



# *The role of registered nurses in residential aged care facilities*

## Position statement

Developed: July 2016

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### Key statement

The Australian College of Nursing (ACN) believes that regulation of residential aged care facilities (RACFs) should at a minimum mandate a requirement that a registered nurse (RN) be on-site and available at all times to promote safety and well-being for residents.

ACN holds the view that care delivered in RACFs must be led by RNs. Due to the growing prevalence of co-morbidities associated with physical and cognitive decline, polypharmacy, and greater professional accountability, increasingly the residential aged care population requires more complex care that can only be provided under the direct supervision of RNs. The RN scope of practice enables the high level clinical assessment; clinical decision making; nursing surveillance and intervention; service coordination; and clinical and managerial leadership required to meet desired outcomes and to ensure the provision of high quality care. RNs provide frontline leadership in the delivery of nursing care and in the coordination, delegation and supervision of care provided by enrolled nurses (ENs) and unlicensed care workers (however titled). The continuous presence of RNs is essential to ensure timely access to effective nursing assessment and comprehensive nursing care, and to the evaluation of that care.

### Background and rationale

Aged care sector trends indicate that the health and care needs of people living in RACFs are becoming increasingly more acute and complex as Australians grow older and the prevalence of chronic disease increases with age (Australian Institute of Health and Welfare 2014, Australian Institute of Health and Welfare 2016, KordaMentha 2014, KPMG 2013). The proportion of the Australian population aged over 65 years is estimated to increase from 3.2 million in 2012 to 5.8 million by 2031 (Australian Bureau of Statistics 2013) and by 2064, the Australian Bureau of Statistics predicts there will be 9.6 million people aged 65 or older and 1.9 million people aged over 85 (Australian Institute of Health and Welfare 2016).

Similar to international experience, the shifting proportion of the aged population in Australia is driving an inevitable growth in the burden of disease (Australian Institute of Health and Welfare 2014). People living in RACFs more commonly have co-morbidities, chronic disease and multiple pharmacotherapy and 75% of people in RACFs are known to be 85 or older (Australian Institute of Health and Welfare 2016, Grealish et al. 2012, General Purpose Standing Committee No. 3 2016). Furthermore, 50% of people in RACFs experience some form of dementia, 87% require high level care and approximately 80% are known to have a mental health condition (Australian Institute of Health and Welfare 2016). The result is an increasing demand for services that can support a growing pattern of frailty, dependence and complexity amongst populations receiving care in RACFs (KordaMentha 2014, KPMG 2013, Grealish et al. 2013).

### Nursing leadership and clinical supervision

RNs play a vital role in residential aged care service management, planning and delivery of services. They can hold key management roles in RACFs having direct influence on the operational planning and are, typically, the clinical leaders involved in coordination, delivery and monitoring of evidence-based practice and continuous quality improvement within RACFs (Dwyer et al 2011).

The availability of an RN provides nursing leadership and clinical supervision to facilitate and manage the increasingly complex health and well-being needs of people living in RACFs. RNs facilitate the delivery of high quality nursing care, blending skills in chronic and acute illness, with an individualised, person-centred approach to the nursing care of all residents. RNs are responsible for a range of key direct care activities including providing, managing and overseeing:

- Nursing care procedures
- Restorative care
- Safe behavioural management in dementia care
- Health emergency responses, including identification of acute deterioration in residents related to falls and infections compounded by co-morbidities
- Palliative care including complex pain management
- Medication administration and management consistent with quality use of medicines guidelines
- Infection prevention and control programs.

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RNs are the key personnel qualified to assess, plan, implement, monitor and evaluate nursing services. They are best placed to collaborate with other health professionals and service providers in the coordination, management and delivery of care. They are the health professional best able to lead new models of care in the context of residential aged care.

The RN role is central to leading and overseeing safe and effective care work undertaken by other categories of health workers. RNs are responsible for ensuring adequate supervision and appropriate delegation of care to other staff with the appropriate skills and expertise, while retaining overall accountability for the provision of quality, coordinated care. RNs provide essential staff supervision, mentoring, development and delegation to ensure the delivery of appropriate, effective and safe care to meet the health, social and psychiatric needs of people in RACFs.

The multi-faceted role of the RN in RACFs underpins the provision of collaborative, coordinated and integrated care. RNs collaborate with general practitioners, health professionals and service providers in the provision of care in RACFs (Australian College of Nursing 2015a). RNs are able to recognise and ensure early intervention and management in response to changes in an individual's health, thus reducing the risk of deterioration and potentially reducing the need for unplanned admissions to acute facilities or transfer to emergency departments (Dwyer et al. 2015). This not only assists in maintaining quality of life for care recipients but also reduces overall costs to the health system.

### **Nursing skill-mix**

ACN holds the strong view that appropriate nursing skill-mix is fundamentally linked to delivering appropriate care. International and national research in the acute care sector indicates a direct correlation exists between nurse-to-patient ratios and patient mortality. That is, nursing care teams with a higher proportion of RNs are linked to reduced patient morbidity and mortality (Aiken et al. 2014; Duffield et al. 2011). Similar scenarios could be replicated in the aged care environment. As a key health protection measure for frail older people living in residential aged care, the regulation of RACFs should stipulate appropriate staffing requirements in the delivery of direct care and at a minimum mandate that an RN be on-site and available at all times.

RACFs lack the clinical infrastructure of tertiary hospitals and, given the complexity of care needs they manage, this is a significant factor necessitating an RN be on-site and available in RACFs at all times. The health state of residents with complex care needs may quickly change and deteriorate and incidents requiring clinical nursing interventions cannot always be foreseen or planned. Having an RN on call to manage unforeseen events does not provide sufficient leadership and supervision for such situations.

Residents with complex needs in RACFs and their families rightfully expect and are entitled to safe and efficient evidence-based professional nursing care services led and managed by appropriately qualified and experienced nurses. It is therefore imperative that nursing care teams have the appropriate number and mix of RNs, ENs as well as unlicensed care workers (however titled) to meet the nursing needs of residents. ACN believes that approved providers have a moral and legal obligation under the Commonwealth Aged Care Act 1997 to ensure that residents' care, treatment, protection and support needs are met by adequately and appropriately skilled health professionals and workers sufficient in numbers to meet the demands and needs of residents at all times.

There are currently no Commonwealth standards or regulations prescribing minimum staffing or skill mix requirements for RACFs (General Purpose Standing Committee No.3 2015). ACN believes that in order to promote safety and quality the regulation of RACFs should stipulate appropriate staffing requirements in the delivery of direct care. ACN recommends that the Australian Government recognise that the role of the RN cannot be substituted by any other category of health care worker and at a minimum mandate a requirement for an RN to be on-site and available in RACFs at all times (Australian College of Nursing 2016).

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