Specialling in clinical care settings

'Specialling' is the provision of one-to-one care and/or supervision of a person in a health or aged care setting where this level of care is not usual or reflected in staffing numbers and skill mix. A decision to change the level of nursing or midwifery care is made when a person receiving care's clinical or physical safety risk exceeds the normal observation requirements of standard nursing care provision.[1] The need for specialling is determined by experienced nursing staff, and may be related to:

- clinical acuity (for example, suicidality, acute management),
- clinical deterioration (for example, post-partum haemorrhage or sepsis), or
- behavioural disturbance or compromise that poses a risk to the individual and/or others (for example, confusion, agitation, aggression), or
- ward/unit specific procedure or policy (for example, a midazolam infusion initiated by the medical officer).

An increase in the level of nursing or midwifery care necessitating specialling is at times required in order to facilitate a more intensive level of nursing and midwifery care and ensure that the risk to person receiving care is managed.[2] Specialling may be required for acute issues, long-standing conditions or involve assessment on a daily or even shift-by-shift basis.

Specialling must be based on clearly identified clinical care needs and subject to regular assessment, monitoring and review of the person receiving care to determine the level of care required to meet their needs. People receiving care may also require a more resource intensive model of care for the implementation of a form of treatment for which there is a mandated increase in the level of nursing or midwifery care required.[3]

Specialling may be categorised as either:

- therapeutic (driven by and requiring clinical care); or
- protective (where the aims are constant observation and harm minimisation).[4]

In some cases, particularly in mental health settings, specialling may be required for both of these categories. Sometimes these categories are differentiated as specialling (where nursing or midwifery care is required to provide assessment, therapeutic interventions and evaluation) and sitting (where assistants in nursing* passively observe the person receiving care and notify nursing staff of concerns). This position statement applies to all incidences where a person receiving care requires continuous (one-to-one) care to meet their clinical care needs, monitor their condition and/or reduce the risk of harm to themselves and/or others in a setting where this is not usual practice. Very short-term intensive monitoring (for example, when a person receiving care reports chest pain) is not considered specialling for the purpose of this position statement.

Nurses or midwives should provide specialling in acute settings with a physical clinical overlay; in the presence of dual diagnosis (for example, mental ill health and drug use); in providing care to people who are impulsive, unpredictable and aggressive; and where de-escalating techniques and clinical experience are necessary components of safe practice. Where specialling is required for clinical acuity, particularly in highly specialised areas, one-to-one care should always be provided by a nurse or midwife experienced in that area of practice (See Table 1).[5]

*The term assistant in nursing also refers to care workers (however titled)

A decision to change the level of nursing care is made when the person receiving care's clinical or physical safety risk exceeds the normal requirements of standards nursing care provision. Only registered nurses and midwives can delegate nursing or midwifery care and determine who is most appropriately qualified to provide person-centred one-to-one care or supervision. For example, a registered nurse or midwife may delegate to an enrolled nurse or assistant in nursing to support care, however the registered nurse or midwife retains responsibility for the person's care. Delegation to support nursing care is dependent on the clinical need and assessment undertaken by the registered nurse or midwife.

It is important to note that assistants in nursing who provide protective specialling are often not involved in nursing handovers. Some evidence suggests that assistants in nursing are only involved in handover at the start of their shift a quarter of the time, and give handover to a nurse at the end of their shift less than 10% of the time. When they do receive handover, the information is most often confined to physical tasks, with scant or no information regarding psychosocial care.[6] Where specialling is indicated for mental ill health in non-psychiatric settings, inexperienced nurses are often allocated to provide care, leading to high levels of fear and anxiety for the nurse, and sub-therapeutic care for the person.[7]

It is the position of the Australian Nursing and Midwifery Federation that:

1. All health or aged care facilities providing care should develop a policy regarding specialling, along with a decision-making guide (a flow chart or algorithm, a checklist, or a staffing request form). This tool should include the reason/s for specialling, indications for escalation or de-escalation of staffing type (for example, from an assistant in nursing to a nurse, from a nurse to a nurse with mental health experience), and for discontinuation of specialling.
2. Wherever possible the least invasive methods of improving safety should be employed. This includes transferring at-risk individuals closer to high visibility areas or to a more appropriate unit, utilising falls mats, movement sensor alarms and floor line beds, de-prescribing (where appropriate), and frequent visual observation.
3. The use of specialling is reduced when nursing or midwifery staff have a manageable workload and are qualified and experienced.[8] Mandated staffing levels and skill mix are therefore contributing factors to providing safe care.
4. When specialling is indicated, assessment of this need should include the level of experience and qualifications of the nurse, midwife or assistant in nursing needed to provide care. The nurse or midwife in charge of the clinical unit should make this decision, in collaboration with the nurse or midwife providing direct care, medical and management staff. Using security staff for protective specialling is not supported.
5. If a nurse, midwife or assistant in nursing in the clinical setting is required to provide specialling part way through a shift, they must be replaced in the unit as soon as possible. Where the need for specialling is anticipated before the beginning of a shift, an additional nurse, midwife or assistant in nursing must be added to the staff allocation to meet the assessed needs of the person receiving care.
6. Increased acuity requires additional nursing and midwifery resources to provide safe nursing and midwifery care. Specialling must be *in addition* to the agreed minimum base staffing arrangements to ensure safe person-centred care is provided and for the safety of staff and others.

7. At the start of their shift all staff providing specialling, regardless of qualification, should receive an appropriately comprehensive handover from the registered nurse or midwife delegating care. This should include:

   a) a thorough, documented clinical assessment of the person receiving care;

   b) the reason specialling is required;

   c) any contributing clinical, psychosocial and pharmacological factors;

   d) indicators of escalating behaviour that the nurse, midwife or assistant in nursing should observe for;

   e) any strategies that have been found effective to distract or de-escalate the individual; and

   f) how to summon assistance.

   The specialling nurse, midwife or assistant in nursing should hand over to either the registered nurse or the midwife delegating care and to the person taking over from them (where specialling is ongoing) at the completion of their shift.

8. Safety/security risks to the person receiving care must be communicated to colleagues, on an ongoing basis and during shift changeover. This must include staff that may not have immediate knowledge of the person receiving care (safety huddle).

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Table 1

Qualification	Education	Specialling
Registered nurses/midwives	Have completed a minimum of three years of higher education, with an emphasis on assessment, evaluation, pharmacology, and biopsychosocial contributors to health.	Are the most appropriate and best placed health practitioners to care for people who require specialling due to complex clinical acuity, actual or potential rapid deterioration, psychiatric engagement, or when required nursing or midwifery interventions demand titration or variation in response to changes in the person's condition. Only registered nurses and midwives can delegate nursing or midwifery care.
Registered nurses/midwives with postgraduate mental health qualification	Have completed a minimum of three years of higher education, with an emphasis on assessment, evaluation, pharmacology, and biopsychosocial contributors to health, in addition to postgraduate studies in mental health	People who require specialling due to major, complex or acute mental ill health (for example, active suicidality, vivid or overwhelming hallucinations, thought disorders or dual diagnosis) are more appropriately cared for and engaged by nurses or midwives with mental health qualifications and experience. In some states and territories, only nurses are able to provide specialling in mental health settings.
Enrolled nurses	Have completed a minimum of 18-months of vocational training that includes foundational physical examination skills, pharmacology, and biopsychosocial contributors to health.	Along with registered nurses, enrolled nurses also have experience with distraction, diversion and de-escalation techniques to redirect people receiving care that are experiencing anxiety, agitation and restlessness, particularly that associated with delirium and dementias. Enrolled nurses are often the most appropriate health practitioners to care for people who require specialling in acute and sub-acute sectors where the person receiving care is unwell but clinically stable, or whose behaviours of concern are at high risk of escalation. Enrolled nurses practice under the supervision and delegation of a registered nurse.
Assistants in Nursing	Do not have a minimum education requirement, however, some assistants in nursing have completed a Certificate III or IV qualification, which includes training in foundational hygiene and assistance in activities of daily living, introductory medical terminology, and may include dedicated education about mental health and/or dementia.	Assistants in nursing are most appropriately used to special people who are clinically stable but at risk of falling or wandering, for monitoring where there are clear guidelines about summoning assistance or, with education and direction, to prevent people receiving care removing medical devices (for example, tracheostomy tubes, intravenous lines or nasogastric tubes).

References

1 Specialling: increasing level of nursing care for patients requiring higher levels of clinical care or general supervision practice guideline No:2020-208v1 SCH found at: https://www.schn.health.nsw.gov.au/_policies/pdf/2020-208.pdf

2 Ibid.

3 Ibid.

4 Wood, VJ, Vindrola-Padros C, Swart N, McIntosh M, Crowe S, Morris S, and Fulop NJ (2018) One to one specialling and sitters in acute care hospitals: A scoping review *International Journal of Nursing Studies* 84: 61-77 https://doi.org/10.1016/j.ijnurstu.2018.04.018

5 Wood et al, op. cit., Graham et al. op. cit.

6 Graham F, Eaton E, Jeffrey C, Secher-Jorgensen H and Henderson A (2021) "Specialling" and "Sitters": What does communication between registered nurses and unregulated workers reveal about care? *Collegian* https://doi.org/10.1016/j.colegn.2020.12.004

7 Riddell K (2011) A comparative study of the constant observation model of care (Master's thesis) Deakin University https://dro.deakin.edu.au/eserv/DU:30048426/riddell-comparativestudy-2012A

8 Rochefort CM, Ward L, Ritchie JA, Girard N and Tamblyn RM (2011) Registered nurses' job demands in relation to sitter use: nested case-control study *Nursing Research* 60(4): 221-230 doi: 10.1097/NNR.0b013e318221b6ce

This position statement should be read in conjunction with the ANMF Guideline *Delegation by registered nurses*.