



Lovel Street
P.O. Box 147
KATOOMBA N.S.W. 2780

Telephone (047) 826255

*RESPONSE TO
PRODUCTIVITY COMMISSION
INQUIRY INTO NURSING HOME SUBSIDIES*

Over a period of many years, care of the older person, in Australia, was finally recognised as a legitimate speciality, only 16 years or so ago. It was an area of health care considered to be of least importance & the efforts of those involved largely unrecognised & unrewarded

The industry has endeavoured to overcome years of neglect & move forward.

The position paper, November 1998, on Nursing Home subsidies, states that "currently just over 100, 000 are employed in Nursing Homes, mostly providing nursing & personal care, for the stated 72,500 people accommodated in Nursing Homes. "

Despite the major changes included in the Aged Care Reform Strategies, expected sustainability is not occurring, funding is inequitable & has remained underfunded since 1987.

The problems currently experienced are widespread largely due to the fact compounding errors are committed by the Department of Health & Family Services, consistently hampering facilities. While a range of supplements may be added to the basic care subsidy, these compounding errors have a resounding effect on sustaining & maintaining even a basic level of service.

In addition, the many changes experienced over the past 13 months have produced an unprecedented level of workplace stress. As a result, ad hoc figures discussed earlier this year, in the Blue Mountains area, suggest a 30% loss of experienced, professional, senior nursing staff. If those ad hoc figures are even close to accurate, then the Aged Care sector is in a state of crisis. There are also reported attempts of suicide, some successful.

No industry could sustain this exceptional loss. The stresses associated with these changes are not only suffered by nursing staff, but throughout the industry, at all levels. This may be an indication of even higher loss of experienced workers.

URGENT ENQUIRY & ATTENTION IS INDICATED

The projected demands over the next 12 years will require a significantly larger workforce. If we are already experiencing such high loss of experienced people, how will we prepare for the future, & how can quality care be achieved?

The accreditation process alone, will not solve or be the solution to the provision of quality, equitable care. This process needs to flow from the Department of Health & Family Services, not halfway along the continuum.

Current rates of unemployment are also a factor for consideration of future care needs.

Regardless of other factors, there is no doubt the proportion of Australians over 70 years of age will double by 2011, & those over 80 years of age will triple. If the Australian Institute of Health & Welfare has examined the impact of these changes on future demand and an extra 12,500 beds are required by 2011, how can this industry continue to operate under current conditions?

The expectation that this industry can continue to do more with less, provide increased services, upgrade or build new facilities, educate & sustain high accreditation costs by 2001 is totally, unrealistic.

Any further changes require careful analysis & consideration, with realistic, performance based timeframes.

Further information provided

WORKER'S COMPENSATION PAYMENTS

increased by more than 100%, despite drop in claims by 2/3rds.

TERMINATION PAYMENTS

increased by 33%

SICK LEAVE PAYMENTS

increased by approx. 8%

In reference to admission rates:

ADMISSIONS FROM 1/10/97 - 30/10/98

59

NUMBER OF AC UTE/CRITICAL

38

DEATHS

13

RESPITE CARE

16

PREPARED BY:

**MRS. K.P. .DAVIES S.R.N. R.P.N. Cert. GERONTOLOGY,
B.H.Sc. (Nursing), M.C.N. (N.S.W.)**

*Currently employed as Director of Nursing, Anita Villa Nursing Home.
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