

Hi Alan,

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I'm emailing you on behalf of my mother Beryl Wilson, regarding the issues we have observed and endured over the last 13 months. This period of time has been a living nightmare for my mother and our whole family. We love our father and feel the issues we have endured have only made this whole process more difficult to deal with when its already an emotionally devastating process. If we can save just one family from going through what we have been through then it will be worth it.

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Nursing homes:

Nursing homes are severely under staffed, 90% of these staff are wonderful people but its hard for them to give the standard of care that should be given to our aged population. These people quite often need to be fed, bathed, changed and put to bed like babies. In child care the ratio used to be 1 staff to 5 children and this is not the way in the nursing home ratios. You will quite often find a 40 bed facility staffed with 1 nurse and 3 carers. That 1 nurse will be responsible for all the medications that need to be given at different times through out a shift, this puts them under a great deal of stress and makes giving medications on time virtually impossible. You would find that most medication rounds are started earlier than they are supposed to and always finish much later than the time frames nurses are given. The carers are then left to provide the rest of the care these people need and usually work flat out to get just the basics done.

Because of these poor staffing levels they become very tired, disillusioned and move on to different areas of employment.

We appreciate that agency staff are needed at times but every effort should be made to use permanent staff when caring for Alzheimer's sufferers, as agency staff quite often don't know these people and are unaware of the warning signs to avoid aggression in some of these clients and therefore are quick to use medication to calm these people, this could be avoided at times if the knowledge and staffing levels were better. We also appreciate that sometimes medication is the only way you can control the aggression but surely every effort should be made to stop people from being so heavily medicated that you can't even wake them. We have found that in the commonwealth facility the staffing levels are greater and therefore staff are able to step in and incidents of aggression can be managed sooner and often avoided altogether.

Families go through the stress of visiting multiple nursing homes trying to find the right place for their loved ones and at anytime the nursing home you take hours and hours finding can decide that the client doesn't fit or is too difficult and ask you to remove them. Therefore you start the whole process again.

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Doctors in Nursing Homes:

Doctors are very quick to ask you to sign medicare forms when they quite often haven't even seen the person. On one occasion the doctor almost ran my mother over with his car as she tried to talk to him after the pharmacy had rang her to follow up on an owing script, in fact he told her to mind her own business,

you tell me how it is not her business when she has been his main carer for the last few years?

Many doctors are doing multiple nursing home visits and private practice, how is it possible to give clients the standard of care they deserve when they cram so much into their days? Clients are often transferred to specialist facilities for medication review but what is the point when on their return to the nursing home the doctor comes along and alters the medication.

Case 1 :

One Day back at the nursing home and the medication was altered from 6pm to 8am. The client or his wife were not seen regarding this change, the client had just spent 2 & 1/2 months in specialist facility getting the medication right. The doctor had to be called back in and the medication orders changed but this took 24hrs and during this time the client didn't get the medication.

Case 2 :

Nursing home sent client 3 times to emergency department for aggressive behaviour. Emergency department returned client to nursing home as he was not medically ill. On the third occasion client was not returned to nursing home and clients family had to find another bed for their family member.

The doctors have a lot to answer for with medication issues but to be honest try finding a decent doctor to even take on a new client in a nursing home, most of the good ones aren't taking on new clients.

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General comments:

On 1 occasion client was left alone in emergency department corridor on a bed and client decided to get off the bed and sit in waiting area instead of staying on the bed, so he did that because he was unattended, someone came and removed the bed but nobody asked where the client was.

His wife arrived at hospital to find him in the waiting area with everybody else, where she was approached by another client of the emergency department and asked if she was the client's wife and upon confirming she was, she was told he was just left there. How can a client who is not of sound mind who has been transferred because of aggression just get left alone in an unsecure area? Any thing could have happened, client could have hit someone or worse, wandered out of the department, this should not happen ever, it was just luck that none of these things happened.

When clients are transferred to specialist centres the nursing homes continue to charge client the full bed fee, surely when they are just holding the bed a reduced rate should apply after all nothing is actually being done for the client except holding the bed for the clients return.

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Most nursing home owners are adding on or own multiple facilities, it should be compulsory for a larger percentage of these beds to be allocated to high care and the challenged client as nursing homes don't seem to be allowing for the

deterioration of the Alzheimer clients who experience aggression or challenging behaviours.

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These facilities should also look at their room designs, we need more rooms with doors that break in half similar to stable doors where clients and staff can see in but you can lock the lower half so that clients can't get in or out as some clients don't remember that they aren't supposed to go into clients rooms and touch things or in such facilities as general hospitals clients can be restricted without having to use such items as bib restraints or shackles.

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Known fact that beds can be obtained on priority when you pay \$500 - \$700 that is not fair to those who don't have that cash.

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If clients were placed directly into specialised facilities and not emergency department there maybe less use of restraints. Lets face facts nobody enjoys seeing their loved ones tied up like dogs.

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Pay attention, not all clients with alzheimer's especially in early stages will use pads and adult nappies as toilets and "shit in the pad" as my mother heard one nurse say. If a client can use a toilet surely that is better especially since most people are used to that and not all clients are incontinent.

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General hygiene such as teeth, showering and deodorant. Staff need to realise that some clients will get agitated if the are dirty not all old people dislike showering.

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A lot of money is being spent on carers day trips, lunches, massages and weekends away. Most of these clients are not at challenging stages and could be left in their own environment with an alternative carer while their permanent carer has a break.

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Try getting help from the many organisations getting funding on a weekend, public holidays or during the months of December and January when most of these places are closed. This disease does not recognise weekends or holidays.

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Monsenior Cappo and labour minister Mark Butler have been chosen to get more funding for mental health. What about better management?

Less profit for nursing homes and more funding for staff and their training.

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All clients are somebody's loved one, someone's mother, father etc.

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I could go on with more personal experiences but have tried to remain fair minded.

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Regards,

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Beryl Wilson

20 February 2011