

Submission to *Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system*

I am submitting information regarding the life being lived by my 86 year old mother. She is in a better position than many but is very concerned at what she sees as some extremely worrying quality of care and quality of life issues. It appears that some private hospitals, funded by government and charity can decide they don't wish to waste their resources on high-care individuals.

My mother has been paraplegic and confined to a wheelchair for 14 years. During this time, she has lived in a "purchased" self-contained unit in a retirement complex with help "on call" if needed.

As the recipient of a level 4 package, she has been able to maintain her home life which suits her as a very private individual.

Unfortunately this year has seen a deterioration in her strength and stamina and new inability to transfer herself by slide-board from bed to shower chair, or shower chair to wheel chair and back. This means she needs to call on the services of the villas' carers.


BUT:

- Due to lack of available staff, Mum must be assisted out of bed by hoist (a two Carer task) before 5.30am so that the task can be completed before the carers attend to other clients.
- Mum toilets and showers herself etc, makes her own breakfast and awaits the availability of staff to transfer her from shower chair to wheelchair, maybe by 9.30.
- After a few hours in the wheelchair, going for her exercise (300m self-propelled wheel-about), preparing lunch and preparing her bedside table for the night, Mum calls the carers to transfer her to bed.
- Needless to say, if she needs toileting, that is another 2 transfers or a mess if the carers do not arrive in time.
- A Carer calls in at about 8.30pm to prepare and deliver Mum's necessary medication that she cannot prepare herself.
- The above level of care consumes most of a level 4 package

In February, Mum became quite unwell with a heart issue as well as a bad bedsore. This required admission to hospital, which should have been St Andrew's in Toowoomba, but they said "no space available" so the Toowoomba Base Hospital admitted Mum to a temporary ward, not at all appropriate to a paraplegic.

Submission by Loris Doessel

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With St Andrew's continuing to be "full", the base hospital housed Mum for 9 days.

- It took 3 days for her to receive a wash and cleaned teeth.
- She was not hoisted in and out of bed for 7 days as there was no space.
- Assistance was minimal. Her bed sore became much worse.
- Nobody was available to repack Mum on her pillows and she was extremely uncomfortable.
- Understanding of her distress was absent.
- Her heart issue continued to flare until we managed to talk staff into moving her into a private room (we are guessing it was the unused isolation room) on the understanding that she would be moved back to the shared 6 pack ward if the single room was needed.
- This relaxed her considerably and she was able to be discharged 3 days later with no further periods of atrial fibrillation.

On being discharged from hospital, Mum required many extra visits from the Villas' careers each day to attend to the bed sore. Bed rest for 9 weeks was required with consequent overspend of the care package.

On returning home, Mum rang St Andrew's Hospital to enquire why she was not admitted. The answer - they did not have enough staff rostered to give the care she needed. *They had over a week to roster someone on but they did not do it.* Mum suffered pain and indignity at the base when she had insurance to cover care at the private hospital. **They chose not to provide it. Shame on them.**

On another matter:

Mum has been observing aged care needs for over 14 years and can see the "train wreck" that is the need for secure and safe dementia care provision.

At this time there are several people with dementia living at the villa complex.

There is insufficient staff or security for the specific needs of these wandering and confused people.


Their presence at the villas impacts other residents considerably, be it by constant invasion of personal space, repetitive and incomprehensible conversations that cannot be avoided, or totally inappropriate behaviour.

Carers spend far too much time responding to and monitoring activities of demented clients, meaning they are often unavailable to assist rational clients who need help. This cannot continue.

It is time that suitable, purpose designed accommodation and care was provided for the ever-increasing number of dementia clients who will need it. It is unrealistic to believe that the quality of life of ordinary residents is not terribly affected by being forced to share their living area with several others who suffer from dementia. It is also causing great distress to carers who try to balance quality of life issues with safety issues.

Submission by Loris Doessel

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**From:** [Loris Doessel](#)  
**To:** [Health and Environment Committee](#)  
**Subject:** Health and Environment Committee - Inquiry into impacts on the public health system  
**Date:** Wednesday, 2 March 2022 9:49:15 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
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There is a lot of discussion about set formulae for staffing in hospitals, nursing homes and aged care. I believe successfully locking in any such strict guidelines is an impossibility.

We are caring for individuals whose needs can change rapidly.

There are times when one person urgently needs to be attended to by 2 or more carers for maybe a short time, maybe a prolonged period, but they need care when they need it. There is no such thing as accurate planning or magic ratios and I believe that demanding endless reporting and holding threats over the heads of management will not fix this.

The system of care and support must be flexible.

I know always having Carers available when needed is an impossible target.

The best we can do is provide safe settings for the various different needs of patients or clients or friends or whatever we wish to call them.

They must be cared for holistically.

Treating the ailments, or the condition, or the behaviour, and the suffering must also consider the feelings, emotions and personalities of those being cared for.

There is no point in spending millions on training people who do not have the right caring, supportive personality to really look after the clients.

They may graduate and possibly undertake the role for a short time before resigning but I tell you now, the clients will suffer under their treatment if caring and consideration are not an integral part of the Carer's personality.

The ambition to settle our loved ones in a safe, caring facility that they can call home is understood by many. The difficulty is the various health challenges that continually present themselves to interrupt the smooth flow of a home.

For example, some accommodation centres have 2 carers on duty plus administration and catering staff. That sounds plenty until you realise that there are many situations when both Carers are attending to one client whilst others may be urgently pressing buzzers calling assistance and a slightly demented client may experience a serious episode and go for a confused walk, possibly leaving the premises or maybe arriving unannounced in someone

else's room, wanting to talk or worse.

Having observed integration of dementia clients into mixed accommodation, I do not believe it is either appropriate or effectively manageable.

For their own safety, those with dementia need secure accommodation that suits their needs and has distracting gardens, pets or animals to observe and possibly interact with. People need to be safe, they need distraction, they need something to think about, and they need suitable Carers who understand their needs. They also need to be safe from their safe space being invaded by another client.

Such accommodation need not be in a city as the nature of their ailment means they seldom receive visitors.

This means that dementia accommodation could be more economical and spacious with garden and lawn areas suitable to the needs of those with dementia.

Ideally, some such facilities could also be used as training hubs, thus bringing on more staff who will learn the realities of what is a rapidly growing area of need.

The many Multi Purpose Health Services in this region do a great job of providing a wide range of basic care in our small communities.

But the integration of aged care accommodation into a hospital facility can cause difficulties.

Theoretically the staffing can be shared across the facility when necessary, thus reducing the staffing numbers needed.

In cases of emergency, this flexibility really means that there are insufficient staff should those in the aged care and dementia section require assistance.

I speak from experience when I tell you that wandering dementia clients do indeed arrive unannounced in other rooms. This does not make patients at all comfortable.

I know my theories are ambitious but I beg you to consider the well-being and safety of all, including exhausted and over stressed staff, when you consider how to spread the staff amongst the increasing number of caring positions needed in suitable accommodation to meet future needs.

- Loris Doessel

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Begin forwarded message: