February 2010

The Standard

Newsletter for aged care home staff, managers, residents and their families

Memorial services are held every six months for all residents that have died.

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BETTER PRACTICE IN AGED CARE AWARD

Redhead Gardens Hostel wins Better Practice award for palliative care program

Redhead Gardens Hostel in NSW was recently awarded a Better Practice in Aged Care award for its palliative approach.

Prior to the new approach being implemented, the advanced care plan or end of life directives were in place for all clients and had been the practice for the past two years, following education received from the Hunter New England Area Health special project officers. Relatives had praised the staff on the manner in which care had been delivered to their loved ones during the dying period.

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Aged Care
Standards and Accreditation Agency Ltd

Just a word

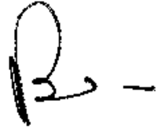
Welcome to the first edition of *The Standard* for 2010.

Over the holiday period we produced and distributed an additional special issue of *The Standard* with a focus on preparing for emergencies and natural disasters. The issue provides a valuable checklist for you to consider when developing your home's emergency management plan.

It also has a list of helpful websites and examples of how homes across the country have been affected by bushfire, storms and floods – and how their emergency management plans helped them in crisis.

If you didn't receive a copy or would like extra copies of this valuable issue, please email editor@accreditation.org.au with your request.

We are currently analysing the results of the recent round of accreditation and will provide you with the results in an upcoming issue of *The Standard* as soon as it is finalised.



Mark Brandon
Chief Executive Officer

EDUCATION AND TRAINING

Making the link between information systems and better care

Our preliminary research from the last round of accreditation has shown that some homes have difficulty making the crucial link between their compliance with expected outcome 1.8 Information systems, and better care for residents.

'Achieving compliance with 1.8 Information systems' is a one-day seminar designed to help you develop and maintain relevant and effective information systems and provide the link to high quality focused care for residents.

You will learn how information systems contribute to strategic and operational planning and decision making, how to critically analyse existing information systems to identify gaps and learn how to develop strategies to make changes to your existing or new information systems.

Cost: **$270. This includes seminar materials, lunch and refreshments.**
5% discount for five or more registrations.

For dates and locations see our website, www.accreditation.org.au

Unable to attend? We can run the seminars at your workplace and focus the content on your home's specific issues and challenges. And you will save money, not just on fees but on staff travel and accommodation.

FOR MORE ABOUT OUR COURSES AND SEMINARS,
PHONE **1800 728 589** OR GO TO **www.accreditation.org.au**

NEW COURSE

Understanding accreditation

A new short course in understanding accreditation has been developed to help you better understand the assessment process and to take the myths out of accreditation.

Understanding accreditation: a practical toolkit for homes, is a new and compact three-day course that captures all the essential elements of the full assessor course, but is designed with industry feedback in mind.

General Manager Education Elizabeth Pringle said the new course has been developed with a focus on feedback and a view to making the course more affordable and accessible.

"Our four-day course has been extremely popular since it was introduced in (2006).

"Our market research showed us that time away from people's normal place of work was a big issue for both employers and staff. People who had done the four day course also told us that while it was an excellent course, it could be shorter and more hands on," Mrs Pringle said.

"Essentially what participants said they wanted was an insight into the accreditation process and how we do things – 'inside knowledge', so to speak.

"So we have taken all the essentials of the full assessor program, and condensed it into an interactive three-day course.

"People can see how we assess homes' care for residents against the Accreditation Standards, so they can then have a better understanding of what our assessors are looking for – and feel more prepared for site audits and support contacts.

"And they can apply the knowledge to undertake self-assessments in between audits and strengthen their continuous improvement processes in their own homes.

Mrs Pringle said the market research found that one of the barriers to sending staff to such courses was time away from the aged care home, and the associated costs for travel and accommodation.

"So we have not only shortened the course to three days, but we have added the option of providing the course in-house to save time and money in staff travel and accommodation costs," Mrs Pringle said.

"We will also provide a discount for organisations wishing to hold the course in-house, and can tailor the course to meet each organisation's needs.

The cost of the course is **$750** per participant. This covers venue hire and includes a range of resources and handbooks, lunch and refreshments. There is a 5% discount for five or more registrations.

Dates and locations are available on our website: www.accreditation.org.au under Education, resources and training. For more information or to arrange an in-house course, contact our education team on 1800 728 589 or email courses@accreditation.org.au.

Palliative care

The World Health Organisation defines the key concepts of palliative care as:

- encompassing relief from pain and other distressing symptoms
- regards dying as a normal process; neither hastens nor postpones death
- prolonging life is not a goal of palliative care
- integrating psychological and spiritual aspects of client care
- helping clients live as actively as possible until death
- helping the family cope during the client's illness and in their own bereavement
- enhancing quality of life.

Palliative care – interviewing residents and representatives for accreditation

Asking a resident or their representative about palliative care needs is often difficult for our assessors and as a result they often use information from other responses to assist in determining whether a home meets expected outcome 2.9 Palliative care. In particular, assessors are interested in finding out:

- Are qualified staff available?
- Are care interventions altered when residents' needs change?
- Is adequate emotional support provided, including during critical events?
- Is the resident encouraged to practise their individual customs and spiritual beliefs?

Without directly asking questions about palliative care, our assessors can gather information using questions that are more sensitive.

Best practice recommendations

Research from Joanna Briggs Institute based on literature and evidence-based health care databases listed the following best practice recommendations for palliative care:

- The use of analgesia (opioids and non-steroidals) is recommended in the treatment of cancer pain.
- The use of B-agonists and opioids is recommended for the treatment of dyspnea in residents with chronic obstructive pulmonary disease (COPD).
- The use of B-agonists is recommended for the treatment of dyspnea in residents with cancer.
- The use of psychotherapy, tricyclic antidepressant and selective serotonin reuptake inhibitors (SSRIs) is recommended for the treatment of depression in cancer.
- Careful consideration is required in the use of artificial nutrition and hydration regarding potential harms and benefits, and the preference and belief of the residents and family.
- Multi-component interventions and engaging care planning initiated by skilled facilitators are recommended to increase advanced directives.
- The use of multidisciplinary interventions is recommended in residents in reducing hospital re-admission.
- The use of comprehensive and individualised interventions is recommended in reducing caregivers' burden.
- Due to the lack of strong evidence, clinical judgment should be used in administering laxatives for the management of constipation.

There were a few additional recommendations for residents with dementia:

- Residents with advanced dementia should be included in the provision of palliative care.
- Development of restraint-free policy and staff education program is recommended.

End of life framework forum

A national forum has been formed by Palliative Care Australia to discuss end-of-life issues. The goal of the forum is to develop a framework that can lead to better quality care at the end of life for all Australians. The participants come from across the health, aged care, and consumer sectors – including the Heart Foundation, various universities, Catholic Health Australia, Cancer Council and key opinion leaders from the acute, primary, chronic, and aged care sectors.

Once a framework has been drafted, it will be sent to other stakeholders, for consultation and comment.

For more information, go to www.palliativecare.org.au

Advance care planning

Advance care planning is defined by the *Australasian Journal on Ageing* as: "the process of helping a resident work through – by themselves or with their family, their doctor or other staff – the process of thinking about and considering what kinds of treatment they might want in the future. It may include written documents, such as advance care directives, but not necessarily. It's more the process of getting people to acknowledge the situation they are in and getting them to think about and talk about what sort of options they might want for themselves in the future in the event they cannot speak for themselves at the time. This would most typically be because of progressive dementia."

Research recently reported in the Journal has shown that there are wide variances in the type of advance care planning that occurs in residential aged care, ranging from no discussion beyond issues such as funeral arrangements, to a highly systematic approach which begins with admission of residents and followed up at various stages with formal documentation and organisational leadership. It is proposed by the researchers that advanced care planning should be approached with a range of stakeholders, including residents, family members, direct care staff and treating physicians. It would also need to include clear guidelines, policies, protocols and checklists, clear information about areas of responsibility; clear documentation and retrieval systems; and the possibility that advanced care planning become a formal requirement. Education needs to be available for staff and residents and relatives to encourage awareness well before it is required.

The report on the research project 'Preparing for end-of-life in residential aged care' is published in the *Australasian Journal on Ageing*, Vol 28 No 4 December 2009.

Planning ahead – an information guide for people with dementia and their families and Planning for Palliative Dementia Care – a resource guide, ACH Group, South Australia, 2009

These documents focus on caring for a person with dementia. However, they raise awareness of planning for care prior to a diagnosis that may impact on a person's capacity to make choices in the future.

Planning ahead provides the opportunity for discussions in a calm environment with no immediate crises to be managed:

- discussing issues that are of importance to the person
- time available to respond to questions and seek further information from health professionals and other support services
- planning time for wishes that relate to recreational activities or holidays
- discussing who the resident would like to have contact with or re-establish friendships
- discussing how to manage financial matters
- food and clothing preferences (particularly in a spiritual sense)
- planning for the choice of doctors, dentists or specialists they would prefer to have
- understanding the resident's beliefs about quality of life, spiritual and religious preferences and end of life care and treatment.

It is important to recognise that information may change over time and decisions may change.

Future planning is about respecting people's choices. A home is to encourage the right relationship between staff, residents and their families; that staff focus on ensuring residents and families have the information and the assistance from the right sources to do their planning.

Provision of palliative care in Catholic Health and Aged Care Services

Information in this document includes guidance for 'supportive care' – a program that is applied to cancer patients and includes five domains – physical needs, psychological needs, social needs, information needs and spiritual needs.

It is important for staff in residential aged care to be provided with information and education that assists and supports them to understand the cues given by residents and ensure time is made for discussion such as pastoral or spiritual care.

In Australia, there are various common law and statutory law that govern the legal aspects of advance care planning and advance care directives.

There are common principles for advance care planning that homes and health professionals should follow:

- Decisions need to be made in the residents' best interest, keeping in mind their own fears and wishes.
- Encourage people with life limiting illness to discuss and document their wishes.
- Where a person has lost capacity to make their own decisions, efforts must be made to determine whether that person has undertaken any advance care planning and if so, to obtain a copy of any outcomes.
- Be aware of the legal and statutory obligations of implementing advance care directives.

Identifying whether a person has the capacity to make their own decisions

A capacity toolkit has been developed by the NSW Attorney General's Department to assist people in identifying whether an individual has the capacity to make their own decisions. The tool kit includes case studies and checklists and is presented in a user-friendly format. The toolkit is available for downloading at www.lawlink.nsw.gov.au/diversityservices.

End of life care and decision making guidelines

Department of Health, NSW, 2005

The guidelines aim to promote communication between staff, compassionate and appropriate treatment decisions, fairness and seek to safeguard residents and health professionals and staff.

The principles set out in the guidelines include:

- respect for life and care in dying
- the right to know and choose
- appropriate withholding and withdrawal of life-sustaining treatment
- a collaborative approach to care
- transparency and accountability
- non-discriminatory care
- rights and obligations of healthcare professionals
- continuous improvement.

Planning in advance

The capacity to make decisions is often lost as serious illness or end of life approaches. Therefore, families are most likely to be the ones to understand the resident's wishes. Early discussion and planning will ensure that the resident's values will inform decision making.

An important aspect for effective advance care planning is discussion between the resident and family whilst the resident still has the decision-making capacity.

To be considered are the legal aspects of advance care planning that in NSW are to occur in conjunction with their healthcare professional and include discussions relating to life-sustaining treatment, appointment of an enduring guardian and writing an advance care directive.

Planning for future care occurs in a cycle of assessment, disclosure, discussion and consensus building.

North West Melbourne Division of General Practice website – **www.nwmdgp.org.au**

This website has a number of resources including clinical information sheets and reference cards.

The reference cards provide some useful guidelines for interviewing and discussing advance care planning. Examples of discussion points include:

- Perhaps the family or friends have had experiences regarding decisions about future care and medical care.
- Who will represent the resident to make decisions? They may already have a legal document regarding medical enduring power of attorney.
- The goals and values of a resident should be included such as the kinds of things that the resident considers to be important that if they were prevented from doing them, they would have a poor quality of life.
- When the resident has to face challenges, ask who they turn to for support or what sustains them in terms of religious, spiritual or cultural aspects.
- Advance care plans may change over time and it is important to ensure that when they do, copies are sent to all the relevant people.

While a family is going through a crisis, conflict often arises in medical decision-making. An advance care plan can often alleviate these concerns and issues. Adopting an approach where advance care planning is part of routine care will ensure that residents' choices and decisions are current and understood.

Residents need to understand their options for life-sustaining treatment and the value to them. This type of information is usually contained in a legal document and would probably involve a GP. The discussion could encompass:

- current health status
- personal goals and goals of treatment
- benefits and burdens of relevant medical care, eg. investigations, hospital transfer, antibiotics, fluids, tube feeding, surgery, resuscitation
- whether or not the benefits and burdens of treatment are compatible with the individual's goals, eg. how active treatment should be, if there are any limitations.

CareSearch website – www.caresearch.com.au

This website provides information regarding state and territory legislation including links to relevant legislation regarding advance care planning, advance directives, medical power of attorney, power of attorney for financial decision making.

And more….

Palliative care provision in ACT residential aged care facilities, 2006, Alzheimer's Australia ACT May 2006. www.alzheimers.org.au/upload/PalliativeCareProvisionACT.pdf

Royal Australian College of General Practitioners website – www.racgp.org.au/guidelines/advancecareplans

BETTER PRACTICE IN AGED CARE AWARD – 'Redhead Gardens Hostel wins Better Practice award for palliative care program' – Continued from page 1

While staff had great pride in the manner in which they cared for clients during the death and dying phase of life, a series of processisues that arose over a four day public holiday period forced management to return to the Department of Health and Ageing "Guidelines for a Palliative Approach in Residential Aged Care." A multi-disciplinary committee was convened and a gap analysis was commenced. Many gaps were identified. It was also revealed that there were many standards in place but they had not been considered under the palliative approach.

A clinical nurse specialist was employed. Staff were given education on palliative care, palliative approach and equipment. A comprehensive palliative care plan was developed, flow charts and list of clients who were identified under the pre-determined criteria. Management put processes in place to ensure that staff have the knowledge, skills and equipment to provide the best possible care for palliative care clients. The palliative approach care plan is individualised for each client and the client is cared for as a unique individual as a direct result of the program.

Guidelines for a Palliative Approach in Residential Aged Care are available for downloading at www.nhmrc.gov.au/publications

The Palliative Approach Committee reports directly to the Medication Advisory Committee therefore ensuring accountability and responsibility. The program has been disseminated widely and improvement ideas have been generated from this process. The program has brought about many changes and has received much praise from key stakeholders.

The program will continue to evolve in line with advances in medical science, research and customer satisfaction to meet the needs of the clients, family members and staff alike.

Better Practice 2010

Adelaide	20-21 May	Melbourne	26-27 August
Hobart	24-25 June	Sydney	16-17 September
Perth	22-23 July	Brisbane	14-15 October

www.accreditation.org.au

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