From reactive review to regular proactive clinical support: Nurse Practitioners in residential aged care

Residential aged care homes are managing rising clinical complexity with constrained resources. Recognising that complexity - and responding to it in time - is a real challenge when senior clinical input is hard to access, GP availability is reduced, and experienced nursing is stretched. Too often the result is reactive: a resident deteriorates, the home responds, a GP is called, or a transfer to hospital follows.

A regular onsite Nurse Practitioner clinic gives homes a way to identify and act on complexity earlier. It creates a predictable clinical touchpoint within the home's existing care model: residents can be flagged for review in advance, emerging concerns considered on the day, and agreed actions followed through at subsequent clinics - care that anticipates change rather than waiting for crisis.

HNS Australia provides embedded Nurse Practitioner clinics that complement existing GP, nursing, allied health and hospital services. Depending on resident need, HNS Nurse Practitioners assess and manage acute, chronic and complex conditions; prescribe and refer within scope; review medication and restrictive practices; support palliative and end-of-life care; and communicate with families and other clinicians.

The regular presence also supports the onsite team. Rather than education sitting apart from day-to-day care, registered nurses and care staff receive practical, in-person guidance on the residents they are supporting - changes in condition, monitoring requirements and escalation decisions. This supports the home's own clinical capability to recognise and manage complexity between clinics.

HNS Nurse Practitioners work within a supported clinical model with peer consultation, escalation pathways, clinical governance and executive GP support. For providers, this offers more than an additional visiting clinician. It provides a structured way to bring advanced clinical capability into the home, strengthen care continuity, and respond earlier when residents' needs change.

HNS welcomes discussion with providers and sector partners interested in regular clinics, or a targeted trial in homes with particular clinical access or complexity needs.

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HNS AUSTRALIA PTY LTD · NURSE PRACTITIONER MODEL OF CARE

Elevating clinical care, compliance & workforce capability in residential aged care

CONTEXT

Residential aged care providers face rising clinical complexity, workforce constraints and heightened regulatory scrutiny. Experienced RN shortages, reduced GP availability and staff burnout challenge both care consistency and compliance assurance - and most clinical models still respond *after* a resident has deteriorated.

HNS Australia partners with providers through an embedded Nurse Practitioner (NP) model that brings senior clinical capability on site, regularly and in person - without providers having to recruit, credential or employ their own NP workforce. For PHNs and primary care partners, it strengthens collaboration with GPs and care teams, improves access to advanced clinical assessment within RACFs, and supports earlier identification of deterioration and more coordinated resident care.

The HNS Nurse Practitioner model

- Regular, in-person NP clinics embedded within the care team
- Proactive, resident-centred management of acute, complex & chronic needs
- Advanced clinical scope: assessment, diagnosis, PBS prescribing & referrals
- Medication management and restrictive practices reviews
- Staff mentoring & training that lift capability and support retention
- Close collaboration with GPs, hospitals, geriatricians & allied health
- Improved communication with residents, families & care teams

Clinical, workforce & compliance impact

- More consistent clinical practice, reduced variability across facilities
- Earlier identification of deterioration and reduced clinical risk
- Improved quality indicators and medication safety
- Lifted RN capability through mentoring & day-to-day support
- Improved staff confidence, engagement and retention
- Reviews & records aligned to the QI Program & Aged Care Quality Standards
- Audit- and accreditation-ready records, supported by quarterly reporting

Assignment of Benefit change readiness

- From 1 July 2026, agreement to assign a Medicare benefit for a bulk-billed service may be given verbally by the resident or their responsible person.
- Verbal agreement does not remove the documentation requirement
- A relative, carer or authorised attorney may verbally assign on the resident's behalf; aged care staff cannot.
- HNS has developed practical AoB forms and workflows to support compliant, continuous NP care.

Support at Home: high-risk stabilisation pathway

- A telehealth NP support pathway for Support at Home providers managing high-risk participants.
- For participants with recent hospitalisation, falls, medication complexity, unmanaged symptoms, functional decline, behavioural risk or carer strain.
- The NP reviews participant information with the care coordinator to identify clinical risk, support medication review, monitoring and escalation, and recommend follow-up plans.
- Scheduled reviews support early stabilisation, safer care at home and stronger governance and can evidence reassessment where needs have changed.

Proven and Trusted Clinical Partner

Operating since 2016
A DECADE SPECIALISING IN NP-LED CARE IN RESIDENTIAL AGED CARE

4,000+
RESIDENTS SUPPORTED ACROSS METRO & REGIONAL AUSTRALIA

30+
AGED CARE PROVIDERS, FROM SINGLE-SITE OPERATORS TO NATIONAL GROUPS

- One of Australia's largest private employers of Nurse Practitioners in aged care, operating under a national clinical governance framework
- Structured clinical audit and reporting built into every engagement
- Flexible engagement pathways: embedded regular clinics; direct care and governance support; or shared partnership models where appropriate

"Having a nurse practitioner on site weekly has filled an enormous gap. They have clinical expertise and work hand in hand with our team and our GPs. The combination of timeliness of care and the depth of clinical assessment is what makes the service valuable — it's the difference between waiting and acting."

Graeme Brown · Facility Manager, SVCS Bronte

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