Social, clinical and institutional aspects of aged care in Australia

- The "driver" for change in aged care should be driven by the consumer taking into account family (if any) discussion
- Clinical aspects of aged care should be the delivery by suitably trained staff with Government setting the curriculum and training provided by Government funded bodies such as Tafe and Universities. There should be Commonwealth Government recognition of training certificates achieved and annual registration. There could be a fee paid to the Commonwealth Government by Registered nurses and Personal Care Nurses. Commonwealth recognition of qualifications allows for nurses to move interstate.
- Institutional aspects of aged care Aged care providers seem to refer to themselves as being in an industry. The respect for bureaucracy in the "industry" is not there I believe. Nurses in the past have been respected, is this still the case in aged care? Institutionalising frail, vulnerable, older Australians in aged care facilities and charging large amounts of dollars for entry and daily care is not fair. Some Australians have paid income tax from the age of fifteen, GST since its introduction and helped to make Australia what it is today.

Develop options for reforming the funding and regulatory arrangements across residential and community aged care (including Home and Community Care program)

- Funding: Administrators/office staff should be multitask people in residential and home care with an appropriate qualification in nursing care delivery
- An "office" staff person should be rostered on at 6AM, the same as nursing staff. When a nurse phones in sick say at 5AM, the 6AM office staff/nursing trained person can cover the shift. This arrangement could be attractive to highly skilled aged care Registered Nurses with expertise to offer management rather than resignation.
- The reintroduction of Directors of Nursing , with the office staff subservient or with lesser powers. The office staff must recognize that aged care residents are in the residential facility for nursing care and not for the benefit of the office worker's job.
- Suggest the introduction of nursing staff/patient ratios with residential aged care providers having to disclose this information and random checks regularly for compliance.

Home and Community Care programs should be consumer driven. The consumer should state the services needed to enable the person to live at home in the community. The consumer should have freedom of choice as to who delivers the service. A tick sheet of services available would be helpful. A self funded retiree, those not receiving pension/part pension has assisted government by not being a financial burden. When the self funded retiree reaches the age of 75 he/she should receive similar funding from government to access aged care.

All nursing staff giving care to older Australians need certainty with the number of hours on the roster to give them a living wage. Rosters need to be made in advance to enable the carers to have certainty in their social lives.

Special needs groups

The older Australian who wishes to remain living in his own home, especially in a rural setting, may only require transport assistance to the local supermarket, banking facility, library, social contact or medical network. Having to surrender a driver's licence when living in an area not serviced with public transport is a confronting situation. Could maxi taxis become a mode of transport for such people in need? The cost could be shared by the consumers and government-surely less costly for the consumer than moving into a residential care situation and paying hundreds of thousands of dollar in accommodation bonds The cost of a return taxi fare payable by one consumer is not affordable.

A subsidized taxi type system is also more attractive than moving into a "gated community" to which I believe some refer to as prison camps. "Gated communities" are fraught with legal problems, loss of independence, and separation from the broader community , which can be seen as an unnatural way of living.

Between 1951 and 1972 young Australians were conscripted into military service. The months of service to our country were not always recognized by the employer when the conscript returned to civilian life. I know of a trade trainee required to serve extra time in trade training to make up for the time absent serving Australia. These veterans deserve some recognition as they age in addition to the National Serviceman's medal. Perhaps a subsidy for whichever service the Nasho would find helpful.

Hospice and Palliative Care

These services are essential. The care of older Australians in the acute hospital setting until discharge could be reviewed. I believe that basic nursing skills seem to be lacking, such as comfort e/g/ 2/24 or 4/24 repositioning of the patient – gentle massaging of pressure points using sorbolene cream to shoulders, elbows coccyx area, feet and heels. Wearing sheepskin heel and feet protectors is helpful. (Footcare for Diabetes affected patients is essential as infected blisters etc can lead to amputation of the limb). Incontinent patients could wear disposable type pants/pads – skin care being important. Indwelling catheters require care with hygiene and infection prevention and I would not like one. Cleanliness regarding continence care is essential. To discharge a person from the acute hospital setting with impaired skin integrity should not happen.

I would suggest that our public hospitals have hospice/palliative care beds in the same way we have medical and surgical wards. To give comfort in the last stage of life can be seen as a privilege.

Having an Advanced Health Directive can assist in having quality ending of life, hopefully.

Residents in nursing homes attract funding to the bureaucracy of the home in accordance with assessment of the needs of the low and high care residents. Nurses can then be employed for the delivery of care in the nursing home.
The building of independent living units, separate from, but adjacent to the nursing home can give rise to problems. It seems that in practice, "care" can be required in the independent living units using the nursing home staff to supply that need.
This can place the nursing staff employed in the nursing home in a difficult position.
What are the legal implications of leaving the nursing home with reduced staffing levels?
Should a situation arise in the nursing home and the staff have left the premises to attend the independent living unit, what is the legal position of the nurse?
Shouldn't independent living units have their own manager and staff?
Shouldn't staff/patient ratios be introduced?
When the number of patients in a nursing home are added together with the number of residents in the independent living units, the numbers can be such that quality delivery of care to the nursing home residents cannot be achieved.
It should be very clear to a potential resident in an independent living unit the definition of the type of housing they are entering into.

As a self funded retiree, residential aged care is not something I ever want to have to consider. The lack of staff/patient ratios does not give confidence that sufficient well trained staff would be employed to administer care. In the aged care industry where I believe nepotism is rife I will not pay an accommodation bond. What are the financial credentials of the office staff in these facilities?

As a self funded retiree, contributions are paid towards private hospital insurance, perhaps coverage could be extended for use towards costs experienced by older Australians for nursing and related care?

There needs to be accountability in nursing homes as to how funds are used. Staff/patient ratios need addressing, costs and numbers of office staff, domestics, laundry, maintenance and all ancillary staff. Does the nursing staff receive less of the funding dollars?

Can't fruit be included in the diet and not an "extra" expense?

Career nurses in all aspects of aged care delivery need security in the fixed number of hours they are rostered to work, security in receipt of an income so they can confidently apply for a mortgage loan. The old system of on the job training in public hospitals could help provide an increase in staff numbers. It would give both training and confidence and a wage.

Staff meetings in aged care facilities need addressing.as non-attendance can mean a poor performance appraisal. With the use of technology, telephone conferencing and typed notices could be the replacement. Non attendance at meetings can be an unhealthy control method towards nursing staff.

Meals for older Australians could be reviewed such as provided in institutional settings and Meals on Wheels to the home.

"The Pocket Guide to the GI Factor for people with Diabetes" by Dr Stephen Colagiuri Kaye Foster-Powell and Dr Jennie Brand Miller Hodder and Stoughton NATIONAL LIBRARY OF AUSTRALIA CATALOGUING-IN-PUBLICATION DATA) is an excellent, low cost publication for improving blood sugar control in people with non-insulin dependent diabetes. Family experience following the low GI guidelines for years has meant no medications have been required and no insulin injections.

If two pieces of fruit were provided in the diet in the institutional setting, at no additional cost, it could mean less aperients, and less suppositories for bowel management.

Meals on Wheels could provide long life tubs of Australian fruit in juice such as Goulburn Valley 140 gram, either apricots, peaches etc.

Meals on Wheels could provide long life custard such as Foster Clarks 97% fat free 140 gram custard cups (calcium for bones)

Give guidelines for soup making in the institutional setting so salt content is minimal (optimizing blood pressure readings).

Could Meals on Wheels provide a packet of breakfast cereal and loaf of bread once a week for those who have problems doing supermarket shopping/

Staff training hours should be paid to the nurse as part of the rostered hours. Perhaps the local Tafe or University could provide the venue for the training and have a physio, Doctor, dietician, dentist , podiatrist etc as speakers.