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Nurse-Led Innovations for Optimising the Quality and Safety of Care for the Older Person in Residential Aged Care: A Warrant for Action

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ABSTRACT

Aim: To canvas the contemporary contextual forces within the Australian residential aged care sector and argue for new research and innovation. There is a pressing need to provide systematised, high-quality and person-centred care to our ageing populations, especially for those who rely on residential care. This paper advances a warrant for establishing a new systematic framework for assessment and management that serves as a foundation for effective person-centred care delivery.

Design: Position paper.

Methods: This paper promulgates the current dialogue among key stakeholders of quality residential aged care in Australia, including clinicians, regulatory agencies, researchers and consumers. A desktop review gathered relevant literature spanning research, standards and guidelines regarding current and future challenges in aged care in Australia.

Results: This position paper explores the issues of improving the quality and safety of residential aged care in Australia, including the lingering impact of COVID-19 and incoming reforms. It calls for nurse-led research and innovation to deliver tools to address these challenges.

Conclusion: The paper proposes an appropriate holistic, evidence-based nursing framework to optimise the quality and safety of residential aged care in Australia.

Patient or Public Contribution: This study did not include patient or public involvement in its design, conduct, or reporting.

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Summary

- Implications for the profession and/or patient care
 - This paper provides policy-relevant solutions to help support Australia's ageing population living in residential aged care.
- Impact
 - Proposed evidence-based means of improving nursing care in direct response to key challenges in the sector.
 - Residents, families, nurses and other staff will likely experience positive impacts from these proposed improvements.
- What does this paper contribute to the wider global clinical community?
 - This paper describes recent shifts and challenges in the residential aged care landscape in Australia and provides an example of research innovation to improve the quality and safety of care.

1 | Introduction

Australia's population, like that of the world, is ageing. Between 1993 and 2023, the median age of the Australian population has increased (Australian Institute of Health and Welfare 2024a), with a near doubling of the proportion of people aged over 65 years from 9.8% to 17.5% of the total population (Australian Institute of Health and Welfare 2021). These trends are expected to continue in the coming decades, with the number of Australians aged 65 and older projected to double again by 2060 (Australian Government 2023a). While it has been proposed that longer life expectancies may lead to a 'compression of morbidity' (Fries 1983), where people experience ill health later in life and thereby also encompassing a smaller proportion of one's overall lifespan, evidence for this is still mixed and disease-specific (Payne 2022; Permyer et al. 2023; Lynch et al. 2007). Older people in residential aged care homes (RACHs) have an increasingly complex range of care needs, where a combination of cognitive and functional impairment, multiple medical comorbidities, immunosenescence, and other challenges means they are constantly vulnerable to infections, injuries, and other acute health deteriorations (Shaban et al. 2025; Australian Institute of Health and Welfare 2024b). As such, there is an unprecedented demand for high-quality, safe care for the older person in residential aged care. This paper discusses the core challenges associated with providing care for at-risk and clinically complex older Australians in RACHs. We describe a warrant for research into new nursing assessment practices, specifically, adapting a holistic emergency nursing assessment tool for the aged care sector, and detail how it can help support aged care nurses, residents, and the sector more broadly.

1.1 | Caring for an Ageing Population

In Australia, aged care services operate in three categories: home support (through the Commonwealth Home Support Program); home care (through the Home Care Packages Program); and residential aged care (Australian Institute of Health and

Welfare 2021). Service demands in each category have increased over the last 10 years (Australian Institute of Health and Welfare 2024b). In particular, home care services—where care is provided in the person's own home—have surged following government reforms in 2017, which gave consumers greater control and flexibility in selecting care providers (Australian Government Department of Social Services 2015). This has led to a threefold increase in home care, with over one million people now using home support or home care services (Australian Institute of Health and Welfare 2024b). Consumers of home care services typically have lower care needs and live largely independently in their own homes. On the other hand, those who use residential aged care—where full-time accommodation and care is provided in a dedicated facility on a permanent or respite basis—are, on average, older and require significant clinical and social support (Australian Institute of Health and Welfare 2021). Approximately 58% of those living permanently in RACHs are over 85, compared to 29% of people in home support and 40% in home care (Australian Institute of Health and Welfare 2024b). The proportion of older people in residential aged care has steadily increased from approximately 173,000 to 190,000 users in the last decade (Australian Institute of Health and Welfare 2021). As of June 2024, there were 736 residential aged care providers in Australia, with 223,000 operational places spread across 2617 RACHs (Australian Government Department of Health and Aged Care 2024a). Costs for accommodation and daily care in RACHs are met by the resident and their families, with subsidy and assistance from the Australian Government to approved providers based on assessments of the resident's care needs, income, and assets (Royal Commission into Aged Care Quality and Safety 2021).

Ensuring that older people receive appropriate, high-quality clinical care in RACHs has never been more critical. On average, residents living in RACHs now are older and have more complex health needs compared to 10 years ago (Australian Institute of Health and Welfare 2024b). Over half of permanent RACH residents have complex chronic conditions including heart disease, arthritis, dementia, and chronic pain (Australian Institute of Health and Welfare 2024b). In response to these challenges, RACHs are increasingly adopting new models of care that reflect hospital-like approaches to address older people's growing acute care needs, while simultaneously balancing their preferences for a comfortable, home-like environment (Productivity Commission 2008). Over 80% of residents require support for activities of daily living, including showering, getting dressed, and toileting (Eagar et al. 2020). Residents are at high risk of adverse events including falls, pressure injuries, and medication errors; and mental health issues, including agitation and aggression, are also common (Eagar et al. 2020). Moreover, older people are disproportionately susceptible to, and affected by, communicable diseases and infections which, when combined with the communal and shared settings of RACHs, are a major cause of morbidity and mortality (Watts et al. 2025).

1.2 | The Aged Care Workforce

In Australia, registered nurses (RNs) and enrolled nurses¹ (ENs) are the direct care staff responsible for the initial assessment and ongoing clinical management of residents in aged care with

acute and chronic complex health needs. However, there are a range of barriers in attracting and retaining skilled aged care RNs and ENs. Recruiting RNs to meet current nurse-to-resident ratios has been, and continues to be, a significant challenge in Australian RACHs (Sutton et al. 2024). Despite the great need for skilled staff in the aged care sector, the proportion of RNs and ENs relative to the whole RACH workforce has declined over the last 20 years (Australian Government Department of Health 2020). Aged care nurses have historically earned less than their counterparts in other nursing specialities, with several independent bodies in Australia calling for wage reforms in recent decades (Royal Commission into Aged Care Quality and Safety 2021; King et al. 2012). Turnover is very high in aged care nursing, with 41% of respondents in a 2023 survey of Australian RACH staff reporting that they lost more than half of their management team in the last 12 months (Ideagen 2023). In the same survey, 30% of nurses reported intending to leave the aged care industry in the next 3 years (Ideagen 2023).

Recruiting and retaining a skilled aged care RN workforce is challenged by a lack of role clarity, limited opportunities for further education and guidance in clinical care, and an overreliance on GPs and other professional support (Davis et al. 2016). As a result, aged care RNs report being deskilled and experiencing diminishing confidence in their clinical practice and decision-making, which are core competencies for RNs in conducting effective assessment and care planning. Furthermore, RNs also frequently describe confusion about reporting obligations and documentation processes and feel dismissed and undervalued by other professionals during communication and handover (Gurung et al. 2021).

These staffing challenges are exacerbated by struggles to attract the future workforce. Students have reported negative experiences during RACH clinical placements, such as low-quality supervision and mentorship, and minimal exposure to essential RN skills such as decision-making, care planning, and assessment procedures (Himanen and Salin 2024; Rayner et al. 2023). Many nursing students hold unfavourable attitudes to working in the residential aged care sector, with a recent integrative review revealing that gerontological nursing was among the lowest preferences for students entering nursing (Dai et al. 2021). Students, nurses, and even some nurse academics have been found to exhibit ageist and other negative attitudes towards older people and the RACH sector more broadly, which perpetuates negative stereotypes about joining the aged care workforce (Rayner et al. 2023). These circumstances highlight the importance of ensuring that there is sufficient support and infrastructure in place to support RN skill maintenance, development, and confidence in order to retain a skilled nursing workforce (Davis et al. 2016). However, without pay parity, RNs in the residential aged care sector will continue to lack access to professional and clinical skill development opportunities, which will limit meaningful improvements to understaffing, high turnover, and the short supply of new, trained staff entering the workforce.

1.3 | Challenges in Providing Quality Care

The quality of care for the older person in RACHs relies on recruiting and retaining skilled RNs. Residents' safety and

wellbeing are ultimately contingent on RNs' accurate assessment, interpretation of clinical data, intervention, and appropriate escalation of care. Deficits in skilled, confident, and institutionally supported RNs are undoubtedly detrimental to resident and staff outcomes. Residents' limited access to competent and specialised nursing care renders them vulnerable to preventable adverse events and deterioration (Chambers et al. 2023). Indicators of clinical deterioration in older people may be subtle (such as changes in food intake, behaviour, skin perfusion, and urine output). Delays in recognising or responding to deterioration increase the risk of serious illness and death (Lemoyne et al. 2019). Existing research has identified that staff shortages, an overreliance on unregistered care staff, and an absence of clear and systematic workplace structures and processes detrimentally affect the ability of RNs to assess, respond to, and prevent deterioration events confidently (Laging et al. 2018). A recent review identified the lack of a holistic systematic assessment framework for RNs to help them identify, respond to, and manage deteriorating residents in RACHs in Australia and globally (Bocks et al. 2025). Research has revealed considerable inconsistency in how resident assessments are conducted, with many staff reporting not using any structured assessment tools or processes when assessing and managing deteriorating residents (Hodge et al. 2023).

As a result, residents are often transferred to emergency departments (EDs) when it is not necessary or when their deteriorations could be avoided or managed better in the RACH (Bocks et al. 2025). In Australia, one in three aged care residents was transferred to EDs at least once in 2018–2019 (Cain et al. 2022). However, studies have estimated that over half of all ED transfers from RACHs globally were potentially avoidable (Lemoyne et al. 2019). The Royal Commission into Aged Care Quality and Safety identified that up to 40% of RACH hospital transfers result in no hospital admission, but rather an immediate discharge back to the RACH (Royal Commission into Aged Care Quality and Safety 2021). The negative impact of ED transfers is significant and often a traumatic experience for residents, frequently resulting in confusion, increased risk of delirium and infection, reduced quality of life, as well as causing logistical challenges for the already overcrowded hospital system, and for both RACH and ED RNs (Cain et al. 2022). Establishing clear and consistent processes for conducting nursing assessments in RACHs could help to reduce the number of clinical deteriorations and avoidable transfers of older people to EDs.

1.4 | New Aged Care Reforms

In recent years, major reforms have been made to the aged care sector to address the mounting issues with care quality and staffing, largely driven by findings highlighted in the 2018 Royal Commission into Aged Care Quality and Safety (Royal Commission into Aged Care Quality and Safety 2021). The Royal Commission's final report titled *Care, Dignity and Respect* was released in 2021 and brought significant scrutiny to the sector by elucidating a long and dire history of abuse, neglect, and the provision of substandard clinical care by under-trained and inexperienced nursing or care staff in RACHs (Royal Commission into Aged Care Quality and Safety 2021). The criticism brought on by this inquiry was further compounded by the COVID-19

pandemic, which caused disproportionate mortality and morbidity to residents living in RACHs, who accounted for over one-quarter of all COVID-19-related deaths in Australia by the end of 2022 (COVID-19 Epidemiology and Surveillance Team 2023). The Royal Commission put forward 148 recommendations for aged care reform in Australia, including the development of a new Aged Care Act, a reshaping of the Aged Care Quality Standards, new advocacy and governance structures, increased reporting requirements, and many other structural changes (Royal Commission into Aged Care Quality and Safety 2021). Among these included significant changes to the minimum staffing requirements for nurses, where at least one RN would be required onsite 24 h a day. Sector-wide targets for daily care minutes were implemented, with aged care providers required to ensure residents receive an average of 215 care minutes per day, including 44 min of care to be provided directly by an RN (Ideagen 2023). These mandates came into effect incrementally over 3 years, with most reaching full effect by October 2024.

While these reforms ultimately aim to improve the quality of aged care in the long term, their implementation has been a complex process and a period of rapid and systemic change for RACHs, with many providers reporting that they are struggling or unable to meet the new requirements (Sutton et al. 2022). In one study, over 80% of RACH employees surveyed (including RNs, carers, managers, and executive staff) report that the reforms have increased their workloads, while 72% say they will have to make large changes to their systems and processes to meet the new requirements (Ideagen 2023). While RNs and other staff may welcome the new mandates, they are concerned about the lack of time or resources to implement the change successfully (Ideagen 2023). The natural consequence of increasing minimum care minutes per day is an increased demand for additional staff, which is already in short supply in the sector. This often leads to recruiting new, inexperienced nurses, or reliance on transient agency staff (Ideagen 2023). In a 2023 survey, one in three RACH workers described their new staff as 'unprepared and in need of extra training/supervision to prevent risk to residents' (Ideagen 2023). Some argue that while well-intentioned, implementing reforms from the Royal Commission without additional support and resources for RACH RNs may compound challenges in the sector, especially those regarding staffing and care quality.

Throughout 2023–2024, several government-led initiatives were introduced to support providers and their workforce in implementing the new reforms and addressing some of the issues with attracting and retaining staff. These included several career progression opportunities, like the Aged Care Transition to Practice Program, to support RNs and ENs beginning or transitioning into an aged care career (Australian Government 2024b). Further assistance has also been offered through dedicated placement and scholarship programmes, as well as a Dementia Training Programme to build capacity in caring for individuals with dementia (Australian Government 2024b). The Australian Government committed \$11.3 billion in the 2023–2024 Budget to fund 15% wage increases, benefitting approximately 250,000 RNs, ENs, nursing assistants and other staff (Department of Health and Aged Care 2023a; Department of Health DaA 2025). Australia's Fair Work Commission (FWC) committed to further improvements to the minimum wages and classifications for

nursing assistants on 1 January 2025 (and again on 1 October 2025) and for RNs and ENs on 1 March 2025. This work has aimed to remediate historical undervaluation of the work in the sector, with some nursing assistants seeing wage increases of up to 28% (Fair Work Ombudsman 2025). Furthermore, an Aged Care Registered Nurses' Payment programme provided an extra \$137 million to registered nurses who remained employed with the same aged care provider for 6 or 12 months to improve RN retention and reduce turnover. The government has also developed skilled migration programmes via the *Aged Care Industry Labour Agreement*, which streamlines the process for recruiting qualified direct care workers (nursing support workers, personal care assistants, and aged or disabled carers) from overseas to work in aged care (Australian Government Department of Home Affairs 2024).

While these reforms are significant, pay disparity between aged care RNs and those working in public hospitals persists, and improved wages may not be sufficiently competitive to attract enough RNs to the sector. Some projections predict an undersupply of over 17,500 aged care sector RNs and ENs by 2035 (Department of Health and Aged Care 2023b). While the Australian Government has demonstrated a commendable commitment to improving the conditions of aged care, there are areas where targeted support could be better provided through pragmatic, on-the-ground research, innovation and problem-solving. For example, at the time of writing, the research team is trialling a new nursing framework (HIRAID Aged Care), which has been co-designed with several Australian aged care providers to support RNs in their assessment and care to reduce adverse events and circumvent or respond to clinical deterioration in residents. This research programme is an example of how targeted innovation and research strategies can complement Commonwealth-level strategies and funding initiatives to improve residential aged care.

2 | A Time for Action and Research-Based Innovation in Aged Care

In addition to the funding and recruitment initiatives described above, the new Aged Care Act, scheduled to commence on 1 November 2025, will introduce additional reforms that aim to improve the quality of care provided in RACHs and support its workforce (Australian Government 2024a). These reforms will be accompanied by Strengthened Aged Care Quality Standards (Aged Care Quality and Safety Commission 2025), creating new compliance and reporting obligations for Australian aged care providers. Implementing these reforms will require considerable dynamism and flexibility from aged care providers. This heralds the opportune time for research-led innovation in practice to establish and test new ways of working and translating new and existing evidence into residential aged care practice.

Funding for research into aged care innovation has typically been scarce. In the last decade, the Australian Government via the National Health and Medical Research Council (NHMRC), the Medical Research Future Fund (MRFF) and the Australian Research Council (ARC) has awarded approximately \$160 million out of a total \$19.7 billion budget to aged care research (National Health and Medical Research Council 2024a;

Australian Government Department of Health and Aged Care 2024b; Australian Research Council 2024). For perspective, aged care research accounted for approximately 2.5% of total MRFF funding, 0.62% of total NHMRC funding, and only 0.22% of ARC funding over the last 10 years. However, funding has increased sharply following the COVID-19 pandemic and in anticipation of the new reforms. Since handing down the findings of the Royal Commission (Royal Commission into Aged Care Quality and Safety 2021), government funds totalling \$364 million, including the Dementia and Aged Care Services (DACS) fund, were established to fund aged care research and development (Australian Government Department of Health and Aged Care 2024c). Through 2023–2024, \$30 million was announced to support the development and testing of a framework for delivering virtual nursing support in selected RACHs (Australian Government Department of Health and Aged Care 2024a). Other grant opportunities included the NHMRC Targeted Call for Research grant to improve infection prevention and control in RACHs, which provided over \$3.7 million for eligible projects, and the Aged Care Research and Industry Innovation Australia (ARIIA) grants, where the Australian Government committed \$34 million until 2024 to support innovation and research translation to improve aged care services (Australian Government Department of Health and Aged Care 2023; National Health and Medical Research Council 2024b).

The increase in research funding signals a much-needed opportunity for innovation and exploration of new evidence and research-driven approaches, providing fertile grounds for novel initiatives that support RNs and the direct care workforce to optimise the quality and safety of care. RNs, and nursing practice more broadly, are prime avenues for advancing innovation and research, considering the importance of their role and wide range of knowledge, expertise and skills that underpin their daily practice. Furthermore, RNs often work in under-resourced settings with clinically complex residents and rigorous obligations to meet regulatory care requirements that can often be burdensome and confusing. In this information and task-heavy environment, RNs benefit from a strong ecologically valid foundation for clinical assessment and decision-making to guide their evaluation of available information and inform effective actions. While resident assessment and management skills are developed during student nurses' education programmes, the real-world practice of assessment remains largely heterogeneous and inconsistent across the RACHs operating in Australia and other Western countries (Hodge et al. 2023). Nursing practice is largely shaped and influenced by the local and organisational policies of their employing facility, and currently, there is a notable lack of a universal, systematised assessment and decision-making framework for how RNs identify, respond to and manage residents with changing clinical conditions (Bocks et al. 2025).

3 | Proposing a Research Program to Support RNs and Optimise Care: HIRAID Aged Care

Translating best-available evidence into practice is as important in the aged care sector as it is in all health systems. In this section, we will elaborate on an example of a research initiative, led by the present research team, to translate and implement

an evidence-based nursing framework called HIRAID (History including Infection risk, Red flags, Assessment, Intervention, Diagnostics, reassessment and communication) from the ED into the residential aged care setting. This initiative was informed by this program of research, most recently a clinical trial of the HIRAID Framework across 29 Australian EDs in New South Wales and Victoria (Curtis, Munroe, et al. 2021; Curtis et al. 2023). The HIRAID Framework was developed after clinician researchers identified a lack of an organised and consistent structure to guide emergency nurses in patient assessment and management (Curtis et al. 2009). HIRAID was refined (Munroe et al. 2015) and tested in simulated (Munroe et al. 2018; Munroe et al. 2016) and real-world settings (Curtis, Munroe, et al. 2021; Curtis et al. 2023). Across these studies, the use of HIRAID by emergency RNs was found to improve emergency nurses' self-efficacy (Munroe et al. 2016), documentation quality (Munroe et al. 2021), patient experience (Curtis et al. 2025), and reduce inpatient deterioration events (Curtis, Munroe, et al. 2021). Resulting in significant cost avoidance (Curtis, Sivabalan, et al. 2021). The HIRAID emergency nursing framework is now used in over 130 Australian EDs.

Coming out of the acute health emergency phase of the COVID-19 pandemic, collaborative relationships were formed between Western Sydney residential aged care providers, the research team and public health clinicians (Vicencio et al. 2025). While working closely with aged care providers during this period, the research team identified a research-practice gap with the lack of a systematised holistic framework for RNs to assess and manage changes in the condition of older persons in RACHs. There was considerable heterogeneity both between and within facilities in how nurses approached residents with changing conditions, in how assessments were guided, in the tools that were used, how the documentation was completed and how the pertinent information was communicated to the relevant parties (Bocks et al. 2025). Residents rely on RNs to detect changes in their health and condition, to respond in a timely and appropriate way, and to make clinically sound judgements for their care, often despite limited access to medical staff and diagnostic resources. The current variability in how this care is provided warrants the need to test an adapted structured assessment and management framework like HIRAID for improving the safety and quality of care of the older person in RACHs.

Amid the increasing complexity of resident care needs, adapting HIRAID for the aged care sector could provide several benefits for residents and RNs. 'HIRAID Aged Care' is a structured, holistic framework to support comprehensive resident assessment and management. HIRAID Aged Care is designed to directly support nurses' clinical judgement and decision-making by providing a clear structure with prompts for nurses to use to ensure resident assessment is comprehensive and consistent, management is data-informed, and documentation and communication reflect best clinical practice (Ideagen 2023; Davis et al. 2016). By supporting core nursing activities, HIRAID Aged Care aims to help nurses recognise and respond to resident deterioration earlier, and use their decision-making skills and clinical expertise to reduce avoidable hospitalisations.

By adopting the HIRAID Aged Care tool as part of routine practice, it is hypothesised that nurses will feel more confident and

be better equipped to use their clinical judgement at work, and that residents will receive more comprehensive and consistent care. The systematic structure of the tool encourages nurses' own decision-making, empowering them to use the information they collect and investigate to make tailored, person-centred decisions to meet the needs of residents and their families. This balance of care will benefit all parties involved, preparing the existing workforce to better adapt and respond to the incoming reforms in the sector (Rayner et al. 2023; Kvæl et al. 2022). As such, we predict that HIRAID Aged Care will increase nurse and resident satisfaction with care provision. Further, we predict HIRAID Aged Care will improve the quality of documentation and handover in RACHs as markers of improvement in assessment, and the overall quality and safety of care.

Responding to a key recommendation of the Royal Commission into Aged Care Quality and Safety that calls for solution-focused, robust research and innovation (Royal Commission into Aged Care Quality and Safety 2021), a protocol to adapt HIRAID for trial in the RACH sector was established and commenced (Shaban et al. 2024). The HIRAID Aged Care study involves two stages. The first stage, completed in 2023, saw the adaptation of the HIRAID emergency nursing framework for residential aged care. This was achieved using a modified Delphi methodology with a panel of experts in aged care nursing, education, person-centred care, pedagogy, and other relevant research fields (Fry et al. 2024). The second stage involves implementing HIRAID Aged Care in 23 RACHs using a stepped-wedge randomised controlled trial design. The hypothesised outcomes of the second stage include reduced clinical deterioration events, unnecessary hospital transfers and other adverse quality indicators, as well as increased nurse and resident satisfaction, and nursing communication and documentation quality (Shaban et al. 2024). These predictions were based on a combination of the findings of the HIRAID studies completed in the ED and previous research that details the link between resident assessment, detection of resident deterioration and inappropriate transfers of aged care residents to EDs (Hodge et al. 2023). In the trial, we will use a range of evidence-based behaviour change strategies and an effectiveness-implementation hybrid design to simultaneously assess the success of the implementation strategies and research outcomes (for more details, see the published protocol) (Shaban et al. 2024).

Translating HIRAID Aged Care also brings positive spillover effects into the wider healthcare sector. The HIRAID framework provides a common communication structure between RACHs and EDs, where the HIRAID framework originated. The consistent structure creates a common language and ease of information transfer between the sectors, which is much needed as transfers from residential aged care make up a considerable proportion of the older patient base in EDs (Dwyer et al. 2018). Additionally, participation in research builds capacity in RACH providers and may lead to further research partnerships. Residential aged care providers are heavily engaged in the HIRAID Aged Care study, assisting with the co-design of the adapted HIRAID Aged Care framework and implementation materials. One key example is data collection, a core component for evaluating the impact of the intervention. In aged care research, data is often collected directly by the researchers or via a third party (e.g., hospitals). In the HIRAID Aged Care

trial, research partners from within the RACHs extract and provide the data to the researchers. This provides contemporaneous, detailed health information that informs the impact of the intervention in unique ways while strengthening research partnerships with aged care providers. Working with providers through these novel steps establishes precedent and capacity for ongoing data use for future research and potential for further innovation and improvements.

4 | Conclusion

Providing high-quality person-centred care for Australia's ageing population is a significant national priority. The challenges in the residential aged care sector are underpinned by an interconnected range of structural, political and societal forces that impede nurses' capacity to deliver optimal care, which includes a historical lack of financial investment into the staff and sector, a lack of supportive environment to maintain and develop RNs clinical skills, and issues like ageism and stereotyping that all impact staffing recruitment and retainment. In recent years, the Australian Government has sought to address some of these issues through financial and structural investment in recruitment, research, infrastructure, and other legislative supports for the sector. We believe that RNs and other staff need efficient and effective resources and systems that directly support and optimise their clinical judgement, decision-making and clinical practice. Implementing HIRAID Aged Care as a holistic, systematic nursing framework will enable RNs to deploy their knowledge, skills and expertise to optimise the quality and safety in residential aged care.

Author Contributions

Ramon Z. Shaban: conceptualisation (lead), funding acquisition (lead), project administration (lead), writing – original draft preparation (supporting), writing – review and editing (equal). **Kate Curtis:** writing – review and editing (equal). **Margaret Fry:** writing – review and editing (equal). **Julie Considine:** writing – review and editing (equal). **Lee-Fay Low:** writing – review and editing (equal). **Karen Watson:** writing – review and editing (equal). **Brendan McCormack:** writing – review and editing (equal). **Mary K. Lam:** writing – review and editing (equal). **Moirá Dunsmore:** writing – review and editing (equal). **Yun-Hee Jeon:** writing – review and editing (equal). **Richard Iain Lindley:** writing – review and editing (equal). **Jo-Ann Dalton:** writing – review and editing (equal). **Catherine Viengkham:** project administration (supporting), writing – original draft preparation (supporting), writing – review and editing (equal). **Merrick Powell:** project administration (supporting), writing – original draft preparation (lead), writing – review and editing (equal).

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Consent

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

There is no data associated with this manuscript.

Peer Review

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Endnotes

¹ In Australia, both registered and enrolled nurses are registered to practice by the Nursing and Midwifery Board of Australia. The two professions differ in that registered nurses must first complete a tertiary undergraduate degree qualification, typically a Bachelor of Nursing, whereas enrolled nurses complete a vocational sector qualification, typically a Diploma of Nursing. Enrolled nurses typically practice under the direction and supervision of registered nurses.

References

- Aged Care Quality and Safety Commission. 2025. "Strengthened Quality Standards."
- Australian Government. 2020. *Aged Care Workforce Census Report*. Australian Government Department of Health.
- Australian Government. 2023a. "Intergenerational Report." The Treasury, editor.
- Australian Government. 2023b. *Nursing Supply and Demand Study 2023–2035*. Australian Government Department of Health and Aged Care.
- Australian Government. 2024a. *Once in a Generation Aged Care Reforms [Press Release]*. Australian Government Department of Health and Aged Care.
- Australian Government. 2024b. "Aged Care Workforce: Learning and Development."
- Australian Government. 2025. *Better and Fairer Wages for Aged Care Workers*. Australian Government Department of Health, Disability and Ageing.
- Australian Government Department of Health and Aged Care. 2023. *Aged Care Research and Industry Innovation Australia (ARIIA)*. Commonwealth of Australia. <https://www.health.gov.au/our-work/aged-care-research-and-industry-innovation-australia-ariia>.
- Australian Government Department of Health and Aged Care. 2024a. *2023–24: Report on the Operation of the Aged Care Act 1997*. Commonwealth of Australia.
- Australian Government Department of Health and Aged Care. 2024b. *Medical Research Future Fund (MRFF) Grant Recipients*. Australian Government Department of Health and Aged Care. <https://www.health.gov.au/resources/publications/medical-research-future-fund-mrff-grant-recipients?language=und>.
- Australian Government Department of Health and Aged Care. 2024c. *Dementia and Aged Care Services (DACS) Fund*. Commonwealth of Australia. <https://www.health.gov.au/our-work/dementia-and-aged-care-services-dacs-fund>.
- Australian Government Department of Home Affairs. 2024. "Skilled Migration Program."
- Australian Government Department of Social Services. 2015. "Increasing Choice in Home Care—Stage 1 Canberra: Commonwealth of Australia." <https://engage.dss.gov.au/increasing-choice-in-home-care/>.
- Australian Institute of Health and Welfare. 2021. "Older Australians."
- Australian Institute of Health and Welfare. 2024a. "Profile of Australia's Population." <https://aihw.gov.au/reports/australias-health/profile-of-australias-population>.
- Australian Institute of Health and Welfare. 2024b. "People Using Aged Care: GEN Aged Care Data." <https://www.gen-agedcaredata.gov.au/Topics/People-using-aged-care>.
- Australian Research Council. 2024. "Grants Dataset Canberra: Australian Government." <https://www.arc.gov.au/funding-research/funding-outcome/grants-dataset>.
- Bocks, L., C. Viengkham, M. Powell, et al. 2025. "Registered Nurse-Led Assessments in Australian Residential Aged Care Homes: A Scoping Review." *Journal of Advanced Nursing*. <https://doi.org/10.1111/jan.16916>.
- Cain, P., J. Alan, and D. Porock. 2022. "Emergency Department Transfers From Residential Aged Care: What Can We Learn From Secondary Qualitative Analysis of Australian Royal Commission Data?" *BMJ Open* 12, no. 9: e063790.
- Chambers, S., A. Spooner, C. Parker, et al. 2023. "Clinical Indicators of Acute Deterioration in Persons Who Reside in Residential Aged Care Facilities: A Rapid Review." *Journal of Nursing Scholarship* 55, no. 1: 365–377.
- COVID-19 Epidemiology and Surveillance Team. 2023. *COVID-19 Australia: Epidemiology Report 69*. Australian Government Department of Health and Ageing.
- Curtis, K., M. Fry, S. Kourouche, et al. 2023. "Implementation Evaluation of an Evidence-Based Emergency Nursing Framework (HIRAID): Study Protocol for a Step-Wedge Randomised Control Trial." *BMJ Open* 13, no. 1: e067022.
- Curtis, K., B. Kennedy, J. Considine, et al. 2025. "Use of the Structured Emergency Nursing Framework HIRAID Improves Patient Experience: A Stepped-Wedge Cluster Randomised Control Trial in Rural, Regional and Metropolitan Australia." *Intensive & Critical Care Nursing* 87: 103948.
- Curtis, K., B. Munroe, M. Fry, et al. 2021. "The Implementation of an Emergency Nursing Framework (HIRAID) Reduces Patient Deterioration: A Multi-Centre Quasi-Experimental Study." *International Emergency Nursing* 56: 100976.
- Curtis, K., M. Murphy, S. Hoy, and M. J. Lewis. 2009. "The Emergency Nursing Assessment Process—A Structured Framework for a Systematic Approach." *Australasian Emergency Nursing Journal* 12, no. 4: 130–136.
- Curtis, K., P. Sivabalan, D. S. Bedford, et al. 2021. "Implementation of a Structured Emergency Nursing Framework Results in Significant Cost Benefit." *BMC Health Services Research* 21, no. 1: 1–9.
- Dai, F., Y. Liu, M. Ju, and Y. Yang. 2021. "Nursing Students' Willingness to Work in Geriatric Care: An Integrative Review." *Nursing Open* 8, no. 5: 2061–2077.
- Davis, J., A. Morgans, M. Birks, and C. Browning. 2016. "The Rhetoric and Reality of Nursing in Aged Care: Views From the Inside." *Contemporary Nurse* 52, no. 2–3: 191–203.
- Department of Health and Aged Care. 2023a. "Budget 2023–24: Delivering the Largest Ever Pay Rise to Aged Care Workers."
- Dwyer, R., B. Gabbe, T. D. Tran, K. Smith, and J. A. Lowthian. 2018. "Patterns of Emergency Ambulance Use, 2009–13: A Comparison of Older People Living in Residential Aged Care Facilities and the Community." *Age and Ageing* 47, no. 4: 615–619.
- Eagar, K., A. Westera, and C. Kobel. 2020. "Australian Residential Aged Care Is Understaffed." *Medical Journal of Australia* 212, no. 11: 507–508.e1.
- Fair Work Ombudsman. 2025. "Aged Care Work Value Case: Changes to Awards." <https://www.fairwork.gov.au/about-us/workplace-laws/award-changes/aged-care-work-value-case-changes-to-awards#award-cover-age-for-nursing-assistants>.
- Fries, J. F. 1983. "The Compression of Morbidity." *Milbank Memorial Fund Quarterly Health and Society* 61: 397–419.

- Fry, M., K. Curtis, J. Considine, et al. 2024. "Using Real-Time Delphi Methods to Develop a Consensus-Based Framework to Improve Nursing Assessment in Residential Aged Care." *Australasian Journal on Ageing* 44: e13387.
- Gurung, A., M. C. Sendall, and A. Barnard. 2021. "To Transfer or Not to Transfer: Aged Care Nurses' Decision-Making in Transferring Residents to the Emergency Department." *Collegian* 28, no. 2: 162–170.
- Himanen, S., and S. Salin. 2024. "The Influence of Prior Work Experience in Aged Care on Nursing Students' Views on Aged Care Nursing: A Systematic Review." *Scandinavian Journal of Caring Sciences* 38, no. 1: 3–15.
- Hodge, S. Y., M. R. Ali, A. Hui, P. Logan, and A. L. Gordon. 2023. "Recognising and Responding to Acute Deterioration in Care Home Residents: A Scoping Review." *BMC Geriatrics* 23, no. 1: 399.
- Ideagen. 2023. "Ideagen Aged Care Workforce Report Complispace."
- King, D. S., K. G. Mavromaras, B. He, et al. 2012. *The Aged Care Workforce*. Department of Health and Ageing.
- Kvæl, L. A. H., R. Hellestø, A. Bergland, and J. Debesay. 2022. "Balancing Standardisation and Individualisation in Transitional Care Pathways: A Meta-Ethnography of the Perspectives of Older Patients, Informal Caregivers and Healthcare Professionals." *BMC Health Services Research* 22, no. 1: 430.
- Laging, B., A. Kenny, M. Bauer, and R. Nay. 2018. "Recognition and Assessment of Resident' Deterioration in the Nursing Home Setting: A Critical Ethnography." *Journal of Clinical Nursing* 27, no. 7–8: 1452–1463.
- Lemoyne, S. E., H. H. Herbots, D. De Blick, R. Remmen, K. G. Monsieurs, and P. Van Bogaert. 2019. "Appropriateness of Transferring Nursing Home Residents to Emergency Departments: A Systematic Review." *BMC Geriatrics* 19, no. 1: 17.
- Lynch, C., C. D. A. J. Holman, and R. E. Moorin. 2007. "Use of Western Australian Linked Hospital Morbidity and Mortality Data to Explore Theories of Compression, Expansion and Dynamic Equilibrium." *Australian Health Review* 31, no. 4: 571–581.
- Munroe, B., T. Buckley, K. Curtis, et al. 2016. "The Impact of HIRAIID on Emergency Nurses' Self-Efficacy, Anxiety and Perceived Control: A Simulated Study." *International Emergency Nursing* 25: 53–58.
- Munroe, B., K. Curtis, T. Buckley, M. Lewis, and L. Atkins. 2018. "Optimising Implementation of a Patient-Assessment Framework for Emergency Nurses: A Mixed-Method Study." *Journal of Clinical Nursing* 27, no. 1–2: 269–286.
- Munroe, B., K. Curtis, M. Fry, et al. 2021. "Increasing Accuracy in Documentation Through the Application of a Structured Emergency Nursing Framework: A Multisite Quasi-Experimental Study." *Journal of Clinical Nursing* 31: 2874–2885.
- Munroe, B., K. Curtis, M. Margerat, L. Strachan, and T. Buckley. 2015. "HIRAIID: An Evidence-Informed Emergency Nursing Assessment Framework." *Australasian Emergency Nurses Journal* 18, no. 2: 83–97.
- National Health and Medical Research Council. 2024a. *Outcomes of Funding Rounds*. NHMRC. <https://www.nhmrc.gov.au/funding/data-research/outcomes>.
- National Health and Medical Research Council. 2024b. *Targeted Calls for Research: Improving Infection Prevention and Control in Residential Aged Care Homes 2023*. NHMRC. <https://www.nhmrc.gov.au/funding/targeted-calls-research/improving-infection-prevention-and-control-residential-aged-care-homes-2023>.
- Payne, C. F. 2022. "Expansion, Compression, Neither, Both? Divergent Patterns in Healthy, Disability-Free, and Morbidity-Free Life Expectancy Across US Birth Cohorts, 1998–2016." *Demography* 59, no. 3: 949–973.
- Permanyer, I., F. Villavicencio, and S. Trias-Llimós. 2023. "Healthy Lifespan Inequality: Morbidity Compression From a Global Perspective." *European Journal of Epidemiology* 38, no. 5: 511–521.
- Productivity Commission. 2008. "Trends in Aged Care Services: Some Implications." In *Productivity Commission Research Paper*. Australian Government.
- Rayner, J.-A., D. Fetherstonhaugh, E. Beattie, et al. 2023. "Australian Nursing Students' Clinical Experiences in Residential Aged Care: Reports From Nurse Academics." *Collegian* 30, no. 1: 134–140.
- Royal Commission into Aged Care Quality and Safety. 2021. *Final Report: Care, Dignity and Respect*. Commonwealth of Australia.
- Shaban, R. Z., K. Curtis, M. Fry, et al. 2024. "Nurse-Led Framework to Improve the Safety and Quality of Residential Aged Care (HIRAIID Aged Care): Protocol for a Stepped-Wedge Cluster Randomised Controlled Trial." *Trials* 25, no. 1: 737.
- Shaban, R. Z., K. Curtis, M. Fry, et al. 2025. "Protocol to Establish Standards for the Elements Infection Prevention and Control Programs and Competencies for Infection Control Professionals in Australian Residential Aged Care Homes." *PLoS One* 20, no. 2: e0319108.
- Sutton, N., N. Ma, J. S. Yang, et al. 2022. "Considering the New Minimum Staffing Standards for Australian Residential Aged Care." *Australian Health Review* 46, no. 4: 391–397.
- Sutton, N., N. Ma, J. Yang, et al. 2024. *Australia's Aged Care Sector: Mid-Year Report 2023–24*. UTS Ageing Research Collaborative.
- Vicencio, V., C. Viengkham, N. Grange, S. Norton, and R. Z. Shaban. 2025. "COVID-19 Outbreak Management in Western Sydney Residential Aged Care Homes: A Mixed-Methods Donabedian Evaluation." *PLoS One* 20, no. 3: e0318490. <https://doi.org/10.1371/journal.pone.0318490>.
- Watts, J., C. Jones, P. Clark, et al. 2025. "Equipping Residential Aged Care Facilities for Acute Respiratory Illness: The Western Sydney Experience of Improving Outbreak Management." *Australasian Journal on Ageing* 44, no. 1: e13398.