

Please accept the following as my personal submission regards the current aged care industry

I have been a DON / Regional Mgr within the Aged Care Industry for over 10 years. I have been a Registered Nurse Div 1 for in excess of 20yrs.

The key areas, I as a manager, have to address when assessing the workforce available to me are

- Staffing Levels
- Skill Mix
- Quality of Care

Staffing levels can be adequate but I have greater concern with the Skill mix – An improved skill mix dilutes staffing levels as costs are higher for personnel with greater skills.

The industry has sold its soul by recruiting the base grade staff as they are more affordable and we can get more of them for the limited dollar resources.

I strongly believe we need to get the Div 1 and 2 staff out from behind medication trolleys and working with residents.

PCA 'Qualification' is a misnomer! The breadth of this 'qualification' is so limited and the disparity in the awarding of it is huge. PCA staff qualification is poor – they tend to often not recognize issues and clinical presentations and as such do not record or report – Subsequent to this there can be clinical impacts to the resident. We need more Div2 Enrolled Nurses on the floor to assist and work with the PCA staff.

- We need improved skill mix on the floor
- The awarding of a PCA 'qualification' needs to be standardized
- We need clearly identified ratios for Approved Providers to adhere to
- WE NEED MORE MONEY to attract and retain a higher qualified workforce within the Aged Care Industry

We currently have an exodus of clinical expertise from the industry [ with the exception of the higher paid roles e.g. DON]. The clinicians from the floor are leaving and we are continually diluting the replacement with less qualified and experienced staff. We are lured by the continuous procession of cheap PCA labour being churned out by the RTO's. Continued use of this resource is having significant impacts on the quality of care provided to residents

Please help

David

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