



Australian
College of
Nursing

Nurses are Essential in Health and Aged Care Reform

A White Paper by ACN 2016



‘Education leads to enlightenment. Enlightenment opens the way to empathy. Empathy foreshadows reform.’

Derrick A Bell

(First tenured African-American professor at Harvard Law School)



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Executive summary

The delivery of health and aged care services in Australia is unsustainable, with demand for services rapidly exceeding funding and workforce capacity. Growing pressure from an increasing and ageing population, increased consumer expectations and use of technology, is exhausting our health care system. Combined with global health care trends, there will be even greater competition for scarce resources into the future. The need for reform is real and immediate.

Uniquely positioned, and contributing over half our health and aged care workforce, 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 patient and community needs. Rated as the most highly regarded and trusted of all professions, nurses 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 and aged care reform.

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. The nursing profession is ideally placed to enact the health and aged care reforms needed for a more integrated, contemporary and sustainable health and aged care system.

While it is clear that the nursing profession has much to offer the health and aged care reform agenda, nursing is not being used to its potential. Nursing is under-represented in debates and decision making, meaning that the nursing voice is not being heard, and patient-centred and sustainable reform is being placed at risk.

The Australian College of Nursing (ACN) is committed to working with Australian governments to increase engagement with the nursing profession, enhance nursing leadership in reform and maximise nursing potential. ACN will engage with governments and health care partners, to challenge and drive positive health and aged care reform. ACN calls on governments to strengthen the nursing voice in health and aged care reform, and actively engage nursing leadership in discussing, deciding and acting on health and aged care reform. This will involve Australian governments working closely with ACN in health and aged care reform to:

- recognise the nursing profession's role
- invest in policy platforms that enable the full participation of the nursing profession
- ensure the nursing voice is heard in strategic policy debates and reform developments
- recognise the value of nurse led innovation
- support nurses to work to their full scope, and expanded scope where necessary
- acknowledge the pivotal role of nurses in setting standards of care.

As the pre-eminent Australian professional nursing body, ACN provides a collective voice for the profession in health and aged care reform.

In collaboration and partnership with nurse leaders including other nursing professional bodies and other health professionals, ACN works tirelessly towards improving health and aged care outcomes and system sustainability. ACN aims to advance nurse leadership to strengthen the nursing voice, in pursuit of better health and well-being for all Australians.



Introduction

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'One of the best aspects of health care reform is it starts to emphasize prevention.'

Anne Wojcicki
(Co-founder Google)

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The Australian College of Nursing (ACN) White Paper 'Nurses are Essential in Health and Aged Care Reform' broadly outlines the valuable role that nurses play in health and aged care, and the importance of a strong nursing voice in achieving person-centred and sustainable reform.

It outlines ACN's role as the pre-eminent Australian professional nursing body, and its ability to provide a conduit to nursing leadership system-wide and a unified professional nursing voice.

This White Paper calls on Australian governments to engage with ACN and the nursing profession, ensuring that nurses are represented at all levels and stages of health and aged care reform. Finally, it identifies strategies that would better position the nursing profession to participate in, and contribute to, health and aged care reform.

Major policy reforms in health and aged care over recent years have launched a reform agenda that will fundamentally change how services are shaped, funded and delivered (Council of Australian Governments (COAG), 2011). These reforms, while challenging, will require collective wisdom and cooperation to ensure that they are person-centred and sustainable for future generations.

Comprising over 50 per cent of the health workforce, and having the most contact and influence at the point of care, nurses have a unique insight into and direct impact on the success of policy, and must play a central role in the reform agenda (Health Workforce Australia (HWA), 2013).

Yet in Australia, the nursing voice is not being heard and the profession is under-represented in strategic policy discussion and decisions. This is a particular concern given the scale of reform being undertaken and the risks to the community that ineffective reform will bring. The importance of the nursing voice in reform was found to be essential by the Francis Inquiry into the Mid Staffordshire Hospital Trust in the United Kingdom, and under-representation alone poses a risk to the reform agenda.

As Australia's pre-eminent nursing professional body ACN will outline a case for Australian governments to engage with nursing leadership through ACN, ensuring nurse representation on all key advisory and decision making bodies. The issue of the nursing profession not being used to its full potential will be explored, and strategies identified to enable governments to address priority barriers to rectify.



The imperatives driving reform

In Australia, the delivery of health and aged care services, through the existing methods and models of care, is becoming unsustainable. The demand for service is rapidly exceeding funding and workforce capacity, with fatal consequences. The need for reform is real and immediate.

The unequal health of the Nation

The past 50 years have seen remarkable advancements in health and aged care technology, and Australians now live in an unprecedented age of health and wellbeing. On average they have a life expectancy of 82 years, two years above the Organisation for Economic Co-operation (OECD) average, and have self-reported health of 85 per cent compared to the OECD average of 69 per cent (OECD, 2016). This means that 85 per cent of respondents report being in good health most of the time, which is a good predictor of future health (OECD, 2016).

However, this is not the whole story, with life expectancy lower for people living in rural and remote areas and 10 years less on average for Aboriginal and Torres Strait Islander (ATSI) peoples (Australian Institute of Health and Welfare (AIHW) 2015b). While a thorough coverage of health inequities is beyond the scope of this paper, these inequities must remain central to the reform agenda, as well as maintaining overall high levels of health and wellbeing for the broader population.

Globalisation of disease

The need for health and aged care reform is not unique to Australia, and governments and health and aged care leaders worldwide are facing the realities of a changing health care environment. As developed nations struggle with issues of obesity and the rise of non-communicable diseases, developing nations remain vulnerable to malnutrition and communicable diseases (World Health Organization (WHO), 2013). There are also unquantifiable emerging risks that will demand our attention, such as antimicrobial resistance, pandemic and epidemic diseases, and global warming (Geale & Duffield, 2015; McCloskey et al. 2014; Fedson 2013).

Antimicrobial resistance is increasing and there are fears that it could destroy the core of modern medicine (World Health Assembly 68 (WHA68), 2015). Drug resistance is being experienced worldwide, and cases of resistant diseases are increasingly being diagnosed locally. In addition, we are also seeing the re-emergence of previously eradicated diseases (Trauer & Chang, 2016). Reform must address the way antibiotics are used within health care, but equally importantly the way these precious resources are being used in food production and throughout the agricultural sector (WHO, 2015).

The Ebola virus disease outbreak in West Africa, and the difficulties faced by affected nations in containing the virus, highlighted the risk to world health if developing nations are not supported to comply with the International Health Regulations (2005) (WHO, 2008; WHA, 2016). While the response to the Zika virus was more effective, it is clear that national borders provide little protection in our mobile world, and that health policy must extend further beyond our borders.

Global warming will have a large impact on our neighbouring nations, with some Pacific Islander Nations already at risk due to rising sea levels. There is a real possibility that many of these nations may soon cease to exist, resulting in large numbers of environmental refugees



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seeking entry to Australia (Keener et al. 2012).

The increased recognition of the need to respond to global health issues will necessitate significant reform to health and aged care priorities, and the way services are funded and delivered. In short, the stakes will be high and there will be increased competition for already scarce resources.

Spiraling cost of health

The health care system in Australia is comprised of public, not-for-profit and for profit private services. Complicated funding mechanisms contribute to the inefficiency, duplication, fragmentation of services and legitimate and avoidable costs (Duckett et al. 2014). Over the past 25 years, health spending alone has grown from \$50.3 billion in the 1989-1990 Financial Year (FY) to \$154 billion in 2013-2014 FY, \$104.8 billion of which was provided by Australian governments. The amount spent per person during this period rose by 123.5 per cent (AIHW, 2015a). In the absence of effective reform, health spending will continue to spiral, with estimates predicting that the percentage of Australia's gross domestic product spent on health will double by 2025 (Daley, McGannon & Hunter, 2014).

The rise in health and aged care expenditure is in part due to an increasing and ageing population. Australia's population of 24.1 million and modeling in 2012 showed that it would grow to over 36.8 million by 2061. Over this time the percentage of people aged 65 years and over will increase from 14 per cent to 22 per cent, and the percentage of people 85 years and over will increase from 2 per cent to 5 per cent (Australian Bureau of Statistics (ABS), 2012).

However, changing population dynamics, while a critical factor, has only attributed 25 per cent of increased health expenditure since 2002-2003FY (AIHW, 2016a). Increasing use of technology and increasing consumer expectations have also driven demand. People are accessing more general practitioner and specialist services, and are generating increasing numbers of diagnostic investigations and prescriptions (AIHW, 2016c). They are also receiving a wider range of services, of a higher quality (Duckett & McGannon, 2013).

Diminishing workforce

Australia's health and aged care workforce covers a diverse range of care providers, ranging from highly qualified regulated professionals to unregulated workers. In 2015 there were over 307,100 nurses and midwives employed (of a total regulated population of 360,000) in Australia, with 90 per cent working in clinical roles (AIHW, 2016b). The nursing workforce is ageing, with an average age of 44 years of age, and more than 22 per cent of them are over 55 years of age. Increasingly, rates of retirement will place greater emphasis on the role of graduate nurses and the need to stem high rates of nursing turnover in early career nurses (AIHW, 2016a; Voit & Carson, 2012).

If the existing nursing workforce supply and service usage trends continue, by 2030 it is projected that Australia would have a shortage of 120,000 nurses (HWA, 2014). In addition, the aged care workforce will need to double, or possibly triple, by the year 2050 to meet the needs of the growing number of aged care residents (Department of Health and Aged Care, 2010).

Workforce shortages are most pronounced in rural and remote locations, and in clinical specialties due to the skill sets required (Schoo et al. 2016). As such, the difficulty recruiting



specialists to rural and remote locations is challenging. It remains vital that reform results in the right nurse, in the right place, at the right time. This will require reforms that acknowledge the nursing skill mix required to support the different models of care required to meet the needs of different patient groups (Merrick et al., 2012). Some areas will need a greater focus on high technology nursing, while others will need a greater focus on high care nursing.

Demand exceeding supply

The gap between the demand and supply of health care is expanding as the population and health workforce ages, and consumer expectations heighten (Crisp & Chen, 2014). Nowhere is this gap more apparent than in the health systems capacity to deliver acute services. To reduce this gap, more integrated primary care models of care will need to replace the traditional acute model of care. Already significant reform has taken place to achieve this, including increases to day procedures, ambulatory care, hospital in the home, tele-health and nurse led clinics. However, this will not be nearly enough.

The way health care is delivered and by whom critically needs to be reconsidered. The traditional roles of health professionals, and professional boundaries that constrain workforce capacity and flexibility, need to be challenged, including reforms to ensure that all health professionals work to their full scope of practice (HWA, 2014). While not limited to, this needs to include prescriptive authorities and funding to support innovative nurse-led models of care.

Health and aged care policy reform in Australia

Sustaining Australia's health system in the face of finite resources and spiraling costs, make it clear there is an overwhelming need for reform to prepare and future proof the Australian health and aged care system. Although reform has been progressively occurring since the Second World War, by 2008 it was evident that the Australian health system needed structural changes.

Fuelled by the growing awareness that health care spending was rapidly exceeding the States' financial means, in 2010 Australian governments signed the National Health Reform Agreement (COAG, 2011). Since this time, and through the work of COAG, there has been widespread change to the fundamental health care architecture, including devolution of governance and increased health care funding and transparency.

Reform is driving productivity increases, accountability for public funding and challenging performance targets. It is shifting the focus from acute, and institutional focused care, to community and primary health (North Western Melbourne Primary Health Network & Melbourne Primary Care Network, 2016). Empowering consumers and strengthening their capacity to actively participate in their own health care.

However, Australia remains firmly within a critical period for health and aged care reform, which will necessitate further government investment in strategic policy platforms to change the way health care is delivered, managed and financed. It will also necessitate a change in the nature of health and aged care politics. Australian governments must commit to, and deliver on, objectives that go beyond election cycles.



Nursing impact in health and aged care reform

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'No one else was willing to work in this [environment] and [I was] worrying every day that one of them, or all of them, could catch Ebola.'

Amanda McClelland
(Australian RN working in Africa, 2016)

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Nurses make up more than half of the health care workforce, and they are more often at the point of care (HWA, 2013). Arguably, the work they do and the resources they use, have the greatest impact on the success or failure of health care reform. Engaging nurses in the health reform agenda, wherever they are within the system, is critically important to ensuring that it reflects the practical realities of providing health care.

As advocates for patients, their families and the community, nurses have long championed health care reform that leads to improved quality and access (Premji & Hatfield, 2016). Nurses successfully plan, implement and evaluate a wide range of initiatives aimed at improving health outcomes, patient satisfaction and more effectively utilising scarce resources. Nurses rise to challenges when their patients and communities have needed them, demonstrating a unique ability to understand the health care system within the context of their patient's needs, and in doing so are highly respected as health and aged care reform leaders.

Nurses are the core of health systems worldwide, and are integral to the delivery of care throughout the health and aged care system. In Australia, the nursing profession is the most flexible and wide-reaching health and aged care provider, and is central to health care delivery regardless of time, setting or service level. As health system experts, nurses are critical in navigating patients through this complex and fragmented system.

Nurses are a powerful force in addressing the rising rates of chronic disease, such as obesity and diabetes in vulnerable groups and communities. Nursing leadership and experience working across sectors to address the social determinants of health will be increasingly valuable as governments worldwide move their focus from the United Nation's Millennium Development Goals to the Sustainable Development Goals (Sharp, 2016).

Nurses steward the health care system

Nurses lead between 50 and 70 per cent of the health and aged care workforce, and are responsible for a large proportion of health and aged care budgets. They have a direct influence on how resources are used and the level of overall spending. As such, they are able to provide valuable insights into how health care spending may be most effectively utilised to address health needs and drive subsequent policy initiatives.

Nurses shape consumer experience

Wherever they are, nurses have a direct impact on how consumers experience health and aged care. They bolster consumer confidence in the health care system, and can directly impact on whether a person will have a positive health care experience.

Nurses are consistently rated as the most ethical and honest of professions (Roy Morgan, 2016). This means that consumers are likely to trust and believe what nurses say. As such, nurses carry the reputation of their organisation, and the health care system, in their hands. Therefore, it is critical that they are recognised for the role they play in this, and that they



are actively and positively engaged in leading reforms to ensure they remain in tune with community expectations.

Nurses enhance primary health care capacity and reach

In Australia, primary health care services are responding to an increasing and ageing population, and addressing the needs of consumers with complex and chronic health conditions. It is well accepted that a robust and vibrant primary health care sector is needed to improve community health and reduce the overwhelming demand on the acute care sector.

Nurses are critical to meeting the demands of primary health care, demonstrating a clear and positive impact on the delivery of health services, particularly in rural and remote settings where the needs of local populations are not met or where workforce shortages are prevalent (Lenthall et al. 2011; AIHW, 2009).

In 2014, approximately 40,000 nurses were practicing in the primary health care sector (HWA, 2014). These nurses work across a range of locations and settings, caring for a diverse range of needs and clinical conditions. This unique ability to reach across communities, with a depth of expertise, ensures nursing is an efficient and effective force in disease prevention, early intervention and the coordination and management of chronic disease in Australia.

Nurses play an essential role in helping to empower people to participate in, and manage, their personal health care. Nurses are in a unique position to identify and intervene in challenges related to the social determinants of disease, through holistic and collaborative approaches. Such an approach is central to all models of care deployed by, but not limited to, school, community care and maternal and child health nurses.

Nurses are flexible and fill gaps in service delivery, resulting in improved access for under-served and vulnerable communities. The nurse's role and scope of practice is multidimensional and encompasses health promotion, illness prevention and community development, especially in marginalised, disadvantaged and isolated populations (Australian Primary Health Care Nurses Association, 2012).

Nurses play an integral role in providing comprehensive health care to rural and remote communities. For many rural and remote communities, nurses are often the first point of contact in primary health and often act as the sole provider of primary health care services. Nurses have advanced and expanded their scope of practice to ensure communities in rural and remote areas have access to the quality care as close to their homes as possible, including nurse practitioners, remote area nurses, medicines endorsed nurses (rural and isolated practice). Nurses work in diverse cultural and social settings including ATSI communities (National Rural Health Alliance, 2005).

Without these nurses many people would need to travel long distances for relatively basic services, at significant financial and human burden. Others would just go without.

National initiatives undertaken by nurses to increase the capacity of nursing to contribute to primary health reform include but are not limited to the following:

- The Australian Primary Care Collaborative Program which has resulted in improved health outcomes for more than 320,000 people with diabetes and more than 210,000 people



with coronary heart disease (Australian Primary Care Collaboratives, n.d; Department of Health, 2014)

- The Practice Nurse Incentive Program allows practice nurses to have a greater focus on chronic disease management, prevention and education and financial support to expand the number of nurses employed in general practice (Department of Human Services, 2016)
- The Mental Health Nurse Incentive Program which has resulted in a reduction in the total number of admission days by 58 per cent and the average length of stay from 37.2 days to 17.7 days (Department of Health, 2016; Department of Health and Ageing, 2012)
- Western Desert Dialysis program is currently providing dialysis to over 300 people, with that number expected to reach 400 in 2018 (Department of Health, 2015).

Care co-ordination

The broad base of nursing education and experience, and nurses' unique understanding of the patient, has long positioned them to coordinate care. Nurses coordinating the care of people with chronic and complex needs have reduced hospital admissions and readmissions, increased compliance with health care treatments and improved health literacy (Twigg et al. 2013; Twigg et al. 2012). This not only improves the person's well-being, and overall satisfaction with the health system, but reduces the demand for services and associated human and financial costs.

Care Coordinators work across system boundaries, providing an end-to-end care and coordination service, along a person's entire health care journey. They monitor high need patients and ensure that their experience of the health care system is seamless and empowers them to be an active partner in their care (Queensland Government, 2015).

Nurses adapt to changing demands

Nurses' ability to adapt to meet the requirements of their communities is a hallmark of the profession. This has shaped nursing's broad scope of practice, which is grounded in both academic and practical experience, and commitment to finding innovative ways of increasing access to and equity of care.

Advancing practice

Advanced practice roles, and models of care, have evolved in response to unmet health needs, particularly in rural and remote locations and other underserved populations (Barrett et al. 2015). These roles improve quality and safety standards, access to care and efficiency of service delivery. Advanced practice nursing brings specialised clinical skills of the experienced nurse, with an intricate understanding of the health system and leadership required to navigate it successfully for the benefit of the patient (Sechi et al. 2016). Advanced practice roles have emerged in response to gaps in service delivery and unmet needs.

Nurse endoscopists are targeting waiting lists that would otherwise see people wait up to three years for service. Evidence showing that these models achieve outcomes equal to, or better than other models. Nurse colposcopists have emerged as an advanced sub speciality within women's health, increasing access to cervical cancer screening and ensuring the highest standards of care (Department of Health Western Australia, 2009).



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In order to maximise nursing potential, reform must drive models of care that enable nurses to work to their full scope of practice and, where necessary, to an extended scope. This will include legislative and funding reform and additional investment in training and development of nurses to take on these advanced clinical roles (Eley et al. 2013).

Nurse practitioners

‘It is very important that good policy and adequate resources support continued development of the nurse practitioner role to prevent the entrenchment of limitations’ (Middleton, Gardner et al. 2016).

Nurse practitioners sit at the pinnacle of the nursing profession and deserve a special mention. The nurse practitioner model has extended the scope of the nursing profession to respond autonomously in all areas of health care and continues to challenge these boundaries. Nurse Practitioner is a legislated and regulated professional role, perfectly placed to facilitate the reform agenda. They provide essential services to people in acute, aged care and community settings, across a wide range of specialty areas including primary health care.

Across all care settings, the role demonstrates positive impacts on the timeliness and efficiency of management and treatment (Clark et al. 2013). Roles are implemented to reduce avoidable hospital admissions, decrease wait times in emergency departments and reduce hospital length of stay, all of which improve the quality of care and reduce the cost of service delivery (Jennings et al. 2015; Asha & Ajami, 2014; Centre for International Economics (CIE), 2013; Jennings et al. 2008).

An essential benefit of nurse practitioner models of care is a reduction in the fragmentation of care due to the trans-boundary nature of the role. This enables nurse practitioners to provide high quality care in areas of identified need such as chronic disease, mental health, drug and alcohol and aged care (CIE, 2013).

With just over 1300 nurse practitioners across Australia (Nursing and Midwifery Board of Australia (NMBA), 2015), the nurse practitioner workforce remains small in comparison to the United Kingdom and the United States of America. However, like many advance practice roles, nurse practitioners are not always able to utilise their extended practice, often resulting in them undertaking administrative or coordinating roles (Gardner & Gardner, 2010).

Nurse practitioners are practicing in all areas targeted by reform, however they are frequently disabled by health policy that does not recognise their contribution as equal providers of care. Health policy must support the nurse practitioner role as a key component of future health reform. This means ensuring nurse practitioners are supported to provide equitable access to health care across communities. Embracing the role of the nurse practitioner is an example of ‘disruptive innovation’ necessary to drive health care reform.



Nurses ensure safe and quality care

The most obvious contribution nursing makes to reform is raising the standard of care. They have a direct impact on health outcomes, as captured through the ‘Outcomes Potentially Sensitive to Nursing’ indicators, which track occurrence of events such as urinary tract infections, pneumonia, and failure to rescue (Duffield et al. 2011). Furthermore, nursing interventions are central to compliance with the National Safety and Quality Health Service Standards (Twigg et al. 2013b).

Nurses’ advocacy role, when supported, also empowers them to ensure the practice of other health professionals is safe and acceptable to the consumer. Advocacy is a core value for nurses, who place the needs of the people they care for above all others, and are driven to protect their rights. The importance of nurses, as whistleblowers, and risk to patient care, when nurse’s voices are not heard, was highlighted in the Bundaberg Hospital Inquiry and the Francis Inquiry (Queensland Government, 2005; Francis Inquiry, 2013).

Nurses must be present in discussions that set standards and models of care in health and aged care services. Nursing research must be supported, inform policy and translated into practice, in order to address the health reform agenda.



Maximising nursing potential

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'Worshippers of the status quo sometimes imply that no reform is possible without unanimous agreement, an implication contrary to historical fact.'

Kingsley Davis, Demographer
(1967)

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As the preceding discussion illustrates, the nursing profession is ideally placed to enact health care reforms needed for a more integrated, contemporary and sustainable health care system. Australia's nursing workforce is highly educated, flexible, fiscally accountable and responsive to patient and community needs. As such, health and aged care reform offers significant opportunity for the nursing profession to take a leading role in designing and transforming the health and aged care system so that it is better able to reconcile and meet the myriad of challenges.

However, this is not always possible, as the role of the nurse in health and aged care reform is not always recognised and nurses are often not seen as having significant contributions to make. While there are historical patterns that influence which stakeholders are consulted and more loudly, this may also be due to the often generalist nature of nursing advice. Contributions need to be valued, and an appropriate balance struck between technical/specialist advice and that of nurses, who tend to take a more holistic and person-centred approach.

The actual design of the reform agenda itself may also restrict nursing representation and participation. Depending on how an issue is viewed will determine the terms of reference and other governance instituted to undertake the reform. In cases where the focus is on a particular medication or procedure, there is risk that narrow focus will be taken which will exclude nursing representation. It is therefore essential that the reform agenda consider issues broadly and holistically to ensure that the representation is appropriate and inclusive of nursing.

The scale of reform needed that is strategic and aware of the impact that it will have on all parts of the system is significant. Failure to invest in policy platforms that enable the full participation of the nursing profession means that the reform agenda is being only reported by a limited range of health care experience, and does not have the whole of system expertise that nursing brings.

While the importance of the nursing voice is well known, it continues to be unheard in strategic policy debates and reform developments. As outlined above, this is largely due to a lack of opportunities afforded to nursing to participate in key advisory and decision making bodies, and a failure of policy makers to consult with them on health reform. While increasing representation is essential, it is also essential that nurses are supported to enable them to contribute more effectively. It is all too easy for the contributions and insights of nurses to be overlooked because they often relate to basic health cares, rather than technology, which tends to be more captivating. As such, the reform processes need to support nurses and address ingrained power imbalances.

Despite a wealth of nursing innovation and evidence demonstrating the value of nursing and nursing models of care, it can be difficult for nurses to implement evidence based practice or nurse led models to their full effect. They often struggle to overcome funding barriers and



cultural resistance. It is essential that investment in nursing research and innovation is made, and that nursing evidence and innovative models of care are valued and supported as part of the reform agenda.

Although nurses have broad and extended scopes of practice, many are unable to work to their full potential, due to legislative, financial and cultural barriers. With predicted workforce shortages and increasing levels of demand for services in the near future, the pressure will be on both the nursing profession to work to its full potential and the Federal Government to ensure this potential is not restricted. This will involve identifying and removing legislative and funding barriers. It will also require reform of prescriptive authorities such as the Medicare Benefits Scheme and the Pharmaceutical Benefits Scheme.

Nurses are ideally placed to be advocates for quality and safe care. They are also in the best position to provide advice on policy and reform decisions. Not seeking nursing advice or including nursing representation in the decision making process has proven disastrous in other jurisdictions (Francis Inquiry, 2013). The role of the nurse in setting and maintaining the standard of care is central to the role of the nursing profession.

The voice of nursing

ACN works in close collaboration and partnership with Australian nurse leaders, including other professional nursing bodies, to advance nurse leadership and build a stronger nursing voice.

As the pre-eminent Australian professional nursing body, ACN provides a collective voice for the profession in health and aged care reform, and in collaboration with other health professionals, work tirelessly towards improving health and aged care outcomes and system sustainability.

ACN will engage with Australian governments and healthcare partners, to challenge and drive positive health and aged care reform. This will include broad collaboration within the nursing profession, and with other professionals whose efforts impact on patients, their families and the community. This collaboration will guide the development of a strategic nursing platform, which will underpin ACN's strategic priorities and guide further work, ensuring they are effectively operationalised.



The way forward

'The nursing professional voice needs to be strengthened.'

Robert Francis QC
(2016)

At all levels of the health and aged care system, nurses are leading reform, ensuring that systems meet the demands of a changing health environment, and that they are sustainable for future generations. Nurses are a powerful force for change system-wide, as they advise on, develop, implement and evaluate models of care that improve coordination and service delivery, but this is untapped.

ACN calls on Australian governments to actively engage nursing leadership in discussing, deciding and acting on health and aged care reform. This will involve Australian governments working closely with ACN to:

- recognise the nursing profession's role in health and aged care reform, and support the role of the nurse as a health and aged care leader
- invest in policy platforms that enable the full participation of the nursing profession in health and aged care reform
- ensure the nursing voice is heard in strategic policy debates and reform developments, through representation on key advisory and decision making bodies, and consultation on health reform
- recognise the value of nurse led innovation, and invest in nursing research and innovation to advance new models of care
- support nurses to work to their full scope, and expanded scope where necessary, in pursuit of improved access, quality and sustainable health and aged care
- acknowledge the pivotal role of nurses in setting standards of care in health and aged care services.



Conclusion

Over the coming decade, health and aged care policy in Australia will undergo major reform, planned and unplanned, as governments reposition services and resources to respond to existing and emerging demands.

The role of nursing in this reform cannot be underestimated, nurses voices must be heard and influence the reform agenda. Nurses must be represented when decisions are being made about policy and reform. Nurses bring a unique perspective and understanding of the strategic and operational health system, and have an established track record of person-centred care. Nurse led innovation and new models of care have enabled greater access and delivery of services, while maintaining high levels of quality and safety. Nurses must be supported to ensure they are able to contribute to their full potential, be that at the bedside or the boardroom.

As the pre-eminent professional nursing body ACN is committed to working with Australian governments to ensure increased engagement with nursing leadership, and the advancement of nurses as leaders of health and aged care reform. The nursing voice must be heard.



References

Asha, S.E. & Ajami, A. 2014, 'Improvement in emergency department length of stay using a nurse-led 'emergency journey coordinator': A before/after study', *Emergency Medicine Australasia*, vol. 26, pp. 158-163.

Australian Bureau of Statistics 2012, *Population Projections 2012*, viewed 3 September 2016, <[http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/3222.0main+features32012per cent20\(base\)per cent20to per cent202101](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/3222.0main+features32012per cent20(base)per cent20to per cent202101)>.

Australian Institute of Health and Welfare 2009, *Rural, regional and remote health: indicators of health system performance*, viewed 15 September 2016 < <http://www.aihw.gov.au/publication-detail/?id=6442468150>>.

Australian Institute of Health and Welfare 2015a, *Health expenditure Australia 2013–14*, Health and welfare expenditure series no.54. Cat. no. HWE 63.Canberra: AIHW.

Australian Institute of Health and Welfare 2015b, *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*, viewed 31 August 2016, <<http://www.aihw.gov.au/indigenous-observatory/reports/health-and-welfare-2015/>>.

Australian Institute of Health and Welfare 2016a, *25 years of health expenditure in Australia 1989–90 to 2013–14*, Health and welfare expenditure series no. 56. Cat. no. HWE 66.Canberra: AIHW.

Australian Institute of Health and Welfare 2016b, *Nursing and Midwifery Workforce*, viewed 25 April 2016, < <http://www.aihw.gov.au/workforce/nursing-and-midwifery/>>.

Australian Institute of Health and Welfare 2016c, *Health care—GPs and specialists*, viewed 15 September 2016 < <http://www.aihw.gov.au/ageing/older-australia-at-a-glance/service-use/gps-and-specialists/>>.

Australian Government Department of Health, *Australia's Future Health Workforce – Nurses Report 2014*, viewed 3 September 2016, <<http://www.health.gov.au/internet/main/publishing.nsf/Content/australias-future-health-workforce-nurses>>.

Australian Primary Care Collaboratives Program n.d, *Results*, viewed 13 September 2016, <<http://apcc.org.au/about-apcc/results/>>.

Australian Primary Care Nurses Association 2012, *Definition of Primary Health Care Nursing*, viewed 24 July 2016, <<http://www.apna.asn.au/lib/pdf/DefinitionofPrimaryHealthCareNursing.pdf>>.

Barrett, E., Salem, L. & Davis, K. 2015, 'Chronic disease in an Aboriginal population: A nurse practitioner-led approach to management', *Australian Journal of Rural Health*, vol. 23, no. 6, pp. 318-321.

Centre for International Economics 2013, *Final Report: Responsive patient centred care*, viewed 27 July 2016, <https://acnp.org.au/sites/default/files/docs/final_report_value_of_community_nps_1.pdf>.

Clark, S., Parker, R., Prosser, B. & Davey, R. 2013, 'Aged care nurse practitioners in Australia: evidence for the development of their role', *Australian Health Review*, vol. 37, pp. 594-601.

Council of Australian Governments 2011, *National Health Reform Agreement*, viewed 15 September 2016 < http://www.federalfinancialrelations.gov.au/content/npa/health/_archive/national-agreement.pdf>.



.....

Crisp, N. & Chen, L. 2014, 'Global Supply of Health Professionals', *The New England Journal of Medicine*, vol. 370, pp. 950-957.

Daley, J., McGannon, C. & Hunter, A. 2014, *Budget pressures on Australian governments, 2014 edition*, Grattan Institute.

Department of Health and Aged Care 2010, *The crisis in the caring workforce*, viewed 3 September 2016, <http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook44p/CaringWorkforce>.

Department of Health and Ageing 2012, *Evaluation of the Mental Health Nurse Incentive Program*, viewed 14 September 2016, <[http://www.health.gov.au/internet/main/publishing.nsf/Content/DD58A9B56E005910CA257BF0001ACCD7/\\$File/evalnurs.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/DD58A9B56E005910CA257BF0001ACCD7/$File/evalnurs.pdf)>.

Department of Health 2014, *Australian Primary Care Collaboratives Programme (APCCP)*, viewed 24 July 2016, <<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pcd-programs-apccp-index.htm>>.

Department of Health 2015, *\$15.3 Million for Purple House*, Department of Health, Canberra, viewed 25 May 2016, <<http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2015-nash036.htm>>.

Department of Health 2016, *Mental Health Nurse Incentive Program*, Department of Health, Canberra, viewed 29 April 2016, <<http://www.health.gov.au/internet/main/publishing.nsf/content/work-pr-mhnip>>.

Department of Health Western Australia 2009, *Colonoscopy Services Model of Care. Perth: Health Networks Branch*, Department of Health, viewed 8 September 2016, <http://www.healthnetworks.health.wa.gov.au/modelsofcare/docs/Colonoscopy_Services_Model_of_Care.pdf>.

Department of Human Services 2016, *Practice Nurse Incentive Programme*, viewed 27 July 2016, <<https://www.humanservices.gov.au/health-professionals/services/medicare/practice-nurse-incentive-programme>>.

Duckett, S. & McGannon, C. 2013, *Tough choices: how to rein in Australia's rising health bill*, viewed 29 April 2016, <<https://theconversation.com/tough-choices-how-to-rein-in-australias-rising-health-bill-13658>>.

Duckett, S., Breadon, P. Weidmann, P. & Nicola, I., 2014, *Controlling costly care: a billion-dollar hospital opportunity*, Grattan Institute, viewed 8 September 2016, <<https://grattan.edu.au/report/controlling-costly-care-a-billion-dollar-hospital-opportunity/>>.

Duffield, C., Diers, D., O'Brien-Pallas, L., Aisbett C., Roche M., King, M. & Aisbett K. 2011, 'Nursing staffing, nursing workload, the work environment and patient outcomes', vol. 24, no. 4, pp.244-255.

Eley, D.S., Patterson, E., Young, J., Fahey, P.P., Del Mar, C.B., Hegney, D.G, Synnott, R.L, Mahomed, R., Baker P.G& Scuffham PA. 2011, Outcomes and opportunities: a nurse-led model of chronic disease management in Australian general practice, vol. 19, no.2, pp.150-158.

Fedson, D.S. 2013, 'How Will Physicians Respond to the Next Influenza Pandemic?', *Clinical Infectious Diseases*, vol. 58, pp. 233-237.



Francis Inquiry, Francis R., (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Executive Summary*, viewed 15 September 2016 < https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf>.

Gardner, G., Gardner, A., Middleton, S., Della, P., Kain, V., Doubrovsky, A., 2010a. 'The work of nurse practitioners', *Journal of Advanced Nursing*, vol. 66, no. 10, pp. 2160-2169.

Gardner, A., Gardner, G.E., Middleton, S., Della, P.R. 2009, 'The status of Australian nurse practitioners: the first national census', *Australian Health Review*, vol. 33, no. 4, pp. 679-689.

Geale, S.K. & Duffield, C. 2015, 'Nurses – are we ready?', *Australian Nursing & Midwifery Journal*, vol. 23, no. 1.

Health Workforce Australia 2014, *Australia's Future Workforce- Nurses Overview Report*, viewed 27 July 2016 <[https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/\\$File/AFHWper cent20-per cent20Nursesper cent20overviewper cent20report.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/$File/AFHWper%20per%20Nursesper%20overviewper%20report.pdf)>.

Health Workforce Australia 2013, *Australia's Health Workforce Series - Health Workforce by Numbers*, viewed 15 September 2016 <<http://www.medicaldeans.org.au/wp-content/uploads/Health-Workforce-by-Numbers-FINAL.pdf>>.

Jennings, N., Clifford, S., Fox, A.R., O'Connell, J.O. & Gardner, G. 2015, 'The impact of nurse practitioner services on cost, quality of care, satisfaction and waiting times in the emergency department: A systematic review', *International Journal of Nursing Studies*, vol. 52, no.1, pp.421-435.

Jennings, N., O'Reilly, G., Lee, G., Cameron, P., Bailey, M. & Free, B. 2008, 'Evaluating outcomes of the emergency nurse practitioner role in a major urban emergency department, Melbourne Australia', *Journal of Clinical Nursing*, vol. 17, no. 8, pp. 1044-50.

Keener, V.W., Marra, J. J., Finucane, M. L., Spooner, D., & Smith, M. H. 2012, 'Climate Change and Pacific Islands: Indicators and Impacts. Report for The 2012 Pacific Islands Regional Climate Assessment', viewed 15 September 2016 < http://www.cakex.org/sites/default/files/documents/NCA-PIRCA-FINAL-int-print-1.13-web.form_.pdf>.

Lenthall, S., Wakerman, J., Opie, T., Dunn, S., MacLeod, M., Dollard, M., Rickard, G. & Knight, S. 2011, 'Nursing workforce in very remote Australia, characteristics and key issues', *Australian Journal of Rural Health*, vol. 19, pp. 32-37.

McCloskey, B., Dar, O., Zumla, A. & Heymann, D.L 2014, 'Emerging infectious diseases and pandemic potential: status quo and reducing risk of global spread', *The Lancet Infectious Diseases*, vol. 14, no.10, pp. 1001-1010.

Merrick, E., Duffield, C., Baldwin, R., Fry, M. & Stasa, H. 2012, 'Expanding the role of practice nurses in Australia', *Contemporary Nurse*, vol. 41, no. 1, pp. 133-140.

Middleton, S., Gardner, A., Della, P., Lam, L., Allnutt, L. & Gardner, G. 2016, 'How has the profile of Australian nurse practitioners changed over time?', *Collegian*, vol. 23, pp. 69-77.

Muldoon, K., Hogg, W.E. & Levitt, M. 2006, 'Primary Care (PC) and Primary Health Care (PHC)- What is the difference?', *Canadian Journal of Public Health*, vol. 97, no. 5, pp. 409-411.



.....

National Rural Health Alliance 2005, *Advanced nursing practice in rural and remote areas*, viewed 3 August 2016 <<http://ruralhealth.org.au/sites/default/files/position-papers/position-paper-05-07-01.pdf>>.

North Western Melbourne Primary Health Network & Melbourne Primary Care Network 2016, Australian health care reform: Challenges, opportunities and the role of PHNs, viewed 15 September 2016 < <http://www.phcris.org.au/resources/item.php?id=8292>>.

Nursing and Midwifery Board of Australia 2015, *Registrant Data December Reporting period: December 2015*, viewed 12 May 2016, < <http://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx>>.

Organization for Economic Cooperation and Development (OECD) 2016, *OECD Better Life Index-Health*, viewed 6 May 2016, < <http://www.oecdbetterlifeindex.org/topics/health/> .

Premji, S.S. & Hatfield, J. 2016, 'Call to Action for Nurses/Nursing', *BioMed Research International*, article ID 3127543, 5 pages.

Queensland Government 2005, *Queensland Public Hospitals Commission of Inquiry*, viewed 15 September 2016 <http://www.qphci.qld.gov.au/final_report/Final_Report.pdf>.

Queensland Government 2015, *Nurse Navigators*, viewed 8 September 2016, <<https://www.health.qld.gov.au/nmoq/optimisingnursing/nurse-navigators.asp>>.

Roy Morgan 2016, *Roy Morgan Image of Professions Survey 2016: Nurses still easily most highly regarded – followed by Doctors, Pharmacists & Engineer*, viewed 15 September 2016 < <http://www.roymorgan.com/findings/6797-image-of-professions-2016-201605110031>>.

Schoo, A. Lawn, S. & Carson, D. 2016, 'Towards equity and sustainability of rural and remote health services access: supporting social capital and integrated organizational and professional development', *BMC Health Services Research*, vol. 16, no. 1, article 111.

Sechi, A., Sawyer, E., Ng, W. & Connor, S. 2016, 'Proving cost effectiveness through implementation of a nurse-led inflammatory bowel disease patient advice line and virtual clinic (CHEAP)', *Gastroenterological Nurses College of Australia*, vol. 26, no. 2, pp. 4-6.

Sharp, L. 2016, 'A time of transition and transformation for global human health', *Impact*, vol. 26, no. 1, pp. 26-27.

Trauer, J.M. & Cheng, A.C. 2016, 'Multidrug-resistant tuberculosis in Australia and our region', *Medical Journal of Australia*, vol. 204, no. 7, pp. 251-253.

Twigg, D.E., Duffield, C., Bremner, A., Rapley, P. & Finn, J. 2012, 'Impact of skill mix variations on patient outcomes following implementation of nursing hours per patient day staffing: a retrospective study', *Journal of Advanced Nursing*, vol. 68, no. 12, pp. 2710-2718.

Twigg, D.E. Geelhoed, E.A. Bremner, A.P. & Duffield, C. 2013a, 'The economic benefits of increased levels of nursing care in the hospital setting', *Journal of Advanced Nursing*, vol. 69, no. 10, pp. 2253-2261.

Twigg D.E., Duffield, C. & Evans G. 2013b, 'The critical role of nurses to the successful implementation of the National Safety and Quality Health Service Standards', *Australian Health Review*, vol. 37, no.4, pp.541-546.



Victoria State Government 2015, *Hospital in the Home*, State of Victoria, viewed 27 July 2016, <<https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/acute-care/hospital-in-the-home>>.

Voit, K. & Carson, D.B. 2012, 'Retaining older experienced nurses in the Northern Territory of Australia: a qualitative study exploring opportunities for post-retirement contributions', *Rural and Remote Health*, vol. 12, no. 2, article no. 1881.

Woods, M. & Murfet, G. 2015, 'Australian Nurse Practitioner Practice: Value adding through Clinical Reflexivity', *Nursing Research and Practice*, Volume 2015 (2015), Article ID: 829593.

World Health Assembly 68 2015, *Global action plan on antimicrobial resistance*, viewed 15 September 2016 < <http://www.who.int/antimicrobial-resistance/global-action-plan/en/>>.

World Health Organization 2008, *International health regulations (2005) - 2nd ed.*, viewed 15 September 2016 < http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410_eng.pdf>.

World Health Organization 2013, *WHO Global Action Plan For The Prevention And Control Of Non-communicable Diseases, 2013 – 2020*, accessed 14 September 2016, <http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1>.

World Health Organization 2016, *WHO Global strategic directions for strengthening nursing and midwifery 2016–2020*, accessed 14 September 2016, <http://www.who.int/hrh/nursing_midwifery/global-strategic-midwifery2016-2020.pdf?ua=1>.

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'The Australian College of Nursing is committed to engaging and working with Australian governments to strengthen the nursing voice and deliver better health and aged care.'

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