

Dear Commissioners,

I am a registered nurse with 32 years nursing experience, the last 2 of those working in General Practice.

I am submitting this information to you out of total frustration with all avenues of the state and federal agreements which cover the provision of care for the aged and disabled in this country.

To say that staffing levels are of the third world level would not be an understatement.

To have 1 R/N working in a facility with up to 300 patients is nothing short of disgusting.

To have operators being funded without any tied arrangements to staffing levels is more than deplorable.

To now have a further commission running to examine these issues, which have been realised by all who have anything to do with the care of the Aged and Disabled, is an absolute farce and total waste of public monies.

Let me take you back one step.

Before 2008, I worked for 30 years in the field of disabilities in NSW, 25 of those as a Nurse Manager.

To say that I was a campaigner for the rights of the people for whom I had responsibility, would be a pretty accurate statement. As well as an outspoken critic of inane policy development, I was a NSWNA Delegate, Branch Secretary and President, and NSWNA Council Member and ANF NSW State Councillor for over 10 years.

To say that I was aware of issues which your commission is examining would also be accurate.

The number of people with a developmental or acquired disability living in the nursing home sector across Australia remains considerable.

My concerns were first aroused many years ago in South Australia, upon reading in a State Coroner's Report about the death of a young man from impaction. The facility in which this man was living had recently undergone a licensing change and of the number of R/N's who had worked at the facility prior to the change, only 1 managed to be re-employed but as a Secretary/Office Administrator.

NO OTHER R/N's WERE EMPLOYED!! WHY? AND HERE COMES MY DILEMMA.

THE PATIENT ACUITY DID NOT CHANGE, THEIR CARE NEEDS DID NOT CHANGE, HOW WAS THE OPERATOR ALLOWED BY THOSE REGULATORY AUTHORITIES TO OPERATE A FACILITY WHICH ALLOWED A YOUNG MAN TO DIE FROM IMPACTION?

I have read and participated in numerous committees examining care issues for this patient population. It still remains an inexcusable fact that those in senior positions of responsibility in the Ageing and Health Departments at State and Federal levels have totally abrogated their responsibilities to this population.

Now, yes today, the most common causes of death of the disabled in care remains aspiration, medication error and impaction. This can be improved by the qualifications of staff!!

THIS IS 2010, WHY ISN'T SOMETHING BEING DONE ABOUT THIS BY YOU PEOPLE!!!!

I received a VR from the NSW DADHC in 2008, accepting the offer out of *total frustration* with the inept management across the state. I had spent almost 25 years working in the Hunter Region and almost 5 years in the Inner West in Sydney.

Now I work in a General Practice, doing amongst many other things, Annual Health Assessments for those patients of the practice who have the honour of spending their “twilight years” in a Residential Aged Care Facility. To see an 83 year old grandmother, who had recently suffered a massive CVA, lying in a urine and faeces soaked bed at 11.00am, with large pressure sores on each buttock, while the **1 PCA allocated to the care of 10 people**, including this lady, was “busting her butte” to get to this woman as well as finish her care for her other 9 women. WHAT DO YOU PEOPLE RECKON?

This was 3 days ago. Not only was this PCA responsible for 10 high dependency patients, the 1 R/N on duty was responsible for the care/medication of 120 patients.

THIS WAS IN INNER WEST SYDNEY ON JULY 22 2010!!!!!! AND THIS WAS A GOOD FACILITY!! F\*\*K, WHAT ABOUT THE BAD ONES!!!

I had this situation sorted immediately by alerting the DON who very red faced apologised for the situation and immediately sent more staff to assist with the woman.

After, I had a discussion with her. The facility had recently been “taken over” by another organisation and had “restructured” the staffing model. The “1 under the roof” policy as it is known, ie: 1 R/N under the roof of a facility, regardless of how many patients live under this roof.

I really do hope that at the end of your commission you have as many sleepless nights as I have had over my 32 years of nursing, stewing about the conditions people live in and the bureaucrats and politicians who have done absolutely nothing to make operators accountable and staffing levels reasonable for the care these people need.

Please feel free to contact me anytime if you wish to obtain more examples such as this, not 2<sup>nd</sup> or 3<sup>rd</sup> hand, but actually witnessed by myself.

Yours sincerely,

Tom van Dam