

**Submission
No 2**

**INQUIRY INTO PROVISIONS OF THE PUBLIC HEALTH
AMENDMENT (REGISTERED NURSES IN NURSING
HOMES) BILL 2020**

Name: Ms Jo Russell

Date Received: 30 December 2020

To the select committee

Re: Inquiry into the provisions of the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020

I am a Nurse Practitioner in Aged Care with 8 years' experience as a Nurse Practitioner in Aged Care and a further 16 years' experience as a registered nurse working in the field of gerontology. I also specialise in Palliative care, particularly of Older people living in residential care. I have a Masters of Nursing (Nurse Practitioner) and a Post graduate Diploma in Palliative care/ Aged Care.

I was until very recently part of the executive committee of ACI Palliative care network and had been on the committee since 2014.

I would like to comment on the bill to amend the Public Health Act 2010 to bring the definition of a nursing home into line with relevant Commonwealth legislation so as to ensure that the requirement for a registered nurse to be on duty at all times at a nursing home is continued.

Firstly I would like to agree with the general principle of the amendment. I would also like to extend this to include a reasonable ratio of RNs available 24/7. Some facilities have more than 300 people living on one site, the greatest proportion of whom are receiving a high level residential care. There must be some allowance in the act to recognise the limitations of one registered nurse to provide supervision and care for all of these people. I would suggest that a ratio of 1:100 is an absolute minimum.

Secondly I would like to make further comment in regard to rural and remote communities where an RACF operates, I understand that in rural and remote areas it can be very difficult to resource registered nurses at all times. I feel that further consideration should be made regarding the special staffing challenges in rural and remote communities and that there could be a further provision made utilising tele health capabilities. This is in no way to dilute the necessity of registered nurse support 24/7 in RACFs that provide high level care but rather to uphold the provision for the greatest number of consumers on RACF care by removing a loophole or an argument that may be made for country areas. Since experiencing COVID 19 restrictions and changes to work flow, most facilities are now tele health ready and I believe that a requirement could be made for such remote facilities to have a mandated cover via tele health of a registered nurse available for a specific number of RACF consumers e.g. one registered nurse available via tele health to cover a minimum number of residents at any time. Then there could be further back up provided by an on call system for an in-person review for out of hours where this was deemed beneficial. I would certainly not like to see that this change to definition threatens the long term operation of remote RACFs , especially if this limits the ability for RACF providers to maintain 'on (or near) country' services for Aboriginal and Torres strait islander populations.

Thank you for your consideration

Kind regards

Jo Russell