

**From:** Deb Prince [REDACTED]  
**Sent:** Friday, 8 March 2024 11:26 AM  
**To:** Aged Care Legislative Reform  
**Subject:** Feedback  
**Attachments:** RE: Feedback [SEC=OFFICIAL]

**Categories:** ACTION REQUIRED

To whom it may concern,

I am the daughter of numerous elderly parents and am learning to navigate the system, for a few years now.

Yesterday I attended a virtual workshop, thank you. On that I do feel that grouping similar stakeholders together would have given richer feedback. Plus using the 'hand up' emoji slows the flow, I do feel that you could judge the group prior to insisting on the use of that, only use it if you need it. Wasted some time with that. That is advice from my professional perspective as a teacher.

I read the document and the slides so I will list my thoughts as follows;

1. As this is a rare opportunity to make changes to a stagnant system we do need to be very explicit in our expectations for the sector. Each point you make must have an attachment/link with concise details attached to it. Checklists are great for this. The DoE has great examples of how this can look. Maybe you already do this in the Aged Care Sector?
2. An important fact which I noted yesterday is that Hospitals provide aged Care too, both in their transition 'wards' and in general. In your document transition care is low on the list - place it at the top as it is rarely acknowledged and they seem to be running their own show with NO regulation. Our local hospital for example keeps folks for 6 months waiting for a home to become available, though they no longer require medical care, in a chair with no sunshine all day every day, no outings etc yet they take 85% of the pension and have unqualified workers. How can you capture this in the policy? Mandatory training for working in geriatrics for ALL staff.
3. Kinless elderly folk are forgotten. Once diagnosed with dementia they are handed to the Public Trustee who do not provide case workers. They oversee financial and accommodation affairs but not the niceties as we would intuitively expect.
4. Slide 4 - The question is how will staff understand their responsibilities? I would assume that mandatory online modules would be prepared prior to any actioning the proposed changes. Including extremely explicit directions, examples etc of what this looks like, feels like etc
5. Whistleblowers need to be encouraged. Daily pop ups and opportunities. It is unfortunate that our culture does punish whistleblowers covertly and will continue to do so , "protect and encourage whistleblowers".
6. Slide 11 - supporters vs representatives - I do think their may be occasion when both is required eg. when the family is only a wife with dementia also. Not sure I understand that precisely.
7. Slide 18 - Registration period **MUST be 2 years** based upon my experience in Education. It keeps everyone maintaining standards consistently. Three years gives the opportunity for a slack year - trust me they take it. This idea is more burdensome on the accountability system but it is a simple change that will ensure great outcomes. Teams of 'inspectors' ? (what's your word sorry) work full time moving around the state to ensure high standards

are maintained. Centres may hate this and would be a barrier but I strongly believe its a covert kick ass approach. which will keep standards high.

8. Slide 23. Just a note that when I filled out the online form for a complaint to the Aged Care Quality and Safety commission there was no option to record a deceased person. Could you please advise them of this.

#### Miscellaneous Ideas

#### 9. Mandatory training

Training in working in geriatrics for ALL staff. The same modules across Australia for consistency.

Training in recognition of the side effects of antipsychotics which they use across the system to treat elderly folk.

Training in recognition of a delirium.

Training in side effects of other common meds also.

Training in when to call an ambulance. Consistency across states. How many deaths result from poor decision making with this? I know of 2.

10. All associated providers should be registered. Important even if it is burdensome for the system initially. There is no/less room for illegal unethical behaviour. For example schools can only use registered trades - why should providers need to take this burden?

#### 11. Cameras

In response to **critical failure** cameras installed across the facility should be mandatory along with high financial and public penalty. I do like the idea that all facilities have cameras everywhere, it keeps everyone honest. Again not popular I would imagine.

As another penalty for critical failure perhaps at no time should residents be left with one worker.

#### 12. Personal Care

To protect both staff and the elderly for personal care- always 2 staff should be present. Burdensome I know but protective measure.

!3. consistency across states of all aspects of care is important, education is working towards this after years experiencing similar challenges. Slo mo

I am very happy to be involved further if you need ideas. I am great at ideas! : )

Kindest Regards

Deb Prince/Pring

