Skill mix in residential aged care facilities

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KEY STATEMENT

The Australian College of Nursing (ACN) is committed to protecting the health, welfare and dignity of all residents in residential aged care facilities (RACFs). Staffing levels, skill mix, resourcing and communication all have an impact on the delivery of care, and what is referred to as missed care.[1] The Royal Commission into Aged Care Quality and Safety[2] found 'many failures and shortfalls in the Australian aged care system'. In RACFs, the first step to ensuring the resident is placed at the centre of care is to ensure appropriate staffing and skill mix thus reducing the possibility of missed care.

BACKGROUND

Staff report fewer instances of missed care in government owned facilities compared with not-for-profit and for-profit RACFs.[3] Staffing issues, inadequate resourcing and resident acuity were key factors contributing to missed care in for-profit facilities. A review[4] notes that the number (staff to resident ratio) and composition of the care team (the proportion of registered nurses (RNs) relative to other care workers) are major concerns in RACFs.[5 6 7]

Registered nurses regularly delegate day-to-day care to unregulated health care workers (UHCWs).[8] As the RN retains primary accountability for delegation, the RN needs to know the skill and capability of each care worker, to ensure they are working within their role description (UHCWs do not have a scope of practice). However, there are inconsistencies in the education and experience of health care workers[9 10 11] leaving it difficult to determine appropriate skill mix for RACFs.

KEY ISSUES

Residents in aged care experience increasingly complex medical conditions[12] suggesting the need for a commensurate increase in the knowledge of attending staff. Research suggests inappropriate staffing and lean skill mix impacts on the safety and quality of care delivery within RACFs.[13] Unregulated health care workers typically provide direct care to meet residents' daily living needs, wound care interventions and in some instances, medication administration. Essentially, they routinely provide care at a level beyond their role description[14] without appropriate support and training.

Registered nurses play a major leadership role in RACFs, delegating tasks to other health workers,[15] providing motivation and encouragement to those tasked with caring for residents.[16] However, research suggests a lack of training focussed on 'clinical leadership and health team management'[17] indicates RNs require more leadership training to ensure the safety and care of residents.

Registered nurses in RACFs have a high level of knowledge and clinical competence[18] however, their managerial and administrative roles take away day-to-day care time with residents.[19] Every resident needs access to RNs, to increase person-centred care for residents, thus leading to a better level of care overall.[20] Those RACFs considered to be providing high levels of person-centred care ensure the standard of care by employing staff with extra qualifications in dementia care.[21] RNs are clinically prepared for the workplace but require regular upskilling and a supportive working environment to maintain competence for work in RACFs. Providing RNs with requisite skills to manage residents' care will reduce hospital admissions from RACFs.[22]

Care provision in RACFs is often reported as lacking, which has resulted in an increased use of pharmacological intervention to manage resident behaviour.[23] This is an effect of higher than recommended numbers of UHCWs without the training to recognise the signs of deterioration and subsequent behavioural changes.[24]

While staff with higher educational qualifications improve nursing management of complex clinical issues and gerontological syndromes,[25] increasing acuity and a growing number of patients with comorbidities in RACFs places greater demand for professional nurses with the clinical expertise, leadership, and management experience to ensure safe, effective, and quality person-centred care.[26]

RECOMMENDATIONS

Lack of skills and training negatively impacts on residents' care and outcomes. Caring for the older person often living with complex multi-morbidities, cannot be delegated to an unskilled, uneducated health care worker who does not have a defined scope of practice. The UHCW must work within the confines of the role description for which they are employed. Any deviation from this places the patient, the UHCW and the supervising Registered Nurse at significant risk. The current ratio of RN to patient in RACFs is too low, resulting in an increased reliance on the inadequately trained health-care worker to undertake critical tasks outside their educational ability or skillset.

To address this, ACN recommends:

1. Nurses working in aged care be encouraged to undertake a Graduate Certificate in Aged Care.
2. A provision that every resident living in a RACF has access to an advanced practice nurse or nurse practitioner (NP). A role that would support and supplement the role of the RN on-site but encourages a multidisciplinary approach to care in conjunction with a general practitioner for a more complex referral. This would enable an NP to work across multiple facilities to provide clinical governance, teaching and leadership and support the management of residents with multi-morbidities and complexities. In many instances, the only requirement for general practitioner intervention or hospital admission would be when the condition or issue was outside the scope of the NP. NPs are well placed to make this self-determination on care requirements. Private and public RACFs need to know of the services provided in all local facilities as there may be scope to share resources to keep aged care residents out of hospitals.
3. The Federal Government funds these two initiatives.

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REFERENCES

1. Henderson, J., Blackman, I., Willis, E., Gibson, T., Price, K., Toffoli, L., Bonner, R., Hurley, J., & Currie, T. (2018). The impact of facility ownership on nurses' and care workers' perceptions of missed care in Australian residential aged care. *Australian Journal of Social Issues, 53*(4), 355-371. https://doi.org/10.1002/ajs4.50

2. Pagone, G., & Briggs, L. (2021). *Royal Commission into Aged Care Quality and Safety Final Report: Care, Dignity and Respect*. Canberra, Australia: Commonwealth of Australia Retrieved from https://agedcare.royalcommission.gov.au/publications/final-report

3. Henderson, J., Blackman, I., Willis, E., Gibson, T., Price, K., Toffoli, L., Bonner, R., Hurley, J., & Currie, T. (2018). The impact of facility ownership on nurses' and care workers' perceptions of missed care in Australian residential aged care. *Australian Journal of Social Issues, 53*(4), 355-371. https://doi.org/10.1002/ajs4.50

4. Ludlow, K., Churruca, K., Mumford, V., Ellis, L. A., Testa, L., Long, J. C., & Braithwaite, J. (2021). Unfinished Care in Residential Aged Care Facilities: An Integrative Review. *Gerontologist, 61*(3), e61-e74.

5. Laging, B., Ford, R., Bauer, M., & Nay, R. (2015). A meta-synthesis of factors influencing nursing home staff decisions to transfer residents to hospital. *Journal of Advanced Nursing, 71*(10), 2224-2236.

6. Nhongo, D., Hendricks, J., Bradshaw, J., & Bail, K. (2018). Leadership and registered nurses (RNs) working after-hours in Residential Aged Care Facilities (RACFs): A structured literature review. *Journal of Clinical Nursing, 27*(21-22), 3872-3881.

7. Stokoe, A., Hullick, C., Higgins, I., Hewitt, J., Armitage, D., & O'Dea, I. (2016). Caring for acutely unwell older residents in residential aged-care facilities: Perspectives of staff and general practitioners. *Australasian Journal on Ageing, 35*(2), 127-132.

8. Martyn, J.-A., Zanella, S., & Wilkinson, A. (2019). Perspectives from practice: complexities of personal care workers' education, regulation and practice. *Australian Health Review, 43*, 238-239. https://doi.org/10.1071/AH17035

9. Australian College of Nursing (2019a). '*Regulation of the Unregulated Health Care Workforce across the Health Care System* – A White Paper by ACN 2019', ACN, Canberra.

10. Australian College of Nursing (2019b). *Unregulated Health Care Workers* – Position Statement, ACN, Canberra.

11. Blay, N., & Roche, M. A. (2020). A systematic review of activities undertaken by the unregulated Nursing Assistant. *Journal of Advanced Nursing, 76*, 1539-1551. https://doi.org/10.1111/jan.14354

12. Blackman, I., Henderson, J., Weger, K., & Willis, E. (2020). Causal links associated with missed residential aged care [https://doi.org/10.1111/jonm.12889]. *Journal of Nursing Management, 28*(8), 1909-1917. https://doi.org/https://doi.org/10.1111/jonm.12889

13. Ludlow, K., Churruca, K., Mumford, V., Ellis, L. A., Testa, L., Long, J. C., & Braithwaite, J. (2021). Unfinished Care in Residential Aged Care Facilities: An Integrative Review. *Gerontologist, 61*(3), e61-e74.

14. Andersson, A., Frank, C., Willman, A. M. L., Sandman, P.-O., & Hansebo, G. (2018). Factors contributing to serious adverse events in nursing homes. *Journal of Clinical Nursing, 27*(1-2), e354-e362.

15. Martyn, J.-A., Zanella, S., & Wilkinson, A. (2019). Perspectives from practice: complexities of personal care workers' education, regulation and practice. *Australian Health Review, 43*, 238-239. https://doi.org/10.1071/AH17035

16. Nhongo, D., Hendricks, J., Bradshaw, J., & Bail, K. (2018). Leadership and registered nurses (RNs) working after-hours in Residential Aged Care Facilities (RACFs): A structured literature review. *Journal of Clinical Nursing, 27*(21-22), 3872-3881.

17. Dwyer, D. (2011). Experiences of registered nurses as managers and leaders in residential aged care facilities: a systemic review. *International Journal of Evidence-Based Healthcare, 9*(4), 388-402. https://doi: 10.1111/j.1744-1609.2011.00239.x

18. Andersson, A., Frank, C., Willman, A. M. L., Sandman, P.-O., & Hansebo, G. (2018). Factors contributing to serious adverse events in nursing homes. *Journal of Clinical Nursing, 27*(1-2), e354-e362.

19. Eagar, K., Westera, A., & Kobel, C. (2020). Australian residential aged care is understaffed. *Medical Journal of Australia, 212*(11), 507-508e501.

20. Dellefield, M. E., Castle, N. G., McGilton, K. S., & Spilsbury, K. (2015). The Relationship Between Registered Nurses and Nursing Home Quality: An Integrative Review (2008-2014). *Nursing Economics March/April, 33*(2), 95-108.

21. Sjögren, K., Lindkvist, M., Sandman, P.-O., Zingmark, K., & Edvardsson, D. (2017). Organisational and environmental characteristics of residential aged care units providing highly person-centred care: a cross sectional study. *BMC Nursing, 16*(1), 44. https://doi.org/10.1186/s12912-017-0240-4

22. Hullick, C., Conway, J., Higgins, I. et al. (2016). Emergency department transfers and hospital admissions from residential aged care facilities: a controlled pre-post design study. *BMC Geriatrics, 16*, (102). https://doi.org/10.1186/s12877-016-0279-1

23. Henderson, J., Willis, E., Xiao, L., Toffoli, L., & Verrall, C. (2016). Nurses' perceptions of the impact of the aged care reform on services for residents in multi-purpose services and residential aged care facilities in rural Australia. *Australasian Journal on Ageing, 35*(4), E18-E23.

24. Blackman, I., Henderson, J., Weger, K., & Willis, E. (2020). Causal links associated with missed residential aged care [https://doi.org/10.1111/jonm.12889]. *Journal of Nursing Management, 28*(8), 1909-1917. https://doi.org/https://doi.org/10.1111/jonm.12889

25. Corazzini, K. N., Anderson, R. A., Mueller, C., Thorpe, J. M., & McConnell, E. S. (2012). Jurisdiction over nursing care systems in nursing homes: Latent class analysis. *Nursing Research, 61*(1), 28-38.

26. Harrington, C., Schnelle, J. F., McGregor, M., & Simmons, S. F. (2016). The need for higher minimum staffing standards in U.S. nursing homes. *Health Services Insights, 9*, 13-19.

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