

I welcome the opportunity to provide a submission to the Productivity Commission's Inquiry into Caring for Older Australians.

As a nurse or midwife currently working in the health system I have a vested interest in ensuring the care that's provided to older Australians within this system is of the highest quality.

The recent federal budget commitment for aged care goes some way in addressing a number of critical issues affecting the industry – particularly the funding for education of existing staff and for the examination of a national regulation system for aged care workers.

However, further reform of the aged care industry is still very much needed, and well overdue, to ensure our aged care system can meet the challenges facing it in coming decades.

Keep nursing in aged care by reversing the decline in Registered Nurse and Enrolled Nurse numbers through regulated skills mix ratios

In 2003 there were 27,210 (FTE) registered and enrolled nurses in the aged care sector¹. In 2007 that number had dropped to 23,103 (FTE)². That's a decline of over 4100 (FTE) nurses, which is a decrease of 23 percent in registered nurses and 11 percent in enrolled nurses.

There needs to be more, not less, RNs and ENs employed in aged care – and at all times of day – to ensure there is the right mix of skills in the nursing team so quality time and care can be provided to each resident.

Assistants in Nursing (AIN) and Personal Carers (PCs), which are increasing in numbers in aged care, are doing an outstanding job under very difficult circumstances. But AiNs need the support of skilled RNs and ENs to ensure quality care is provided to every resident.

Footnote 1&2: Access Economics (2009) *Nurses in Residential Aged Care*, Report for the Australian Nursing Federation, p. 10.

Protect the integrity of nursing and ensure quality care for aged care residents by ensuring all people who provide nursing care are licensed

Aged care should be delivered by licensed nursing staff to ensure the professionalism of the aged care sector.

Assistants in Nursing and care staff should be recognised for their professional skills through a national licensing system.

Close the wages gap to retain and recruit quality staff

Nurses working in aged care are paid significantly less than their counterparts in other sectors.

In fact aged care nurses earn, on average, about \$300 a week less than their colleagues working in other areas of the health system. Yet they have undertaken the same training and education and have equivalent nurse qualifications, experience and workloads as public sector nurses.

Aged care providers claim funding mechanisms in aged care have hampered their ability to provide pay parity. However there is currently no requirement on operators to spend any of their government funding on direct care or even wages.

This disparity in wages makes it increasingly difficult to attract sufficient nurses to the sector.

There must be better wages in aged care to keep nurses in the sector.

Ensure transparency and accountability for the funding provided for the care of residents

The federal government funds nursing homes but does not place requirements on nursing home owners to show how much is spent on direct care including nurses' wages.

A clearly defined amount of funding needs to be allocated to staffing and direct care services. Residents need to be allocated a set number of hours of staff time according to the level of care they require.

A process must be established and enforced to ensure aged care providers are accountable for government funding and transparent in how that funding is spent.

Liz Williams

This submission agrees with the urgent need for the recognition of the speciality of Gerontic Nursing with specialised education that must be included at undergraduate level and compulsory clinical placement in Residential Aged care facilities for all undergraduate nurses.

The need for specialised environments to be built in all new and retrofitted to all existing acute health care facilities to accommodate the demented and/or delirious older patient having acute clinical interventions.

The urgent need for specialized Residential Care beds for the demented patients displaying aggressive (especially physically) Behaviours & Psychological Symptoms of Dementia (BPSD) (at present these persons are sent to the acute hospital where they are nursed in single rooms with very little socialisation or physical activity and they deteriorated and are 'managed' with chemical sedation as there are no suitable environments available).

An urgent need for all RACF who advertise as 'dementia specific/secure, to meet evidence based criteria especially environmentally. (I am called out to review aggressive patients at RACF only to find a very unsuitable environment as the cause of the behaviours). At present-RACF-dementia specific, do not have ANY environmental standards that they have to comply with. Many of these units are very unsuitable for the confused patient.

Staff working in secure dementia specific units MUST have an accredited education standard before they start work in these units. This is a very specialised form of patient care and many issues with BPSD are managed with skilful nursing interventions.

Dementia specific units must all have an all weather outside walking area.

The development of follow-up clinics with attached transport that collects elderly patients living in the community (especially alone) and provides clinical, social, legal (or what ever support is needed). The advantage of this over visiting the person in their home, is the socialisation and mobility away from home (This is an evidence based intervention that retards the onset of dementia). Many young-old (65-74 years old) are

discharged home from hospital with only GP follow up that the patient has to book and if they miss these GP visits-no-one is aware. These clinics can be developed along the lines of daily respite but not to such an intensive level. This is one area of the population that is going to need interventions to prevent acute exacerbations of chronic diseases and also with social population trends of older people not living near family-it provides another level of support and prevents the risks of isolation.