Australian Government

Department of Health and Aged Care

NATIONAL AGED CARE MANDATORY
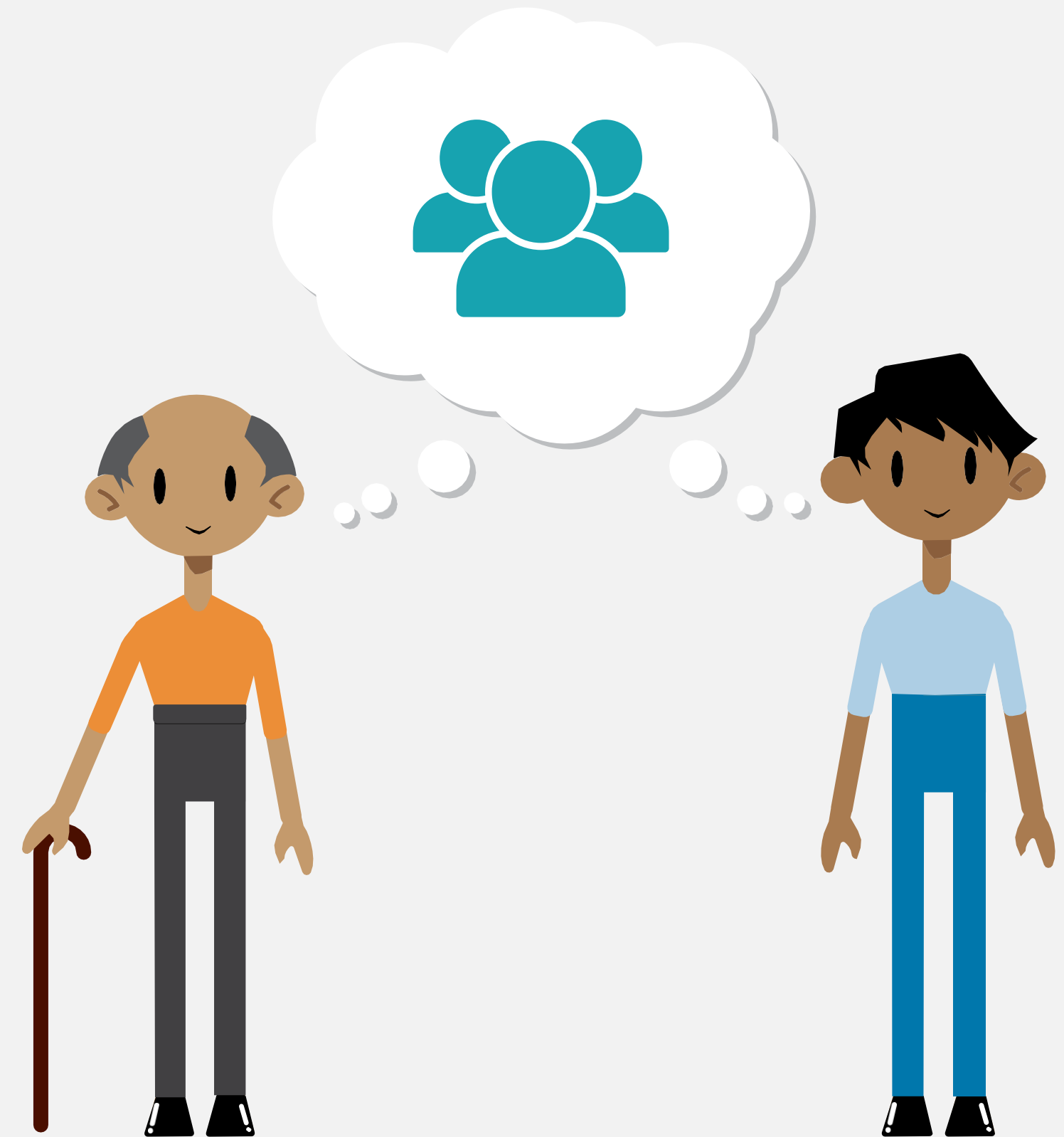QUALITY INDICATOR PROGRAM

Enrolled Nursing

ENTER

Make it count

Continuous improvement is about seeking and applying opportunities to enhance the quality of care and outcomes for care recipients.

Take 60 seconds to understand how to measure and report on enrolled nursing and help your service enhance the quality of care and outcomes for your residents.

Contents

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Why measurement matters	Impact of enrolled nursing	How to collect data for enrolled nursing indicator
Quality improvement	Ask QIRI	Quality indicator challenge

Why measurement matters

Nurses are essential health professionals who care for people in health and aged care settings. Nurses have the credentials, knowledge and skills to provide high quality care where and when residents need it.

An Enrolled Nurse (EN) is a person who provides nursing care under the direct or indirect supervision of a Registered Nurse (RN). They have completed the prescribed education preparation and demonstrate competence to practice under the National Law as an EN in Australia. ENs are accountable for their own practice and remain responsible to a RN for the delegated care.

A RN is a person who has completed the prescribed education preparation, demonstrates competence to practice, and is registered under the National Law as a RN in Australia.

A personal care worker (PCW) is an employee classified under Schedule B.2 in the Aged Care Award 2010 as an Aged Care employee - direct care Level 2 to 7 (Grade 1 to 5 PCW) , excluding Aged care employee - direct care Level 6. Alternatively a PCW may be employed in an equivalent role in a corresponding award/enterprise agreement; or an individual contract/agreement.

An Assistant in Nursing (AIN) (or Nursing Assistant) is an employee classified under Schedule B.2.1 in the Nurses Award 2020. PCWs and AINs work under the supervision and guidance of a nurse (RN/EN).

Impact of enrolled nurses

Enrolled nurses are vital members of residential aged care teams.

To provide high quality care, providers should ensure sufficient EN staffing.

Click on the boxes to learn about how enrolled nurses contribute to the care of older people in residential aged care.

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Provide physical and emotional care

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Multidisciplinary team care

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Administer medication

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Maintain infection prevention and control

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Perform clinical assessments

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Improved quality of life

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Provide physical and emotional care	Multidisciplinary team care	Administer medication
Maintain infection prevention and control	Perform clinical assessments	Improved quality of life

How to collect data for enrolled nursing

Enrolled nursing for the purposes of the QI Program will be calculated from data submitted through the Quarterly Financial Report (QFR).

Click on the boxes to learn more.

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Providers are to report EN, RN and PCW/AIN labour hours as well as occupied bed days for the quarter as part of the QFR

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Proportion of EN care minutes = EN care minutes per resident per day/ Total care minutes (EN + RN + PCW) per resident per day

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Data pulled from QFR across into QI Program application in GPMS

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Data from QFR are used to work out EN care minutes per resident per day, RN care minutes per resident per day and the total care minutes per resident per day.

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Providers are not required to report anything separately for this indicator

Quality improvement

There are well established links between the capacity of aged care staff and the quality of care provided. Standard 7 of the Aged Care Quality Standards requires residents to receive quality care and services by a skilled and qualified workforce who are knowledgeable, capable and caring. The main duties of an EN vary across direct care, clinical care, and care coordination. Reducing the number of ENs in a residential aged care service is likely to be detrimental to care and safety for care recipients as well as an increased burden on other staff.

Use the checklist on the right to help identify and implement interventions to improve EN retention and continuity of care.

STEP 1 Ensure enough of the right nursing staff in the right roles

STEP 2 Prioritise education and training

STEP 3 Create a collaborative work environment

STEP 4 Act on staff and resident concerns about nursing care capacity and quality

STEP 5 Monitor care minutes delivery according to staffing category

For detailed information on potential prevention and management strategies, and quality improvement activities, please refer to the **QI Program Manual 4.0 – Part B.**
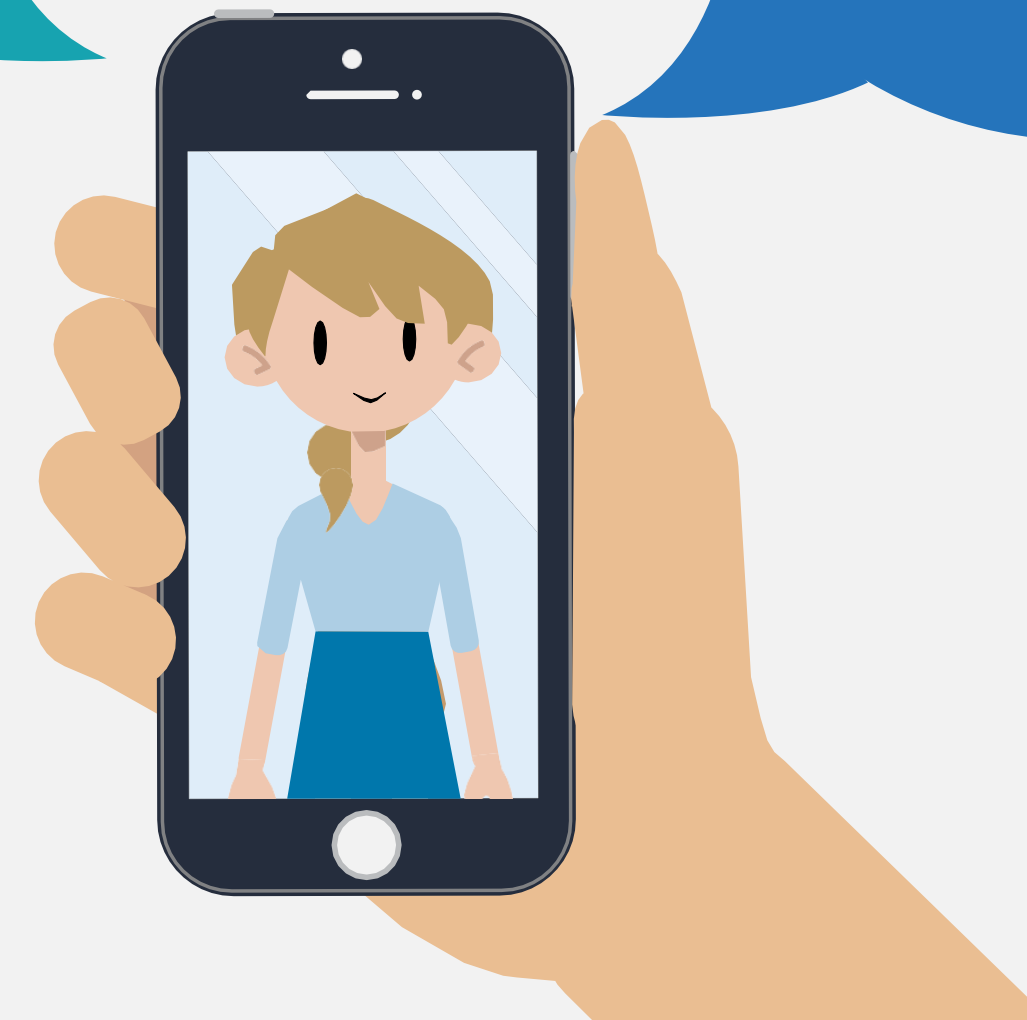
Ask QIRI

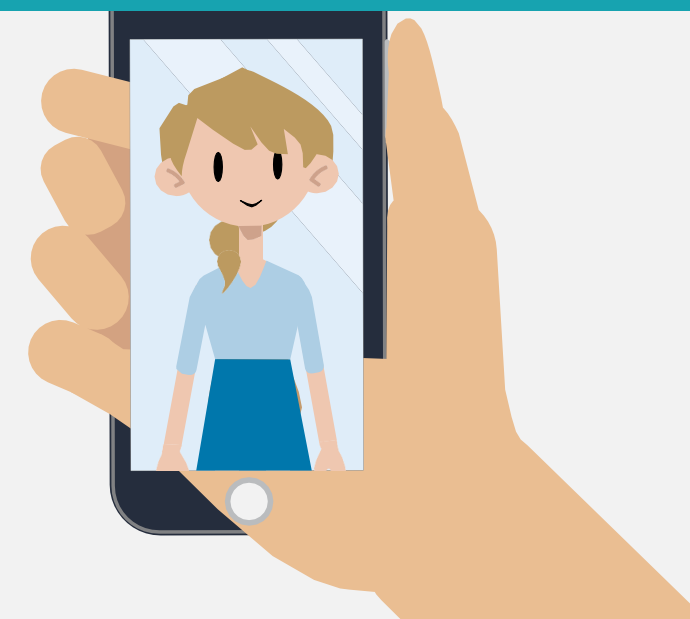**The Quality Indicator Reporting Instructor (QIRI) answers your questions about enrolled nursing.**

The department will calculate four of the five new data points from data reported in the QFR. You will not need to report this separately in the QI Program app.

When providers submit data for the QFR, the relevant data for these four data points will be pulled across to the QI Program app in GPMS and calculations undertaken to support the data points. This will minimise the reporting burden on providers for the new indicators.

It also gives providers the ability to view these data points alongside their other QI Program data to identify trends and support quality improvement.
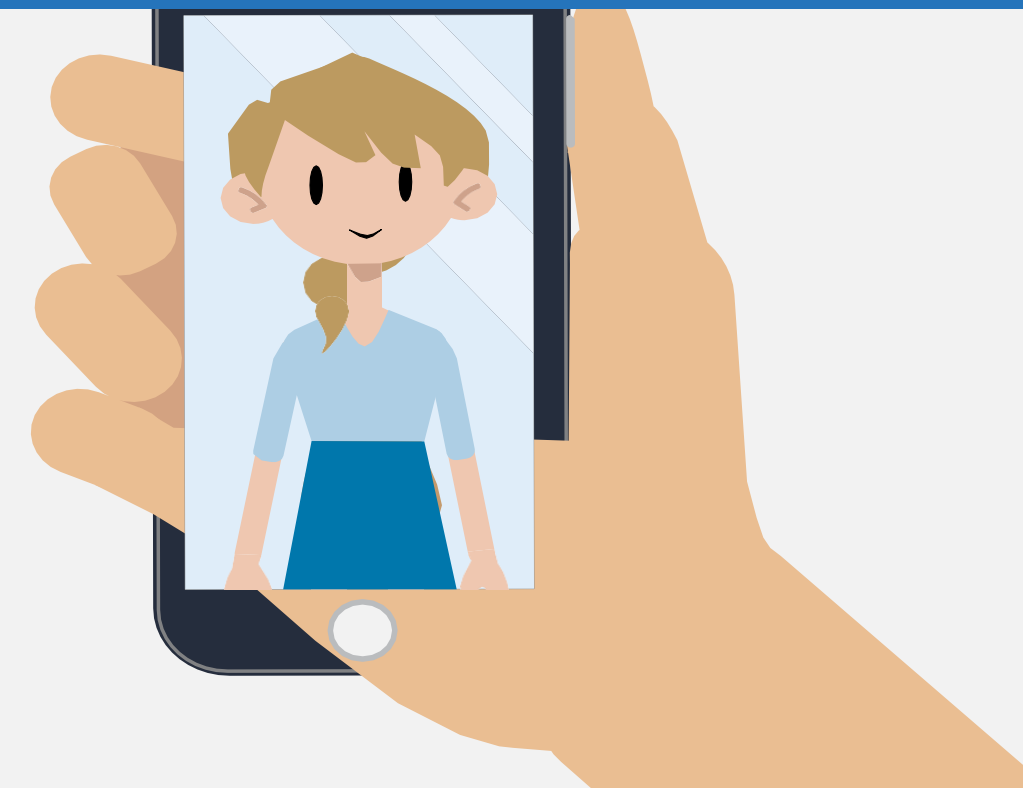
Ask QIRI

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The reporting dates for QFR and QIs are intentionally different to lessen the amount of reporting for providers due at the same time. The data to support the new staffing QIs from the QFR will not be visible in your QI app in GPMS until you have completed the initial submission of your QFR data.
Reporting for all other QIs will continue to be due on the 21st day of the month following the close of each reporting quarter.

Quality indicator challenge

Congratulations!

You have completed Module Thirteen – Enrolled Nursing.

Test your knowledge in the box on the right then move onto the next module.

Take the quick quiz!

Is there anything changing for the QFR reporting because of these QI changes?

○ **Yes, the due date for QFR will change to align with QI Program reporting**

○ **No, there are no changes to QFR reporting**