About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak body and professional membership association for all nurses working outside of a hospital setting in Australia.

Nurses in primary health care contribute to a healthy Australia through innovative, informed and dynamic care. APNA champions the role of primary health care nurses: to advance professional recognition, ensure workforce sustainability, nurture leadership in health and optimise the role of nurses in consumer-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing nurses from across Australia together to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

Nurses are the largest group of health care professionals working in primary health care and aged care nurses are the largest group of nurses within primary care.

Working in the field of aged care is complex and dynamic, requiring both the skill and art of nursing to assist people to live their lives well. Despite high needs, multimorbidity and increasing frailty, most people in aged care are not acutely unwell, medically unstable or actively dying. Recognising acute and reversible deterioration, and anticipating end of life are essential but not the day-to-day priority. The ongoing need is for primary health care that is aware of risk, promotes wellness and prevents unavoidable deterioration for each person in care, enabling them to live meaningful, rewarding and dignified lives.

How to use this workbook

Resources

Upon purchasing or receiving this workbook, you will be given access to the appendices and resources that accompany it, which include:

- all links and resources referenced throughout the workbook
- additional references, resources and training for nurses
- an index of peak bodies and condition-specific resources.

You can access these by scanning the QR code and from:

Sections

The sections in this workbook align with the *Aged Care Act 1997*, Regulator Performance Framework, and Aged Care Quality Standards.

We recommend you use this workbook in conjunction with:

- additional content from APNA
- resources in the Regulator Performance Framework
  – *Aged Care Act 1997*
  – Charter of Aged Care Rights
  – Aged Care Quality Standards – Aged Care Quality and Safety Commission (ACQSC). The commission monitors the quality of Australian Government–funded aged care services against the Aged Care Quality Standards for services at home and in residential and flexible care.
- Australian Nursing and Midwifery Federation's (ANMF) National Practice Standards and Codes of Conduct
- your workplace's orientation resources and policy and procedure manual.

Checkpoints

The main sections in the workbook contain checkpoints. The checkpoints will help orientate you to your workplace by suggesting activities or questions for you to explore. Each checkpoint is based on a specific area of practice and requires action. The example below shows the format for the checkpoints.

The checkpoint boxes contain standard information as listed below.

Key points

Key points at the top of each box describe the topic area and relevant information.

Action areas

Recommended actions are classified as 'priority' and 'other'. We understand that it's not possible to do everything at once, so this will guide you on when some of the activities and questions should be completed.

It is not a complete list, but foundational. Answer each question by seeking information from the resources listed, your manager, and your employer's documents (such as the policies and workplace procedures and resources material).

You may find you need to amend the priority of some actions as you identify your own knowledge gaps. When you have completed an action place a tick next to the action in the last column.

Notes pages

Notes pages are provided at the end of each main section so you can record your progress. Please reflect on the information provided in the section you've just completed and describe how you might use this new knowledge within your own nursing practice.

Consider recording details such as:

- your answers to the questions
- documents/tools used in your RACF
- standardised care processes followed in your RACF
- knowledge you have gained.

★	**KEY POINT** Key point description	✔
Priority Action	Consider completing first	☐
Other	Consider completing later	☐
Resources 📄	These may be links to useful websites and/or resources or refer to human resources such as staff and/or internal policies and procedures	

Terminology used in aged care and this workbook

Terminology	Definition	Notes
Assistant in nursing (AIN) Health assistant	AIN has different meanings and roles in different states. Check your state or territory to find out more. • VIC • NSW/ACT • QLD • WA • SA • TAS • NT All AINs must complete a qualification in Health Assistance but are not regulated health care workers under the Australian Health Care Practitioners Association (AHPRA) or the Nursing an Midwifery Board of Australia (NMBA). Certificate III is the minimum qualification level and includes work placement consisting of around 120 hours.[1] AINs are individually accountable for their own actions and accountable to the RN or midwife and their employer for delegated actions.[2]	In this workbook, we refer to these health care workers as AIN.
Continuing Professional Development (CPD) Professional development (PD)	CPD is how nurses and midwives maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and develop the personal and professional qualities required throughout their professional lives.	In this workbook, we refer to professional development as CPD.
Enrolled endorsed nurses (EEN) Enrolled nurses (EN)	ENs are regulated health professionals under NMBA and AHPRA. The term 'enrolled endorsed nurses' has now officially been removed from circulation as per NMBA.[3] Since 2010, any ENs who are not educated to administer medications have a notation on their registration stating 'does not hold a board-approved qualification in administration of medicines'. Enrolled nurses are to be under the direct or indirect supervision of a named and accessible RN at all times.[4]	In this workbook, we use the term EN.
Home care Home care package Care in home	Any care and/or services provided to elderly persons at home	In this workbook we use the term home care.
Nurse practitioner (NP)	Nurse practitioners are regulated health professionals under NMBA and AHPRA. NPs provide high levels of clinically focused, autonomous nursing care in a variety of contexts within Australia. NPs care for people and communities with problems of varying complexity. The NP scope of practice is built on the platform of the registered nurse (RN) scope of practice. As part of providing care, NPs can independently request and interpret any diagnostic and/or screening investigations within their scope of practice to facilitate diagnosis and/or screening processes. This informs diagnosis and care planning.[5]	In this workbook, we use the term NP.

Terminology	Definition	Notes
Personal care assistants (PCA) Personal care workers (PCW) Health care assistants (HCA) Health workers (HW)	Non-regulated/non-AHPRA registered health professionals are often employed in aged care facilities to assist with daily care of residents. These health care workers may or may not have a Certificate III in Individual Support (CHC33015), with or without specialisation in Ageing, Home and Community or Disability.[6] Health workers are individually accountable for their own actions and accountable to the RN nurse or midwife and their employer for delegated actions.[2]	In this workbook we use the term PCW for a non-regulated health care worker.
Registered nurse (RN)	RNs are responsible and accountable to the Nursing and Midwifery Board of Australia RNs are responsible for autonomous practice within dynamic systems, and in relationships with other health care professionals.[7]	In this workbook we use the term RN.
Resident Consumer Client Person Recipient of care	All these terms are used to describe a person receiving care. They may be in an RACF or receiving care at home	In this workbook we use the term resident.
Residential community aged care facility (RACF) Aged care home	Residential aged care is for senior Australians who can no longer live in their own home. It includes accommodation and personal care 24 hours a day, as well as access to nursing and general health care services.	In this workbook we use the term RACF.
Retirement home	Permanent accommodation in self-contained villas, semi-detached units or high-rise apartments	
Respite care Residential respite care	Semi-permanent types of care within RACF	
Workplace Organisation Provider Approved provider	Place of work within an aged care setting. This may be within any type of setting where aged care services are provided. Approved providers are subsidised by the Australian Government to provide affordable and accessible care to recipients.[8]	In this workbook we use the terms facility and workplace.

Commonly used resources

Australian Primary Health Care Nurses Association (APNA): peak body for primary health care nurses

- Website: www.apna.asn.au
- Phone: 1300 303 184
- Online learning:
- Career and Education Framework and Toolkit:
- Nurse support line:

Quality standards

- Australian Commission on Safety and Quality in Health Care (ACSQH):
- Aged Care Quality and Safety Commission:
- Aged Care Quality Standards:
- Home Services:
- Aged Care Quality Bulletin:

Aged care associations

- APNA: www.apna.asn.au
- Aged and Community Services Australia (ACSA):
- Leading Age Services Australia (LASA):
- COTA:
- National Aged Care Alliance (NACA):
- Royal Australian College for General Practitioners (RACGP):
- Older Persons Advocacy Network (OPAN)

Aged care national guidelines

Note: It's not practical to list all the clinical guidelines and resources available but a few of the key ones for nurses working in aged care are:

- Australian Clinical Practice Guidelines portal (This is a searchable database for all Australian clinical guidelines):
- Australian Centre for Evidence Based Aged Care:
- The Silver Book: Medical care of older persons in residential aged care facilities:
- National Ageing Research institute (NARI):
- National Health and Medical Research Centre (NHMRC): Food for health: Dietary guidelines for Australians:
- Palliative care outcomes collaboration:

Professional standards and support for nurses

- Nursing and Midwifery Board of Australia (NMBA):
- Scope of practice documents (decision-making frameworks):
- Professional standards:
- Registration standards i.e. professional indemnity insurance requirements:
- 24/7 confidential and free support for nurses and midwives:
  Phone: 1800 667 877

Australian Government Department of Health

- My Aged Care:
- Health direct:
- About Aged care:
- About the aged care assessment programs:
- Final Report of the Royal Commission into Aged Care:

Industrial information (wages and conditions)

- Fair work ombudsman:
- ANMF:
- APNA's workforce survey:
- APNA's member only negotiation guide:

Immunisation

- Immunisation for health professionals:
- National Centre for Immunisation Research and Surveillance (NCIRS):
- Reporting and managing adverse vaccination events:
- Australian Immunisation Register (AIR):

Medicare Benefits Scheme (MBS)

- MBS online:
- askMBS:

Primary Health Care Networks (PHN):

- Find your local PHN here:

Commonly used assessment tools

Resource category	Tool	Where to find it
Cancer screening tools	Cancer risk online assessment tools	
Cardiovascular risk assessment (diabetes, kidneys, stroke)	Australian absolute cardiovascular disease risk calculator	
	Australian type 2 diabetes risk-assessment tool (AUSDRISK)	
Cognitive impairment/ dementia	Dementia outcomes measurement suite	
	GP assessment of cognitive impairment (GPCOG)	
	Rowland universal dementia assessment scale (RUDAS)	
Dietary and nutritional screening	Mini nutritional assessment	
	Malnutrition universal screening tool (MUST) calculator	
Frailty and falls assessments	Falls risk assessment tool	
	Stay on Your Feet (includes TUG and STS tests)	
	Rockwood Frailty Scale	
	The frail non-disabled (FiND) questionnaire	
	Braden Scale for Predicting Pressure Sore Risk	
General assessment tools	Australian National Aged Care Classification (AN-ACC) Reference Manual and Assessment tool.	
	The AN-ACC assessment looks at a person's functional, cognitive and physical capability. This manual provides guidance on each section of the AN-ACC assessment and includes a copy of each of the clinical tools.	
Immunisation calculator	Catch-up calculator	
Mental health assessments	Mental health toolkit	
	K10 Anxiety and depression checklist	
	Geriatric depression score (GDS) Depression in older people	
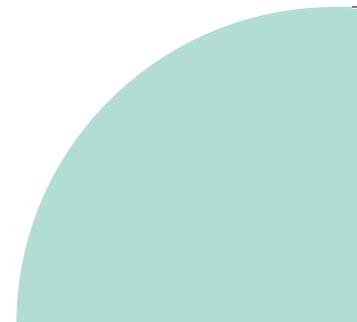
References for: How to use this workbook

1. Seek. May 2021: Assistant in Nursing [Internet]. 2021 [cited 2021 May 5]. Available from:

2. Australian Health Practitioners Regulation Agency (AHPRA). Frameworks. [Internet]. 2021 [cited 2021 May 5]. Available from:

3. Australian Health Practitioners Regulation Agency (AHPRA). June 2018: Enrolled nurses and medication administration [Internet]. 2021 [cited 2021 May 5]. Available from:

4. Australian Health Practitioners Regulation Agency (AHPRA). February 2017: Enrolled nurse standards for practice [Internet]. 2021 [cited 2021 May 5]. Available from:

5. Australian Health Practitioners Regulation Agency (AHPRA). March 2021: Nurse Practitioner standards for practice – effective from 1 March 2021 [Internet]. 2021 [cited 2021 April 5]. Available from:

6. Australian Primary Health Care Nurses Association. March 2021: Unregulated Health Care Workers (UHCW) position statement [Internet]. 2021 [cited 2021 May 5]. Available from:

7. Australian Health Practitioners Regulation Agency (AHPRA). February 2017: Registered nurse standards for practice [Internet]. 2021 [cited 2021 April 5]. Available from:

8. Commonwealth of Australia. September 2021: Becoming an approved aged care provider [Internet]. 2021 [cited 2021 September 5]. Available from:

Introduction

This workbook is a tool to guide you in transitioning to aged care nursing, whether that is in the home, in a residential care facility or involves providing flexible services.

Developing a comprehensive understanding of aged care nursing should accompany your workplace orientation and will help you to identify areas where you need additional knowledge. If you haven't received a formal induction or orientation, this resource will guide your self-directed transition to the sector. You may choose to use this workbook in conjunction with a clinical and professional mentor, a clinical colleague, or another workplace support person.

This workbook may also contribute to, but not replace, self-assessment tools that enable nurses to rate their knowledge, skills, and confidence in each area of nursing, and subsequently produce an action plan based on their own learning needs. You can also use this workbook as a reference for continuing professional development (CPD).

As you increase your knowledge, skills and confidence, we encourage you to explore the APNA Career and Education Framework and Toolkit which aims to enhance education opportunities and career progression for nurses working across all primary health care settings. An appreciation of the skills, knowledge and capabilities of other primary health care nurses will assist you to access all the primary health care resources to which the older person in your care is entitled.

Primary health care

Primary health care is a model for improving health that focuses on promoting wellbeing and preventing illness. The goal of primary health care is to build capacity within the community for sustainable health outcomes. Further, primary health care involves services based on the social model of health, guided by principles of equity, acceptability, cultural competence, affordability, universalism, and a commitment to community and health development. Primary health care is delivered outside hospitals and is the person's first level contact with the health system.[1]

A primary aged care health approach includes:

- ongoing health assessment through collaboration with the resident, including discussion of biopsychosocial and spiritual care needs
- care planning and coordination – utilising internal and external resources and referral pathways
- collaboration with other service providers
- optimising wellness, prevention of deterioration and management of chronic conditions.

Primary health care encompasses a broad range of providers and services across the public, private and non-government sectors. At a clinical level, it involves the primary layer of services in health care and requires teams of health professionals collaboratively working together to provide comprehensive, continuous, and person-centred care. Most Australians receive primary health care through their general practitioner (GP). However, primary health care providers also include:

- general practice nurses, community nurse specialists, aged care nurses, mental health nurses and nurse practitioners
- medical, nurse and allied health specialists in geriatrics, haemo-oncology, rheumatology, orthopaedics, neurology, psychiatry, pain management, palliative care, dentistry and pharmacology
- liaison/advocacy workers for marginalised populations such as Aboriginal and Torres Strait Islander peoples, those who identify as LGBTQI+, those with CALD backgrounds or living with a disability, care givers or homeless persons.

Primary Health Networks

Primary Health Networks (PHN) were established with the aim of increasing the efficiency and effectiveness of medical services for patients – particularly those at risk of poor health outcomes – and improving coordination of care to ensure patients receive the right care, in the right place, at the right time. These aims will be achieved by working directly with GPs, nurses, other primary health care providers, secondary care providers and hospitals to improve outcomes.

Aged care is a key priority for targeted work by PHNs.

There are 31 PHNs around Australia. For more information about your PHN, including key demographics and the support provided to aged care, refer to the PHN website provided in your resources.[2]

Aged care nursing

In Australia, at least 78,000 nurses work outside the hospital setting in primary health care, and about one-third of these work in aged care.[3] Aged care nurses are skilled, regulated and trusted health professionals working within multidisciplinary teams in community and residential care, in clinical and non-clinical roles, in urban, rural and remote geographical locations.

The role of aged care nurses in primary health care is to:

- prioritise elders most at risk of poor health and social outcomes
- maximise informed resident choice and control in health care decision-making
- respect personal, dignity and culture preferences and values
- collaborate and partner with primary, secondary and tertiary care networks
- challenge ageist restrictions to health, social inclusion and wellbeing.

Within the aged care setting, the nurse may work in various roles depending on the structure and function of the aged care provider and the nurse's position description. Nurses hold many senior positions in aged care (e.g. CEO, director of nursing, business manager, regional clinical supervisor) and may work in fields such as education and training, quality and safety, funding and documentation or a combination of all the above.
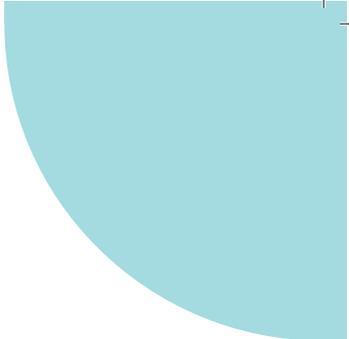
In a residential aged care facility (RACF), a nurse may be the facility manager, clinical practice manager, unit manager, infection prevention and control lead, quality or ACFI coordinator, medication nurse, wound-care consultant or another nursing specialty. In community care, for those receiving Commonwealth support packages, the nurse's role may be as case manager and/or providing technical and complex nursing care. An understanding of these diverse functions enables nurses to work collaboratively and to collectively promote the value of nursing across the sector.

The Royal Commission into Aged Care[4] and the devastation caused by the COVID-19 pandemic have highlighted the vulnerability of this sector and the unique challenge and responsibility this poses for aged care nurses in 2020 and beyond.[5]

Challenges and opportunities in aged care nursing

The COVID-19 pandemic and the Royal Commission into Aged Care Quality and Safety hearings during 2020 have brought historic challenges at the heart of aged care into public awareness. The hearings highlighted the longstanding deficiencies in governance, funding and policy which reflect society's reluctance to address ageism, frailty and death with honesty and integrity. Nurses are essential in supplying clinical skills to achieve high-quality health care outcomes, but also for advocacy and health education for residents and families to promote informed, supported decision-making. This is not limited to clinical needs but includes personal preferences and goals that enhance dignity and quality of life.

The staff that nurses lead and coordinate witness grief and loss, mortality and morbidity, from falls, fractures, dehydration, sepsis, deterioration from chronic disease, depression, delirium and dementia, and the inherent risks associated with behaviour modifying and other high-risk medication. The registered nurse (RN) needs to educate, guide and support care staff so they provide care that is right for each resident, is based on the best available evidence to prevent avoidable harm and is consistent with the residents' goals and preferences. One of the key leadership skills needed in this complex environment is clear communication, including active and reflective listening. This is essential for respectful acknowledgement of the older person, their families, friends and staff; to inform assessment, targeted examination, analysis, planning; and for collaboratively implementing and evaluating the agreed and personalised care plan.

RNs in aged care have a unique and under-appreciated role in meeting the potentially conflicting demands of high-quality clinical care of frail aged people with complex multimorbidity and in addressing the need for people to live a rich and rewarding life that is not consumed by illness and decline. RNs are central in advocacy, referral, coordination, documentation and communication across the multidisciplinary team. This role requires an awareness of health services, and skill in navigating the internal and external referral pathways to uphold the older person's rights to the best available and individualised care that optimises their capacity to live the life they choose.[6]

Roles of the aged care nurse

Patient carer
- person-centred health assessment, planning implementation and evaluation, case management and care coordination
- medication administration
- recognising and responding to deterioration in the older person
- recognising and responding to the older person at risk
- clinical documentation
- advocacy
- therapeutic care and treatment – chronic disease management, infection prevention and control, wound care, catheterisation, drugs with narrow therapeutic index or high risk
- emergency management
- palliative and end of life care

Educator
- health promotion and preventative care
- PCWs
- student nurses, allied health, medical, environmental, lifestyle and activities, maintenance
- administration staff
- residents/families

Organiser
- developing, monitoring, reviewing and evaluating planned care
- internal and external referrals
- implementing care plans and workflow
- oversight and communication with PCWs
- coordination of personal and allied health care workers
- facilitating medical care
- implementing medical directives

AS AN AGED CARE NURSE YOUR ROLE MAY BE

Problem solver
- reactive and strategic problem-solving
- responding to the deteriorating patient
- recognising the need for end of life (EOL) care
- recognising potential for improved health and well being
- emergency care
- community outreach
- building capacity to adapt to change

Agent of connectivity
- mentoring
- Staff supervision
- partnership with visiting health and welfare practitioners
- multidisciplinary teams and relationships
- networking with community agencies
- liaison with primary practice and hospitals
- departmental reporting

Quality controller
- accreditation
- continuous quality improvement (CQI)
- clinical records
- OHS
- clinical governance
- psychotropic register
- complaints management
- serious incident response
- mandatory reporting (e.g., elder abuse)
- antibiotic stewardship
- policies, procedures, medication register
- infection Prevention management and control
- immunisation
- restrictive Practices

Aged care residents (inclusive of community aged care)

Residents in aged care are the sickest and frailest people in the community, often living with multiple comorbidities. The acute care needs of aged people are increasing over time and this is expected to continue as people have a clear and growing preference for living at home for as long as possible.[6]

The time when the aged care nurse encounters the person in need of aged care is often associated with a sense of grief that comes with the loss of independent function and autonomy. This can range from acceptance of the need for carers coming into the family home to the loss of that home and moving into residential aged care. Functional decline requiring nursing care and assistance with daily living activities is the predominant reason for the transition to aged care. This loss of functional independence often precedes ongoing deterioration towards the end of life. The Australian Government, responsible for subsiding personal care and for setting standards, advocates a homelike (as opposed to a clinical or institutional) environment and promotes shared decision-making, choice, dignity and control. These preferences need to be balanced against increasing high needs, frailty and multimorbidity requiring complex medical and nursing care.[7]

In addition to providing care for your residents you will typically need to provide an element of support, education and caring to families throughout the resident's transition into the aged care. You must be able to communicate with families according to the wishes of the resident. You will, at times, have to discuss care needs and provide information about care needs, especially for the residents that are no longer able to make their own decisions.

Multidisciplinary teams

Nursing in aged care differs from nursing in other areas in part because of the strong relationship with the multidisciplinary team (MDT). Aged care is delivered with a primary care focus, by GPs, physiotherapists, occupational therapists (OT), speech pathologists, dietitians, optometrists and a range of other medical specialists depending on the person's condition. Additional service agreements will exist for palliative care, in-reach programs and outpatient department services. The aged care nurse holds extra responsibility for accessing, coordinating and referral of these services, and for incorporating the specialist recommendations into a cohesive care plan.

General practitioners in aged care

There are several models of general practice in support of aged care. The support provided will be influenced by the structure of the general practice. General practice is mostly private, ranging from small sole providers to corporate practices, some of which specialise in aged care with GPs, geriatricians and allied health. Aged care providers in some circumstances directly employ or contact medical staff and this can include state run services. The Australian Government is responsible for Medicare, which provides payment to GPs who provide primary health care.

RACGP has released an online aged care clinical guide (Silver Book) with three components: common clinical conditions, general, and organisational approaches to aged care. A working knowledge of this resource can help aged care nurses understand and facilitate medical input into overall care.

References for: Introduction

1. Australian Primary Health Care Nurses Association. What is primary health care nursing? [Internet]. 2021 [cited 2021 May 5]. Available from:

2. Department of Health. What Primary Health Networks are [Internet]. 2021 [updated 2021 September 2; cited 2021 May 5]. Available from:

3. Australian Institute of Health and Welfare 2021, Health workforce [Internet]. 2021; Available from

4. The Royal Commission into Aged Care Quality and Safety [Internet]. 2021; Available from

5. WHO - Older people and COVID-19

6. Jacqueline Jones (Senior Research Fellow), Julianne Cheek (Dean Graduate Studies Director CRNHC) & Alison Ballantyne (Senior Lecturer CRNHC) (2002) Providing residential care to older Australians: Issues for registered nurses, Contemporary Nurse, 12:3, 225-234, DOI: 10.5172/conu.12.3.225

7. AIHW

8. NIHR Collection: Multiple long-term conditions (multimorbidity): making sense of the evidence; March 2021; doi:10.3310/collection_45881

Section summary

SECTION 1 ✔

Introduction to the workplace, staff and community

- Suggested orientation timelines ☐
- Introduction to workplace ☐
- Human resources and employment administration ☐
- Introduction to residents and community ☐

SECTION 2 ✔

Organisational approaches and systems in aged care

- Nursing in aged care – scope of practice ☐
- Tools to assist nurses determine their sceope of practice ☐
- Resident transition to aged care ☐
- Finance and aged care ☐
- General communication ☐
- Clinical information management ☐
- Environment management ☐
- Quality improvement ☐

SECTION 3 ✔

Clinical domains of care

- Chronic disease management ☐
- Common baseline assessment and observation measurements ☐
- Skin integrity and wounds ☐
- Mobility and falls ☐
- Medication ☐
- Immunisation ☐
- Pain management ☐
- Recognising deterioration ☐
- Palliative approach and end of life care ☐

Suggested orientation timelines

A suggested timeline for your orientation and induction is provided below.
Please adjust this timeline as required to suit yourself and your workplace.

TIMELINE	ACTIVITIES
Prior to commencement	✓ Accept a position in aged care. ✓ Complete onboarding documentation. ✓ Aim to attend a site visit and meet with the facility manager, manager clinical practice (MCP) or clinical care coordinator (CCC) and be introduced to the allied health and lifestyle managers. ✓ Make arrangements for the induction/orientation period and support person. ✓ Ensure you have completed any education required by your new employer.
Week 1 – Week 4	✓ Become familiar with your workplace support person or line manager. ✓ Commence your induction and orientation program. ✓ Identify resources and documents needed for your day-to-day use. ✓ Complete immediate action areas.
Week 4 – Week 8	✓ Locate all the key documents and resources. ✓ Communicate regularly with the FM or key support staff member to get answers to any questions you have. ✓ Work through future action areas.
3 months	✓ This is an ideal time to discuss your progress with your line manager. ✓ Identify areas where you feel confident, areas for further learning and strategies for improvement.
6 months	✓ Consider further reflection on areas of competence and areas for further learning, and for extending your scope of practice and credentialled competencies.
12 months	✓ By now you will be familiar with the RACF policies and procedure. ✓ You will feel confident working across all areas within your scope of practice. ✓ Participate in self-assessment and a performance review.

1.1 Introduction to workplace

When commencing at an RACF or home care service nurses should be:

1. welcomed to the organisation
2. provided with a comprehensive introduction to the work environment
3. introduced by the facility manager, clinical practice manager, nursing team leader or key support staff member to:

a. staff that you will be working with
b. the physical layout of the work environment
c. key documents, logins and passwords
d. roles of nursing and non-nursing staff (i.e. care workers, admin, lifestyle, environmental staff, maintenance and kitchen staff)
e. attending GPs, including allied health contact details and visiting schedules
f. local hospitals and in-reach, psychogeriatric and geriatric services
g. RACF's policy and procedure manual

★	**1.1/A INTRODUCTION TO WORKPLACE** It is important that are introduced to the team prior to commencement or immediately on starting your employment.	✔
Priority Action	Identify the key support person/s who will orientate you to the workplace.	☐
	Seek introduction to nurses, management, administration, allied health lifestyle and environmental staff.	☐
Other	Consider how you will build relationships within the team.	
	Consider how you wish to be introduced to other members of the MDT (e.g. GPs, pharmacists, physiotherapist and other health professionals).	
	Access your employer's website and intranet.	
Resources	Workplace policies and procedures	
	Other HR resources provided in section 1.2	

Workplace overview

	1.1/B WORKPLACE OVERVIEW	
★	Aged care providers are not the same. Understanding the profile and mission of your workplace provides a perspective on how your role contributes to the bigger picture.	✔
Priority Action	Gain an understanding of the RACF – its structure, history, culture and philosophy.	☐
	Read the RACF's mission statement and core values.	☐
	Consider the workplace profile including:	☐
	• clinical expertise and availability	
	• size of the RACF and resident group	
	• client demographics	
	• cultural diversity and special client groups (e.g. Aboriginal and Torres Strait Islander peoples, LBGTQI+)	
	• services provided	
	• operating hours	
	• after-hours access.	
Other	Who has overall responsibility and authority?	
	What is your reporting mechanism? Who can you call for advice?	
	Identify areas where you wish to build knowledge and then seek the relevant information.	
Resources 📄	Workplace policies and procedures	
	Workplace resident demographics and services provided.	
	Other HR resources in section 1.1	

Nursing in aged care

All information in this section is taken from and can be found on the Nursing and Midwifery Board website and is subject to change: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx

In Australia, the Australian Health Practitioner Regulation Agency (AHPRA) and the Nursing and Midwifery Board (NMBA) are the regulatory bodies that establish mandatory registration requirements and professional practice frameworks to promote safe and competent professional practice for the protection of the public.

The NMBA sets the national, mandatory registration standards for practice for RNs, ENs and NPs. These professional standards define safe and competent practice that all nurses must follow when providing nursing services. The NMBA's functions are supported by APHRA.

Scope of practice

A nurse's scope of practice is described as that in which they are educated, authorised, competent and confident to perform. It is influenced by their:

- registration (RN or EN)
- endorsement (NP)
- educational background
- previous nursing experience, established competencies, and
- clinical specialisation

There are two elements to consider when thinking about scope of practice – a professional and an individual scope of practice.

- **Professional scope of practice:** is set by legislation and includes core registration standards and Professional Codes and Guidelines, Policies, Professional Standards, Guidelines and Frameworks.
- **Individual scope of practice:** is based on individual experience and training. A nurse may need to update or increase their own knowledge, skills or competence to safely perform all the required procedures within their role. The scope of practice of an individual nurse may therefore be described as that in which the individual is educated, current, authorised competent and confident.

Making safe and consistent decisions about your scope of practice relates to public safety and involves assessing your competence to undertake a particular activity or procedure. Nurses are accountable and responsible for ensuring tasks they perform are guided by current evidence-based practice, and that they possess the skill, knowledge and attitudes to ensure the best possible outcomes for people in their care. No employer can direct a nurse to perform an activity outside their scope of practice.

Each nurse's practice must be within their individual level of education, competence, clinical context, credentials, and accessibility of supervision, and within the legal and professional framework.

The scope of practice may vary between nurses working in the same position. It is important for each nurse to establish their own capability and competence to meet the current nursing care requirements of their CPD, and any emerging resident requirements, so they can identify both the need and opportunity to expand their own practice.

2.1 Tools to assist nurses determine their scope of practice

The NMBA has developed a range of tools including a decision-making framework to assist nurses in making decisions around scope of practice. These tools are available on the NMBA website and listed under 'commonly used resources' in the preliminary pages of this workbook.

The DMF aims to: minimise risk by guiding individual nurses, employers and the profession in assessing scope of practice issues, improve communication and role clarity; raise awareness of role responsibilities and role boundaries; prompt reflection regarding an individual's scope of practice; present a process for consideration of expanding practice; and provide flexibility for customisation to meet local context and needs.

The DMF tools are:

- decision-making framework for nursing and midwifery
- decision-making framework summary – nursing.

Consider the following when working within, expanding or optimising your scope of practice:

- Determine whether this role is appropriate for you to perform this task and if it is within the parameters of safety and quality health care.
- Establish what relevant training or education you will require – ensuring it is evidence-based and fits with contemporary practice
- Determine how you might become knowledgeable, skilled, confident and competent in the area.
- Develop a CPD plan for how you will increase knowledge, skills and confidence in providing this service - through theoretical and observational learnings, guided and supervised practice and ongoing education to ensure you remain current.
- Determine how you will ensure you are continuing to perform this service/role/task safely.
- Consult your professional indemnity insurer and ascertain whether your policy will include cover for providing the new service.
- Consider how you will ensure continuity and recency of practice in this area. Visit the NMBA website for more information (link provided in resources)
- Ensure there is a policy and procedure in your workplace which supports the procedure including regular skill review.

Defining and assessing competence

- The decision-making framework for nursing and midwifery (the DMF tool) defines competence and assessing competence as:
- **Competence/competent:** Competence is the combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession. It encompasses confidence and capability.
- **Competence assessment:** Assessment of an individual's competence may occur through structured educational programs or a peer review process. Evidence of a person's competence may include:
  - written transcripts of the skills/knowledge they have obtained in a formal course
  - in-service education session records
  - direct observation of their skills
  - questioning their knowledge base
  - assessment from the resident's perspective using agreed criteria
  - self-assessment through reflection on performance in comparison with professional standards.

Professional requirements: Nursing

★	**2.1/A PROFESSIONAL REQUIREMENTS** Nurses need to comply with the regulatory requirements set out by the NMBA and agree to these each year when they complete their registration. Core registration standards include criminal history, English language skills, CPD (number of hours per year is dependent on registration type), recency of practice and professional indemnity insurance (PII) arrangements. Nurses must have PII and can be covered by their own PII arrangements or third party PII arrangements. However, documentation of what is covered by the third party PII is essential. Professional standards, codes and guidelines include codes of conduct, codes of ethics, guides to professional boundaries, standards for practice/competency standards and mandatory reporting.	✔
Priority Action	Answer and reflect on the following questions. • Have contact and registration details been provided to your employer? Supervision of ENs: • Does this apply to you as either an RN or an EN? Do you understand what supervision means – including definitions of both direct and indirect supervision? • What agreements should exist between the nominated RN and EN? • How is this managed and reviewed? Supervision of PCWs: • Do you understand your role responsibility in supervising, supporting and educating PCWs for care that you oversee? • Do you understand your mandatory reporting responsibilities to state and Commonwealth authorities? • Do you have the necessary documentation relating to your professional indemnity insurance?	☐ ☐ ☐ ☐ ☐ ☐ ☐
Other	• Have you identified and planned your CPD for the coming year to meet regulatory requirements? • How does your employer contribute to access to or provision of CPD? • Which core registration standards or professional standards, codes or guidelines do you need to refresh your knowledge around?	
Resources	NMBA DMFs for scope of practice • Decision-making framework for nursing and midwifery (this includes an overview of EN and non-AHPRA registered workers supervision requirements) • Decision-making framework summary - nursing NMBA Registration standards NMBA Professional Standards NMBA mandatory reporting requirements	

3.1 Chronic disease management

Many nurses undertake chronic disease review, education, care planning and care coordination roles within aged care. Chronic diseases are the leading causes of death and disability in Australia. Chronic disease management requires coordinated, comprehensive and continual care involving a range of providers from the primary, secondary, and tertiary sectors. [1]

Many different illnesses and health conditions can be classified under the broad heading of chronic disease. Typically, chronic diseases are long-lasting and have persistent effects. Chronic diseases can range from mild conditions, such as sight and hearing impairment, to severe conditions such as debilitating arthritis and persistent back pain, advanced cardiovascular, renal or neurological disease, and cancers. Once present, chronic diseases often persist throughout life, although are not always the cause of death. Nurses who are new to aged care will need to develop their skills in chronic disease management. [2]

Health promotion and preventative care

Good primary health care involves more than just finding an effective way to manage disease. The traditional medical model focuses on the treatment and management of existing disease or disability.

Prevention of disease and promotion of health in aged care often involves addressing risk factors such as falls, infection, polypharmacy, malnutrition, social isolation and neglect. Promoting good health, for example by recognising people at risk and encouraging attendance at activity group and ensuring access to high-quality nutrition and hydration, can reduce disease progression and additional morbidity. [3]

Infection prevention and control

Vaccinations are undertaken predominantly through general practices, however RACFs also receive information and resources from government agencies about seasonal influenza and pneumonia, Covid-19 and herpes zoster immunisation.

Health assessments

Health assessments provide a structured way of identifying health issues and conditions that are potentially preventable or amenable to interventions. They involve an investigative process which uses professional and interpersonal skills to uncover relevant health and wellbeing issues.

Care planning and care coordination

	3.1/A CARE PLANNING AND CARE COORDINATION (ACUTE AND PLANNED CARE) Care planning and care coordination roles are undertaken by nurses working in aged care. This includes planning for acute-on-chronic care episodes and acute care or deterioration. The purpose is to: • assist patients in managing their clinical conditions efficiently and effectively with the support of the MDT at home or in RACFs • coordinate MDT-based person-centred care which both includes and supports residents in decision-making, dignity and choice • provide health services to individuals, through effective partnerships with the resident, their caregivers or families, as well as community resources and their clinical team.	✓
Priority Action	Answer and reflect on the following questions. • Can you identify the skills you may need to build on to deliver good quality care plans that incorporate ongoing, supported and informed decision-making of residents? • Do you understand the nurse's role in care planning, coordination and review? • What processes are in place for acute episodes and/or deterioration? Do you know where each residents ACD, if needed?	☐ ☐ ☐
Other	• What are the referral pathways available in your area or community to assist in coordinating and meeting resident needs? These might be local hospital in-reach services, mental health, palliative care, specialist and outpatient clinics.	
Resources	Workplace policies procedures Triage in aged care sample form Aged Care Emergency Manual (ACE)	

Chronic disease management and advance care planning

★	**3.1/B CHRONIC DISEASE MANAGEMENT AND ADVANCE CARE PLANNING** The type of health care a client receives depends on their acute and chronic medical issues, their projected disease trajectories, their expectations, and acceptance of possible interventions including hospitalisation, surgeries, resuscitation and ACDs. *More information about palliative care is provided in section 3.9 of this workbook.*	✔
Priority Action	Answer and reflect on the following questions. • What chronic conditions commonly presenting in aged care are you aware of and proficient in managing? • Are there chronic conditions about which you need to develop knowledge and skills? Discuss the different patient requirements of acute care, chronic, palliative and end of life nursing care. • How are advance care plans formulated? • Are you comfortable discussing advance care planning?	☐ ☐ ☐ ☐
Other	• Does your RACF have relationships with GP practice nurses to identify residents that have been under. or are eligible for. chronic disease management? • Do you understand care planning in chronic disease management? • Are you confident in discriminating between expected decline and intercurrent episodic illness amenable to medical intervention?	
Resources	APNA online learning: Chronic disease management courses Department of Health: chronic conditions Some of the peak bodies for common chronic disease are below. Note this won't cover every possible chronic disease. A list is also provided in your resources. • Asthma Australia • Heart Foundation • Kidney Health Australia • Lung Foundation • Arthritis Australia • Osteoporosis Australia • Cancer Council Australia • Parkinson's Australia • Dementia Australia • Pain foundation • Diabetes Australia • Australian Podiatry Council • National Association of Diabetes Centres • Disability Services Australia (DSA –formally known as BDMAS) Advance care planning • End of Life Directions for Aged Care (ELDAC) • Palliative Care Australia	

3.2 Common baseline assessment and observation measurements

Assessment is a key component of nursing practice, required for planning and providing patient-centred care. It is referenced in the NMBA professional standards for both registered and enrolled nurses.

In aged care the nurse may assess the resident first so that all key clinical measurements and basic requirements are completed and documented in the resident file.

3.2 BASELINE ASSESSMENT AND MEASUREMENT

Common initial observations and assessments recorded by nurses include (but are not limited to):

- height or ulna length, weight, waist circumference, BMI
- temperature, pulse, respirations, blood pressure, oxygen saturations (peripheral), urinalysis, blood glucose measurement
- skin assessment and pressure injury risk
- foot check – particularly for patients with diabetes or PVD
    - monofilament test – to assess the loss of or reduced sensation
    - ankle brachial pressure index (ABPI)
    - pedal pulses
- oral health check
- sight and hearing
- allergies and/or food intolerances.

Documentation should be maintained and updated in the clinical record including:

- recent pathology
- medical imaging
- CMA
- hospital discharge plans
- correspondence from medical specialist
- identifying serious risk or diagnosis of significant health or social issues.

Priority Action   Identify areas in which you feel confident and are within your individual scope of practice. ☐

Identify any additional assessments (not listed) that are completed in your workplace. ☐

Other   Identify areas for further learning and strategies for improving your knowledge, skills and confidence (e.g. monofilament testing, cognitive screening, understanding pathology and medical imaging results).

Resources

Australian Centre for Evidence Based Aged Care (ACEBAC)

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Conclusion

This workbook has provided you with an introduction and overview of aged care nursing and we hope it has assisted you in completing your orientation and transition to your new workplace.

As a nurse, you are forever learning new skills. You can continue to use this workbook after your initial transition phase – to reflect on your progress as a nurse and as a reference to discuss the many facets of aged care nursing with your colleagues.

Don't forget to access the companion resources for this workbook from:

APNA wishes you all the best in your new place of employment!

Australian peak bodies

There are multiple peak health bodies and disease-specific resources in Australia and it's not possible to list them all here. However, the list of a few key peak bodies and resources that provide commonly accessed information for nurses in primary health care.

A:

- Alcohol and Drug Foundation:
- Asthma Australia:
- Australian Digital Health Agency (ADHA):
- Australian Diabetes Educators Association (ADEA):
- Australian Dental Association:
- Australian Nursing and Midwifery Federation (ANMF):
- Australian College of Nursing (CAN):
- Arthritis Australia:
- Advance care planning Australia:
- Aged care:
- Aged and Community Services Australia (ACSA):
- Australian College of Mental Health Nurses (ACMHN):
- Australasian Sexual Health Alliance (ASHA):
- Australian Commission on Safety and Quality in Health Care (ACSQHC):

B:

- Bloodsafe Australia:
- Brain Injury: Synapse

C:

- Cancer:
  – Cancer Screening Australia:
  – Cancer Council Australia
  – Cancer resources and tools from Peter Mac Cancer centre:
- Carer Gateway:
- Carers Australia:
- CATSINaM:
- Consumers Health forum of Australia:
- Coeliac Australia:
- Continence foundation of Australia:
- CRANA plus:
- Community services:
  – Mission Australia:
  – Salvation Army:
  – St Vincent de Paul Society:
  – Red Cross:

D:

- Dementia Australia:
- Diabetes Australia
- Dermatology:
- Domestic violence services:
  – Domestic and Family Violence Response Training for health professionals:

E:

- Health at Every Size Australia:
- Exercise Sports and Science Australia (finding exercise physiologists):

Eating disorders:

- Eating Disorders Families Australia: Butterfly Foundation:
- National Eating Disorder Collaboration:

F:

- Falls Prevention Society:
- Fertility Society of Australia:
- Family planning: See all education and training providers for each state here:

G:

- Gastroenterological Society of Australia (GESA):

H:

- Haemochromatosis Australia:
- Heart Foundation
- Hepatitis Australia: Homelessness Australia:

I:

- Infection control – Australasian College for Infection Prevention and Control (ACIPC):
- Immunology - Australasian Society of Clinical Immunology and Allergy (ASCIA):
- Infectious diseases – Australasian Society for Infectious Diseases (ASID):
- Independent Living Centres Australia:
- Indigenous health:

K:

- Kidney Health Australia:

L:

- Lung Foundation
- LGBTQI+ National Health Alliance:
- Lymphology Association:

M:

- Mental health:
  – Headspace:
  – Blackdog Institute:
  – R U OK?:
  – Beyond Blue:
  – Acute mental health crisis and assessment information by state:
    ▫ ACT:
    ▫ NSW:
    ▫ NT:
    ▫ QLD:
    ▫ SA:
    ▫ TAS:
    ▫ WA:
- Multiple sclerosis (MS) Australia:
- Meningitis Centre Australia:

N:

- National Asthma Council:
- National Diabetes Services Scheme
- National Centre for Immunisation Research and Surveillance
- Neurological Alliance Australia:
- NPS Medicine wise:
- National Aboriginal Community Controlled Health Organsiations (NACCHO):

O:

- Osteoporosis Australia

P:

- Palliative care Australia:
- Pain Australia:
- Parkinson's Australia
- Public health Association Australia:
- Podiatry Association:
- Physiotherapy Association:
- Poisons information centre:
  – ACT and NSW: QLD:
  – SA:
  – VIC:
  – WA:

R:

- Reproductive and sexual health:
- Refugee Council of Australia:

S:

- Stroke foundation:
- Spleen Australia
- Smoking
- Sleep Health foundation:

T:

- Thyroid Association Australia:
- Therapeutic Goods Administration (TGA):

U

- U3A: University of the third age:

V:

Veterans associations:

- Department of Veterans' Affairs:
- Defence Families of Australia:
- The Partners of Veterans association of Australia:
- Young Veterans:
- Returned and Services League of Australia:
- Soldier on:
- Veterans 360 Australia:
- Visual impairment – Vision Australia:

W:

- Wounds Australia:

Index