



because
we care
Quality care for older Australians

Address to the National Press Club

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Wednesday 16 September 2009

It is a great pleasure to be a guest at the National Press Club and a privilege to have the chance to speak directly to so many Australians right across the country. It is also a privilege to have the Minister for Ageing, the Honourable Justine Elliot, here today.

Today I want to talk about a subject I know a lot of you here and at home – many of you retired, others with elderly relatives to care for – will be very concerned about. That is the need to stop putting off the inevitable and start building an aged care system that we can be truly proud of.

As Morris has told you, I am the Federal Secretary of the Australian Nursing Federation – the union that represents the people who look after our grandparents, parents, neighbours and friends in our nursing homes.

I am a qualified nurse – as are all the elected people who speak on behalf of our members. In fact, if you are ever in our offices – perhaps to negotiate a new agreement – and happen to cough, you are as likely to be given a diagnosis as to be threatened by a stop-work meeting.

We care about people. Especially the elderly people we have the privilege and joy to look after.

Our members do not work just for the money – although it would be nice to get paid for all their overtime instead of volunteering it, as they do every day. Let's face it – if money was all that motivated us, we would be doing something else.

The people that work in nursing homes are registered nurses with degrees, enrolled nurses with diplomas and personal carers or assistants in nursing sometimes with a Certificate III.

They do not choose their work because the hours are easy and the holidays long – but it is because our patients need care 24 hours a day, seven days a week, 52 weeks a year. Unlike others, it is not easy for them to take industrial action, too many people depend on them to be there in their time of need. They do it, we do it, *Because We Care*.

Think of your parents and grandparents, your favourite aunt, the lady at the end of the street who pushed her shopping trolley to the supermarket. Our elderly people are beautiful, they are dignified and courageous. It is a privilege for us to help them and be part of their lives.

Our nurses and carers often spend many years with their residents and naturally form close attachments with them. And when, tragically, they pass away, there are often tears and fond memories. We are not just talking about an important industry here but an important part of life itself.

For the cared, for their families and for their carers alike. It is worth trying to get it right. It is for these reasons that the ANF is determined to improve Australia's aged care system. A lot of Australians with elderly relatives know what goes on inside our nursing homes, but many do not.

The day starts early, usually before seven, when the morning shift comes in. For the registered nurse in charge of each wing of 50 to 60 residents, who oversees perhaps five to eight personal carers, it is go, go, go! While the assistants are feeding residents, changing sheets, helping them dress, the RN is dispensing drugs, checking temperatures, talking to family members. As our nurses say, when they get a new resident they get a new family as well, with their own disagreements and regrets. There is a lot to do. Sometimes call bells are missed and the right people can not be found.

A nursing home is a community of people who sometimes can not look after their possessions, so time has to be spent hunting for lost valuables.

GPs often do not want to visit nursing homes so a lot of time is spent finding one who will. The alternative is worse – leaving a moderately sick 90-year-old on a hospital trolley in an emergency ward for half a day or more.

Even in the best funded, best run centres it needs only one thing to go wrong for things to go seriously off-schedule. In fact, it is really only manageable on a good day. Our members tell us that nursing homes are constantly understaffed, all it takes is for one worker to call in sick or one person to be called away urgently for family reasons and workloads become unbearable. If a replacement worker can not be found, the other staff must pull together to ensure their elderly residents still get bathed, dressed, get their meals and medication. The pressure is unrelenting.

This is made worse by the fact that the standard eight hour day has been slowly whittled down. Staff now have to fit the same workload into seven-and-a-half, seven, six-and-a-half and even six-hour shifts. When budgets get tighter, they chop off another thirty minutes.

It is the same all day and again overnight – when staff have people to turn in bed, incontinence issues to deal with, medical emergencies to tackle, and on top of all that, the day's paperwork to fill in when there is a spare fifteen minutes.

Despite this, the registered nurses, the enrolled nurses, the personal carers and the ancillary staff do their job with care and dedication. This is not a job for the cynical or the detached.

But it does not have to be this way and it has not always been this way. Back in the days before the Howard Government when funding was directly linked to care, things were done better.

As you can see, the nurses and carers in our nursing homes have big responsibilities. And this includes providing high-level, acute health care. I am not just talking about giving people their pills. Our members have to be able to diagnose often serious problems and even make life and death decisions.

Putting on my nurse's uniform for a moment, let me give you an example.

Many elderly people suffer from diabetes, it is one of our nation's fastest growing diseases. When a diabetes sufferer has a hypoglycemic attack, the symptoms are obvious to a trained nurse. For instance, sweating, dilated pupils, tremors and headaches. It is quite easily treated but you need to know which of their tablets to give and which tablets not to give. This may sound simple but only a qualified nurse has the education to assess the symptoms and alter the normal medication regime and manage the situation. But if you do not know what those symptoms are pointing to, giving the sufferer their usual medication will make things worse. Potentially much, much worse and even put them in a life-threatening situation. This is the sort of knowledge and skills that we need to have if we are to deliver quality care in our nursing homes. It is essential to be able to recognise not just diabetes but strokes, broken bones and a myriad of other medical conditions. And where possible ensure they are prevented. But in too many cases, the right mix of staff just is not available. Sometimes, because they have not been trained, the staff do not even understand the medicines they are being asked to give. It is not fair on the patients or their carers. And, increasingly, residents' children will not accept it.

Under-staffed, overwhelmed, insufficiently supported, our nurses and carers are sometimes asked to choose which crying, bewildered resident to help first. Ladies and gentlemen, in the 21st Century, with all the wealth our nation has recently accumulated, our aged care nurses and carers should not have to be practicing a form of triage. They should not have to be choosing whose pain is worse and whose urgent need is the most urgent of all. They should not have to be spending their valuable time on unnecessary administration because the system that supports them is badly designed. They should not have to be muddling along, cutting corners and stretching resources that extra inch further until they are at breaking point and finally snap. Our aged care nurses and carers are doing an heroic job on our behalf, for the people we love. But they are battling against a system that will not support them.

Our government, our society, we ourselves, are letting them down and in the process letting our elderly people down. It is time we did something about it! The time to start is now. In fact, we have little choice. Because if we do not start now, the rapid ageing of our population means we will soon be swamped.

Australia today has some 2,800 residential aged care facilities providing care to more than 160,000 elderly people, 70 per cent of whom receive high-level care and 55 percent of whom are 85 years of age or older. By 2020 the number of residents is projected to reach more than 250,000, a 56 percent increase, and the highest area of growth will be among residents aged 95 or over who will need the highest level of care we can give them. The high-care proportion of residential aged care is going to need to almost triple in the next 25 years to keep up with demand.

Ladies and gentlemen, the numbers of residents are going up. Their needs are going up. But the capacity of the system to care for them is going down because the proportion of nurses with the necessary higher-level skills is also going down.

We need staff with the right mix of skills in order to create a high-class residential aged care system but we are not getting it. In fact between 2003 and 2007, the proportion of registered nurses in our nursing homes fell from 21 per cent to just 17 per cent. The proportion of enrolled nurses fell from 14 percent to 12.5 percent. But the proportion of personal carers increased from 57 to 64 per cent.

All of these nurses and carers have valuable roles and all do a magnificent job under trying circumstances. But faced with budgetary constraints, our residential aged care system is compromising the standard of resident care by reducing the average qualifications of its staff.

And in some cases I am sorry to say they are not getting the minimum standards of care. We have all seen these reports in our newspapers and on the TV news.

The projections are that by 2020 the ratio of aged care residents per registered nurse will double. That is right – double. I have just one word about this: enough!

You know, my mother used to say to me: “Ged, when I get too old for you to look after, just hand me over to the nuns”. Well, those days are over. The nuns themselves now need looking after. The world is getting older. And the aged care system’s needs are now big and complex.

We have recently undertaken comprehensive research across the country to give us a snapshot of what everyday Australians really think about aged care and what needs to be done to fix it. And I would like to share the results with you today.

First of all, the overwhelming majority of Australians – in fact 92 per cent of them – consider aged care to be an important issue for us all. Seventy per cent believe our nurses are ‘good’ or ‘excellent’ and that is really encouraging to hear. But nine out of ten Australians are also concerned that the number of nurses in aged care is falling. They are also very concerned about the quality of aged care. Only 16 per cent rated the quality of aged care in this country as good, or excellent. Thirty three per cent believe it is poor with 51 per cent believing it is only fair.

What the research shows is that Australians overwhelmingly want the Government to urgently address aged care. Nine out of ten people said they believe the Government should improve the pay and conditions for aged care staff. We agree. But there needs to be big and sophisticated solutions.

For the last quarter century our country has undergone huge change. We talk a lot about national reform agendas and lots of economists make big names for themselves designing those reforms. But this reform is one that really matters to people. In fact it matters in a truly significant way to every single person in this country. But it has so far been overlooked. It is now time for the reformers to put their names to the cause of the elderly residents in our nursing homes. We must demand that they do so.

To help achieve this, we have launched a national political and media campaign, aptly named *Because We Care*. You all have campaign packs on your chair.

There are no actors in this campaign. The people you see are real life aged care nursing staff caring for real life people. They are people in nursing homes, people like your mum and dad, your aunty, your uncle, yourselves in the not too distant future. We have already raised the awareness of the really worrying issues surrounding aged care which we have brought to the attention of our Ministers and MPs.

The good news is that the Federal Labor Government is aware of the importance of the issue. Its recently adopted party platform has pledged to:

- address wage disparities between the aged care and hospital sectors;
- to improve training;
- to introduce minimum staffing levels; and
- to ensure a portion of the funding for aged care is set aside to improve wages and conditions.

Now we need to hold them to this pledge.

Today I want to offer a way forward for Australia's residential aged care system. It is not the whole solution – because as I said, the system is big and complex. But it is a crucial set of changes. It has four parts.

First, we need to ensure our nursing homes have the right mix of staff to get the job done. Since 1997 when the Howard Government changed the funding system, there have been no effective controls over staffing, beyond the barest minimum. The Federal Government currently funds the operators of nursing homes in addition to charges levied on residents but there is no requirement for the operators to spend that money on direct care or even staff wages. It has led to a worrying decline in the number of registered and enrolled nurses that must be reversed. The evidence suggests that staffing to resident need is the best way to lift the quality of care and provide the most flexible outcome. However, for this reason on behalf of the nurses, personal carers and residents of our nursing homes, I am proposing the following skills mix ratios: at nursing homes during the busy morning shift, there must be one registered nurse or one enrolled nurse for every seven residents working with a team of personal carers. During the afternoon shift, one registered nurse or one enrolled nurse for every eight residents again working with a team of personal carers; and on the night shift, one registered nurse or enrolled nurse for every 15 residents. These staff ratios are already being used in Victorian public sector nursing homes and they work. So I believe that if we can achieve these skills mix ratios across the country, we can really improve the quality of care for our older Australians so they get the right care, at the right place, at the right time.

Second, we need to lift skill levels across the board, from nurses to carers. Currently 35% of workers in aged care do not have any formal training. This has to change. Everyone working in aged care must have a minimum qualification of a Certificate III. Aged care is a people industry and so the quality of their training is crucial. We want to ensure that personal carers, the Certificate III's, are given the chance to study and move onto Certificate IV's and that they get the chance if they want to go on to study for a degree in nursing. Our proposal therefore is to give all our aged care staff a well structured career path. What our *Because We Care* campaign has proved to us is that our aged care staff do care about their elderly residents. They really love their job. But we need to give them more and they deserve it.

Third, to get more people into the industry and to hold onto the excellent staff we already have, we need to increase pay. Today nurses in the aged care sector earn between 10 and 30 per cent less than nurses in the hospital sector. The difference can sometimes be as much as \$300 per week. That's right - \$300 a week. Really, you have got to ask why one nurse gets \$300 a week less than another nurse? No wonder this disparity is making it harder and harder not only to retain but to attract nurses into aged care. We estimate that over the four year budget cycle the cost of achieving wages parity would average out at approximately \$188 million per year – we know it is a lot of money but it is a necessary step to attracting more and better qualified staff to aged care. As

more and more of our older aged care nurses leave the sector, we need the younger ones coming through to fill the gap.

And fourth, we need transparency and accountability of funding so it operates at peak efficiency. We can not expect the Federal Government to provide extra funding for aged care, if it is not going to be used properly. We want to make sure that any extra funding that the Federal Government makes available in Budget 2010 and beyond to aged care providers flows through to our aged care staff so they can deliver the very best care for their elderly residents.

As I said earlier, the Australian Nursing Federation has launched a major public campaign around these issues – the *Because We Care* campaign.

Over the coming months we will be doing all we can to draw the attention of the public to the condition of their elderly relatives' nursing homes and asking our government to do something about it in Budget 2010.

I will wrap up today by telling you about the real faces of the real people who work in the aged care industry; the people who you see in our *Because We Care* campaign.

There is Lucille McKenna, a Director of Nursing from Sydney, a veteran of more than 40 years working in aged care. Then there is Alba Vignolo, an assistant in nursing from Brisbane, and Frank Musombi who is a personal carer, studying to be a registered nurse.

They are the carers. But what about the lovely old people they care for?

Well, there is Malcolm. You will see Malcolm on the front cover of the DVD we have given you. Malcolm's wife and son were keen to get involved in the filming, once they knew what our campaign was all about. They wanted to share their story with us and with all of you – because Malcolm can't. You see Malcolm is one of the 60 per cent of people in nursing homes with dementia. He can not tell us why his nurses and carers are so important to him. He can not tell us what a difference they make to his life. He can not tell us what his life would be like without them. But his family can and they want to share it with you.

Ladies and gentlemen, this is what our aged care system is all about. It is about the people who work in it and the people they care for. So, we need to keep people like Lucille, Alba and Frank in our nursing homes. So they can keep caring for people like Malcolm. They will make sure they are there to help your loved ones when you can no longer do the job for them. We can not escape the implications of an ageing population any more than we can escape the ageing process ourselves.

Having an adequate aged care system isn't going to be easy or inexpensive. But we are not being honest if we think we can muddle along as we have been. Fixing it is the Federal Government's responsibility. They must act. This is a big test for Australia, because we can not kid ourselves that we are the caring compassionate and egalitarian society we would like to be unless we treat our elderly citizens with the dignity and respect and care they have earned.

Thank you and I urge everyone to get behind our campaign.

Because We Care!