

Australian nursing home deaths reveal chronic under-funding

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Five elderly residents of a Melbourne nursing home died last month in the space of eight days, while five others were hospitalised following an outbreak of gastroenteritis. The nursing home management and the state and federal governments have responded by attempting to cover up or downplay the tragedy.

Broughton Hall, home to 80 residents, is run by Benetas, an arm of the Anglican Church. Benetas runs 13 residential homes in the state of Victoria, catering for more than 2,000 residents. Broughton Hall manager Sharon McGowan initially dismissed the deaths, saying: "Our residents are very fragile and elderly and it is not unusual for them to pass away, because we care for people at the end of their lives ..."

Eleven of the 22 people affected by the gastro outbreak tested positive for salmonella poisoning, which is most commonly associated with food not stored or prepared properly. Although the cause of the deaths has not been established conclusively, it is thought to have been mashed-up three-day-old cooked chicken that was served to the residents. Food sample tests later found no salmonella, but the lengthy delay between the initial outbreak and its notification to health authorities meant that contaminated food could have been discarded.

Broughton Hall management failed to notify health authorities of the first case of gastroenteritis until April 10, five days after it occurred. By that time, Peter Nathan, 74, had died on April 8 and a second man on April 9. The third death occurred on April 11 and the fourth victim, an 88-year-old woman, died on April 12. It was not until that day that families received a letter from Benetas telling them of the disease outbreak. The letter failed, however, to inform them that several people had already died and others were ill.

News of the deaths only appeared in the media on April 14, the same day that Victorian Health Minister Bronwyn Pike claimed she was notified by her department.

Family members of the fifth resident to die, Merson Dunstan, 84, were told he had contracted the flu and that they should not visit him over the April 6-9 Easter break. When they did visit 10 days after the gastro outbreak, they were shocked at his appearance. They insisted he be taken to hospital. He was found to be severely dehydrated and died by midnight the next day, April 16.

Maree Clark, the daughter of a resident who became ill, was only informed of the deaths just before the media announcement. Her husband told reporters: "We really felt like we should have been informed of that early on. It denied us the opportunity of taking our mother out of there." Another angry visitor to the home said: "It's outrageous they waited so long to tell us."

Staff working at the facility spoke out anonymously, fearing retaliation. One told journalists: "Staff were called in on Sunday night to sign clearly mis-dated gastroenteritis safety standards procedure forms.... It was made very clear that to not sign them would result in dismissal, as would conversing with the media." Staff were forced to sign confidentiality agreements to prevent them speaking to reporters.

A nurse who once worked at Broughton Hall but now refuses to work at Benetas homes, told the media: "It is just shocking. Most of the food is vitamised, it is cheap and nasty and I wouldn't feed it to my dog." Another whistleblower claimed that the 30 high-care residents who were affected were fed "leftovers or scraps" from meals served to residents in the low-care section of the facility.

Sandra Sharp, who worked at another Benetas home, where a resident became ill after being given out-of-date soymilk in April 2006, also contacted the media. When she had asked managers what they intended to do about the incident, her complaint was ignored. In 2006, three gastroenteritis outbreaks reportedly occurred at that facility.

The Victorian state government is responsible for public health facilities, while the federal government funds and monitors the operations of nursing homes. Both governments have been attempting to absolve themselves of any responsibility for the Broughton Hall deaths by blaming each other, departmental officials and nursing home staff.

For her part, Victorian Health Minister Pike made a scapegoat of the state's Chief Health Officer, Dr Robert Hall. He was sacked, ostensibly because of the delay in notifying the minister of the deaths. Pike did not mention the fact that the state Labor government passed new regulations in 2006 dropping the requirement for registered nurses to administer certain medications to nursing home residents. The effect has been to allow operators to reduce the number of qualified nursing staff.

Federal Ageing Minister Christopher Pyne alleged that Broughton Hall staff were at fault for not recognising the seriousness of the situation early enough. Commenting on a preliminary report by his department, Pyne said: “One of the things the report found was that the staff didn’t have the necessary skills to be able to gauge whether incontinence in a resident, for example, was a result of a laxative being applied or gastroenteritis.”

One of the principal reasons for the lack of qualified or trained nursing home staff, however, is the chronic underfunding imposed by the federal government and the lack of any legislated minimum staffing requirements.

Because staffing costs make up approximately 70 percent of nursing home budgets, operators cut expenditure by reducing staff numbers, especially of qualified staff. Notoriously long hours and bad conditions, coupled with 20 percent lower wages for qualified nurses in nursing homes compared with those working in hospitals, have contributed to nurse shortages in aged care. Similarly, the low pay rates for non-nursing staff make it hard to recruit skilled workers.

In July 2006, Broughton Hall received federal government accreditation for three years until July 2009, despite findings of inadequate cleaning standards. Following last month’s deaths, the Aged Care Standards and Accreditation Agency re-assessed Broughton Hall and found that it breached 12 of 44 standards. Among its findings were poor infection control, inadequate nutrition, poor clinical care and insufficient hydration. Pyne has not announced whether any sanctions will be imposed.

The seemingly dramatic decline of standards in less than 12 months since the accreditation must reveal either a rapid deterioration of conditions at the facility or the inadequacy of the government’s inspection and regulatory processes.

There is certainly evidence of general cost cutting by Benetas throughout its homes without any objection by government regulators. Benetas’ remarkable financial turnaround in the past few years—from a \$1.4m loss in 2003 to a \$16.3m surplus in 2006—may well be due to reduced staffing levels. Significantly, five senior managers have resigned from the company in the past 12 months.

An Australian Nurses Federation (ANF) spokesperson said the union had been urging Benetas management to employ more qualified nurses, without success. The ANF stated: “Benetas management has ignored ANF’s requests to staff more than two registered nurses on the morning and afternoon shift and more than one registered nurse per evening and night shift. These nurses are responsible for all residents including the 60 high-care residents.”

The union reported some serious incidents. “Over a 12-month period the qualified nurse on duty in the nursing home was called to 20 emergencies in the hostel section and in one incident the nursing home section was left without a qualified nurse for two and a half hours during the night because she was called to attend a resident who had fallen in the hostel care

section.”

Apart from underscoring the highly dangerous situation facing residents because of inadequate staffing, the union’s statement raised another obvious question: why hadn’t the nurses’ union mounted any industrial or public campaign to expose the risks to residents?

This is far from the first time that deaths in nursing homes have shed light on the shocking state of many facilities. Just seven years ago, in 2000, a scandal erupted when 57 residents were given kerosene baths at the Riverside nursing home in Melbourne’s eastern suburbs. Several suffered second-degree burns and blisters. One woman, aged 84, died two days later. The bathing had been ordered to control an outbreak of scabies; a skin disease.

Reports then surfaced in the media about conditions in other nursing homes, indicating that such problems were widespread. The then federal aged care minister, Bronwyn Bishop, admitted that her department had received over 4,000 complaints in the previous two-and-a-half years. The care-for-profit Riverside home was subsequently closed down but, if anything, the lack of funding and monitoring has worsened since then.

There is no question that the Broughton Hall deaths are only the tip of the iceberg. On May 16, the Melbourne *Herald Sun* reported that four of the 33 high-care residents at the Bethany Aged Care Village, in the same suburb as Broughton Hall, were suspected of being infected with scabies. It was alleged that management failed to notify families until a week after the outbreak and that families had been asked to stay away for three weeks. Bethany is operated by private company TriCare, and owned by an arm of Macquarie Bank.

“User pays” changes introduced by the Howard government over the past decade have accelerated the development of a two-class aged care system. For better-off people who can afford high entry bonds and weekly fees, private healthcare corporations run decent quality homes with modern facilities, strict medical and hygiene standards, fresh and nourishing food and comfortable surroundings.

For lower middle class and working class retirees, however, it is a different story. Nursing home operators, both corporate and the “not-for-profits” like Benetas, can only operate profitably by cutting the quality of care. While medical science has significantly prolonged people’s lives, and their capacity to potentially enjoy their later years, the underlying program of cost-cutting, privatisation and deregulation being imposed by capitalist governments the world over means that retired working people are increasingly being thrown on the scrap heap.



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