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NURSES TELL THE SENATE THAT THE ELDERLY DESERVE BETTER

The country’s largest union, the Australian Nursing and Midwifery Federation (ANMF) today will tell Federal Senators how the Turnbull Government’s $1.8 billion in funding cuts has created a crisis in aged care - with frail nursing home residents now unable to get basic standards of care.

ANMF Federal Secretary Lee Thomas and ANMF Tasmanian Branch Secretary Neroli Ellis will be joined by leading academics and ANMF members at the Senate Standing Committee on Community Affairs, sitting in Launceston today and focusing on the future of Australia’s aged care sector workforce.

“We welcome the opportunity to present our Submission on the future of the aged care workforce and to personally explain how the devastating funding cuts through the ACFI (Aged Care Funding Instrument) have, and will impact on the level of care being delivered at nursing homes across the country,” Ms Thomas said.

“This was highlighted in the disturbing findings of the ANMF’s nationwide survey where aged care nurses and carers told us that 93% of workers think current funding does not meet the needs of residents, particularly those with high-care requirements. They said inadequate staffing levels has caused a dramatic decline in the standards of basic care and that they cannot spend adequate time bathing and feeding their patients and even being able to spend a little time with them.

“The findings of the ANMF’s National Aged Care Survey outline an appalling lack of regard from Australian governments and politicians for our elderly. The findings describe a systemic failure to ensure safe and adequate care to aged care residents and suggest governments and some providers are forsaking the elderly the dignity they deserve at the end of their lives.

“The Government’s own modelling has revealed that aged care budget cuts will see the funding for some frail residents with high care needs in nursing homes drop from $46 a day per resident, to just $16.

“The Committee received over 300 submissions, many of them from registered nurses and carers working in the aged care industry, and many with names withheld or confidential, due to the sensitive stories our members have to tell. This Committee must listen to these stories from those on the frontline working with our frail older Australians and also from family members and the general community who are so concerned they have contacted the ANMF to tell us their stories.

“As we know, the sector nationally is suffering a shortfall of 20,000 nurses to care for a rapidly ageing population. In Tasmania for example, it’s estimated that an extra 5000 carers will be required by 2025 and that is without nursing staff added.
Whilst the proportion of high care residents entering aged care facilities has increased to 83% in 2014\(^1\), the number of registered nurses has decreased to 12%, down from 13.2%\(^2\). “It’s a worrying trend that whilst residents are entering more frail, and in need of complex nursing care, aged care providers are choosing to hire less registered nurses.”

Already at some nursing homes, it’s not uncommon to have just the 1 Registered Nurse (RN) and one or two carers caring for up to 150 residents. With a rapidly ageing population, it’s only going to get worse unless the Government reverses the cuts to the aged care sector and delivers a sustainable workforce strategy to ensure safe staffing and skills mix in residential care.

“From the ANMF’s perspective, today’s hearing is a chance for the Senators to listen to the shocking stories our members in aged care are recounting - and to act.”

Quotes from ANMF National Survey presented to the Senate Inquiry\(^3\)

- My mother-in-law (93) is blind - a meal tray is put in front of her - she stabs at the food - exhausted she gives up - tray taken away. Commode chair next to her bed every time I visit - so undignified. So much effort put in to making front entrance and coffee shop look fantastic - if only that money was spent on residents.
- Not enough staff on esp. overnight. My mother fell in her room when getting up to toilet and was lying on floor a long time with fractured femur. Only 2 or 3 staff on for 50 residents. Not enough!
- My father was put into a home aged 68 with dementia, the care was appalling. He had a fall and cut his head open, they gave him 2 Panadol. My sister went there the next day and he was put into hospital at my sister’s insistence. My mother... went on the Monday at lunch time which she did every day to feed him and found him unconscious in a restraining chair. Ambulance was called and dad had asphyxiaton pneumonia, never regained consciousness and died 7 days later.
- My mother is left to wet herself as no staff come to toilet her, she becomes dehydrated due to water or trolley not left near her, bell not near her to call staff. No skin care so my mother has bedsores now. All due to no experienced [carers], and no nurse as [there’s] one nurse to 100 patients.
- Once I visited my Nan at 11:45 am and she was still in bed and hadn't even had breakfast. They staff said she was being a little difficult and they didn’t have time for her. She hadn’t even had a drink. It was absolutely terrible.
- Having to rush frail, anxious, vulnerable, perhaps demented, persons in order to attend to their most basic requirements instead of maximising their remaining abilities, hearing their concerns and honouring who they are, or - at worst - allowing the cover-up of cruelties & neglect, is a disgrace and poor reflection on the society that ignores or fails to address such issues.
- We scream for additional staff to meet the care needs of the residents - but nothing changes.
- I worked as an agency nurse in an aged care facility. The PCAs told me the gent in such and such room required panadol routinely at night, to sleep. I asked further, and was told the gent, who was aphasic, post CVA (very vulnerable) has a sore penis. He was grimacing as I approached and asked if I might look. He nodded. He had a [urinary catheter], and instead of exiting from the meatus, the glans had a split down the side, to the level of the shaft. It looked like a split hot dog. I am still horrified to this day - the wound was not new, it took time to erode through, with pressure from the IDC tunnelling into his penis... The GP had not been informed, and obviously I faxed them a message there and then for urgent review. A follow up shift - he was in hospital, for an urgent urology review... I am... blown away the staff did not report the erosion as it was happening, take steps to prevent it, more educated staff had not looked at the source of his pain - he had panadol every night!