



24/7 Registered Nurse Responsibility

Policy guidelines for MPS sites participating in trial arrangements

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Contents

1	Introduction	3
1.1	Purpose.....	3
1.2	Further information and support.....	3
2	What is the 24/7 RN responsibility for MPS providers?	3
2.1	Registered nurse on duty 24 hours a day	3
2.2	What does the 24/7 RN responsibility currently apply in relation to?	4
2.3	What does on site mean?	4
2.4	What does on duty mean?	4
3	Exemptions from the 24/7 RN responsibility	5
4	Funding support.....	5
5	24/7 RN responsibility reporting	6
6	Regulation of the 24/7 RN responsibility?	7
	Appendix A: 24/7 RN responsibility scenarios (on-site and on duty)	8

1 Introduction

In response to Recommendation 86 of the Royal Commission into Aged Care Quality and Safety, the Australian Government identified that staffing levels are vital to the quality of residential care and implemented 24/7 RN arrangements in mainstream residential aged care facilities as of 1 July 2023.

From 1 July 2023, approved providers of mainstream residential aged care must have at least one registered nurse (RN) on-site and on duty at each residential facility they operate 24 hours a day, 7 days a week. This requirement, known as the '24/7 RN responsibility' aims to provide residents with better access to clinical care in facilities and improve resident safety.

These 24/7 RN arrangements are being introduced to MPS on a trial basis from **1 July 2024**. The trial will be phased, with limited MPS trial sites to participate in the initial phase, prior to a broader trial commencing 1 January 2025 (TBC) and formal implementation of 24/7 in MPS on or after 1 July 2025. Exact trial dates and formal implementation will be dependent on trial progress and outcomes.

1.1 Purpose

This document provides guidance for participating MPS sites regarding compliance with the 24/7 RN responsibility during Phase 1 of the MPS trial of these proposed new arrangements.

Note: [Documentation](#) on the 24/7 RN responsibility already exists for mainstream residential aged care providers. However, this document is designed to provide specific and clear guidance for MPS providers.

1.2 Further information and support

Visit the MPS Reforms website or contact mpsreforms@health.gov.au.

2 What is the 24/7 RN responsibility for MPS providers?

2.1 Registered nurse on duty 24 hours a day

Starting from 1 July 2024, it is intended that participating MPS providers aim to ensure that there is at least one RN **on site** and **on duty** 24 hours a day, 7 days a week, at each MPS site that they operate (24/7 RN responsibility).

Note:

- The 24/7 RN responsibility is established by section 54-1A of the current Aged Care Act.
- MPS providers are currently exempt from complying with section of the Act. However, subject to results of the trial, this requirement is expected to apply to MPS providers under the new Aged Care Act (the new Act) as a condition on their registration.

The responsibility aims to:

- reduce the risk of resident harm that can occur when qualified and experienced care staff are not available at a residential facility to identify and address potential risks
- give residents better access to care in a residential facility, enabling RNs to manage some issues as first responders, improving resident safety, and preventing unnecessary trips to hospital emergency rooms.

2.2 What does the 24/7 RN responsibility currently apply in relation to?

Under legislation, the 24/7 RN responsibility currently applies to mainstream residential facilities (i.e. not MPS). It is expected to apply to 'residential care homes' under the new Act.

- Under current policy, for the purposes of the 24/7 RN responsibility, a residential facility is 'a building or complex of buildings (inclusive of their immediate surrounds) used for a specific purpose', with the relevant specific purpose being to provide residential aged care. A facility can consist of one, two or more 'services'. Facilities consisting of two or more services are considered co-located facilities.

2.3 What does on site mean?

Under current policy, *on site* means an RN must be within the confines of the residential facility or the immediate surrounds

- Co-located services will only be required to have one RN on site and on duty at all times across the 2 or more residential aged care services.

For the purposes of the MPS trial, *on site* is similarly taken to mean that an RN must be within the confines of the MPS or the immediate surrounds.

For further information see examples at **Appendix A** which we seek to test during the trial period. Suggestions for further scenarios to add to this list from participating MPS trial sites are encouraged.

2.4 What does on duty mean?

Under current policy, *on duty* means the RN must be available to provide care to care recipients and oversight of the care provided by other care staff as needed

- An RN is still considered to be on duty for the purpose of the 24/7 RN responsibility when taking breaks but remaining on-site during a continuous period of work if those breaks are prescribed in their employment conditions.
- If an RN goes off-site during a break, they are **not** considered to be on-site and on duty for the purposes of the 24/7 RN responsibility.
- The RN needs to be engaged by the provider with their prime purpose being to care to individuals (i.e. not be offline in a training role, for example).

For the purposes of the MPS trial, on duty means an RN must be available to provide care to care recipients and oversight of the care provided by other care staff as needed.

Note: The RN can be employed to work across the aged care and/or health services delivered by the MPS. Their employment contract must not, however, restrict them from assisting with aged care service delivery in the MPS.

For further information see examples at **Appendix A**.

3 Exemptions from the 24/7 RN responsibility

The MPS 24/7 trial will be used to consider whether mainstream 24/7 RN exemptions are appropriate for MPS providers who struggle to meet the 24/7 RN responsibility. That is, whether they should be made available to help small facilities in rural and remote areas impacted by RN workforce shortages, by providing a temporary exemption from the requirement to provide 24/7 RN care while they work to build their workforce.

Note:

- Current mainstream 24/7 RN responsibility exemptions are outlined on the Department's [website](#).
- Residential facilities with 30 or fewer operational places in [Modified Monash Model](#) (MMM) 5-7 locations may be eligible for an exemption from the 24/7 RN responsibility.
- To be granted an exemption, the provider must also demonstrate it has taken reasonable steps to ensure that the clinical care needs of the residents at the facility will be met during the exemption period.
- Exemptions may be granted for up to 12 months at a time (with exemption arrangements from 1 July 2026 subject to a future decision of government).
- Mainstream residential care providers can use the [application form](#) available on the department's website to apply for an exemption.
- A list of [approved providers with an exemption from the 24/7 registered nurse responsibility](#) is available on the department's website.

4 Funding support

No additional funding support is available to MPS providers at this time to support compliance with the 24/7 RN responsibility. This is because the trial will be used to determine whether additional funding support is required and to build an evidence base for additional funding if required.

Note:

- [A monthly 24/7 RN funding supplements](#) is currently available to help smaller mainstream residential facilities employ extra RNs to deliver 24/7 RN care. It is a non-means tested supplement payable to facilities with, on average, up to 60 residents per day over the month (based on occupied places) that have met the RN reporting and coverage threshold criteria (from 1 July 2024, a minimum average of 21 hours of RN care a day over a calendar month (87.5% coverage)).

- A higher rate is payable where the facility is in a rural, remote and very remote area (MMM 5–7) to account for the additional costs that come with working in these areas. The supplement rate is viewable on the [Schedule of Subsidies and Supplements for Aged Care](#).
- The supplement is not payable to facilities with an exemption in place. However, residential facilities with an exemption in place may opt out of the exemption at any time and will become eligible to be paid the supplement (if the eligibility criteria are met) in the calendar month following
- From October 2024, the supplement rate will reduce and only be available to facilities with 50 residents or less. However, in addition to the full 24/7 RN supplement, the government intends to introduce a reduced rate 24/7 RN supplement from 1 July 2024 for facilities with, on average, no more than 30 residents per day over the month (based on occupied places) that have met the RN reporting criteria and provide RN coverage at least 50% of the time (but less than 87.5%), but do not meet the coverage threshold for the full supplement. This aims to help smaller facilities grow their RN workforce towards 24/7 RN coverage.

5 24/7 RN responsibility reporting

Approved mainstream providers are required to submit a monthly report in respect of each of their residential facilities in relation to the 24/7 RN responsibility via GPMS, even if they have an exemption in place.

For Phase 1, Round 1, similar to mainstream facilities, participating MPS providers will need to provide the following information:

- whether or not an RN was on-site and on duty at all times.
- every period of 30 minutes or more (e.g., 45 minutes, 2 hours) on a day that there was **not** at least one RN on site and on duty at the MPS **and** the reason for this for each such period.
- alternative arrangements that were made to ensure the clinical care needs of residents at the residential facility were met while an RN was not on-site and on duty (or that alternative arrangements were not made) for each such period.

For the purposes of the MPS trial, reporting must be completed
for specific limited reporting periods as outlined in the
Reporting User Guide for the MPS 24/7 RN trial

In Phase 1, Round 1, MPS trial sites will also be requested to fill in an accompanying questionnaire to seek feedback and views regarding the trial and the reporting requirements.

6 Regulation of the 24/7 RN responsibility?

No compliance action will be taken against participating MPS providers during the trial period. Data collected the above reporting will be used to inform trial outcomes and future 24/7 RN policy settings for MPS.

Note:

- Following formal implementation of the 24/7 RN responsibility for MPS it is anticipated that the regulator would adopt a consistent approach to regulating the 24/7 RN responsibility for MPS providers.
- The [Aged Care Quality and Safety Commission \(Commission\)](#) has published a Regulatory Bulletin [Workforce-related responsibilities – including 24/7 registered nurse and care minutes \(RB 2023-19\)](#) which explains how they regulates the 24/7 RN responsibility.
- It states that the Commission is unlikely to consider escalated compliance action in relation to providers not meeting the 24/7 RN responsibility where a provider makes genuine ongoing effort to meet these responsibilities, is providing safe and quality care to consumers, and there are no other concerns about their compliance or performance.

Appendix A:

24/7 RN responsibility scenarios (on-site and on duty)

Note: these scenarios are expected to be further tested and added to during the trial

Scenario 1: Aged care service is located in a facility with a health service

Amanda is an RN who works in a small MPS which delivers both residential aged care and health services. She is employed to work across both services as needed, but generally spends around 40 per cent of her time doing work related to the residential aged care residents and the remaining 60 per cent of her time doing work related to the health service. She is available flexibly to provide care to care recipients and oversee care provided by other care staff at any time during a shift.

As she is working in a residential facility, employed to work across the aged care and health services and is available to provide care to aged care recipients as needed, Amanda is considered to be on-site and on duty for the purposes of the 24/7 RN responsibility.

Scenario 2: The RN is running late

Jo is an RN whose car breaks down on the way to work and it takes 45 minutes to arrange a tow driver and transport to the MPS. Since there are no RNs available on-site to provide care to care recipients while Jo is off-site, the MPS provider must record the 45-minute absence in the monthly 24/7 RN report.

Scenario 3: The RN leaves for part of a shift

Simone is an RN. She schedules a break for an hour with her manager's approval to attend her child's school assembly, which is away from the MPS. While Simone is off-site, if another RN is not on-site and on duty, the MPS provider must report the one-hour absence in the monthly 24/7 RN report.

Scenario 4: An RN is on-site but not on duty

Michael is an RN undertaking further study and is required to complete an online workshop as part of his training requirements. During the training period, Michael is unable to provide care to care recipients and oversee care provided by other staff at the MPS at which he works. If the approved provider is unable to organise another RN to be on-site and on duty during the time that Michael is at training, the approved provider must record the absence of an RN for the period in their monthly 24/7 RN report.

Scenario 5: The RN is absent but there is an EN on-site

The rostered RN has been unable to make their shift. Gloria is an EN and has nearly completed her RN training. Gloria offers to cover the shift. If there are no other RNs on duty, the approved provider is still required to report the absence of an RN in their monthly 24/7 RN report as Gloria cannot carry out duties restricted to fully qualified RNs.

Scenario 6: RN has accommodation at the residential facility

Pari is an RN who moved to a regional town to take up a role at an MPS. As part of her employment, she was offered accommodation on-site at the MPS.

The MPS was unable to find an RN to fill a night shift on a particular night. Although she had already worked a shift that day, Pari agreed to be on-call overnight. Staff could wake her to deal with an emergency if one arises. Pari is considered to be on-call but not on duty for the night shift and as such does not count towards the 24/7 RN responsibility. The approved provider must record the absence of an RN for the whole shift, unless Pari is called to provide care to a care recipient, in which case she is considered to be on-site and on duty for the period of time she is providing care.