



24/7 registered nurse responsibility

Guide for residential aged care providers

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Purpose

Approved providers must have a registered nurse (RN) onsite and on duty at all times in each residential facility. The purpose of the 24/7 registered nurse responsibility guide (the Guide) is to provide information about the:

- legislative responsibility in relation to the provision of 24/7 RN care
- 24/7 RN supplement
- exemption arrangements
- reporting obligations
- regulation and compliance with the responsibility.

Disclaimer

Approved providers of residential facilities are responsible for understanding and complying with all legislation that is relevant to the 24/7 RN responsibility.

This Guide is a general guide only and aspects of the policy and legislation, including proposed legislation, have been simplified for ease of understanding. It is not a substitute for, and is not intended to replace, independent legal advice or legal obligations under the aged care legislation or provide any interpretation of the legislation, or proposed legislation.

Approved providers and residents of residential facilities should consider the need to obtain their own independent legal advice relevant to their particular circumstances.

The Department of Health and Aged Care (the department) makes every effort to ensure the information in this Guide is accurate and informative, however, does not make any representations nor provide any guarantees as to its accuracy, reliability, completeness, or currency of the information. The department disclaims all and any liability to any person in respect of anything done by a person in reliance on this Guide, whether in whole or in part.

Guide updates

Date	Version	Content
1/10/2024	1.0	<ul style="list-style-type: none"><li data-bbox="651 320 1489 387">• Initial publication (derived from previous publication - Care minutes and 24/7 registered nurse responsibility guide)

Section 1: Introduction

1 Introduction

The 24/7 RN responsibility requires approved providers who provide residential care to residents in a residential facility to ensure at least one registered nurse (RN) is onsite, and on duty, 24 hours a day, 7 days a week at the residential facility. This responsibility is established by Section 54-1 of the [Aged Care Act 1997](#) (Aged Care Act) and commenced on 1 July 2023.

The Australian Government's introduction of the 24/7 RN responsibility responds, in part, to Recommendation 86 of the [Final Report](#) of the [Royal Commission into Aged Care Quality and Safety](#) (Royal Commission), that there should always be an RN available to ensure that the clinical care needs of residents are met at all times.

The Australian College of Emergency Medicine also gave evidence to the Royal Commission which indicates that up to 40% of all transfers of residents from residential aged care facilities to hospital emergency departments are potentially avoidable through the provision of quality clinical care.

Evidence also indicates that almost half of all ambulance transfers from a residential aged care facility to a hospital emergency department occur after hours. This is a time when staffing levels in aged care facilities are reduced, resulting in limited access to RN skills and increased risks to residents.

The 24/7 RN responsibility aims to improve the quality of care that residents living in residential aged care receive and restore confidence to older people, their families, and carers that residents will have access to the highest level of clinical nursing care to meet their individual needs at all times.

This responsibility is in addition to the existing obligations of approved providers under the Aged Care Act to:

- provide a certain amount of care time, as required by the [care minutes responsibility](#), to residents living at the residential aged care service from RNs, enrolled nurses (ENs), personal care workers (PCWs) and assistants in nursing (AINs)
- maintain an adequate number of appropriately skilled staff to ensure the care needs of residents are met, and to provide safe, respectful, and quality care and services, as required by Schedule 2 to the [Quality of Care Principles 2014](#) under the [Aged Care Quality Standards](#) (Quality Standards).

Section 2: 24/7 registered nurse responsibility

2 24/7 registered nurse responsibility

All approved providers must meet the 24/7 RN responsibility by having at least one RN onsite and on duty at all times at the residential facility, or facilities, they operate, unless an [exemption](#) is in place.

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 by ensuring clinical nursing staff are always available to identify and address potential risks; and
- give residents at a residential facility better access to clinical care, enabling RNs to manage some issues as first responders, improving resident safety, and preventing unnecessary trips to hospital emergency rooms.

This responsibility complements existing obligations for approved providers to provide safe and quality care at all times under the Aged Care Act and the [Quality Standards](#).

The 24/7 responsibility does not currently apply to providers of Multi-Purpose Services.

2.1 Registered nurse

For the purpose of the 24/7 RN responsibility, the [Health Insurance Act 1973](#) defines 'registered nurse' as a person who is registered under the [Health Practitioner Regulation National Law](#) (National Law) in the nursing profession as an RN.

This means an approved provider cannot meet the 24/7 RN responsibility through, or [report coverage](#) provided by, other care staff, such as enrolled nurses, personal care workers, assistants in nursing, or a person that was previously registered as an RN.

2.1.1 Nurse practitioners

A nurse practitioner is an RN registered with the [Nursing and Midwifery Board of Australia](#) (NMBA) who has completed approved education to be recognised as a nurse practitioner by Services Australia.

Aged care staff who are nurse practitioners can count towards the 24/7 RN responsibility if they are [onsite and on duty](#).

2.2 Residential facility and residential aged care service

The Aged Care Act provides that the 24/7 RN responsibility applies to approved providers who provide residential care to residents in a residential facility.

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.

This means a residential facility relates to a physical site and **is not** the same as a residential aged care service, which is the undertaking through which subsidy is paid to an approved provider of residential care.

To ensure consistency, the following elements of the 24/7 RN responsibility also apply at the residential facility level:

- eligibility for payment of the [24/7 RN supplement](#)
- eligibility for an [exemption](#)
- [reporting](#) obligations
- [regulation and compliance](#).

2.3 Onsite and on duty

Approved providers can only include RNs that are on-site and on duty towards its [reporting](#) of RN coverage, and in effect, [compliance](#) with 24/7 RN responsibility:

- **onsite** means the RN must be within the confines of the residential facility or the immediate surrounds
- **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 also considered to be 'on duty' when taking mandated breaks during a continuous period of work if those breaks are prescribed in their employment conditions
 - however, this **excludes** mandated breaks that are taken off site (meaning beyond the building or complex of buildings including its surrounds)

Both of these conditions must be met for an RN to count towards the 24/7 RN responsibility. If only one of these conditions are met, then the approved provider must report this as a gap in RN coverage in the monthly 24/7 RN [report](#), if the gap is 30 minutes or more.

2.4 Co-located services

Generally, one residential care service aligns to one residential facility.

For the purposes of the 24/7 RN responsibility, co-located services may form a single residential facility if:

- there are two or more services operated by the same approved provider; and
- the services are operating from the same building or complex of buildings inclusive of their immediate surrounds that effectively form a single location.

The department will also take into consideration other features to assess whether co-located services form a single residential facility, such as:

- a single governance or management structure across the services
- common policies, procedures, systems, and processes
- clinical and care staff are shared across the services
- easily accessible, common resources such as dining and/or recreational areas.

An approved provider of co-located services can meet the 24/7 RN responsibility if there is at least one RN onsite and on duty at all times across the 2 or more services that form the single residential facility. This does not apply to co-located services operated by *different* approved providers at the same site. In this instance, the respective providers must ensure they have at least one RN onsite and on duty at each facility in order to meet the 24/7 RN responsibility, unless an [exemption](#) is in place.

2.5 Combining services

An approved provider of co-located services can choose to combine services.

Information on combining residential aged care services is available at [combining and transferring residential aged care places](#).

2.6 Split services

A single service that delivers care at multiple physical locations (that is, the services are **not** located at a single address, or across neighbouring addresses that effectively form a single location) are considered split services for the purposes of the 24/7 RN responsibility.

Split services must have at least one RN onsite and on duty at each site at all times (unless an [exemption](#) is in place) because the different physical locations for the delivery of care to residents are considered to be different residential facilities.

2.7 Workforce support

There are a number of programs in place to build, train and support the aged care nursing workforce, including:

- **Aged Care Transition to Practice Program** to support and train registered and enrolled nurses in their first year working in aged care
- **Aged Care Nursing Clinical Placements Program** to raise nursing students' awareness of the diverse and rewarding career opportunities in aged care
- **Aged Care Nursing and Allied Health Scholarships Program** to increase the skills of aged care nurses, personal care workers and allied health professionals
- **Aged Care Registered Nurses' Payment** to attract and retain registered nurses through reward payments for clinical skills and leadership.

The government also encourages the use of employer-sponsored visa programs by approved providers to access direct care staff from overseas where there is evidence of genuine local labour shortages.

See [Aged care workforce](#) for more information about the programs available to help increase staffing.

Section 3: 24/7 registered nurse supplement

3 24/7 registered nurse supplement

A monthly 24/7 RN supplement, including a reduced rate supplement, is available to help smaller residential facilities employ extra RNs to deliver 24/7 RN care.

It is a non-means-tested supplement payable to eligible facilities that have met the occupancy, RN reporting, and coverage threshold criteria.

The supplement is designed to meet the cost of employing additional RNs to provide 24/7 RN care at a residential facility.

3.1 Supplement rates

There are different rates payable for the 24/7 RN supplement and the reduced rate supplement based on variances in wage costs in different [Modified Monash](#) (MM) locations (MM 1, MM 2-3, MM 4-5 and MM 6-7). The rate payable is also based on a sliding scale and will decrease as the number of residents increase.

Supplement rates are available in the [Schedule of Subsidies and Supplements for Aged Care](#).

3.2 Eligibility for payment of the supplement

Eligibility for the 24/7 RN supplement, including the reduced rate supplement, and the rate payable are based on facility-level characteristics. However, the supplement is paid to approved providers through residential aged care services consistent with all other supplements, in respect of residents who are eligible to receive the supplement at the residential facility.

The supplement does not apply to flexible care services, including Multi-Purpose Services.

3.2.1 Applying for the supplement

Approved providers do not need to apply for the supplement.

The supplement will be paid automatically by Services Australia each month if all the [eligibility criteria](#) are met.

Payment of the supplement by Services Australia (including to a facility meeting the [RN coverage threshold](#)) is not the same as, nor is it an indicator that, the approved provider is complying with the 24/7 RN responsibility.

3.2.2 Eligibility for payment of the full rate 24/7 RN supplement

To receive the full rate 24/7 RN supplement, a facility must:

- have no more than 50 residents per day (based on occupied bed days), on average over a calendar month.
- provide a minimum of 21 hours of RN coverage each day (87.5%), on average over a calendar month.
- correctly submit a 24/7 RN report for the residential facility by 11:59pm AEST/AEDT on the 7th calendar day after the end of the calendar month.

- not have an exemption from the 24/7 RN responsibility in place on any given day in the calendar month.

See the table for **Group A facilities** in the [Schedule of Subsidies and Supplements for Aged Care](#) for the amount of full rate 24/7 supplement payable.

3.2.3 Eligibility for the reduced rate 24/7 RN supplement for smaller facilities

The reduced rate supplement is paid **at half of the full rate 24/7 RN supplement** each month. To receive the reduced rate 24/7 RN supplement, a facility must:

- have no more than 30 residents per day (based on occupied bed days), on average over a calendar month.
- provide a minimum of 12 hours (50%), but less than 21 hours (87.5%), of RN coverage each day on average over a calendar month.
- correctly submit a 24/7 RN report for the residential facility by 11:59pm AEST/AEDT on the 7th calendar day after the end of the calendar month.
- not have an exemption from the 24/7 RN responsibility in place on any given day in the calendar month.

See the table for **Group B facilities** in the [Schedule of Subsidies and Supplements for Aged Care](#) for the amount of reduced rate 24/7 supplement payable.

3.2.4 Voluntary revocation of an exemption

Approved providers with an [exemption](#) in place that can meet the above supplement eligibility criteria may choose to request a voluntary revocation of their exemption at any time by emailing the department at exemptions@health.gov.au. Note, an exemption must be revoked prior to the start of the month for the provider to qualify for the supplement in that month.

3.2.5 Occupancy for co-located services and eligibility for payment

The department calculates eligibility for payment of the supplement for co-located services at the residential facility level, in line with the way the 24/7 RN responsibility applies to these services.

This means the department will combine the occupied bed days of each service that forms the residential facility when assessing the occupancy criterion (that is, up to 50 residents per day on average over the calendar month).

If eligible, each service will directly receive a proportion of the relevant supplement payable based on the number of residents they had in care for the claim month.

In circumstance where the combined occupied bed days at the co-located service is more than 50 on average over the calendar month, the residential facility will not be eligible for the supplement, even if the individual services have less than 50 residents.

3.2.6 Threshold for payment of the supplement

A residential facility must meet the relevant minimum RN coverage threshold for either the full rate or reduced rate 24/7 RN supplement, in addition to other eligibility criteria, to qualify for payment of the supplement.

These thresholds help account for circumstances such as unplanned absences or illness where the approved provider is unable to fill the gap with other RN staff.

The thresholds will be reviewed on an ongoing basis and are subject to change.

3.2.7 Timing of reporting and monthly claims

The approved provider for each facility should submit a correctly completed 24/7 RN report before they submit their monthly claim to Services Australia. This ensures the supplement is paid for the current claim cycle.

See [reporting timeframes](#) and payment of the 24/7 RN supplement for more information.

Section 4: Exemption arrangements

4 Exemption from the 24/7 RN responsibility

Approved providers of small residential facilities in rural and remote areas can apply for a temporary [exemption](#) from the 24/7 RN responsibility if they are unable to recruit sufficient numbers of staff with the requisite skills to provide 24/7 RN care.

4.1 Compliance

An exemption will not reduce the ACSQC's role in identifying risks to residents.

They may look more closely at residential facilities that have an exemption in place to make sure the approved provider is effectively using the [alternative clinical care arrangements](#) that informed the delegate's decision to grant an exemption, including any risks to residents that these clinical arrangements may cause.

An exemption also does not remove any of the approved provider's other obligations under the Aged Care Act and the Aged Care Quality Standards, including the RN component of the [care minutes responsibility](#). This means all approved providers must maintain an adequate number of appropriately skilled staff in order to ensure that the care needs of residents are met, and to deliver safe and effective clinical care.

4.2 Payment of subsidies

All approved providers that apply for and receive an exemption from the 24/7 RN responsibility for their residential facilities will continue to receive the subsidies payable under the AN-ACC funding model. An exemption will not impact the level of AN-ACC funding payable to an approved provider. An exemption only affects a facility's eligibility for the 24/7 RN supplements.

4.3 Eligibility criteria

An exemption can only be granted if all of the following requirements are met in respect of the residential facility:

- it is located in a MM 5, 6 or 7 area
- it has no more than 30 operational places on the day a decision for an exemption is made
- the approved provider has taken reasonable steps, by having alternative clinical care arrangements in place, to ensure that the clinical care needs of residents at the residential facility will be met during the exemption period
- the approved provider has completed the 24/7 RN report for each month.

4.3.1 Co-located services

Co-located services that form a single residential facility must not have more than 30 combined operational places at the facility to be considered for an exemption.

If granted, an exemption will apply to all of the residential aged care services that form the residential facility.

4.3.2 Alternative clinical care arrangements

Approved providers must demonstrate they have effective alternative clinical care arrangements in place when applying for an exemption. This is to ensure that residents will receive safe and quality care, in particular clinical care, at all times when there is not an RN onsite or on duty.

Alternative clinical care arrangements should also be in place in circumstances when an approved provider is not eligible for an exemption in respect of a residential facility and they do not have sufficient RN staffing to provide 24/7 RN care due to external factors, such as workforce shortages.

The ACQSC has published a factsheet [24/7 registered nurse alternative clinical care arrangements](#) about some common alternative clinical care arrangements that approved providers could have in place when there is not an RN onsite.

4.4 How to apply

Approved providers can apply to the department for an exemption by completing the [application form](#) available on the department's website.

4.5 Exemption period

An exemption may be granted for up to 12 months at a time and is available until 30 June 2026.

If a decision is made to grant an exemption, it will take effect from the date of the delegate's decision.

Policy regarding exemption arrangements from 1 July 2026 is subject to a future decision of government.

4.6 Publication of exemptions

Subsection 54-1A(5) of the Aged Care Act requires the Secretary to publish the following information about exemptions granted to approved providers in relation to residential facilities:

- the name of the provider and the facility
- the period for which the exemption is in force for the facility
- any conditions that apply to the exemption.

The Secretary will also publish information about the alternative clinical care arrangements in place for each residential facility.

A [list of approved providers](#) with an exemption from the 24/7 registered nurse responsibility is available on the department's website.

4.7 Voluntary revocation

An approved provider with an exemption in place in respect of a residential facility for any given day in a calendar month **will not** be eligible to receive the 24/7 RN supplement, including the reduced rate supplement, for that month.

To qualify for the supplement, an approved provider may seek a voluntary revocation or 'opt out' of an exemption at any time by emailing the department at exemptions@health.gov.au.

Eligibility for the 24/7 RN supplement, including the reduced rate supplement, will be calculated from the first day of the month after the revocation is approved.

For example, if a revocation was approved on the 15 April, eligibility for the supplement will be

calculated from 1 May for the month of May. The approved provider will not be eligible for the month of April because an exemption was in place for part of the month.

Section 5: Reporting

5 Reporting

5.1 24/7 RN responsibility reporting

The Accountability Principles 2014, subsection 44B(2) requires approved providers to submit a report each month in respect of each of residential facility they operate, in relation to the 24/7 RN responsibility.

This is a legislated requirement and applies to all residential facilities, including those that have an exemption from the 24/7 RN responsibility.

5.2 Purpose of reporting

The department will use the reported data to:

- support ACQSC's regulatory activities relating to the 24/7 RN responsibility
- assist the department in determining eligibility for the 24/7 RN supplement each month
- support the development of future policy regarding exemptions from the 24/7 RN responsibility
- provide consumers with information about 24/7 RN coverage through the [My Aged Care](#) website.

5.2.1 Publication of 24/7 RN coverage information

Information about RN coverage for each residential facility is available on the My Aged Care website. This can be found alongside Star Ratings on the Staffing page using the '[Find a Provider](#)' tool.

RN coverage information at the sector level, and broken down by state and territory, MM region, and ownership type can also be found in the registered nurse coverage in residential aged care [dashboard](#).

5.3 How to report

Approved providers must complete and submit their 24/7 RN report in the [Government Provider Management System](#) (GPMS).

The [Government Provider Management System – User Guide: 24/7 Register Nurse Reporting](#) resource provides an overview of how to access the RN reporting application and report in the system, as well as guidance on how to complete and submit the 24/7 RN report. Detailed guidance on completing the 24/7 RN report is also available at [24/7 registered nurse reporting – training video](#).

5.4 Reporting timeframe

Approved providers must submit each report by 11:59pm AEST/AEDT of the 7th calendar day (including weekends and public holidays) after the end of the calendar month (or a later date if an extension has been given by the department).

Providers can enter and save data throughout the month or complete the entire report at the end of the month, whichever is more convenient. However, providers cannot enter data for prospective days. This is to ensure that data reported accurately captures RN coverage that was provided for each day, rather than planned future coverage.

5.4.1 Reporting timeframes and payment of the 24/7 RN supplement

Approved providers must submit each report on time to be eligible for payment of the 24/7 RN supplement (if all other [eligibility criteria](#) are met).

If a report is submitted on time and:

- **before** the approved provider has submitted their monthly claims to Services Australia, the 24/7 RN supplement will be paid in the current claims cycle and will be included in advance payment calculations
- **after** the approved provider has submitted their monthly claims to Services Australia, the 24/7 RN supplement will be reflected as an adjustment in the subsequent claim month.

Unless an extension has been granted by the department, approved providers who do not submit a report in respect of a facility on time (11:59pm AEST/AEDT of the 7th calendar day after the end of the calendar month), **will not** receive the supplement for the relevant reporting period even if all other eligibility criteria have been met.

5.4.2 Reporting for co-located services

As the reporting obligation applies to each residential facility, [co-located services](#) will share the responsibility and submit a single report about RN coverage across the services via the GPMS portal.

Approved providers of co-located services are notified by the department which service is responsible for submitting the report (the reporting service) for the residential facility each month.

The department will only consider reports submitted by the reporting service in relation to the facility for the purposes of the 24/7 RN responsibility.

5.4.3 Reporting extensions

An approved provider may request an extension to the reporting due date if they are unable to submit a report on time due to unexpected circumstances, such as ICT issues or natural disasters.

Staff unavailability will not normally be considered grounds for an extension as providers are expected to have contingencies in place (for example, having several staff that have system access and capability to complete 24/7 RN reporting).

A request for an extension can be made by emailing anaccoperations@health.gov.au. If a facility is unable to report due to a technical issue with the GPMS, include the IT help desk ticket number with the extension request. IT Tickets can be raised by calling the My Aged Care service provider and assessor helpline on 1800 836 799 (Monday to Friday (8am to 8pm) and Saturday (10am to 2pm) local time across Australia).

The delegate will consider all requests on a case-by-case basis.

5.5 Information that must be reported

Approved providers must confirm for each day of the month in each report if the facility has:

- an RN onsite and on duty at all times; or
- any gaps by exception only, including:
 - every period of 30 minutes or more that an RN was not onsite and/or not on duty. This includes when an RN is not available to cover a particular shift on an ongoing basis. GPMS allows entries to be copied, which will facilitate data entry where there is a regular period without RN coverage

- the reason an RN was not onsite and/or on duty for each such period
- alternate arrangements that were made to ensure clinical care needs were met while an RN was not onsite and/or on duty (or that alternate arrangements were not made) for each such period.

To support providers in identifying gaps in 24/7 RN coverage, the department has created a [RN coverage tool](#). Note this tool is not an approved reporting form, and providers are not obliged to use it.

The following tables provides additional information to describe some of the information that providers must provide in the monthly report.

Table 1 24/7 RN reporting information

Type of information	Description
Whether or not an RN was onsite and on duty at all times.	<p>An RN is considered to be on duty for the purpose of the 24/7 RN responsibility when taking breaks but remaining onsite during a continuous period of work if those breaks are prescribed in their employment conditions.</p> <p>If an RN goes offsite during a break, they are not considered to be onsite and on duty for the purposes of the 24/7 RN responsibility. The particular employment conditions and staffing arrangements at each residential facility to meet the 24/7 RN responsibility are matters for the relevant approved provider.</p> <p>In some circumstances, the same person may work within a facility in more than one role. In order to count towards the 24/7 RN responsibility, a person needs to be engaged by the provider as an RN with their prime purpose for that shift being to provide care to residents and oversight of other staff.</p> <p>Examples of how to determine when an RN is considered onsite and on duty for the purposes of the 24/7 RN responsibility can be found in Appendix 3.</p>
Whether each period of 30 minutes or more (e.g., 45 minutes, 2 hours) on a day that an RN was not onsite and on duty at the residential facility was planned or not planned	<p>The system allows the user to select whether the absence was planned or not planned.</p> <p>A temporary planned leave of absence is a period of time during which an employee is away from work with the approval of the employer. This includes leave such as annual and recreational leave, study leave, and other planned personal leave.</p> <p>A temporary unplanned leave of absence is a period of time during when an employee is away from work unexpectedly. This includes leave resulting from illness, carer’s responsibilities, and miscellaneous causes, such as deaths, emergencies, and any unauthorised absences.</p>

Approved providers **can only choose one** of the following options in **Table 5** to indicate who had delegated responsibility for nursing practice and clinical care when an RN was not onsite and on duty. Delegation is the relationship that exists when an RN delegates aspects of their nursing practice to another person, such as an EN, a student nurse, or a person who is not a nurse.

Table 2 Person with delegate responsibility

Delegate	Description
Enrolled nurse	<p>ENs (including Endorsed Enrolled Nurses or EENs) that had delegated responsibility for providing nursing and clinical care, including escalating clinical issues and/or deterioration to an on-call GP, NP, or RN for support and advice on management and treatment, when an RN was not available.</p> <p>Select this option if a mix of EN, PCW/AIN and other member of staff were rostered and had delegated responsibility.</p>
Personal care worker or assistant in nursing	<p>PCWS and AINs that had delegated responsibility for providing nursing and clinical care, including escalating clinical issues and/or deterioration to an on-call GP, NP, or RN for support and advice on management and treatment, when an RN was not available.</p> <p>Select this option if an only a PCW/AIN and other member of staff was available.</p>
Other staff member	<p>A person who is not a nurse (for example, physiotherapist) that had delegated responsibility for providing nursing and clinical care, including escalating clinical issues and/or deterioration to an on-call GP, NP, or RN for support and advice on management and treatment, when an RN was not available.</p> <p>Select this option if only a person who is not a nurse was available.</p>
No one	No one had delegated responsibility during the period an RN was absent.

Approved providers **can only choose one** of the following options in **Table 6**, based on the highest ranking, to describe the additional support, or alternative arrangements, in place when an RN was not onsite and on duty.

Table 3 Alternative arrangements when RN was not onsite and on duty

Alternative arrangements when RN was not onsite and on duty	Alternative arrangement description
RN in immediately adjacent co-located health facility who can attend in person	An arrangement with a co-located health care service (such as a hospital or acute care unit) or aged care service to access their RNs for clinical support via phone or in-person attendance.
RN on-call who can attend in person	An arrangement with an RN (including RNs employed at the facility) who can attend the facility in response to clinical issues and/or deterioration.
NP on-call who can attend in person	An arrangement with a Nurse Practitioner who can attend the facility in response to clinical issues and/or deterioration.
GP on-call who can attend in person	An arrangement with a General Practitioner who can attend the facility in response to clinical issues and/or deterioration.
RN on-call who is unable to attend in person	An arrangement with an RN (including RNs employed at the facility) for on-call support and advice (but cannot attend the facility in person) about clinical issues and/or deterioration.

Alternative arrangements when RN was not onsite and on duty	Alternative arrangement description
NP on-call who is unable to attend in person	An arrangement with a Nurse Practitioner for on-call support and advice (but cannot attend the facility in person) about clinical issues and/or deterioration.
GP on-call who is unable to attend in person	An arrangement with a General Practitioner for on-call support and advice (but cannot attend the facility in person) about clinical issues and/or deterioration.
Specialist telehealth	An arrangement a telehealth service which provides expert advice and support to manage clinical issues and/or deterioration, such as wound care and palliative care.
No alternative arrangement	Alternative arrangements not in place during the period an RN was not on-site and on duty.

5.5.1 Record keeping responsibilities

Under section 88-1 (1) (a) of the [Aged Care Act 1997](#) (the Act) approved providers of residential aged care have a responsibility to keep records which enable a proper assessment to be made as to whether the approved provider has complied, or is complying with, its responsibilities under Chapter 4 of the Act. These responsibilities include, but are not limited to:

- the responsibility to ensure at least one registered nurse is onsite and on duty, at all times ([Aged Care Act 1997](#) s 54-1A)
- the responsibility to provide required amounts of direct care ([Quality of Care Principles 2014 s 10](#))
- the responsibility to report on the 24/7 RN responsibility ([Accountability Principles 2014 s 44B](#)) and to prepare a Quarterly Financial Report (QFR) ([Accountability Principles 2014 s 43](#)).

If an approved provider fails to comply with a responsibility, the [ACQSC](#) may impose sanctions under Part 7B of the [Quality and Safety Commission Act 2018](#).

[Care time reporting assessments](#) assess the accuracy of information provided to the department under an approved provider's responsibility to report on the 24/7 RN responsibility ([Accountability Principles 2014 s 44B](#)) and to prepare a QFR ([Accountability Principles 2014 s 43](#)). As part of these reporting assessments, the department may require approved providers to supply information and documents. This generally includes:

- excel calculations, listings and working papers for direct care minutes used to prepare the QFR submission
- excel employee listing showing full name, classification, and award rate for the quarter, including [Australian Health Practitioner Regulation Agency](#) (AHPRA) registration numbers for any registered and enrolled nurses
- all agency invoices related to direct care minutes for the review period
- excel timesheets for the review period for all direct care staff
- excel pay runs for the review period for all direct care staff
- duty statements/job descriptions, or similar information for each role that delivers direct care
- details of engagement of agency direct care workers

- an explanation on how time is allocated for staff between direct care (i.e., care minutes) and non-direct care
- any manual adjustments made to the underlying data for the purposes of QFR reporting
- a high-level overview of the processes in place to ensure care minute reporting is accurate and
- a high-level overview of how you confirm registered nurses' shift attendance.

To support providers in responding to these requests for information, the department has prepared a [model pack](#). This pack should be used as a reference guide, or as an example of what a provider's response to a request may look like.

5.6 Hybrid or dual roles

For an individual to count towards the 24/7 RN responsibility needs, they must be engaged by the approved provider as an RN with their prime purpose for that shift being to provide care to residents and oversight of the care provided by other staff.

Managerial staff that are qualified as an RN can count towards meeting the 24/7 RN responsibility only during times they stand-in to deliver care when a rostered RN is absent due to unforeseen circumstances (such as personal leave or illness). That is, they do not count as being onsite and on duty during the times they are undertaking their ordinary managerial duties even if they are qualified RNs.

[Appendix 1](#) contains scenarios to help providers understand when an RN is considered onsite and on duty, particularly where they work in more than one role.

5.7 Errors in reporting

If a provider identifies an error in a submitted report, they are required to contact the department via anaccoperations@health.gov.au and request for the report to be reissued. The error should be identified in the request.

If a report is reissued, the provider has 10 days to update the information and resubmit the report in the GPMS.

Resubmitted reports may lead to either payment or reclaiming of the 24/7 RN supplement if a facility moves above or below the supplement threshold as a result of the corrections to the report.

The reissuing of a report will not change the timeliness of a facility's original submission.

Section 6: Regulation and compliance

6 Regulation and compliance

6.1 Regulation of the 24/7 RN responsibility

The [Aged Care Quality and Safety Commission](#) (ACQSC) is responsible for regulating compliance with workforce-related requirements, including the 24/7 RN and care minutes responsibilities.

They have published a [Regulatory Bulletin](#) on the workforce-related responsibilities for approved providers of residential aged care. The bulletin explains how ACQSC will regulate these responsibilities.

6.2 Alternative clinical care arrangements

For the 24/7 RN responsibility, approved providers must deploy strategies, including having alternative clinical care arrangements in place, when an RN is not onsite and not on duty 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.

ACQSC has published a factsheet which provides information about some common [alternative clinical care arrangements](#) that approved providers may have implement during times when an RN is not available.

6.3 Care time reporting assessment program

The department checks the accuracy of the information approved providers report to us in their monthly 24/7 RN Reports and Quarterly Financial Reports (QFR).

Reporting assessments will:

- help improve approved providers' reporting and information management
- help ensure that approved providers are meeting their mandatory reporting and care requirements
- provide accurate data to inform Star Ratings
- help inform the [Independent Health and Aged Care Pricing Authority's](#) (IHACPA) costing studies
- help inform the department's policy decisions
- improve the accuracy of information provided to ACQSC and the quality of sector data overall.

See [care time reporting assessment](#) for more information about this program and actions that may be taken by the department if we identify issues with the reporting.

6.4 Regulation of co-located services with the 24/7 RN responsibility

An approved provider of co-located services can meet the 24/7 RN responsibility if there is at least one RN onsite and on duty at all times across the 2 or more services that form the single residential

facility.

In circumstances where there are 2 or more services operating at the same physical site by different approved providers, the department and ACQSC will treat each service as a separate residential facility. This means each facility must have their own RNs onsite and on duty and cannot share staff across the services to comply with the 24/7 RN responsibility.

6.5 Complaints

Staff, residents, and carers with concerns about level of care may [complain to ACQSC](#). Complaints may be [lodged online](#), or by contacting ACQSC directly on 1800 951 822. Complaints may be open, confidential, or anonymous. ACQSC can also provide support with information and options.

Appendix

Appendix 1: scenarios

Scenario 1: hybrid role - RN and Care Manager

Beth is a qualified RN and is employed as a Care Manager. As Beth's primary role is a Care Manager, her time working in that role does not generally count towards the 24/7 RN responsibility. However, at times Beth covers some shifts, or part shifts where the regular RNs are not available. At these times, Beth's primary role is to care for residents and oversee care provided by other staff as needed, and as such this time counts towards the 24/7 RN responsibility.

Scenario 2: hybrid role - RN and Service Manager

Caroline is trained as an RN and, after completing her MBA qualification, now works as a Service Manager for 2 residential aged care services which are run by the same approved provider. She works in the office located in the largest residential care service in her management role. As Caroline is registered with the Nursing and Midwifery Board of Australia (NMBA) as an RN, she occasionally works some shifts as an RN in the facilities she manages and provides clinical care to residents, for example, when the rostered RN is unavailable.

The 2 RNs rostered for the 8-hour morning shift at the same service where Caroline works have both called in sick. An agency RN is available to cover the second half of the morning shift. Caroline is only available to provide care to residents for the first 2 hours of the shift, setting aside her work as the service manager. After that, she must resume her role as service manager to attend an offsite meeting and is therefore no longer considered to be onsite and on duty for the purposes of the 24/7 RN responsibility. This means there is a 2-hour gap in RN coverage before the agency RN arrives. The approved provider must record the 2-hour gap in 24/7 RN coverage at the residential facility when no RN was onsite and on duty.

Scenario 3: Service Manager was formerly an RN

Justine is the manager of a residential facility. She used to be an RN but her registration with the NMBA has lapsed. Justine cannot cover any unexpected RN absences in a capacity as a RN, nor can her time working at a residential facility be counted towards the 24/7 RN responsibility.

Scenario 4: 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 residential facility. Since there are no RNs available onsite to provide care to care recipients while Jo is offsite, the approved provider must record the 45-minute absence in the monthly 24/7 RN report.

Scenario 5: 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 residential facility. While Simone is offsite, if another RN is not onsite and on duty, the approved provider must record the one-hour absence in the monthly 24/7 RN report.

Scenario 6: An RN is onsite but not on duty

Michael and Simone are RNs who are undertaking further study and are required to complete an online workshop as part of their training requirements. During the training period, Michael and Simone are unable to provide care to residents and oversee care provided by other staff at the residential facility at which they work. If the approved provider is unable to organise another RN to be onsite and on duty during the time that Michael and Simone are at training, the approved provider must record the absence of an RN for the period in their monthly 24/7 RN report.

Scenario 7: The RN is absent but there is an EN onsite

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. The approved provider is still required to record the absence of an RN in their monthly 24/7 RN report and Gloria cannot carry out duties restricted to fully qualified RNs.

Scenario 8: Co-located services that operate as a single residential facility

Sally works the late shift as an RN in services A and B, which are located in adjoining properties and operated by the same approved provider. Services A and B operate in practice as a single facility with shared staffing, shared management, common policies and procedures and easy access between the 2 services. The Department considers the 2 services comprise one residential facility, which means that when Sally is onsite and on duty, her time can be counted towards an approved provider meeting its 24/7 RN responsibility in respect of that facility for both services.

Scenario 9: Aged care service is located in a facility with a health service

Amanda is an RN who works in a small rural residential facility with both a residential aged care service and a health service, and therefore the facility has a purpose of providing residential aged care. She is employed to work across the 2 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 residents 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 residents as needed, Amanda is considered to be onsite and on duty for the purposes of the 24/7 RN responsibility. However, only the time Amanda spends providing care to residents of the residential aged care service (and not those in the health service) will be able to count towards the RN care minutes responsibility.

Scenario 10: RN has accommodation at the residential facility

Pari is an RN who moved to a regional town to take up a role at the aged care facility. As part of her employment, she was offered accommodation onsite at the residential facility.

The facility 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 resident, in which case she is considered to be onsite and on duty for the period of time she is providing care.

