

I write this statement from a background of almost 40 years as a registered nurse working in 3 states, for state health departments, private organisations and as an agency nurse.

I have taken a keen interest in the care of those unfortunately suffering with dementia, and in particular those needing a secure environment because of simple wandering and or BPSD (difficult behaviours).

Allow me to start by putting a point of view about having those with a marked cognitive decline and onset of dementia in a mixed environment with those people who are cognitively intact. From my observation this has a huge impact on both groups, the intact are expected to be understanding of the other group, their intrusions into private space, the constant disruption and time taken away from the intact, as staff try to keep the peace and harmony, the inconvenience of having to be in a locked area for staff fear of the dementing souls wandering out of units.

So what often happens is the dementing are often, by varying degrees, chemically restrained, often with medications not appropriate in the first place, so as to be easier to handle. This comes at a significant cost. The risk of falls skyrockets, and with that the risk of fractures especially to the neck of femur. The financial cost on the system, not to mention the pain, disruption to the person and family is draining, with a significantly raised mortality rate.

Some other but significant things that happen are issues of failed continence, people being over-sedated and therefore difficult to attend to, all areas of personal care including eating / feeding become challenging to say the least.

The haze of dementia is compounded by the drugs; the confused become more confused, and more agitated, leading to an increase in the use of psychotropic drugs, like a dog chasing its tail, further increasing the risk of falls and fractures.

Secure dementia units found in many nursing homes, now due to the increasing numbers of people with dementia in general terms do not cater particularly well for people with dementia.

Why, because first of all the staffing ratios due to financial constraints are low, staff generally lack dementia specific training, floors are often vinyl for ease of cleaning, and therefore tend to be somewhat slippery, leading yet again to an increasing fall risk, outdoor areas are often small and therefore residents feel the confined space, lack an interesting and calming environment and often present high fences further giving the resident a sense of being locked in like a jail.

Food is often not appropriate and difficult for people with a cognitive decline finding the use of cutlery difficult and also poorly presented. Little thought seems to be put into menus. Simple well-presented nutritious finger foods are often not presented for ease of eating and enjoyment

So what is one of the answers?

With the forecasted rate of dementia in this country set to rise at what can be described at nothing short of an alarming rate due to our living longer and the "baby boomer " group now coming into the age of onset of dementia now is the time to do something about this ever increasing problem.

We live in an age of nuclear families; older spouses are presented with their partner's cognitive decline, the children living often interstate and the resources of the health system lacking.

I would propose that more dementia specific facilities need to be created, in saying this I do NOT mean multi story facilities with 60 plus residents, but small facilities, home like, places where dementia specific trained staff care for people and their families in an intimate way.

Where staff work a 3 on 3 roster to avoid "burn out", a place that families feel free to come and go from, take their loved one out for little trips and family events, have an equal input into care needs and management of the facility and a very transparent open plan of management for the dementing person.

"Aging in Place" should also be a part of the facility, staff caring for the person and their family until death, after all, when one thinks of such facilities, they are in effect long term palliative care units.

These facilities need space, light, quiet area, paths that lead people to enjoyable areas, pets, fruit trees, pleasant gardens and the like.

The argument that is so often thrown up against this sort of proposal is the one of financial feasibility.

I say nonsense, I argue that we are talking about our loved ones, the people who built this country, the people who made this country what it is today, one of the luckiest wealthiest countries on earth.

Surely we have an obligation as a humane society to build and offer the best of care "world's best practise" to these people and their families.

I would just like to touch on one other observation, I have worked for brief periods in small country town, the elderly and infirm often find themselves living out the ends of their lives in the local nursing home attached to the local small country hospital, they are known to the staff, who often have grown up in the town, in these environments the staff almost always go the extra mile to provide quality care, the dementing are well tolerated and cared for as family, something that nursing homes in our cities and large towns can not do as things currently stand.

I implore committee to instigate meaningful quality care for this country's demented, those at home need a lot more resources to assist and support families, and in the event of care becoming impossible at home (often due to the aging spouse being totally exhausted), then we as a county need to be at the cutting edge of dementia care and spend the dollars as needed, after all we seem to be able to find dollars for sport arenas and the like, this does not seem like equality to me.