24/7 registered nurse alternative clinical care arrangements

From 1 July 2023, residential aged care facilities across Australia must have a registered nurse (RN) onsite and on duty 24 hours a day, 7 days a week (24/7 RN responsibility) unless they have an exemption.

The 24/7 RN responsibility was a key recommendation from the Royal Commission into Aged Care Quality and Safety.

Alternative clinical care arrangements

The Aged Care Quality and Safety Commission (Commission) understands that aged care providers can have challenges attracting and keeping suitably skilled and competent workers. We understand that this can lead to facilities experiencing gaps when there isn't an RN onsite and on duty.

When there isn't an RN onsite, providers must have alternative clinical care arrangements in place to meet the clinical care needs of residents at all times.

This includes alternative care arrangements:

- for residents who need high-level or complex care
- to monitor residents and detect clinical deterioration
- to access emergency services if needed.

Providers must also consider how these alternative arrangements work as part of their clinical governance system. This makes sure that the arrangements are in place and working.

Exemptions from 24/7 RN cover

From 3 April 2023, some facilities in remote or regional locations can apply to the Department of Health and Aged Care (department) for an exemption to the 24/7 RN responsibility for 12 months. These facilities must:

- be in Modified Monash Model (MMM) 5, 6 or 7 – which shows how rural or remote a location is
- have 30 or less places available for residents (operational places).

To get an exemption, providers must demonstrate that they have taken reasonable steps to ensure that the clinical care needs of their residents will be met for the whole of the exemption period (should one be granted).

The Commission supports the application process by providing information to the department about the alternative clinical care arrangements detailed in exemption applications. This information helps the department decide whether the provider has taken reasonable steps to meet the clinical care needs of residents when an RN isn't onsite and on duty.

Our role in regulating quality and safe care including reviewing applications for exemption, has provided insights into:

- the range of alternative clinical care arrangements that eligible services have in place
- what arrangements are effective
- where there may be risks to residents.

Planning alternative clinical care arrangements

When planning and assessing which alternative clinical care arrangements will be most effective, providers should think about the specific needs of current consumers, for example:

- end of life care
- use of special equipment
- unstable diabetes or epilepsy
- complex behaviour support.

Providers also need to look at their workers' skills and abilities, for example:

- staff ability to identify when a resident's condition has deteriorated, and when and how to escalate this to an RN
- staff skills to provide immediate first aid if a resident is injured or has a clinical event when an RN isn't there
- onsite and offsite staff knowledge and familiarity of residents, the facility, and its systems
- offsite RNs' training and experience
- onsite staff capability – such as rostering experienced enrolled nurses when there are no RNs available
- any history of incidents that indicates gaps or shortcomings in on call arrangements or onsite staff capability.

Other areas that providers need to consider include:

- how reliable technology and telehealth are, and how providers make sure that residents and their family or representatives are included in consultations
- how remote they are from emergency services like ambulance services.

Effective arrangements

Effective alternative clinical care arrangements consider the context and community the service is located in. They make the most of opportunities and plan for risks. Effective arrangements show the provider has a thorough knowledge of the care that their residents need.

Effective arrangements include a thorough understanding of a resident's care plan. The plan should list arrangements for ongoing clinical oversight and assessment to make sure that the person has continuity of clinical care and to identify when escalation is needed.

On-call arrangements

Effective on-call arrangements must include clear processes and systems.

Staff need:

- to be able to identify when to contact an after-hours GP service or an on-call RN. For example, onsite staff can identify a change in a resident's condition after an event like a fall, or because of clinical deterioration
- clear processes so they know who is on call and how to contact them. This includes giving agency staff this information, as well as having arrangements in place if the person on-call isn't available
- systems that allow on-site staff to give enough clinical information to on-call clinicians so they can decide what care the resident needs. This may need to include remote access to records, an ability to screenshare from the service, and onsite staff who understand the facility's records system
- communicate information about a resident's care needs effectively and follow the service's hand-over process.

Providers need:

- to have an arrangement for another point of contact when an on-call clinician isn't available
- an arrangement with a telehealth service and to make sure their staff are familiar with how to use the technology and what to do if the technology doesn't work
- to use clinical resources efficiently so that clinical issues are escalated to clinical staff and non-clinical issues are escalated to non-clinical staff
- job descriptions and/or written agreements that show the roles and responsibilities for on-call staff
- job descriptions of other rostered staff that align with on-call arrangements. For example, is it clear to a hospital RN that part of their job will be to help in the service when there isn't an RN on site?

Policies and procedures

Thorough policies and procedures are a key part of effective clinical care arrangements. Policies and procedures should:

- give staff (including agency staff) clear directions about on-call arrangements
- clearly show staff what they need to do when:
  - a resident's condition deteriorates
  - a clinical event occurs (such as a fall)
  - there is an incident associated with a resident's complex behaviour.
- document clear escalation processes that have clear responsibilities for staff and protocols for when escalation is needed
- show onsite staff how to communicate and record any advice asked for and given
- direct staff on the required clinical procedures – such as administering medication, pressure area care and end of life care.

Staff skills and training

Staff need to have the necessary skills and training to implement alternative clinical care arrangements. This includes:

- staff having the skills to understand and follow the on-call clinician's instructions for ongoing care. This means onsite staff have knowledge and skills in assessment techniques like taking vital and neurological signs to tell the on-call clinician
- all relevant staff, including personal care workers being trained in first aid so they can provide onsite first aid. This means residents can be treated with first aid while waiting for an ambulance or on-call clinician to arrive
- on-call RNs having the skills to provide clinical advice. For example, if the on-call RN graduated recently, they may not have enough aged care experience to be able to provide suitable on-call clinical advice
- enrolled nurses and personal care workers being trained in the specific care tasks given to them by RNs.

Gap analysis

Providers should do a gap analysis of their alternative clinical care arrangements to make sure they're effective. This checklist may be useful:

- Is there a clear arrangement for immediate advice from an RN or medical officer (either onsite or offsite) at all relevant times?
- Do the on-call arrangements specify an actual name and title of the person allocated and accepting responsibility, and does this include contact details and preferred method of contact?
- Are there clear processes to identify when the designated person is on leave or unavailable?
- Will the offsite clinician have access to residents' clinical files?
- Is the offsite clinician able to come to the service if needed? If so:
  - how long will it take them to get there?
  - how will instructions be communicated to onsite staff while they wait for the offsite clinician to arrive?
  - how will the instructions be recorded?
- Who will document the results of consultations or advice in the clinical file? For example, the offsite person, the onsite person, or both?
- Will the offsite person keep independent records of any advice?
- Do any of your residents have special clinical needs? For example:
  - urinary catheter
  - nasogastric tube
  - percutaneous endoscopic gastroscopy (PEG) feeds
  - oxygen therapy
  - nebulised medication
  - tracheostomy care
  - continuous positive airway pressure (CPAP) therapy
  - injectable medications.

Do onsite clinicians have enough training to understand and meet these needs?

- How will palliative care needs or pain needs be met when an RN isn't onsite or on duty? Do onsite staff have the knowledge and skills to detect clinical deterioration?
- Is the service's clinical escalation policy available at all times to onsite staff?
- Is the technology and internet available and reliable enough for telehealth?

- Do onsite staff have current first aid skills to meet the needs of residents at all times, including when an RN isn't onsite and on duty?
- What monitoring equipment is onsite and do staff know how to use it? For example, blood pressure, pulse, oxygen saturation, temperature and blood glucose monitoring equipment.
- What emergency equipment is there onsite and do relevant onsite staff know how to use it?
- How far away, in distance and time, is emergency support like an ambulance?
- Who is responsible for making sure that all alternative clinical care arrangements are current and effective?

Workforce planning

As well as implementing alternative clinical care arrangements, providers need to have workforce plans for each of their facilities for:

- recruiting and keeping RNs
- upskilling existing staff
- using and supporting existing staff to provide alternative care arrangements.

This planning can include:

- ongoing recruitment targeting local channels and a broader pool of RNs through job recruitment websites
- incentives to attract RNs with support to relocate. For example, sourcing rental accommodation
- providing staff with opportunities and support to complete extra training, particularly supporting EN and RN training
- scheduling RN shifts to meet the regular clinical care needs of residents
- reviewing RN role descriptions to make sure that tasks that other staff can do are reallocated (for example, administration work)
- making sure that all onsite clinical leads for any shift have current first aid qualifications and can use emergency equipment.

Case studies

These case studies show effective alternative clinical care arrangements in practice.

Service A

The service

The service is a residential aged care facility with 29 beds in a small regional town. It's around 100 kms or 2 hours by road to the nearest capital city. It's the only residential aged care service in the area.

Although the service has been recruiting for RNs for the past 3 years, there is still not an RN on all shifts. Most of the gaps in RN coverage are during the night shift.

As the service has had a longstanding RN shortage, to make sure it has continuity of safe and quality care it has already developed and is using an alternative clinical care model.

Model of care

To make sure the alternative clinical care arrangements meet the needs of all residents, the service has:

- regular care planning
- case conferencing
- multi-disciplinary support.

This makes sure that care plans are current and reflect any changing clinical needs.

The service has implemented alternative clinical care arrangements, including:

- **Local RNs on-call**
  RNs who live locally providing on-call services. This means they can provide onsite support at short notice. The on-call part of their role has clearly documented expectations and accountabilities.
- **Agreements with the local hospital**
  These agreements clearly document protocols and processes. This includes how residents are safely transferred to hospital after hours. It also covers the ongoing safe care of residents who stay at the service when a decision has been made not to transfer them to hospital. When residents are transferred to and from hospital, there is an agreed clinical handover protocol.
- **Arrangements with the local GP for after-hours support**
  These arrangements have clear protocols for when a GP is called. This includes whether the support is telephone advice, a tele consultation, or attendance at the service. The protocols also include access to residents' current medication charts, assessments, care plans and charting. This allows the GP to document their findings, recommendations and plans directly into a consumer's clinical notes in the service's records.
- **Escalation protocol**
  An escalation protocol and process that is clear for both onsite and on-call staff with directions for what to do when a resident's health is deteriorating.
- **Online clinical system**
  The system has up-to-date, thorough clinical documentation that GPs, specialists, allied health professionals and on-call RNs can access remotely.
- **Telehealth services**
  The use of telehealth services during business hours for both medical and specialist services. This includes:
  - available, reliable technology to support telehealth
  - staff trained to use telehealth
  - processes to make sure residents can take part in their consultations.
- **Rostering RNs to meet resident needs**
  The service rosters RNs when there are regular resident clinical care needs. For example when specific medications need to be given at a particular time.
- **Clear RN role descriptions**
  The role descriptions of RNs have been reviewed and changed to maximise RN clinical time. They've done this by giving non-clinical tasks like administration work to non-RN staff.

Service B

The service

The service is an aged care residential facility 400km from the nearest capital city. It's in a regional area with a population of around 1800 people.

The service has 51 beds, including a 10-bed dementia specific unit. The provider also has 5 independent living units on the site. They're not eligible to apply for an exemption to the 24/7 RN responsibility.

As a result of the challenges in recruiting replacement RN staff, the service is experiencing gaps in RN coverage. To manage this, the service has developed and is using an alternative clinical care model to make sure that their residents have continuity of safe and quality care.

Model of care

To make sure that resident clinical care needs are met at all times, the service has implemented alternative clinical care arrangements, including:

- **On-call services**
  provided by the Service Manager (an RN) overnight and on weekends when there is no RN onsite. The Service Manager's role description includes the on-call responsibility. There are clear escalation protocols for when a resident has a serious event or their condition is deteriorating.
- **Local GP support**
  The service gets local GP support one day a week onsite and telehealth or telephone support at other times. There are clear protocols for the GP's contact hours and whether there will be telephone advice, telephone consultation or they will attend the residential care service.
- **Local pharmacy support**
  The service gets support from the local pharmacy to meet all medication needs. They use an Imprest stock system to make sure they have supply of important medication when needed unexpectedly, including when the pharmacy is closed.
- **Dementia Support Australia resources**
  Using resources from Dementia Support Australia, including the Dementia Behaviour Management Advisory Services, referrals, telehealth consultations and 24-hour advice.
- **Escalation protocol**
  An escalation protocol that is clear on the role of onsite staff. This includes handover, orientation for new or agency staff, and how to respond when a resident is deteriorating.
- **Comprehensive software system**
  The use of a comprehensive software system which:
  - on-call staff can access remotely to understand the clinical context
  - can be used for resident documentation to help staff to undertake care planning, monitoring and review
  - can be used for medication management.
- **Care planning reviews**
  To make sure that the alternative clinical care arrangements meet the needs of all residents, the service does regular care planning reviews and accesses specialist support and advice as needed. This means that care plans are current and reflect any changing clinical needs.
- **Incident management process**
  A process in the incident management system to review how the arrangements work when an incident happens and to make adjustments where needed.

Extra resources

The Commission has a range of resources to support approved providers. You can find these resources on our website, and they include guidance documents, fact sheets, videos, educational workshops and regular updates through the Quality Bulletin.

We also have various education modules available through the Aged Care Learning Information Solution (ALIS).

You should read this fact sheet alongside:

- Regulatory Bulletin (RB 2023-19) Workforce-related responsibilities – including 24/7 registered nurse and care minutes
- Regulatory Bulletin (RB 2019-04) Responding to non-compliance with the Aged Care Quality Standards

Other links that providers may find useful:

- Guidance and resources for providers to support the Aged Care Quality Standards
- Provider responsibilities relating to governance
- Clinical governance in aged care
- Workforce governance and management
- Governing for Reform in Aged Care
- Stay up to date with Regulatory Bulletin releases by subscribing to the Commission's newsletter

The department's website also offers a variety of resources to support providers:

- Care minutes and 24/7 RNs in residential aged care
- Care Minutes and 24/7 Registered Nurse Responsibility Guide
- 24/7 RN exemption application form
- FAQs about the 24/7 RN exemption framework
- Webinar – 24/7 RN exemption process
- Aged Care Workforce
- Workforce Advisory Service
- Rural Locum Assistance Program (Rural LAP)
- Aged Care Transition to Practice Program
- Nursing and allied health scholarships

Future resources will be made available through:

- The Commission's website
- The Department's website

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