the-needs-of-our-ageing-population-20160416-go80kr.html>>.

<sup>22</sup> Marissa Calligeros, *Woman, 89, dies after nursing home assault*, The Sydney Morning Herald (4 June 2013) <<http://www.smh.com.au/queensland/woman-89-dies-after-nursing-home-assault-20130603-2nmpq?deviceType=text>>.

While there has been some growth of specialist nursing roles in the aged care sector, growth has been slow and in 2012 Nurse Practitioners made up only 0.2% of the residential aged care workforce.<sup>23</sup>

A study in 2015 showed that if all aged care facilities had Nurse Practitioners employed in the aged care sector, the savings from reductions in hospital bed days would have been \$97 million in 2013-14.<sup>24</sup> If properly funded, the employment of Nurse Practitioners throughout aged care would not only save money it could also provide further career path opportunities for nurses within the sector.

### Nurses reduce the risk of abuse

Due to the growing prevalence of co-morbidities associated with physical and cognitive decline, polypharmacy, and greater professional accountability, increasingly the residential aged care population requires more complex care that can only be provided under the direct supervision of RNs. The RN scope of practice enables the high level clinical assessment, clinical decision making, nursing surveillance and intervention, service coordination, and clinical and managerial leadership required to meet desired outcomes and to ensure the provision of high quality care. RNs provide frontline leadership in the delivery of nursing care and in the coordination, delegation and supervision of care provided by enrolled nurses (ENs) and AINs (however titled). The continuous presence of RNs is essential to ensure timely access to effective nursing assessment and comprehensive nursing care, and to the evaluation of that care.<sup>25</sup>

**Proposal 11-7** The Aged Care Act 1997 (Cth) should regulate the use of restrictive practices in residential aged care. The Act should provide that restrictive practices only be used:

- (a) when necessary to prevent physical harm;
- (b) to the extent necessary to prevent the harm;
- (c) with the approval of an independent decision maker, such as a senior clinician, with statutory authority to make this decision; and
- (d) as prescribed in a person's behaviour management plan.

ACN supports Proposal 11-7 and reiterates what was said in its first submission to the ALRC elder abuse inquiry that restrictive practices in all circumstances must be practices of last resort. Restrictive practices should only be used under the strict supervision of appropriate professional staff, should not be used by unregulated aged care workers without the direct supervision of an RN, and should not be used as a workload management practice.

There are growing numbers of cognitively impaired patients in residential aged care, for example: one UK study estimated that at least 50% of people living with dementia were likely to be prescribed antipsychotic medication<sup>26</sup>. Evidence suggests this type of medication can cause accelerated

<sup>23</sup> King et al 2012, above n 14.

<sup>24</sup> Rachel Davey, Shannon Clark, John Goss, Rhian Parker, Catherine Hungerford, and Diane Gibson, *The National Evaluation of the Nurse Practitioner – Aged Care Models of Practice Initiative, 2011-2014 Summary of Findings* (2015) <<https://www.canberra.edu.au/research/institutes/health-research-institute/annual-reports/reports/NPACM-Summary-of-Findings-Dist-Low-res.pdf>>.

<sup>25</sup> Australian College of Nursing 2016, above n 6.

<sup>26</sup> Sube Banerjee, *The use of antipsychotic medication for people with dementia: Time for action* <<https://www.rcpsych.ac.uk/pdf/Antipsychotic%20Bannerjee%20Report.pdf>>.

cognitive decline, sedation, chest infection and even death.<sup>27 28</sup> Use of medication in this way could be considered an abusive practice and is sometimes referred to as chemical restraint.

Appropriately trained nurses, given suitable resources, will be more able to manage a cognitively impaired resident who may be abusing a fellow resident such as the example given earlier in this response.

### Nurse sensitive indicators

Within residential aged care, safeguards against elder abuse are directly linked to quality of care. Evaluating the quality of nursing practice began when nursing's role in health care quality was identified and patient outcomes started to be measured.<sup>29</sup> Nursing-Sensitive Indicators are those indicators that capture care or its outcomes most affected by nursing care.<sup>30</sup> Currently, the National Aged Care Quality Indicator Program is voluntary, and only includes the three indicators: physical restraint, unplanned weight loss, and pressure injuries. ACN suggests that this program should be mandatory and expanded. Additional indicators such as restraint prevalence, falls, nursing hours per patient day, pressure ulcer prevalence, preventable infection rates and skill mix would draw Australia more in line with the international standards such as the National Database of Nursing Quality Indicators® (NDNQI®).

### The business case for quality

Pursuit of quality in healthcare is financially beneficial.

The Elder Abuse Prevention Unit (EAPU) reported the additional cost to the Queensland's hospital system due to elder abuse admissions for the 2007/08 financial year could be between \$9.9 million dollars and \$30.7 million.<sup>31</sup> This figure range is solely for Queensland and includes only the hospital admission costs. By 2025 it is estimated that nationally elder abuse will be costing the health system over \$350 million dollars per year.<sup>32</sup>

Research has shown that reduced nurse staffing has endangered some aspects of patient safety. One study showed higher fall rates were associated with fewer nursing hours per patient day and a lower percentage of registered nurses.<sup>33</sup> Enhanced nursing levels have already been found to reduce unnecessary hospitalisations in RACF patients with dementia.<sup>34</sup>

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<sup>27</sup> Clive Ballard and Robert Howard, 'Neuroleptic drugs in dementia: benefits and harm' (2006) 7 (June) *Nature Reviews Neuroscience* 492.

<sup>28</sup> Lon Schneider, Karen Dagerman, and Philip Insel, 'Risk of death with atypical antipsychotic drug treatment for dementia: meta-analysis of randomized placebo-controlled trials' (2005) 294 (15) *Journal of the American Medical Association* 1934.

<sup>29</sup> Isis Montalvo, 'The National Database of Nursing Quality Indicators™ (NDNQI®)' (2007) 12 (3) *OJIN: The Online Journal of Issues in Nursing*.

<sup>30</sup> Montalvo 2007, above n 20.

<sup>31</sup> Les Jackson, Elder Abuse Prevention Unit, *The cost of elder abuse in Queensland: who pays and how much*, The Elder Abuse Prevention Unit a program of Lifeline Community Care Qld (June 2009) <

[http://www.eapu.com.au/uploads/research\\_resources/Who\\_Pays\\_Financial\\_Abuse\\_QLD\\_SEP\\_2009-EAPU.pdf](http://www.eapu.com.au/uploads/research_resources/Who_Pays_Financial_Abuse_QLD_SEP_2009-EAPU.pdf)>.

<sup>32</sup> Lillian Jeter Workshops, *Facts on Elder Abuse – Australia* (February 2011)

<<http://www.ohchr.org/Documents/Issues/OlderPersons/Submissions/ElderAbusePreventionAssociation.pdf>>.

<sup>33</sup> Nancy Dunton et al, 'Nurse staffing and patient falls on acute care hospital units' (2004) 52, *Nurse Outlook* 53.

<sup>34</sup> Mary Carter and Frank Porell, 'Vulnerable populations at risk of potentially avoidable hospitalizations: The case of nursing home residents with Alzheimer's disease' (2005) 20 (6) *American Journal of Alzheimer's Disease and Other Dementias* 349.

Another study showed Nurse Practitioners with expert gerontology clinical skills and knowledge, and who work in collaboration with the primary health team (primarily the General Practitioners) can significantly reduce hospital admissions and emergency department presentations.<sup>35</sup>

## Conclusion

Appropriately trained, regulated and supported nurses are a cost effective health resource that can clearly be beneficial in preventing elder abuse. The nursing workforce is highly educated, flexible, fiscally accountable and responsive to patient and community needs. They utilise public confidence to guide consumer experience, enhance primary health care capacity and reach, and have the greatest impact on the success or failure of health reform. Legislation should support them, not impede them. Any national plan to address elder abuse strategy will need the inclusion of nurses if it is to succeed.

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<sup>35</sup> Kathy Peri et al, *Evaluation of the Nurse Practitioner in Aged Care*, University of Auckland, (April 2013) <[http://www.midcentraldhb.govt.nz/Publications/AllPublications/Documents/NP\\_aged%20Care\\_15NM.pdf](http://www.midcentraldhb.govt.nz/Publications/AllPublications/Documents/NP_aged%20Care_15NM.pdf)>.