

Hi,

I am a registered Nurse with experience in acute care, aged care and clinical leadership. I have recently joined [REDACTED] I am excited for the new aged care act but hope to express some feedback regarding the draft.

From my time as a family member of a care recipient and a registered nurse across the country in a variety of clinical roles ranging from a carer, to an ICU and ED nurse to a Clinical Care Coordinator in a RACF I believe that the Aged Care Sector is not fully equip to manage the clinical burden of their consumers. The challenge in this is that there is not a centralised and agreed scope of clinical responsibility that providers need to adhere to and the scope of possibility is quite broad.

Section 143 (c) of the new act states one of the engagement functions of the Commission is: *"to promote those **best practice models** to registered providers and responsible persons and aged care workers of registered providers;"* This terminology is vague, particularly as the variation that exists in healthcare and the sector and the ability to apply **best practice**. For example, if a resident of a RACF complains of chest pain it is understood as best practice for registered nurses to do an ECG within 20minutes. Some RACF providers have an ECG, some don't. How can a provider be held accountable to maintain clinical best practice if the minimum service provision is not agreed as I believe the providers that don't have ECGs would simply say it is outside of their scope and is expected to go to acute care. This example can be provided to a range of common and high impact clinical scenarios experienced in the sector and can be as simple as clinical exam by an RN.

I don't necessarily have a solution to this, however as the clinical burden on Aged Care service providers continues to increase, I think it is necessary to have clinically informed legislation, similar to that of an acute service with more defined terminology, particularly as private providers introduce variation into clinical capacity to meet the clinical burden.

Hopefully, the appointment of a Chief Clinical Advisor will support this process and enhance the development of robust clinical care across the sector.

Kind Regards,

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