

SCOPE and STANDARDS of ASSISTED LIVING NURSING PRACTICE for REGISTERED NURSES

Background

The *Scope and Standards of Assisted Living Nursing Practice* was written with several purposes in mind: (1) to describe the ethical obligations and duties of the assisted living nurse; (2) to guide the practice and conduct of the assisted living nurse; and (3) to articulate the assisted living nurse's understanding of the professions commitment to health care, nursing, and society.

Written in 2007, the scope and standards for assisted living practice reflect a relatively new nursing practice specialty that did not exist 15 years ago. Often compared to a nursing home nurse, particularly with regard to these practitioners' relative isolation from collegial and interdisciplinary/interprofessional discourse, the assisted living nurse is an even more autonomous decision maker and manager of care and systems as compared to the acute care nurse..

The nursing role may be a joint role as administrator/wellness coordinator, generally overseeing the well-being of the residents. An additional or independent role might be that of a consultant, reviewing health records and guiding unlicensed staff in optimization of residents' function and quality of life, monitoring residents' chronic illness status, or assessments during acute changes of condition.

Assisted living facilities (ALFs) are residential long term care settings that provide housing, 24-hour oversight, personal care services, health related services, or a combination of these on an as needed basis¹. A physical environment is created specifically to avoid the appearance of an institutional or medical-type of facility. ALFs provide care to a vulnerable and medically, functionally, and cognitively impaired population²⁻⁵ the majority of who require some assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs)^{3,4,6}. These individuals tend to demonstrate functional declines over time which are similar to what is found in nursing home (NH) residents^{7,8}. The majority of residents are over 65 (96%), and the majority are female and Caucasian.⁹

Many states permit and encourage assisted living facilities to admit or retain residents who meet a nursing home level of care. ALF residents are more likely to require assistance with their bathing and dressing and less likely to need help with toileting and locomotion, and even less likely to need help with eating and transferring in comparison to nursing home residents. On average they need assistance with 2.8 activities of daily living.² Approximately 50-75% of residents require assistance of some kind with their medication.

ALF residents stay on average approximately 2 years. About 28% of these individual will die in the ALF, approximately 35% of residents move to nursing, and approximately 15% were transferred to the hospital setting and do not return to the ALF.² All states permit hospice services in an assisted living facility residence.

A classification schema by cognition and functionality reported that 17% of residents are in good physical health but suffer significant cognitive impairment; 9% are functionally impaired due to chronic illness; 14% are dually impaired; and 45% have no impairment¹³. Other data indicate that 66-81% of assisted living residents suffer from dementia, depression, other psychiatric illness, or receive psychotropic medications¹⁰. About 25% of assisted living facilities have a dedicated Alzheimer's or dementia unit. Approximately 34% of ALF resident exhibit one or more behavioral

symptoms at least once a week. Thirteen percent demonstrate aggressive behavior, 20% physically nonaggressive behavior, 22% verbal behavioral symptoms, and 13% resist care.¹⁰

Although there is no good prevalence data for known abuse in ALFs, available information from clinical and social service settings and agency records suggests that abuse, neglect and exploitation of elders are significant problems. In terms of magnitude, rough estimates suggest that the national prevalence of elder mistreatment (including physical abuse, psychological abuse, and neglect) is likely to be between 2% and 4% of the older population, and perhaps twice that high if financial exploitation is included.¹¹

Assisted living facilities are the fastest-growing type of senior housing in the United States.¹² The promotion of aging in place and maximizing the function and quality of life of residents in ALFs is one of the key philosophical tenets of ALFs. To assure timely identification of acute clinical problems, and to optimally manage physical and behavioral problems, nursing oversight is critical. On site licensed nursing may be present 24/7, or it may be periodic or an on-call basis. A professional nurse in assisted living may have the responsibility for assessment of potential residents to determine their suitability and safety living in an assisted living environment as well as assessing change in condition to determine if a resident needs a higher level of care. A combined role of administrator-wellness coordinator focused on health promotion and optimizing function and infectious control nurse also characterizes the scope of practice of the assisted living nurse. Nurses with specialized expertise in care of older adults in these settings will be able to increase the likelihood that ALF residents will be able to age in place and more importantly do so with optimal quality of life.

The *Scope and Standards of Assisted Living Nursing Practice* will evolve in keeping with research, policy, and expectations for this unique domain of long-term care of the older adult.

Application

The *Scope and Standards of Assisted Living Nursing Practice* applies to professional nurses (i.e., registered nurse) in assisted living settings. This document includes the scope, standards of care, and standards of performance of assisted living nursing practice.

SCOPE OF PRACTICE ASSISTED LIVING NURSING

The increased need for affordable care of older adults and the consumer demand for supportive care in the least restrictive environment are the hallmarks of assisted living. The ongoing provision of social and health-related services and to episodic acute care and monitoring with skilled nursing typify the assisted living environment. The scope of assisted living practice is best understood in the context of science and theories of aging, the pervasive and destructive myths of aging that work against “successful aging.” The guiding principles of assisted living nursing practice are a unique blend of gerontological and administrative nursing.

Science, Theories and Myths of Aging

Assisted living nursing is shaped by the science and theories of aging that guide practice. Given the growing body of knowledge about aging there are persistent myths about aging that erode optimism, outlook and quality of life for the older adult. Hence, the assisted living nurse needs to be as informed about prevailing science and evidence-based knowledge as about the misperceptions about aging that work against the older adult’s self-care abilities and independent decision making.

The science of aging describes an irreversible and inexorable process yet most older adults age with their functional abilities – mental, physical, psychosocial – essentially unimpaired. Despite scientific evidence, the myth persists that aging means frailty, senescence, and impairments. The expectation among older adults that pain is a natural accompaniment or consequence of aging requires constant vigilance so that appropriate pain relief liberates the individual to pursue their pleasures and preferences. Concomitant with the myth that most older adults will become senile (i.e., cognitively impaired) is the expectation that they will become incontinent. These perceptions create an image of the older adult as a drain on society’s dwindling purse and causes intergenerational conflict regarding resource allocation. Although aging is a complex interaction of biopsychosocial changes, including role and identity changes, it does not automatically mean that depression is a normal state for most older adults, another pervasive myth. The lack of appropriate assessment, diagnosis, monitoring, and appropriate pharmacological and non-pharmacological interventions (e.g., social network re-building), is likely contributing to the alarmingly high numbers of community-dwelling older adults reportedly depressed.

The anthropological literature convincingly demonstrates that older adults, in virtually all societies and ethnic/cultural groups, want to continue their participation and contribution to the common good as well as to their families. Older adults have a keen sense of social responsibility; many would like to participate in research but are prevented from doing so from a paternalistic viewpoint that is out of step with the older adult’s feeling of altruism. This, then, is the social surround of assisted living in the long-term care continuum. Not sick or unstable or fragile enough to require the skilled nursing and medical oversight of nursing home care, the older adult in assisted living receives the amount and type of care needed to optimize function and quality of life (e.g., assistance with personal care, supportive daytime activities).

The Assisted Living nurse has the specialized skills to manage this type of person-centered care planning within the larger context of community level. This requires specialized understanding of the associated ethical issues needed to meet the challenge of personal needs in the context of a community.

Responsibilities of the RN in assisted living practice, based on experience, knowledge and skills in care of the older adult, include but are not limited to:

- Assessment related to function and physical status of the resident on admission, during acute changes in condition, and annually from the admission date.
- Care planning: using information gathered during the assessment process, development of a care plan, communication of the care to the resident, Proxy, and other relevant members of

the health care team; oversight of care implementation by assistive staff; recognition of deviation from plan.

- Medication management: testing of individual residents to determine ability for self-administration of medication, oversight of medication storage and administration.
- Development and oversight of a health promotion and disease prevent programs that includes administration of immunizations as appropriate, development of protocols for infectious disease management such as flu outbreaks, herpes zoster, C difficile, and tuberculosis as relevant to the site;
- Development and oversight of a philosophy of care that is focused on optimizing function of all residents through physical activity and exercise activities.
- Development and oversight of protocols for determining resident capacity, identification of a proxy, and establishment of end of life care preferences.
- Accountability for care practices (self and assistive staff) and that care will be provided with the best interest of the resident in mind to assure the prevention of complications and the highest possible function and quality of life of the individual.
- Ongoing in-service for all staff as relevant to the needs of the residents and the community.

Principles of Assisted Living Nursing

Assisted living nursing practice requires a holistic approach in order to optimize and maintain if not improve an older adult's function, independence, engagement with the environment and with others, maximize well-being and quality of life. The practice of nursing in assisted living is driven by the resident's preferences, supporting them in their choices. The nurse's role incorporates a variety of activities such as counseling, health educator, direct clinical care (e.g. wound management), medication management, and helping older adults access the health care system.

- Collaborating with the older adult in planning, guiding, and managing their care
- Promoting and assisting the older adult to maintain their maximum physical, mental and psychosocial function and to reduce risk of infection, trauma, and mistreatment.
- Advocating within the health care system and in society for appropriate policies that respect and value the older adult
- Educating older adults about their options for quality of care and quality of living
- Maintaining and building practice skills and competencies

STANDARDS of CARE ASSISTED LIVING NURSING

Standard I. Assessment

The AL clinical nurse uses standardized instrument and techniques to collect information about resident health status.

In a combined role as administrator of the AL facility, the AL nurse develops, supports, and evaluates data collection systems that support health care delivery to residents in assisted living.

Rationale

Information is necessary to construct, evaluate and modify a comprehensive plan of care that reflects the older adult's preferences, wishes, and needs to reach and maintain the individual's desired quality of life.

Measurement Criteria

1. The schedule and frequency of data collection is determined by state policies and resident need which may supercede (i.e., be more frequent) facility policy or state regulations.
2. Assessment elements are identified that are relevant and specific for each assisted living organization and the type of residents dwelling therein. This includes but is not limited to
 - a. Functionality (ADL): self-care ability, assistive and supportive needs (e.g., cueing, supervision, reminding)
 - b. Instrumental activities (IADL)
 - c. Medication management needs: particularly with regard to the ability to independently administer medications, and determination of the level of assistance, supervision needed.
 - d. Safety needs: falls, elopement, abuse or mistreatment, driving
 - e. Comprehensive history taking that includes: prior history (medical and surgical); current problems; review of all systems (including oral cavity, sleep pattern, pain, fear of falling etc), current medications and use of alternative therapies and OTCs, known medical problems, allergies, and physical examination with a particular focus on function and activities of daily living. Coping patterns: strengths to reach desired goals, health promotion practices (exercise, immunization, screenings)
 - f. Lifestyle: past, current, desired
 - g. Perceptions and beliefs: current and desired health status (barriers to achieving same)
 - h. Spirituality and cultural beliefs
 - i. Social network: past, current, desired
 - j. Assessments are updated and maintained as per state guidelines, facility protocols, or based on the needs of the resident.
3. Health care decision making: usual/historical process (who were the decision makers, etc); advance planning/directives as relevant to the given state in which the facility is located/
4. Data are collected from multiple sources and informants
5. Data are recorded and maintained confidentially
6. Current research and practice guidelines are used to revise as well as improve data collection.
7. Assessment practices are evaluated with a view to providing useful, timely, reliable, and relevant information.

Standard II. Diagnosis

The assisted living nurse works with other members of the care team in the analysis of the assessment data, including the reliability of the source/informant, and in developing nursing diagnoses and a plan of care.

In a combined role as administrator of the AL facility, the AL nurse supports and guides nursing staff in analysis of the data and formation of nursing problems and diagnoses.

Rationale

In collaboration with other healthcare providers (e.g., physician, advanced practice nurse, assistive caregivers/nurse assistant), the AL nurse develops an interdisciplinary care plan which is shared with the resident and h/h proxy (if the resident has impaired understanding).

Measurement Criteria

1. Diagnoses are identified by drawing on knowledge of normal age-related changes and deviation from those norms/expectations as shown by the data.
2. Diagnoses, potential care plans and benefits of treatment, risks of a nursing intervention or not implementing a plan, are discussed with the resident/family....and primary care provider (e.g., physician, APN)
3. Nursing diagnoses identify actual or potential problems that have a high likelihood of affecting the older adult's ability to
 - Maintain self-care and independence to the extent desired
 - Maintain current health status or reach desired health status and functionality
 - Manage current or predicted future limitations/impairments
 - Meet/cope with concerns regarding the older adult's physical, emotional, social, and environmental pressures
 - Maintain spiritual, cultural, civic, recreational (other) interests and desired quality of life
 - Manage risk or hazardous situations
4. Diagnoses are documented and reviewed periodically and reflect stage of illness or impairment, as applicable (e.g., dementia, terminal illness).
5. Diagnoses are documented with goals and plans (steps) as agreed to by primary care provider, resident and family/significant other.
6. Seeks interprofessional discourse in data analysis and problem identification.
7. Assesses the facility's culture and climate with regard to workforce issues, resident outcomes, and the organization's continuity, stability and growth.

Standard III. Outcome identification

The assisted living nurse identifies outcomes of care that reflect health status and the older adult's perception/expression of wellbeing (wellness).

In a combined role as administrator of the AL facility, the AL nurse differentiates, develops, supports and evaluates information management systems relating to resident, staff, and organizational outcomes.

Rationale

Outcomes reflect and respect the older adult's wishes for a particular health status, functionality and quality of life, and a comfortable death guided by an evidence-based likelihood of achieving care goals. These statements exemplify collaboration between the older adult, family/significant other, primary care professionals.

Measurement Criteria

1. Each outcome
 - Is linked to a diagnosis
 - Is described with regard to likelihood of realization, benefits, burdens, and risks
 - Is described in terms of measurability
 - Describes intermediate outcomes, as relevant
 - Describes additional resources needed and associated additional costs to the resident, if any.
2. Supports resident and staff participation in identification of problems and desired outcomes.
3. Collaborates with other members of the health care team and other departments to appropriately use and develop integrated information systems.

Standard IV. Planning

The assisted living nurse develops a plan of care – contributed to by several disciplines (e.g., medicine, pharmacy, social service, psych) - that will be implemented under professional nursing guidance/monitoring in order to achieve desired outcomes.

In a combined role as administrator of the AL facility, the AL nurse develops, supports, and evaluates the systems used by the assisted living facility to plan resident care.

Rationale

A plan of care guides interventions and informs the description of objectives and accountability. A plan of care includes rehabilitative/restorative goals that achieve and/or maintain an individual's highest level of function and quality of life.

Measurement Criteria

4. The individualized plan of care
 - a. Prioritizes the goals of care/expected outcomes in keeping with the older adult's wishes and contingencies of h/h health status
 - b. Prescribes interventions based on evidence-based practice
 - c. Includes education/teaching for the resident, family/significant other, and staff
 - d. Details the steps in achieving outcomes sufficient to guide assistive staff, etc
 - e. Describes the conditions/contingencies that require (immediate/timely) notification of the primary care provider, RN, family/significant other
 - f. Describes potential risks and adverse outcomes and the steps to take upon their occurrence/observation
 - g. Focuses not solely on the apparent health care needs of the older adults but includes, as well, the cultural, spiritual and holistic needs/interests of the older adult and how they will be satisfied/provided.
 - h. Identifies resources needed and any additional costs to the resident
 - i. Includes a discharge plan, as appropriate, that identifies referrals and continuing care.
5. The plan of care is developed in collaboration with the resident, family/significant others, primary care provider, etc
6. The plan of care is reviewed and revised periodically.
7. Facilitates the development and continuous improvement of the processes that support creativity, advocacy, and ethical appreciation of autonomy and self-determination in goal setting and treatment choices.
8. Advocates for staff participation in organizational planning and resource allocation.

Standard V. Implementation

The assisted living nurse implements the interventions described in the plan of care with the ongoing approval of the older adult/resident (family/significant other).

In a combined role as administrator of the AL facility, the AL nurse develops, supports, monitors and evaluates the systems involved with implementation of care plans.

Rationale

Implementation represents agreement to/support of the plan of care by the older adult/resident, family/significant other, and key healthcare professionals.

Measurement Criteria

1. Interventions are respectful of the older adult's wishes, culture, and ethical aspects of resource allocation.
2. Interventions reflect the scientific basis of practice, as applicable
3. Assistive staff are trained/educated in implementation of care methods and periodically observed/monitored for correct practice.
4. Interventions can be characterized as self-care enhancement and teaching, illness prevention, disease monitoring, data collection and analysis, palliation and symptom management, etc.
5. Interventions are periodically reviewed based on outcome evaluation, new knowledge, resident response/effectiveness.
6. Interventions are documented.

7. Implementation policies and procedures reflect regulations, best practice standards, professional codes for practice, and clinical guidelines.
8. Oversees steps in implementation for consistency with the plan of care.

Standard VI. Evaluation

The assisted living nurse evaluates the older adult's/resident's progress towards goal achievement and the relevance of the care plan towards such ends.

In a combined role as administrator of the AL facility, the AL nurse assesses the role and function of the AL facility in long-term care, and markers of excellence of the facility.

Rationale

Accountability for nursing practice includes ongoing data collection and analysis, and review and revision of the plan of care.

Measurement Criteria

1. Evidence of systematic, periodic evaluation of the residents
2. Documentation of evaluation of resident's response to treatments and interventions; such documentation includes identification of evaluation method (e.g., standardized assessment instrument, physical exam, lab tests, etc)
3. Documentation of participation by resident/older adult, family/significant others and key health care providers in evaluation
4. Documentation of revisions in plan of care, new/altered diagnoses, revised goals of care, etc.
5. Monitors information systems to deliver data in a timely, appropriate and useful way for staff decision making.
6. Accesses or provides educational support for staff based on evaluation findings.
7. Allocates sufficient resources for systematic evaluative activities.
8. Promotes research to discover, describe, and test changes in nursing practice in assisted living, e.g., medication assistance systems.

**STANDARDS OF PROFESSIONAL PERFORMANCE
ASSISTED LIVING NURSING
ADMINISTRATIVE AND WELLNESS COORDINATOR ROLES**

The standards described in this section refer to the expected professional role and behaviors of the assisted living nurse. An assisted living nurse is a semi-autonomous healthcare professional who maintains competency through continuing education, membership in professional societies, and certification.

Standard I. Quality of Care

The assisted living nurse routinely and systematically evaluates the quality and effectiveness of nursing clinical care and administrative practices.

Rationale

The ongoing development of nursing knowledge and evidence-based practice require and support evaluation and improvement in the quality of nursing care.

Measurement Criteria

The assisted living nurse

1. Participates in the development of assisted living goals and standards of service that influence quality of care.
2. Participates in the construction, collection and analysis of continuing quality improvement instruments and data.
3. Formulates recommendations and instructs assisted living staff in the provision of quality care.
4. Develops and conducts performance evaluation in order to evaluate the relationship between outcomes, care interventions, and teaching needed.
5. Supervises unlicensed medication aides if they are used in the residence.
6. Identifies negative trends in clinical outcomes and develops plans of correction for such risks with the resident.
7. Develops, monitors, and evaluates care delivery models in the facility.
8. Initiates performance improvement measures based on evaluative findings.

Standard II. Performance Appraisal

The assisted living nurse evaluates h/h own practice and those staff who report to h/h – for whom s/he is responsible – in keeping with practice standards, applicable regulations and statutes, professional standards, and facility policies.

Rationale

Accountability – the social contract – to provide competent care based on science and standards.

Measurement Criteria (need to flesh out)

1. Knowledgeable about competencies in clinical practice and administration.
2. Periodic performance appraisal of self and staff reporting to the administrator.
3. Seeks feedback from peers, residents, others
4. Documents action taken to improve, etc

Standard III. Education

Seek, acquire, maintain current knowledge regarding gerontological nursing practice, assisted living nursing administrative practice, health promotion and disease prevention and management particularly with regard to infectious disease.

Maintain current knowledge about health care organizations and the long-term care system.

Rationale

Continuing new science/knowledge in the field requires continuing commitment to pursue same in order to maintain competency, safe practice, and advocacy role.

Measurement Criteria

1. Participation in educational activities (e.g., formal education, continuing education, certification, experiential learning).
2. Documentation of independent learning activities
3. Participation in conferences, journal clubs, website use
4. Provides educational programs for AL staff to support the delivery of excellent care to assisted living residents.

Standard IV. Collegiality

The assisted living nurse contributes to the professional development of peers and colleagues **and** to the continuing career development – maintenance of skills – of the staff whom s/he guides, supervises, teaches, etc.

In a combined role as administrator of the AL facility, the AL nurse creates and maintains a professional environment that fosters excellence.

Rationale

Measurement Criteria

1. Shares material (research, clinical information, case studies, etc)
2. Helps others to identify learning needs related to performance, career development
3. Provides constructive feedback; develops learning contract” with others
4. Establishes a climate of effective and respectful communication
5. Supports research participation
6. Professional assn membership and participation
7. Creates an environment in the ALR that is conducive to/supportive of student learning experiences, i.e., a clinical campus.
8. Develops and maintains the AL facility and the nursing/health care staff as a cohesive, caring team to stakeholders.
9. Promotes understanding and utilization of nursing science and organizational management theories.
10. Develops effective strategies to recruit and retain staff that is respectful of staff and resident diversity, personal goals, and life styles.
11. Assures safe practice for all staff through ongoing assessment of the environment, and adherence to infection control practices and immunization guidelines.

Standard V. Ethics

The AL clinical nurse and, in a combined role as administrator of the AL facility, is guided in practice and behavior by ethical principles.

Rationale

[Statement re rights, access to services without prejudice, etc]

Measurement Criteria

1. Practice guided by *ANA Code of Ethics for Nurses* (2001).
2. Creates and maintains systems that support confidentiality, advocacy, and respect.
3. Creates and maintains a nondiscriminatory environment; supports cultural diversity.
4. Identifies ethical dilemmas and seeks conflict resolution (help of others/experts)
5. Reports elder mistreatment (abuse), unsafe or illegal practices
6. Informs older adults and families/significant others of rights
7. Knowledgeable about informed consent processes and determination of capacity to give – or withhold – consent to treatment, procedures, or research participation.
8. Documents older adult/family teaching; staff education; notification of abuse or hazard; etc.

Standard VI. Collaboration

The assisted living nurse collaborates with the older adult/resident and proxy (as designated), primary care providers, other members of the health care team to provide safe, comprehensive care that reflect the individual’s wishes, preferences and goals.

The assisted living nurse collaborates with outside health providers to bring in relevant health educational programs.

In a combined role as administrator of the AL facility, the AL nurse collaborates with nursing staff at all levels, interprofessionally, within and external to the network, and stakeholders.

Rationale

Collaboration and communication is the best mechanism/process to create and guide plan of care and evaluation, resource use, and access.

Measurement Criteria

1. Collaboration with regard to problem identification and resolution
2. Collaboration regarding mission and values statement, and resource allocation.
3. Documentation of collaboration
4. Knowledge of community resources

Standard VII. Health Care Consultant/Educator for AL Residents

The assisted living nurse is an educator/facilitator for the AL residents to maximize their well being and independence.

Rationale

Health promotion and disease prevention are critical activities to optimize the function and quality of life of the resident and are often neglected in care of older adults in light of multiple clinical problems.

Measurement Criteria

The assisted living nurse:

1. Is responsible for helping residents to engage in health promotion activities that are consistent with personal goals and will lead to optimal health and quality of life for that individual.
2. Identifies common health problems in the AL resident population and develops education programs to maximize resident well-being. (e.g., injuries from falls, hypertension, diabetes mellitus).
3. Identifies residents who are not adhering to current health promotion and disease prevention guidelines and may put themselves and the community at risk; establishes a plan of care with the resident to optimize adherence to health promotion activities and be consistent with the residents wants and desires.

Standard VIII. Research

The assisted living nurse seeks, evaluates and applies research findings to guide and improve practice and care outcomes.

In a combined role as administrator of the AL facility, the AL nurse supports research implementation and utilization in assisted living in furtherance of resident and health care system goals.

Rationale

Application of evidence based findings will assure optimal care to the residents and help maintain the community. Participation in research activities will add to the understanding of older adults in assisted living and how to best provide that care.

Measurement Criteria

1. Utilizes research to support practice and policy development guided by evidence for best practices.
2. Identifies research priorities, interests in order to guide nursing process and the facility's continuity, stability, and quality.
3. Participates in research to the extent possible, such as: development of research plan, data collection (as appropriate) and analysis, dissemination of findings.
4. Supports human rights protection of subjects (e.g., HIPAA regulations)
5. Obtains resident consent for participation in research if trained and designated to do so by the research team *except* if obtaining such consent places the resident in a situation that could be construed as coercive or a non-voluntary consent to research.
6. Protects the rights and safety of research participants (i.e., residents, staff)
7. Facilitates the dissemination of research findings and discussion of same.
8. Communicates with professional and consumer advocacy associations, and with university academic programs, to discuss and develop research protocols for the facility.

Standard IX. Resource Utilization

The assisted living nurse considers aspects of access, cost, effectiveness, safety, and resource allocation with regard to care planning.

In a combined role as administrator of the AL facility, the AL nurse monitors and allocates resources of the nursing service and/or the facility.

Rationale

The AL resident/older adult needs information about safety, effectiveness, access, and costs of healthcare related to their plan and goals of care.

The AL administrator needs information about cost-effective practices for quality of resident outcomes and staff satisfaction.

Measurement Criteria

1. Reviews the access, benefits, and costs of care/interventions with the older adult/resident, etc.
2. Assists the older adult/res and family/significant others make decisions about appropriate and affordable care
3. Informs and assists older adult/family/significant others regarding supplementation and support for necessary care.
4. Assigns tasks and makes workload decisions for supportive services/assistive staff based on residents' assessed needs.
5. Makes human resource delegation decisions based on staff competencies, education, and experience.
6. Develops and maintains a climate of safety that includes cost-benefit-risk analysis of nursing tasks and activities.
7. Receptive to creative application of resources.

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Would put in the new AL organizations and the journal ! The Hartford GeroNurseOnline, Geriatric Nursing, Journal of Gerontological Nursing., web page for NGNA.