



Special edition

Risk management

Our corporate vision is to make a significant contribution to quality consumer focused care through accreditation and education. Part of our mission is to use the information we have gained in our role as the accreditation body to develop educational services and products to assist industry, and to provide information about industry performance.

We have recently examined those detailed audit reports where our assessment teams found non-compliance with the Accreditation Standards to see if there were any trends in the data, and what observations, if any, could be made about the possible causes of the non-compliance identified.

The sample size was not sufficiently large to be statistically robust – a product of the industry's generally good performance in delivering high quality care for residents.

However we were able to identify certain common characteristics in areas where non-compliance was most frequently identified, and this and the next two special editions of *The Standard* are devoted to highlighting this important research so that nursing homes can use it in their strategic planning, and staff training and development.

Each special edition of *The Standard* will focus on three or four expected outcomes and the lessons learned. The

information will also be placed on our website, www.accreditation.org.au for future reference.






The information has also been used to develop a new one-day seminar, *Managing risk to avoid non-compliance*. This is proving a highly popular seminar. Further information, including seminar dates and locations, is available from our website, www.accreditation.org.au and click on 'education, resources and training'.

Where non-compliance was identified in expected outcomes concerned with direct provision of care and services, there was a common theme of failure by the home to properly assess residents' needs and preferences, and to properly plan the provision of care and services to residents. There were also clear and strong links between poor performance in continuous improvement (one of the three global expected outcomes), and human resource management, information management, and clinical care. There were also strong links between behavioural management, leisure interests and activities, human resource management and information management.

This second of the special three-part series looks at the following four expected outcomes:

- 1.6 – Human resource management
- 2.5 – Specialised nursing care needs
- 2.7 – Medication management.

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Just a word



In this special risk management issue, the second of a special three-part series, you'll read how good systems, skilled people who are provided with ongoing training and effective supervision are important for managing risk to provide sustained care for residents

Residential aged care homes that were non-compliant in client outcomes were not managing risks so were unable to provide a good level of care to their residents.

We found that homes that had systems in place but did not have skilled staff were also unable to provide consistent level of care to their residents and were again not managing their risks.

Skilled staff includes providing ongoing training to take account of turnover and training to support the introduction of new management and information systems.

Is your approach to training of staff appropriate to the needs of your residents?

Homes that had good systems and skilled staff that had poor supervision were also not managing their risks and were unable to provide a good level of care to their residents.

I hope that this special series on risk management reinforces how many residential aged care providers are ensuring they provide a good level of care to their residents by implementing effective systems, employing skilled staff and training staff to meet resident needs and providing the right level of supervision to provide a sustained level of care for residents.

A handwritten signature in black ink, appearing to be 'Mark Brandon'.

Mark Brandon
Chief Executive Officer

Expected outcome 1.6 Human resource management

Expected outcome 1.6, Human resource management, is concerned with homes having appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Accreditation Standards. To achieve high performance in this expected outcome and ensure residents receive the services they need, homes need to create an environment in which staff are encouraged and enabled to be actively involved in the running of the residential aged care home.

Among those homes found to be non-compliant in 1.6 Human resource management, it was found that a significant proportion did not maintain appropriate numbers and types of staff, with many of them not being able to ensure that staff skills and qualifications were the right fit for the work required and to reflect their residents' needs.

General Manager Accreditation, Victoria Crawford said, "It is important for homes to be mindful of the potential impact of a rapid growth in the number of residents, or a change in care mix, on their requirement to ensure they have appropriately skilled and qualified staff to provide the care services needed. For example, a change in the level of resident care requirements from moderate to high level care, or the development of complex and challenging behaviors among residents, may challenge a home's ability to provide care and services in a manner consistent with the requirements of the Accreditation Standards."

"Growth in resident numbers may mean that extra staff need to be employed, in a timely manner and with the required skill mix. Homes require, therefore, mechanisms to review staff numbers and skill mixes in relation to changes in the needs and preferences of residents."

Training existing staff therefore becomes important to provide residents with a sustained level of good care as their needs change.

Other deficiencies that were also highlighted included role communication. It was found that significant numbers of homes lacked the appropriate means of communicating with staff about the requirements of their work.

Again, training staff in these new processes shows how well a residential aged care home adapts to the changing needs of residents.

“In order for staff to perform their roles effectively, they require information and knowledge about the expectations of their roles and responsibilities and the processes and policies of the home,” highlights Victoria. “Homes need to ensure that they have processes in place to communicate to staff the requirements of individual positions and mechanisms to monitor and maintain the skills of their staff.”

- encourage or enable staff to be involved in the running of the service, particularly in relation to decisions which affect them and their work
- provide adequate staff training to enable staff to adapt to the changing needs of residents
- create a physical work environment that enhances staff safety and a sense of wellbeing

“Growth in resident numbers may mean that extra staff need to be employed, in a timely manner and with the required skill mix.”

In addition, staff recruitment was seen as an issue, with a proportion of homes shown to be failing to ensure that new or temporary staff were capable of fulfilling their role requirements.

Victoria said: “Again, it is important that the skills mix required to ensure residents receive the care they need and prefer, is considered when recruiting staff.

“And adequate orientation of new and temporary staff to their roles and responsibilities is an essential element to ensure staff are able to fulfill their roles and meet the needs of residents.”

Whilst not necessarily encompassed by this expected outcome, a home that poorly manages its human resources invariably, does not:

- communicate with staff effectively to help them carry out their work and contribute to the development of their roles
- recruit or orient staff in a way that achieves close alignment between the quality of care required and systems, processes and tasks

- manage or evaluate the contribution of its staff to achieving organisational objectives
- recognise and reward staff, including financial compensation, for achieving financial targets.

A strong causal link was found between homes that were non-compliant with Human resource management 1.6 and deficiencies in other service systems, in particular Clinical care 2.4, Specialised nursing care needs 2.5, Medication management 2.7, Behavioural management 3.7 and Information systems 1.8.

We found therefore, that in homes where workloads are unrealistic, or where staff are unqualified, poorly trained or poorly deployed, then process malfunctions will occur across a wide range of expected outcomes. “Employment of staff without appropriate skills may exacerbate any staff shortages as this may lead to inefficiencies in time and effort and place greater work related stresses on staff,” points out Victoria.





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Aged Care

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International Society for Quality in Healthcare (ISQua) International Conference

Effective leadership in quality and safety in health care means having access to the most recent information and best practice experience. ISQua's international conferences provide a stimulating 'must attend' annual forum with exchange of information and updates on practice and policy development. Delegates include national health policy leaders and decision-makers, researchers, healthcare professionals in all disciplines, administrators, clinical organisations, standards and accreditation organizations, healthcare networks, providers and consumer organisations.

Each year the conference is held in a different city in the world in association with governments and other key organisations. In the past ten or so years, ISQua international conferences have been held in: 1996 Jerusalem, 1997 Chicago, 1998 Budapest, 1999 Melbourne, 2000 Dublin, 2001 Buenos Aires, 2002 Paris, 2003 Dallas, 2004 Amsterdam, 2005 Vancouver, 2006 London and Boston in 2007.

ISQua is now planning for Copenhagen from 19 - 22 October, 2008. To register or for further information on our conference, please see our website www.isqua.org



25th International Conference

The International Society for Quality in Health Care
Bella Center, Denmark, 19 to 22 October, 2008



Expected outcome 2.5 – Specialised nursing care needs

Specialised nursing care needs 2.5 concerns the way homes ensure that the needs of residents are identified and met by appropriately qualified staff.

Formally assessing the nursing care needs of residents is the starting point for homes obtaining an understanding and knowledge of what its residents' needs are and what has to be achieved in order to meet those needs.

Among homes found non-compliant, assessments of residents' needs were found to be irregular and therefore not current, or poorly performed. In several homes, unqualified staff conducted these assessments.

General Manager Accreditation, Victoria

Crawford said: "The accurate assessment of residents' needs relies on those undertaking the assessments having the required skills and knowledge. It is most important therefore, that staff undertaking these assessments have the appropriate qualifications and skills that equip them to accurately assess

and meet the specialised nursing care needs of residents. The Quality of Care Principles 1997 (Schedule 1, Part 3) states that 'initial and ongoing assessment, planning and management of care for residents, (are) carried out by a registered nurse'. The Quality of Care Principles also specify specialised nursing services which must be personally performed by a registered nurse or other appropriately qualified professional. This means that the specialised nursing care needs of any resident requiring high-level care must be carried out by qualified individuals. This also applies to residents in what were traditionally 'low-care' homes who have high-care needs."

The process by which information about residents' assessed needs is converted into documented care plans and actions were found deficient, again, those homes found non-compliant in this Expected Outcome. Ensuring that these plans and actions are accessible to

appropriate staff and easy to understand is the next link in the process chain leading to effective care delivery for residents.

"Nursing care plans need to document or describe the specific needs and preferences of residents and be presented in a way that is easy for all relevant staff to understand and action," said Victoria.

Residential aged care homes that provide ongoing training on nursing care plans ensure that these plans are documented well and

implemented to provide consistent care delivery for residents.

Regular review and evaluation of the effectiveness of the specialised nursing care system was found to be deficient in those homes found non-compliant.

"A home needs to regularly review and evaluate the specialised nursing care being

delivered to determine if it is effectively meeting the needs of each resident," said Victoria. "It is unlikely that the care being provided will continue to meet the needs of residents without regular review and evaluation. Consultation with residents and, where appropriate, their representatives, and other health professionals is an important aspect of regularly assessing the specialised nursing care needs and preferences of resident."

Regularly reviewing and evaluating the effectiveness of the specialised nursing care system is a key link in the process chain and is the means by which homes can consider and respond to:

- resident outcomes that do not consistently meet established targets and measures
- solicited and unsolicited resident feedback, including complaints

"Nursing care plans need to document or describe the specific needs and preferences of residents and be presented in a way that is easy for all relevant staff to understand and action."

- opportunities for process improvement, including the need for additional staff training and education
- new knowledge and information that emerges about the current and likely future needs of residents.

Deficiencies in specialised nursing care, like other expected outcomes in Standard Two, demonstrate a relatively strong correlation with deficiencies in Information systems 1.8. The reason for this lies in the fact that specialised nursing care cannot be effectively provided unless decision-making is based on an accumulation of knowledge and information

that has been tested and refined over time. Accordingly, any process deficiencies in how resident information is collected, analysed and used, will inevitably result in deficiencies occurring in the home's service systems. (See *The Standard*, June 2008)

"There is also an obvious link between 2.5 - Specialised nursing care needs and 1.6 - Human resource management," says Victoria. "If a home does not have appropriately skilled and qualified staff to identify the care needs of residents or provide training for staff to identify these care needs, it will not be able to comply with 2.5 - Specialised nursing care needs."

Expected outcome 2.7 – Medication management

Medication management 2.7 concerns the way homes ensure that the medication needs of residents are managed safely and correctly. Residential aged care homes need to be able to demonstrate that their medication management system is safe, according to relevant legislation, regulatory requirements and professional standards and guidelines.

A key process most often identified as deficient in this Expected Outcome included the monitoring of staff practices to ensure they comply with established procedures. General Manager Accreditation Victoria Crawford, said: "The strong relationship identified between the monitoring of staff practices and deficiencies in medication management suggests that adequate monitoring of staff practices and providing adequate training may prevent or minimise deficiencies in this area.

"In addition to errors in the administration of medication by staff, these deficiencies include incorrect storage of medication, and the reporting and documentation of medication errors."

Medication administration by staff was the third area of significant concern highlighted as part of the review.

"Administration of medication involves ensuring residents receive the correct medication, in the correct dose through the correct route and at the correct time," said Victoria. "Homes need to ensure that the staff administering the medication have the

required qualifications, skills and knowledge to undertake this role in a safe and correct manner."

The ordering and recording of medications was also a key process found to be deficient where homes were found to be non-compliant. Problems in this area include out-of-date orders, orders that are not legible, signed and dated or orders that do not clearly stipulate dosage and time of administration.

"Regular evaluation and review of residents' medication needs and preferences and of the homes' overall medication management system should assist homes to identify and rectify these deficiencies," said Victoria.

These processes and the others that comprise medication management mainly involve the home ensuring that appropriate procedures are followed and that if 'things go wrong' the causes are identified and corrected, and the information used to eliminate or minimise the likelihood of any future malfunctions. Information management and continuous process improvement are thus critical to ensuring that quality in medication management is maintained.

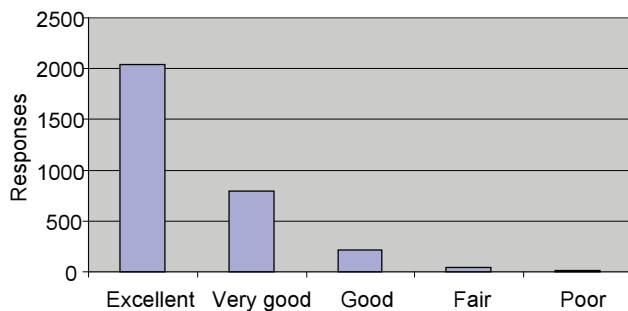
"Homes need to ensure that the staff administering the medication have the required qualifications, skills and knowledge to undertake this role in a safe and correct manner."

2007/2008 Assessment team performance

We rely on your feedback to guide our performance.
Here's how you rated us in 2007/08.

1.1 The politeness of the assessment team

Q10 - The politeness of the assessment team



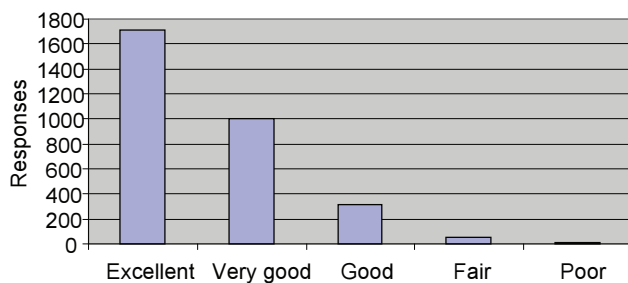
Satisfaction rate

1.4 Overall satisfaction with the assessment team's performance:

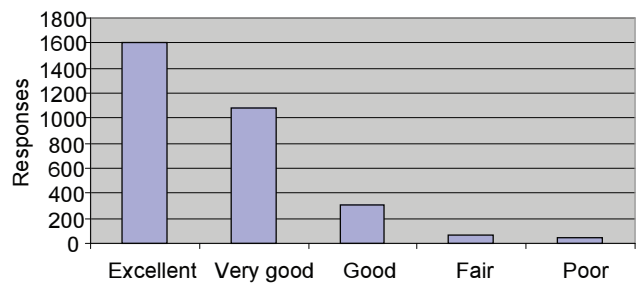
Rate	2007-2008 Financial year
Excellent	52%
Very good	35%
Good	10%
Fair	2%
Poor	1%
N/A	1%
Total	100%
Responses	3120

1.2 The assessment team's knowledge and understanding of aged care

Q11 - The team's knowledge and understanding of aged care

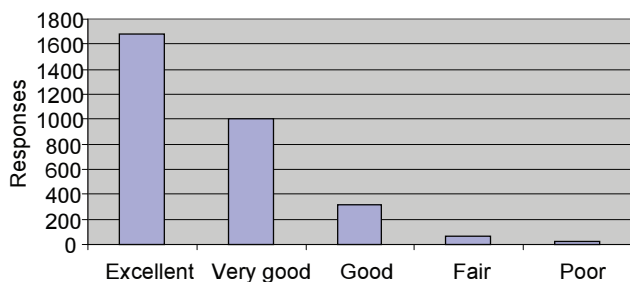


Q16 - Overall, how would you rate the assessment team's performance?



1.3 The assessment team's flexibility during the visit:

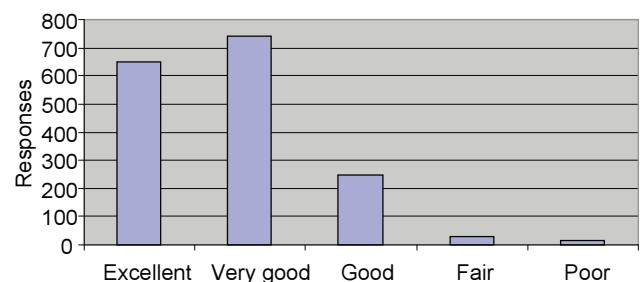
Q13 - The flexibility of the assessment team during the visit



Site audit visit only

1.5 The advice that the Agency provided about the home's responsibilities for the audit:

Q17 - The advice that the Agency provided about the home's responsibilities for the audit





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