

From:
To: [Community Affairs Committee \(SEN\)](#)
Subject: Public Submission - Senate Aged Care Inquiry
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The care of elderly Australians is a long way short of the uniform dignity and respect which is earned through a life of contributing to the fabric of our society. The new generation of residents coming into require more services and will demand more care at the bed side.

I am an experienced hospital manager as well as an experienced Residential Aged Care Facility manager. In my experience of both sectors I can make the following observations:

- The acute sector is experiencing great difficulty with Emergency Department presentation by elderly patients. The majority come from the community however significant numbers are from Residential Aged Care Facilities. In my opinion the outflow of residents to Emergency Departments is unacceptable given the capacity of the aged care sector to upskill and re-equip itself to prevent the transfer. I will elaborate on this later.
- The residents coming into residential care are sicker, have more complex co-morbidities and often complex social issues. The availability of good consistent medical care from GP's are scarce. Often the time to treatment is measured in many hours causing degradation of the residents quality of life and great angst for the family, often causing a drastic reduction in the ability of the resident to recover, often from very easily treated conditions.
- To manage the complex care of the elderly requires the right people in the right place at the right time. It is not good enough to force certificate 4 staff to deal with complex medical and behavioural conditions with scant input (in all reality) from Registered Nurses with a huge workload. The certificate 4 staff have very basic knowledge and are not trained in clinical reasoning. The ongoing management of residents with complex care needs (the vast majority of residents) can only be provided by trained registered clinicians.
- Certificate 4 and certificate 3 staff are expert at delivering direct daily activity of living care for the resident. They employ a variety of manual handling techniques and are often a point of contact when family visit the resident. Will it be any advantage to upskill this level of staff into a clinical role? My opinion is no, at least until some form of accountability is developed such as registration.
- We need an increase in the numbers of registered clinicians in residential aged care. We need to be attracting younger clinicians into the specialty.
- How do we attract them, how do improve the clinical care of our elderly Australians?
- The residential aged care (RAC) sector must take more responsibility for the primary care of the resident. The RAC becomes a clinical partner with the Local Area Health Network by installing point of care diagnostics linked to the hospitals pathology network. By linking electronic medical records via a secure encrypted bridge (such argus) from the RACF to the GP, with skilled Registered Nurse

assessments and blood work sent directly into the GP practice. Treatment orders can be issued by the GP and treatment started within minutes not hours. Any Intravenous drugs or antibiotics can be administered by fully trained Registered Nurses utilising local health department guidelines. Cost of special drugs and consumables could be claimed by the practice as an extension of the treating GP's practice. Thus preventing many unnecessary hospital admissions. Even if the resident does require hospitalisation then the triaging nurse and treating doctors view the same blood work as the GP has, again reducing trauma to the resident and reducing time to treatment.

- Skilled staff are required to truly raise the profile of aged care into the specialty that it is and be dynamic enough to attract a new cohort of clinicians. This cannot be achieved without increasing the numbers of skilled Registered Nurses. My experience of overseas trained nurses has not been a good one, particularly from the Indian sub-continent where significant cultural and practice differentials exist.

Kind regards

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