



Factors Determining the Role of Nurses in Assisted Living

Josh Allen, RN

Nurses wear many hats in assisted living facilities. They are care providers, case managers, clinicians, counselors, managers, and more. Nonetheless, while a recent study found that nearly half (47.1%) of 193 ALFs sampled nationwide have an RN or LPN on staff, it also determined that these practitioners only spent an average of 0.11 hours per resident (RNs) and 0.17 hours (LPNs).¹

Even this little amount of time spent with residents made a big difference. The study indicated that several outcomes indicators were shown to improve in those facilities with RN/LPN on staff. To quote the author: "An impediment to defining the role and scope of nursing practices in AL has been a lack of research on outcomes related to nursing care...and this study demonstrates a tangible benefit of nursing care in AL."

In other words, many ALFs realize the need for nursing staff in their model of care, but the time for nurses to interface with residents on a daily basis is often limited. The question then becomes how ALFs can best utilize their nursing hours.

How an individual ALF chooses to utilize its nursing hours is dependent on numerous factors. These include:

- Whether the nurse is on staff or a consultant
- The size of the ALF
- State regulations related to nursing services and medical care
- The acuity of the residents
- Management expectations of the nurse
- Available nursing hours in the ALF's budget

By examining each of these issues, facilities can determine how best to utilize their nurses and the time they spend in this care setting.

Consultant or Staff Nurse

Staff nurses are in the facility on a regular basis and get to know residents intimately. While they may not be with individual residents for

on overall resident care and facility operations.

The consultant nurse is more often involved in facility issues at a higher level—in activities such as policy development, systems integration, acuity management, and staff training.

Many facilities will utilize both kinds of nurses. However, they should have clearly defined roles and responsibilities for each that make the best use of their skills, experience, and special areas of expertise.

Size of the ALF

Over 14% of ALFs have more than 30 units. The challenge in these larger ALFs is to determine how to most effectively utilize the often limited nursing hours available. The best example of this challenge is medication management.

Because handling (storing, administering, documenting) a resident's medications is one of the more clinically-oriented activities in an ALF, providers or consultants often look to nurses as the individuals most qualified to accomplish these tasks. However, the average ALF resident is taking over nine medications per day, and the task of handling medications in an ALF becomes extremely time consuming. Facilities need to examine whether or not this really is the best use of the nurse's time.

If the larger ALF is handling the average of 80% of its residents' medications and one can assume that medication administration takes a minimum of five minutes per resident, it is easy to see that this activity can take the majority of the nurse's time and energy. This does

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long periods of time, they are likely to be more attuned to residents' histories, conditions, preferences, and personalities; and they are positioned to note subtle changes in behaviors or actions.

Consultant nurses can be limited by the number of hours they are onsite in an individual ALF. Simply put, they typically are not in the facility often enough to become deeply involved in individual resident care issues. However, this does not mean that consultant nurses cannot have a significant impact

not include the additional time involved in following up on orders, updating medication records, and related activities. Facilities need to look at all of the potential responsibilities for nurses and determine how these clinicians can best spend their time with residents. Most will agree that medication administration is not the optimal use of nursing time and expertise.

While the in-depth discussion of medication aides and their role in ALFs as compared to nurses is beyond the scope of this article, readers are encouraged to refer to the Assisted Living Workgroup report *Assuring Quality in Assisted Living: Guidelines for Federal and State Policy, State Regulation, and Operations* (www.alworkgroup.org). The report provides recommendations specific to medication management, the role of nurses, and the use of medication aides.

Resident Acuity

Resident acuity is the biggest factor in determining the role a nurse plays in an ALF. As resident acuity increases, the demand for nursing intervention is greater due to resident care needs and—often—state regulatory requirements. It is no coincidence that the demand for nurses in ALFs has grown as the acuity of the typical resident has increased in recent years.

It is essential that facilities effectively manage their higher acuity residents. Qualified nurses—and an adequate number of them to handle the workload created by these residents—are key to maximizing the quality of care and quality of life for these individuals and enabling them to age in place.

The following are some of the essential functions of a nurse in a higher-acuity AL setting:

- **Assessments.** These are aimed at ensuring that incoming residents are appropriate for the particular ALF and monitoring residents

progress on an ongoing basis.

Typically quarterly assessments are appropriate for existing residents.

- **Service planning.** The assisted living term for a “care plan,” the service plan guides the activities of direct care staff, activities staff, food service, and numerous other departments and ancillary professionals. It is essential that the service plan is developed in an interdisciplinary manner with input from the resident and his or her responsible party.
- **Staff training.** Within state guidelines, the nurse must prepare direct care staff to manage the challenging needs of higher-acuity residents.
- **Risk management.** The reality is higher acuity residents are more prone to incidents. The ALF nurse should take a much more active role in risk management than would be found in traditional nursing environments, such as hospitals.

Management Expectations

The expectation that upper management has for the ALF nurse can ultimately overshadow all of these factors. For the nurse’s role to be successful, ALF management must have a realistic expectation of nurses’ capabilities. Toward this end, it is suggested that the ALF perform a task analysis of expected duties and truly determine the time involved, the value to the ALF of having a nurse perform the duty, and the value to residents of having a nurse perform the duty.

For example, if the ALF expects nurses to be active participants in marketing activities (tours, outreach, phone call, etc.), facility management must weigh the benefits and disadvantages. While benefits certainly could include improved pre-screening and explanation of services by the nurse, a big negative could be that nurses would not have enough time for actual super-

vision of resident care. As a result, the ALF now would need to hire additional nurses to oversee resident care.

Because state regulations often do not exactly define the role a nurse will play in an ALF, the provider must enter the relationship after having done thorough pre-planning and assessment of need. It is also important that management listen to feedback the nurse provides, as he or she can provide insight into resident care and staffing issues that otherwise go unnoticed.

Don’t Forget the Fundamentals

While these factors determine the intended role of a nurse in a particular ALF, successful and effective practice for any nurse working in assisted living often depends on the basics—the “nursing 101” skills that all nurses learn in school, the skills that they use on a daily basis in every environment and setting in which the art and science of nursing is practiced. These are not highly guarded industry secrets, but rather fundamental nursing skills and standards that can get lost in the assisted living setting. ALC

Josh Allen, RN, is Executive Director of the American Assisted Living Nurses Association and Director of Clinical Services for Senior Resource Group, LLC, in San Diego, CA. He serves as Secretary of the Center for Excellence in Assisted Living. He also is a member of the Editorial Advisory Board for *Assisted Living Consult*.

References

1. Zimmerman S, Sloane P, Eckert J, Gruber-Baldini A, Morgan L, Hebel J, Magaziner J, Stearns S, Chen C. (2005) How good is assisted living? Findings and implications from an outcomes study. *Journal of Gerontology*. 60B(4). S195-S204.
2. <http://www.ncal.org>. National Center for Assisted Living website.
3. <http://www.ascp.com>. The American Society of Consultant Pharmacists website.