ACHSM Asia-Pacific Journal of Health Management shape

REVIEW ARTICLE

A FOCUSED LITERATURE REVIEW OF MISSED CARE IN RESIDENTIAL AGED CARE

Vida Karda Moghaddam[1], Richard Olley[2], Eleanor Milligan[3], Kylie Vuong[1]*

1. School of Medicine and Dentistry, Griffith University, Queensland, Australia
2. Griffith University, Queensland, Australia
3. School of Medicine, Griffith University, Gold Coast, Queensland, Australia

Correspondence: VIDA.kardanmoghaddam@griffithuni.edu.au

ABSTRACT

Missed care is any aspect of required care that is omitted (either in part or whole) or delayed. Residential Aged Care Facilities (RACFs) are susceptible to missed care due to a range of factors, including residents' complex needs, workforce composition, and constraints placed on resource availability. This focused literature review aims to evaluate the current evidence on missed care, including an analysis of the concept, causes, and outcomes of missed care in residential aged care in Australia.

Within most of the available literature, missed care is typically considered only within the context of nursing. It is noted that although the nature and identification of missed care were discussed extensively to provide a broad picture of the phenomenon, including possible prevalence and outcomes, they need to explicitly discuss the impact of missed care on residents, families, and other clinical and operational staff. Further research is needed to inform and improve the care of the elders in RACFs, considering this gap in the literature. This review has identified potential areas for enquiry into missed care to inform policy and practice to improve the care of elderly residents in RACFs.

KEYWORDS

missed care, quality, safety, residential aged care facilities, focussed review, nursing homes, long-term aged care

INTRODUCTION & BACKGROUND

Globally, there is a continued focus on delivering safe, high-quality, person-centred care to improve patient outcomes [1, 2]. Patients should receive timely care according to their needs. However, demanding care environments are a daily reality where health and personal care workers prioritise and rationalise care delivery [3, 4]. In such environments, care should be provided according to recognised standards of care and individual care plans, and if not provided, there is missed care. Missed care is known to be detrimental to the quality and safety of care provided in health and social care settings [5]. The concept of missed care emerged from growing concerns about the quality of care in these environments [5]. Missed care refers to any aspect of care that is not provided to a person but should have been provided according to the care plan and standards of care [6]. This includes all aspects of clinical, emotional, and administrative care [7, 8].

As a result of improvements in health and social care, people are living longer worldwide [9]. The Australian

population aged 65 and over, has increased by 17% (from 3.8 million in 2017 to 4.4 million people in 2022) [10]. By 2066, it is projected that those aged 65 years and older will make up between 21% and 23% of the total population in Australia [10]. Although this is positive, it poses some significant social and financial challenges, making it imperative to support ageing individuals [11]. As people age, we are more likely to experience complex health and social care issues, like cognitive impairment, sensory decline, chronic comorbidities, frailty, and other complex health issues [12]. This complexity may result in higher care needs, with more significant assistance and skilled care often cited as reasons for admission to residential aged care facilities (RACFs) or referrals to community and home care packages [13, 14]. RACFs have responsibilities for comprehensive care services, including social and pastoral care, meaningful activities, and clinical assistance with daily living [15, 16].

Research indicates that RACF residents have an estimated prevalence of 80% sensory loss, 60% dementia, 40% to 80% chronic pain, 50% urinary incontinence, 45% sleep disorder, and 30% to 40% depression [17]. Like many countries around the globe, Australia's healthcare system is facing these multifaceted challenges [18] associated with the growing demand for healthcare [19, 20, 21]. Over the past 5 years, there has been an increase of 3.1% in the number of people aged 65 and over living permanently in RACF (from 172,000 at the end of June 2017 to 178,000 at the end of June 2022). In Australia, almost 245,000 people aged 65 and over entered RACFs, with more than half (54%) aged over 85 in financial years 2021-22 [10, 22].

METHODS

This focused literature review included full texts of articles published in English from 1 January 2019 to 31 July 2023. It was obtained by searching the following bibliographic databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline and Scopus, with a combination of the following keywords in Table:

TABLE: SEARCH STRATEGY

Search	Query
#1	(missed care) OR (omit* care) OR (care undone) OR (undone care) OR (care unfinished) OR (unfinished care) OR (care left undone) OR (implicit ration*) OR (ration* care) OR (implicit ration* care) OR (missed nursing care) OR (unfinished nursing care) OR (miss care) OR (omitted care) OR (rationed care)
#2	(residential aged care) OR (nursing home) OR Residential OR (aged care) OR (long-term care) OR RACF*
#3	#1 AND #2

The search for articles was informed by three concepts: 1: the relevant population and setting (i.e., people aged 65 years and over in RACFs and settings similar to RACFs), 2: interventions performed and missed (i.e., whether primary care has been delivered) and 3: the reasons and outcomes when care is missed.

MISSED CARE IN RACFS

Missed care is an issue worldwide [23] and is not new [24]. This term was first used in 2006 by Kalisch, who identified nine elements of regularly missed nursing care and the reasons for them [7]. Kalisch (2006) defined missed care as an error of omission [24]. Schubert et al. later defined missed care as care that needs to be rationed due to scarce resources [4, 25]. Missed care concerns all healthcare providers, including nurses, physicians, and allied health professionals [26]. Previous studies in the United States [23], Europe [27, 28], Asia [29], and Australia [24] have provided insights into missed care.

In RACFs, the issue of missed care is particularly relevant [15]. RACFs are responsible for providing comprehensive care services, including social and pastoral care, meaningful activities, and assistance with daily living. Those residing in RACFs represent the most frail cohort in the aging population, with notably high rates of disability, frailty, co-morbidities, and low levels of independence [17], necessitating significant assistance with feeding, dressing, personal hygiene, and mobility [30]. The demanding nature of these obligations can be challenging and may be associated with missed care, impacting the overall quality and safety [15, 31, 32]. As the population ages, continuous evidence-based care improvements are essential [30].

RACFs differ from hospital care [33, 34] in that RACF providers supply a home-like environment for care delivery where independent home living in the community is no longer possible [12, 35]. In contrast, hospital care focuses on managing acute conditions. The composition of care providers and length of stay also differ [36].

Although we have some knowledge about what care is most often missed and the factors associated with missed care [24, 37, 38] based on the experiences and perspectives of nursing staff [39]; less is known from other health professionals, residents, and family members.
The evidence, at times, varies. For example, Zuniga and colleagues [38] found little missed care in nursing homes for activities of daily living, care, rehabilitation and monitoring, social care, and documentation [38]. In the Zuniga study, care providers believed less documentation could improve care quality with less time spent on administrative tasks, allowing more time with residents [38]. Further, Zuniga and colleagues reported better relationships with caregivers and better-quality care. Building stronger relationships may also help care workers be satisfied in their jobs. In contrast, Hackman and colleagues [40] found that 92% of respondents had experienced at least one episode of missed nursing care. Hackman and colleagues found the episodes of missed care were related to routine care, documentation, and social care [40], with work environment and work stress influencing care quality [40]. The Zuniga study, however, did not examine the impact of the identified factors on quality-related outcomes, including care workers' perceptions of quality of care and medical and psychosocial resident outcomes. [38]. A study in Canada by Knopp-Sihota and colleagues, in a survey of carers, also identified gaps in social care and rehabilitation, with tasks most often missed, such as talking to the patient, walking with the patient, doing nail care, mouth care, and grooming [37]. This survey reported associations between missed care and individual care aids factors, such as younger age, less experience, and working day shift, and structural factors [37].

In a study of missed care in RACFs in three Australian states, Henderson and colleagues [19] found that unscheduled tasks, such as answering calls and assisting people with multiple comorbidities to the bathroom, were most likely to be missed, with the impact of work intensification and staffing issues as the main factors associated with missed care. It has been identified that work intensification is related to illness acuity or level of care dependency and cost containment, while the staffing issues identified include undermining prescribed staffing ratios, skill mix, changing workloads across shifts, and inadequate support from other staff members [19]. Another factor associated with missed care is cost containment, sometimes with senior nursing staff substituted with less experienced nurses, assistants-in-nursing or personal care workers [19, 41, 42].

An additional examination of the phenomenon of missed care within RACFs found that staff competencies played a significant role in the non-performance of tasks [43]. A study in rural South Australia by Henderson and colleagues found that when RACFs are attached to hospitals, there is a reduced likelihood of the exclusion of acute-level nursing tasks and activities of daily living (ADLs). Henderson and colleagues also found that social, emotional, and recreational pursuits are more susceptible to being overlooked [43].

A systematic literature review of 27 studies by Ludlow and colleagues in 2021 found the most commonly reported activities missed were assistance with toileting/changing pads, communication with residents and family, mouth care/oral hygiene, patient surveillance, and general mobility [12]. Song and colleagues (2022) reported similar findings, with physical and social care missed by care aides in RACFs [44].

FACTORS ASSOCIATED WITH MISSED CARE IN RACFS:

Missed care can occur in all healthcare settings, including hospitals, outpatient clinics and RACFs. It can be associated with many factors, from heavy workloads, inadequate staffing, an under-skilled workforce, and work stress to resource constraints [26, 45, 46, 47, 48]. These factors underscore the need for systematic change. Although various reasons for missed care have been stated, some overlap. Hackman and colleagues [40] report five main factors for missed care in RACF from the care workers' perspective, including insufficient resources, residents' characteristics, unexpected situations in work units, activities without collaboration with the residents and challenges in organizing and leading care. In a separate study by Luongo and colleagues, allied health professionals, including physiotherapists and occupational therapists, reported funding and time constraints as the primary challenges for implementing best practices consistently in RACFs [49].

Ludlow and colleagues reported factors associated with missed care in RACFs into seven categories based on staff member characteristics, staff members' well-being,

resident characteristics, interactions, resources, the work environment, and delivery of care activities [12]. Blackman and his colleagues noted other factors associated with missed care, ranging from reduced staffing levels and skill mix, limited funding and resource constraints [47]. This is supported by Olley [50] who concluded that, as the aged care funding system is outdated, and there is no trade-off between quality and care and financial results, staff often cannot meet their job requirements, causing job stress and burnout [48].

As the complexity of care delivery in RACF increases, missed care has become a more multifaceted phenomenon. For example, inadequate funding may cause higher workload demands, potentially increasing staff burnout and lowering staffing levels [12]. A holistic approach is needed to address the multidimensional nature of missed care, including its associated factors, both internal and external factors, is needed to improve care quality and outcomes.

IMPLICATIONS OF MISSED CARE IN RACFS

The implications of missed care in RACFs have been wide-ranging. There have been reports of care aides in RACFs in western Canada experiencing yelling and screaming, verbal threats, hurtful remarks or behaviours, and being bitten, hit, pushed, or pinching due to rushed and missed care from residents with cognitive impairment [44]. In another study, missed care, such as inadequate patient surveillance and failure to administer medications in time, has led to adverse clinical outcomes [51].

However, it is important to note that the literature on missed care has been dominated by studies involving nursing staff. For example, Recio-Saucedo and colleagues [39] and Jones and colleagues [6], reviewed 14 and 54 studies, respectively, in 2018 and 2015. In both studies, the participants were mainly nursing staff. Given the interdisciplinary nature of care within RACFs, more diverse sampling is required [52]. Furthermore, most research has focused on types of missed care and its associated factors, while the implications of missed care for staff, residents living in RACFs, or their family members remain understudied. Further empirical studies from the stakeholders' views and experiences are required at the national and international levels are needed to extend the evidence base are required [12, 53]. It is important to note, RACFs are structured and funded differently in different jurisdictions; while some of the findings could be applied across settings, it is not always possible to generalise [52].

CONCLUSION:

It is essential for residential aged care organisations and related policymakers to work collaboratively to reduce the incidence of missed care and any related adverse events [54, 55]. It is also essential to provide aged care providers with a positive environment underpinned by staff well-being and a supportive workplace culture. This review highlights the need for further research into the frequencies of missed care, the factors associated with omissions in care, and the documentation of the implications of missed care in RACFs. The current focus on missed care from a predominantly nursing perspective omits significant other stakeholder experience and insights, such as the resident, carers and family, medical, allied health, and RACF leaders. Expanding our understanding of missed care to include these perspectives would greatly enhance our ability to make the necessary improvements.

References:

1. World Health O. Patient safety: making health care safer. Geneva: World Health Organization; 2017 2017. Contract No.: WHO/HIS/SDS/2017.11.
2. Kirwan M, Riklikiene O, Gotlib J, Fuster P, Borta M. Regulation and current status of patient safety content in pre-registration nurse education in 27 countries: Findings from the Rationing - Missed nursing care (RANCARE) COST Action project. Nurse Educ Pract 2019; 37: 132-140.
3. O'Donnell C, Andrews T. Care accommodation in the acute care setting: Missed care or not? J Nurs Manag 2020; 28(8): 2128-2135.
4. Schubert M, Ausserhofer D, Desmedt M, Schwendimann R, Lesaffre E, Li B, et al. Levels and correlates of implicit rationing of nursing care in Swiss acute care hospitals—A cross sectional study. Int J Nurs Stud 2013; 50(2): 230-239.
5. Gustafsson N, Leino-Kilpi H, Prga I, Suhonen R, Stolt M. Missed Care from the Patient's Perspective - A Scoping Review. Patient Prefer Adherence 2020; 14: 383-400.
6. Jones TL, Hamilton P, Murry N. Unfinished nursing care, missed care, and implicitly rationed care: State of the science review. Int J Nurs Stud 2015; 52(6): 1121-1137.
7. Kalisch BJ. Missed nursing care: a qualitative study. J Nurs Care Qual 2006; 21(4): 306-313.

8. Wakefield BJ. Facing up to the reality of missed care. BMJ Qual Saf 2014; 23(2): 92-94.
9. Organization WH. Dementia: a Public Health Priority Geneva: World Health Organization 2012; Available: <https://public.ebookcentral.proquest.com/choice/publicfullrecord.aspx?p=1218685>.
10. Australian Institute of Health and Welfare. Older Australians 2023; Available: https://www.aihw.gov.au/getmedia/9731ef83-8472-4a2d-a921-8ab1d75d9661/Older-Australians.pdf.aspx?inline=true .
11. Åhlin J, Strandberg G, Norberg A, Ternestedt B-M, Ericson-Lidman E. Care providers' narrated experiences of working in private non-profit residential care for older people during downsizing and reorganisation, focusing on troubled conscience. Nord J Nurs Res 2017; 37(4): 177-185.
12. Ludlow K, Churruca K, Mumford V, Ellis LA, Testa L, Long JC, et al. Unfinished Care in Residential Aged Care Facilities: An Integrative Review. Gerontologist 2021; 61(3): e61-e74.
13. Buhr GT, Kuchibhatla M, Clipp EC. Caregivers' reasons for nursing home placement: clues for improving discussions with families prior to the transition. Gerontologist 2006; 46(1): 52-61.
14. Van Rensbergen G, Nawrot T. Medical conditions of nursing home admissions. BMC Geriatr 2010; 10: 1-9.
15. Ludlow K, Churruca K, Mumford V, Ellis LA, Braithwaite J. Staff members' prioritisation of care in residential aged care facilities: a Q methodology study. BMC Health Serv Res 2020; 20(1): 423.
16. Department of Health and Aged Care. About residential aged care 2022; Available: https://www.health.gov.au/our-work/residential-aged-care/about-residential-aged-care .
17. Hibbert PA-OX, Wiles LK, Cameron ID, Kitson A, Reed RL, Georgiou A, et al. CareTrack Aged: the appropriateness of care delivered to Australians living in residential aged care facilities: a study protocol. 2019; (2044-6055 (Electronic)).
18. Aiken LH, Sloane DM, Ball J, Bruyneel L, Rafferty AM, Griffiths P. Patient satisfaction with hospital care and nurses in England: an observational study. BMJ Open 2017; 8(1).
19. Henderson J, Willis E, Blackman I, Toffoli L, Verrall C. Causes of missed nursing care: qualitative responses to a survey of Australian nurses. Labour & Industry 2016; 26(4): 281-297.
20. Roche MA, Duffield CM, Homer C, Buchan J, Dimitrelis S. The rate and cost of nurse turnover in Australia. Collegian 2015; 22(4): 353-358.
21. Higgs M, Fernandez R, Polis S, Manning V. Similarities and Differences in Nurse-Reported Care Rationing Between Critical Care, Surgical, and Medical Specialties. J Patient Saf 2020; 16(3): e162-e168.
22. Australian College of Nursing. The role of registered nurses in residential aged care facilities: Position statement 2016; Available: https://www.acn.edu.au/wp-content/uploads/position-statement-role-rn-residential-aged-care-facilities.pdf .
23. Campbell CM, Prapanjaroensin A, Anusiewicz CV, Baernholdt M, Jones T, Patrician PA. Variables associated with missed nursing care in Alabama: A cross-sectional analysis. J Nurs Manag 2020; 28(8): 2174-2184.
24. Henderson J, Willis E, Xiao L, Blackman I. Missed care in residential aged care in Australia: An exploratory study. Collegian 2017; 24(5): 411-416.
25. Schubert M, Glass TR, Clarke SP, Aiken LH, Schaffert-Witvliet B, Sloane DM, et al. Rationing of nursing care and its relationship to patient outcomes: the Swiss extension of the International Hospital Outcomes Study. Int J Qual Health Care 2008; 20(4): 227-237.
26. Schubert M, Ausserhofer D, Bragadóttir H, Rochefort CM, Bruyneel L, Stemmer R, et al. Interventions to prevent or reduce rationing or missed nursing care: A scoping review. J Adv Nurs 2021; 77(2): 550-564.
27. Eskin Bacaksiz F, Alan H, Taskiran Eskici G, Gumus E. A cross-sectional study of the determinants of missed nursing care in the private sector: Hospital/unit/staff characteristics, professional quality of life and work alienation. J Nurs Manag 2020; 28(8): 1975-1985.
28. Senek M, Robertson S, Ryan T, King R, Wood E, Tod A. The association between care left undone and temporary Nursing staff ratios in acute settings: a cross-sectional survey of registered nurses. BMC Health Serv Res 2020; 20(1): 637.
29. Labrague LJ, De Los Santos JAA, Tsaras K, Galabay JR, Falguera CC, Rosales RA, et al. The association of nurse caring behaviours on missed nursing care, adverse patient events and perceived quality of care: A cross-sectional study. J Nurs Manag 2020; 28(8): 2257-2265.
30. Rayner J-A, Fetherstonhaugh D, Cowen S. Research priorities in residential aged care services: A statewide survey. Aust J Ageing 2020; 39(1): 40-47.

31. Schasser S, Monaro S, West S. Linking hospital and residential aged care: a nurse-led vascular-geriatric model of care. Contemp Nurse 2021; 57(3): 224-234.
32. Harrison SLP, Lang CB, Whitehead CB, Crotty MP, Corlis MB, Wesselingh SP, et al. Residential Respite Care Use Is Associated With Fewer Overall Days in Residential Aged Care. J Am Med Dir Assoc 2020; 21(5): 653-659.
33. Whoqol Group. The World Health Organization quality of life assessment (WHOQOL): Position paper from the WorldHealth Organization. Soc Sci Med 1995; 41(10): 1403-1409.
34. Van Malderen L, Mets T, Gorus E. Interventions to enhance the quality of life of older people in residential long-term care: A systematic review. Ageing Res Rev 2013; 12(1): 141-150.
35. Welfare AIoHa. GEN aged care data: People leaving aged care 2018; Available: https://www.gen-agedcaredata.gov.au/Topics/People-leaving-aged-care .
36. Petrone K. 3 key differences between a nursing home and a hospital 2019; Available: https://www.democratandchronicle.com/story/sponsor-story/saint-anns-home/2019/08/21/3-key-differences-between-nursing-home-and-hospital/2022849001/ .
37. Knopp-Sihota JA, Niehaus L, Squires JE, Norton PG, Estabrooks CA. Factors associated with rushed and missed resident care in western Canadian nursing homes: a cross-sectional survey of health care aides. J Clin Nurs 2015; 24(19-20): 2815-2825.
38. Zúñiga FMSNRN, Ausserhofer DPRN, Hamers JPHPRN, Engberg SPRN, Simon MPRN, Schwendimann RPRN. Are Staffing, Work Environment, Work Stressors, and Rationing of Care Related to Care Workers' Perception of Quality of Care? A Cross-Sectional Study. J Am Med Dir Assoc 2015; 16(10): 860-866.
39. Recio-Saucedo A, Dall'Ora C, Maruotti A, Ball J, Briggs J, Meredith P, et al. What impact does nursing care left undone have on patient outcomes? Review of the literature. J Clin Nurs 2018; 27(11-12): 2248-2259.
40. Hackman P, Hult M, Häggman-Laitila A. Unfinished nursing care in nursing homes. Geriatr Nurs 2023; 51: 33-39.
41. Ball JE, Murrells T, Rafferty AM, Morrow E, Griffiths P. 'Care left undone' during nursing shifts: associations with workload and perceived quality of care. BMJ Qual Saf 2014; 23(2): 116-125.
42. Palese A, Ambrosi E, Prosperi L, Guarnier A, Barelli P, Zambiasi P, et al. Missed nursing care and predicting factors in the Italian medical care setting. Internal and Emergency Medicine: Official Journal of the Italian Society of Internal Medicine 2015; 10(6): 693-702.
43. Henderson J, Willis E, Xiao L, Toffoli L, Verrall C. Nurses' perceptions of the impact of the aged care reform on services for residents in multi-purpose services and residential aged care facilities in rural Australia. 2016; (1741-6612 (Electronic)).
44. Song Y, Thorne TE, Norton PG, Poss J, DeGraves B, Estabrooks CA. Rushing Care by Care Aides Associated With Experiences of Responsive Behaviors From Residents in Nursing Homes. J Am Med Dir Assoc 2022; 23(6): 954-961.e952.
45. Schubert M, Clarke SP, Aiken LH, de Geest S. Associations between rationing of nursing care and inpatient mortality in Swiss hospitals. Int J Qual Health Care 2012; 24(3): 230-238.
46. Rochefort CM, Clarke SP. Nurses' work environments, care rationing, job outcomes, and quality of care on neonatal units. J Adv Nurs 2010; 66(10): 2213-2224.
47. Blackman I, Henderson J, Weger K, Willis E. Causal links associated with missed residential aged care. J Nurs Manag 2020; 28(8): 1909-1917.
48. Olley R. Hear me, see me, trust you – job burnout and disengagement of Australian aged care workers. Leadersh Health Serv 2023; 36(1): 111-124.
49. Luongo A, Murray C, Girard D. An exploration of the perceptions of Allied Health Professionals on their roles within residential aged care. The Allied Health Scholar 2022; 3(1).
50. Ambagtsheer RC, Visvanathan R, Dent E, Yu S, Schultz TJ, Beilby J. Commonly Used Screening Instruments to Identify Frailty Among Community-Dwelling Older People in a General Practice (Primary Care) Setting: A Study of Diagnostic Test Accuracy. J Gerontol A Biol Sci Med Sci 2020; 75(6): 1134-1142.
51. Nelson ST, Flynn L. Relationship between missed care and urinary tract infections in nursing homes. Geriatr Nurs 2015; 36(2): 126-130.
52. Ludlow K, Churruca K, Ellis LA, Mumford V, Braithwaite J. Understanding the priorities of residents, family members and care staff in residential aged care using Q methodology: A study protocol. BMJ Open 2019; 9(3).
53. Sworn K, Booth A. A systematic review of the impact of 'missed care' in primary, community and nursing home settings. J Nurs Manag 2020; 28(8): 1805-1829.
54. İspir Demir Ö, Yilmaz A, Sönmez B. Relationship between care dependency, adverse events, trust in nurses and satisfaction with care: The mediating role of patient-reported missed care. J Adv Nurs 2024.

55. St Clair B, Jorgensen M, Nguyen A, Georgiou A. A Scoping Review of Adverse Incidents Research in Aged Care Homes: Learnings, Gaps, and Challenges. Gerontol Geriatr Med 2022; 8: 23337214221144192.