



Regulating 24/7 registered nurse and care minutes responsibilities: Webinar

18 April 2023

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agedcarequality.gov.au

Janet Anderson PSM

Commissioner

Aged Care Quality and Safety Commission



Australian Government

Aged Care Quality and Safety Commission

Overview of the 24/7 RN and care minutes responsibilities

- New responsibilities for residential aged care providers to:
 - have a registered nurse on-duty and on-site 24/7 from 1 July 2023, and
 - meet mandatory targets of minutes of care delivered to residents from 1 October 2023.
- We know not all providers will have 24/7 RN coverage from 1 July, due to factors including workforce shortages.
- Certain services can apply for an exemption through the Department of Health and Aged Care.
- Enforcement action is unlikely where providers are making efforts to achieve 24/7 coverage and continuing to provide safe and quality care to residents, including through alternative clinical care arrangements when an RN is not on-site and on duty.



Overview of the Commission's regulatory approach

- Where facilities are not meeting the 24/7 RN responsibility, we will consider the steps a provider has taken to fulfil their responsibilities, and the clinical governance and clinical care arrangements in place to ensure that the clinical needs of residents are met.
- Where providers can show they are actively working to comply with their responsibilities, our response will be different from the actions taken if a provider is unable to demonstrate a suitable response, or deliberately avoids meeting their obligations and may be placing residents at risk of harm.
- **If you are not meeting the 24/7 RN responsibility but can show ongoing efforts to comply, and you are providing safe and quality care to residents at all times, we are unlikely to take enforcement action.**
- The Commission's focus will be on ensuring the delivery of safe and quality care to consumers, and on identifying and responding to risks to consumers.



Mark Richardson

Assistant Secretary

Residential Care Funding Reform Branch

Department of Health and Aged Care



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Department of Health and Aged Care


24/7 registered nurse and care minutes responsibilities

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health.gov.au/aged-care-reforms


Support for 24/7 RN responsibility



Exemptions for eligible residential facilities located in Modified Monash Model (MMM) 5, 6 or 7 regions with 30 or fewer operational places and appropriate alternative clinical care arrangements in place



\$473.3 million to support residential facilities with up to 60 residents (on average over a month) through new 24/7 RN supplement from 1 July 2023



Funding through AN-ACC for residential facilities with more than 60 residents (on average over a month) to deliver 24/7 RN care



Exemption framework

Key exemption criteria



MMM 5-7
locations



30 or fewer
operational places



Alternative clinical
care arrangements



Applications for exemptions from the 24/7 RN responsibility opened on 3 April 2023



Application form available at <https://www.health.gov.au/resources/publications/247-registered-nurse-responsibility-exemption-application-form>



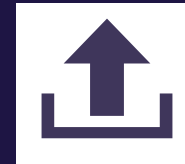
Submit applications and enquiries to exemptions@health.gov.au



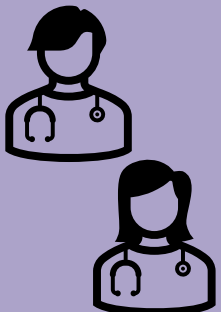
24/7 RN reporting and monitoring



Only a person who is registered under the Health Practitioner Regulation National Law in the nursing profession as a 'registered nurse' may contribute towards meeting the 24/7 RN responsibility.



Government Provider Management System (GPMS), to support the new reporting requirements for the responsibility.



Enrolled nurses and other care staff may make up a valuable part of a provider's strategy to ensure the clinical care needs of their residents when an RN is not on-site.



Monitor approved providers for compliance with 24/7 RN reporting obligations.

Data collected through the GPMS system will be used to support the Commission's regulatory activities relating to the 24/7 RN responsibility.

24/7 registered nurse supplement

- Government investment of \$473.4 million
- Monthly supplement from 1 July 2023
- Residential facilities will automatically receive the supplement each month if they have up to an average of 60 residents per day in care (based on occupied beds)

- Residential facility not eligible if:
 - exempt from 24/7 registered nurse responsibility
 - has more than 60 residents
 - is a Multi-Purpose Service

Number of residents per day on average	MMM 1 – 4 (\$ month)	MMM 5 – 7 (\$ month)
1–5	\$21,416.67	\$61,083.33
6–10	\$21,416.67	\$55,083.33
11–15	\$21,416.67	\$48,166.67
16–20	\$21,416.67	\$41,666.67
21–25	\$21,416.67	\$32,916.67
26–30	\$21,416.67	\$25,333.33
31–35	\$15,000.00	\$19,000.00
36–40	\$11,500.00	\$14,000.00
41–45	\$10,166.67	\$12,250.00
46–50	\$9,333.33	\$10,250.00
51–55	\$7,666.67	\$8,750.00
56–60	\$7,083.33	\$8,000.00
61+ residents	\$0	\$0



Care minutes responsibility

Funding

- \$5.4 billion over four years from 1 October 2023
- Additional \$1.9 billion over two years from 2024-25 to support increase to 215 care minutes

Care minutes

- Average 200 minutes (including 40 minutes of RN time) from 1 October 2023
- Increase to 215 minutes (including 44 minutes of RN time) from 1 October 2024

Care workers

- Only care provided by RNs, ENs, personal care workers (PCWs) and Assistants in Nursing (AINs) can be counted for the purposes of meeting the care minutes targets.





Australian Government

Department of Health and Aged Care

Useful links

Webpage:

<https://www.health.gov.au/our-work/care-minutes-registered-nurses-aged-care>

Resources:

<https://www.health.gov.au/resources/collections/care-minutes-and-247-registered-nurse-responsibility-resources>

Enquiries

General enquiries: ANACCOperations@health.gov.au

24/7 RN exemptions: exemptions@health.gov.au



health.gov.au/aged-care-reforms

Peter Edwards

Executive Director

Compliance and Financial and Prudential Regulation

Aged Care Quality and Safety Commission



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Regulating workforce-related responsibilities

The Commission will take a risk-based, proportionate response, which:

- detects risk to consumers by using multiple sources of intelligence, including reporting on 24/7 RN and care minutes
- assesses and monitors risk for individual services and providers
- takes into consideration the **circumstances of the residential facility and the steps the provider has taken to fulfil its responsibilities**
- **uses outcomes of risk assessments to inform a regulatory response** that is proportionate to the assessed level of risk and the potential consequences for consumers.
- takes compliance and enforcement action where there is serious risk to consumers.



Assessing and monitoring risk

The Commission will consider the reporting on 24/7 RN coverage and staffing minutes as part of risk monitoring:

- volume and pattern of the reported periods, e.g. where shifts are partially/not filled and time of day
- total care hours, type of staff coverage, and shifts (care minutes)
- number and care needs of consumers
- reasons for the reported gaps and the alternative clinical care arrangements in place
- patterns of serious incident notifications and assessments of providers' responses
- complaints about staffing and clinical care
- previous monitoring including findings from site visits
- the provider's history of non-compliance with the Quality Standards
- quality indicator data on residential workforce turnover (available from 21 October 2023).



Dr Melanie Wroth

Chief Clinical Advisor

Aged Care Quality and Safety Commission



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Alternative clinical care arrangements

Alternative clinical care arrangements should be tailored to suit the circumstances of individual facilities.

Effective arrangements have the following features in common:

- they **consider the context and community in which the service operates** and seek to maximise opportunities
- they reflect a thorough knowledge of the care needs of the consumers at the facility
- they **anticipate and plan for risks.**



Alternative clinical care arrangements (continued)

Consider :

- Is there a clear arrangement for immediate advice from a suitably qualified RN or clinician off-site at all relevant times?
- Will an off-site clinician have access to consumers' clinical information?
- Is the off-site clinician able to attend if necessary? If so, how long will it take for them to arrive, and what instructions will on-site staff have in the interim?
- Who will record outcomes of consultations and instructions?
- Are there any current consumers with special clinical needs and does the on-site clinical lead understand these needs?
- Is there sufficient ICT to support any telehealth arrangements relied upon?
- Does the on-site clinical lead understand and have access to the clinical escalation policies/processes?
- Is there sufficient on-site first aid capability to meet the potential needs of the consumers?
- How will palliative care or pain needs be met when there is not an RN on-site and on duty?



Q&A

