

Speaker information



Jim Harrowell AM

The Chairman will open the conference and make preliminary comments about the importance of the conference topics and how these link with quality care and accreditation.



Ken Jones

As State Manager of the Queensland office of the Agency, Ken Jones has responsibility for accreditation and education activities. Ken will provide a brief update on Queensland activities.



Dr Briony Dow

The term 'person-centred care' is increasingly used, but often poorly understood. This presentation will unpack the definition; outline the characteristics and various models of person-centred care. Dr Dow will outline some of the key research findings on person-centred care and how this impacts on implementation.



Maree Cameron

Quality systems in organisations need to 'fit' within the context that they operate so they are effective for driving quality outcomes and innovation. 'Beyond Compliance' is a strategy being implemented to support Victorian Health Services provide safe high quality care in residential services. It includes a focus on governance and leadership underpinned by clinical risk management and use of quality indicators.



Greg Adey

This presentation will provide a practical perspective on how the ACH Group implemented person-centred care. This presentation will highlight the key factors that led ACH to person-centred care, the challenges encountered and how they were overcome, the business model and most importantly what person-centred care has meant for residents.



Professor Joseph E Ibrahim

Most aged care organisations recognise the need to look beyond financial measures when evaluating their performance. The challenges are what measures to select and how to use the results of those measures. This presentation will highlight some of the key principles essential to understanding an effective approach for measurement to improve clinical performance.



Cynthia Payne

A private provider's journey in achieving business excellence; a great outcome within current constraints. This presentation will outline how investing in organisational development produces results for residents and improves financial viability.



Professor Rhonda Nay

Does your Board know what person-centred care is, do you know how to measure it, can you sell it to them so they commit to making the changes required from boardroom to bathroom? This session will challenge those who say 'we do person-centred care'. Come and share ideas for embedding it in your workplace.



Dr June Heinrich OAM

Baptist Community Services (NSW and ACT), not-for-profit Christian organisation has long recognised that investment in care leads to long term gains financially and benefits to residents. This presentation will outline initiatives such as staff retention strategies, risk management strategies and systems development that resulted in tangible benefits across the organisation.



Dr James Grealy

This 'how to' session of the conference will bring together the conference themes and explore how to implement that 'new idea' in a cost effective way. It will address how to measure the impact of the changes you are leading and explore the difference between leadership and management.

Session information

1a – Improving resident outcomes using clinical IT

This session will explore the journey from a paper based quality care management system to an electronic care system, highlighting how information systems can be used to enhance the care management process and improve resident outcomes.

IT projects in aged care

The aged care sector, like any other industry and business, recognises that information technology (IT) can play a positive and essential role in everything from administration, communication between staff, training and development to the treatment and care of residents. The IT projects funded in aged care are examining ways to improve the quality of aged care delivery and communication through the use of IT in Australian aged care homes.

1b – From vision to practice – achieving quality client care through role restructure and education

This presentation describes how in the midst of a worldwide shortage of registered nurses, Baptist Community Services embarked on a journey that enabled it to:

- appropriately up-skill staff to ensure quality care for its residents by developing the Cert IV in Aged Care Work qualification
- open up a new career pathway for care staff and enrolled nurses by developing a care supervisor role
- release registered nurses from operational care and upgrade their role to clinical leaders.

Catch of the day! – A recruitment innovation where fresh is best

A targeted approach which looks at investing in professionals before they even graduate was commenced in 2007 across four of the homes of Royal Freemasons' Homes of Victoria Ltd (RFHV). This is called the Therapy Scholarship and was constructed in collaboration with University of Melbourne Faculty of Music and La Trobe University School of Physiotherapy.

2a – Physio matters in aged care

Aged care is changing. Residents are at increased risk of falls, contractures, depression and decreased mobility and independence. The aged care workforce is ageing and have increased manual handling injuries. Physiotherapy is able to provide cost effective programs to maximise resident outcomes and prevent staff injuries. Physiotherapy matters in aged care.

A successful exercise program for fun, fitness and fall prevention

In 2006 at the Brookfield Village Retirement Centre the speaker designed an exercise program to assist in the prevention of falls, to re-educate balance and to promote independence in a group of well elderly residents. The program was designed with the assistance of university students from Queensland University. Results showed that the program did achieve the expected outcomes and became a really fun part of the resident's life. The exercise program very quickly became a desirable way to spend Monday morning. This presentation is to highlight the reasons for the success of this group and provide further outcome measures three years down the track.

2b – Active, independent and upright

A groundbreaking research program 'Active,

independent and upright,' conducted among more than 120 high care and low care residents of varying age and mobility showed it was possible to halve the risk of a fall - the single largest cause of hospitalisation in people aged 65+.

Playgroup treasures

Bupa Bellarine has integrated a playgroup into the home thus enabling positive intergenerational relationships. The playgroup, the Bupa Treasures has strengthened ties with the community and has brought fun, laughter and spontaneity into the home. This presentation identifies the processes used to establish and sustain the playgroup.

Governance and accreditation toolbox

This presentation introduces an easy-to-use guide for directors and boards of residential aged care organisations and outlines tools and templates which can be adapted to your organisation's requirements.

3a – Challenging behaviour – staff or residents?

A person's ability to verbally communicate their needs frequently declines with advancing dementia. Non-verbal communication expressed as behaviour becomes dominant. Interpreting this and finding ways to respond effectively becomes a key challenge for carers. A model of care (CARE) being introduced into Churches of Christ Care, Queensland, empowers carers to focus on people first, tasks second, with interesting results.

Reading the message and responding effectively

This presentation will use brief vignettes to illustrate clear, compassionate and effective responses to a selection of behavioural communication events within the framework of the Needs-driven Behaviour model.

3b – A holistic approach to nutritional management within an aged care home

Bowden Brae Retirement Village acknowledges research highlighting issues surrounding weight loss and our ageing population. The home has developed a person-centred approach to nutritional management. Some of the key elements are ongoing assessment, graphing of weight trends, allied health input, menu sampling for residents, resident focus groups and audit programs monitoring quality.

Better oral health in residential care

Better oral health in residential care is an evidence-based, best practice model to promote better oral health within the Australian residential aged care sector. This involves four key processes; assessment, care planning, daily oral hygiene and dental treatment. Best practice requires an articulated team approach with the different occupational groups involved in residential aged care (GPs, RNs, care workers, dental professionals) having delineated responsibilities for one or more key processes. The project is funded by the Australian Government Department of Health and Ageing under the Encouraging Best Practice in Residential Aged Care (EBPRAC) Program.

3c – Workshop: What are the vital signs to measure the health of your organisation?

This workshop focuses on performance measurement and monitoring in residential aged care homes. How do you identify what to measure, when and how? What do you do with the information gathered from performance measurement and monitoring? How does it assist you to provide better care

and services for your residents? We'll look at some case studies and follow the trends to identify the problems and develop solutions.

4a – The 4Rs strategy to building and maintaining a successful workforce

This looks specifically at recruitment, retention, recognition/reward and the recycling of staff. The strategy has not only produced cost savings to the organisation but has also had an impact on the reduction in the number of recruitment advertisements, the need for agency staff, the turnover of staff and subsequently a reduction in education and training costs associated with new staff. There has also been an improvement in the quality of care of the residents in that the calibre of staff is higher and the residents receive consistency of care.

TEAM Aged care – Time for Evidenced based Action around PRN Medicines in aged care

Team approach brings benefits – tailored brief educational encounters for all staff at the point at which care is delivered is an innovative model in the aged care industry and is the first time this method of education has been utilised in a formal way for aged care staff in Australia.

4b – Loosening the ties – a person-centred approach to restraint

In 2007 the speakers debated the question of whether bedrails were a safety item or restraint. The outcome was a review of existing restraint documentation in the current context of bedrails being considered a form of restraint. Through benchmarking and research, they developed a suite of documents to manage restraint.

I want to be free

This presentation will examine the literature and evidence regarding the use of restraint in residential settings. The nature of the evidence and clinical decision making and ethical issues regarding the use and removal of restraint will be explored.

4c – Implementation and evaluation of a person-centred dementia care program: recipe for success

Optimising outcomes for people with dementia is complex given the individual manifestations of the dementia syndrome. There are a number of social therapeutic programs that have been developed and implemented in residential aged care settings across the world but few of these programs are research based. Central Queensland Health Service (Queensland Health) recently implemented the 'Spark of Life' Dementia Care Program at Eventide Nursing Home in Rockhampton. In collaboration with CQUniversity, this program was evaluated according to outcomes for people with dementia, nurse caregivers and families. Information regarding the implementation and evaluation of this program is presented with a focus on achieving best practice in a regional setting.

Enhancing the mental health care of residents through a best practice clinical pathway

Residents' mental health is prioritised at RSL LifeCare ANZAC village in parallel with dementia care. The village enhances residents' mental health through psychosocial and non-pharmacological approaches to managing psychiatric problems. Residents with mental health issues can access a mental health clinical pathway delivering care, treatment and support for individual psychiatric needs.