



Photo courtesy of the Western Advocate

Agency NSW/ACT Manager Ann Wunsch (second from right) presents Better Practice award to (from left) RN Quality Officer Jennifer Orr; Residential Manager Sharyn Ryan; and Care Manager Robyn Butler.

## All in the timing

Macquarie Care Centre in Bathurst, NSW has been awarded a Better Practice in Aged Care Award for its medication research project for residents with Parkinson's Disease.

Through the research project, it was discovered that as Parkinson's Disease progresses, the timing of medication is critical, and that older people do not store the medication in their body which makes timing even more crucial to treating symptoms.

### The research findings








- The goal of the medicine treatment is to use the least amount of medication to enable the resident to keep functioning and have quality of life.
- The treatment regimen should be individualised to the resident,

eg. activity, cognitive decline, predominant symptoms.

- Medications used are not a cure nor do they slow the progress of the disease.
- Medication absorption is affected by diarrhoea.
- Medicines used for Parkinson's disease are effective through all stages of the disease, however medication timing becomes harder to manage as the disease progresses.
- Late in the disease the timing of the medication is critical.
- While a younger person can store the medication in their body and access when required, an older person does not store the medication and requires it at the most optimal time to treat their symptoms.

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Aged Care

Standards and Accreditation Agency Ltd





This month's issue of *The Standard* focuses on infection control and falls management.

Every year around this time we remind aged care homes to be prepared for the flu and gastro season ahead. Being prepared includes being immunised and reminding yourself of your infection control practices to prevent or contain an outbreak. You might also like to review how you will meet the residents' needs during a lockdown period.

We also provide a summary of a range of helpful resources that are available in relation to falls prevention, including the recently released best practice guidelines.

On Sunday, 28 February I had the opportunity to speak at the Tri-State Conference in Mt Gambier and later meet informally with people from the aged care industry in NSW, Vic and SA. The conference was attended by more than 250 delegates.

I made a presentation that set out the findings of our most recent analysis concerning the risks that if left unmanaged or ignored lead to non-compliance, and the reasons for non-compliance for the most frequently non-compliant expected outcomes. We will be publishing that information later in the year.

I was also able to announce that we have revised our course program and our course - Understanding accreditation: a practical toolkit for homes, is now conducted over three days (previously called the Assessor course and delivered over four days). We will conduct the program in all states. However in Victoria the program will be delivered in partnership with ACCV.

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

Mark Brandon  
Chief Executive Officer

## Who cares for older Australians?

The National Institute of Labour Studies at Flinders University Adelaide, late last year released the report, *Who cares for older Australians? A picture of the residential and community based aged care workforce.*

The study looked at the make-up of the workforce that cares for older Australians. The typical worker is described as female, Australian born, aged about 50, in good health, with at least 12 years of schooling and some relevant post school qualification. A large majority of workers are part-time employees that usually have significant non-work responsibilities and demands.

The study also found:

- Total employment in aged care homes rose from about 157,000 in 2003 to 175,000 in 2007.
- Two thirds of workers are permanent part-time employees.
- 93% are women, 40% younger than 40.
- Most of the workforce has appropriate post school qualifications.
- Workers are generally confident that they have the skills they need to do their work, and they believe that they use their skills effectively in doing the job.
- Two thirds of the workforce is Australian born. Overseas born workers are becoming more common.
- Aged care workers tend to enter the area at more mature ages, so that the older profile of the aged care workforce does not necessarily predict an ageing crisis.
- Workers find considerable reward and satisfaction in the work of providing care for the elderly who cannot look after themselves.
- Vacancy levels have increased since 2003.
- Agency and contract staff supply a small proportion of direct care labour, with around 6% of RNs and 4% of personal carer shifts.
- Turnover of the workforce continues to be an issue that has to be managed by the industry. Levels of turnover have not changed significantly since 2003.

# Swine flu

The federal Department of Health and Ageing has warned that the pandemic H1N1 influenza is more contagious than seasonal influenza and that a future wave of the virus may occur this year.

The Department has advised aged care homes to encourage nursing and care staff to be vaccinated, along with residents, who are considered vulnerable.

Vaccination is especially important for people who are more at risk of severe outcomes if they catch the flu because of some underlying chronic conditions, such as:

- Heart disease
- Asthma and other lung diseases
- Cancer
- Obesity
- Diabetes
- Weakened immune system
- Inherited blood disorder
- Kidney disease
- Neurological disease.

Aged care managers should discuss vaccination with general practitioners – all GPs have been advised that they will be able to run temporary influenza vaccine clinics not on their premises, with patients entitled to claim Medicare benefits for services provided.



It is reminded that good infection control practices are important for everyone:

- thorough handwashing
- good cough and sneeze etiquette
- maintaining distance when speaking with other people
- if unwell, get medical advice early and watch for difficulty in breathing early in the disease.

If your home has an outbreak of the pandemic flu, follow the advice provided in the Influenza-Info kit provided by the Department and the recently updated Communicable Diseases Network Australia 'A Practical Guide to Assist in the Prevention and Management of Influenza Outbreaks in Residential Care Facilities'. Both documents are available on the Department's website: [www.health.gov.au](http://www.health.gov.au).

## Infection control – resources

A number of resources are available to assist homes in preventing and managing outbreaks.

- Gastro-info Gastroenteritis kit for aged care – the kits cover how to identify, manage and oversee an outbreak. Copies were sent to all aged care homes last year – available at [www.health.gov.au](http://www.health.gov.au)
- The National Institute of Clinical Studies 'Fightflu' website – [www.fightflu.com.au](http://www.fightflu.com.au) – contains information about influenza vaccination
- Influenza-Info kit – influenza kit for aged care. Available at [www.health.gov.au](http://www.health.gov.au)
- Communicable Diseases Network Australia A practical guide to assist in the prevention and management of influenza outbreaks in residential care facilities – available at [www.health.gov.au](http://www.health.gov.au)

# Falls management resources

*Preventing falls and harm from falls in older people. Best practice guidelines for Australian residential aged care facilities. 2009. Australian Commission on Safety and Quality in Healthcare*

According to the Australian Commission on Safety and Quality in Healthcare, falls-related injury is one of the leading causes of morbidity and mortality in older Australians. Residents in an aged care home experience an incidence of falls nearly five times more than people of the same age in their own home.

Falls prevention guidelines have been developed for the community, hospitals and residential aged care. The guidelines are a review of the 2005 guidelines and are based on research evidence and are written to supplement the clinical knowledge, competence and experience applied by health professionals (and others). They establish that:

- Fall and injury prevention needs to be addressed at both the care level and from a multidisciplinary perspective.
- Managing many risk factors for falls will have wider benefits beyond falls prevention.
- Factors such as fear of falling and reduced activity level can profoundly effect function and quality of life, and increase the risk of seriously harmful falls.

The guidelines include a focus on managing risk factors that contribute to falls and include two levels of standard recommendations for falls prevention strategies in each area of falls risk – falls prevention interventions and falls risk screening and assessment. Each area also has a list of 'good practice points'.

Special considerations are included with each falls risk factor such as cognitive impairment, rural and remote settings and Indigenous and culturally and linguistically diverse groups.

The common falls risk factors included in the guidelines are:

- balance and mobility limitations
- cognitive impairment
- continence
- feet and footwear
- syncope
- dizziness and vertigo
- medications
- vision

- environmental consideration
- individual surveillance and observation
- restraints.

The guidelines provide information on intervention strategies such as hip protectors, vitamin D, calcium supplementation and osteoporosis management; as well as information on post fall management such as responding to incidents, reporting and recording falls including in-depth analysis, comprehensive assessment of falls and loss of confidence after a fall.

A number of sample tools are provided in the document including surveys, meeting agendas and potential barriers and solutions to implementation. Information provided to support the guidelines include falls guidelines, fact sheets and falls posters.

A key term in this document is 'multifactorial interventions'. "Multifactorial interventions have been the most studied form of falls prevention strategies for residential aged care. Key components from the successful trials included:

- multidisciplinary team interventions
- comprehensive geriatric assessment
- staff education
- balance exercises
- medication review
- environmental adaptations
- hip protectors (for preventing hip fractures)
- post fall management.

*Guidelines for preventive activities in general practice (The red book), 7th edition 2009 - The Royal Australian College of General Practitioners*

## Falls and physical activity

The guidelines highlight that people aged 65 years and over should be screened for falls risk factors at least every 12 months and for those presenting with one or more falls or with multiple risk factors, it is recommended to be screened every six months.

Associated falls risks include:

- increased age
- past history of falls
- chronic medical conditions (eg. stroke or Parkinson's disease)
- multiple medications and specific medications

## Hip fractures decline among older Australians

The Australian Institute of Health and Welfare has released a report that showed hip fractures have declined among older Australians in the ten years between 1997 and 2007 – by 14% among males and 20% among females. However the actual number of cases are still on the rise due to a growing and ageing population.

Hip fracture is a serious injury that can lead to disability, reduced quality of life, loss of independence and premature death. Around one in nine people hospitalised with osteoporotic hip fracture in 2006-07, moved into an aged care home following their hospital stay.

“Osteoporosis and osteoporotic fractures can be prevented by making lifestyle changes and by taking action to reduce the risk of falls,” report co-author Tracy Dixon said.

Prevention may include exercises to improve balance and posture; a review of medications, as some may cause dizziness or drowsiness; attending a falls prevention class; repairing/removing trip hazards and installing safety rails and non-slip floor strips as appropriate; and avoiding excessive alcohol intake.

More information about preventing falls is available from the Australian Government Department of Health and Ageing – [www.health.gov.au](http://www.health.gov.au), HealthInSite – [www.healthinsite.gov.au](http://www.healthinsite.gov.au) or Osteoporosis Australia – [www.osteoporosis.org.au](http://www.osteoporosis.org.au) or 1800 242 141.

(eg. psychotropic medication)

- impaired balance and mobility
- impaired gait
- reduced muscle strength
- sensory problems (untreated cataracts, vision acuity, depth perception and peripheral neuropathy)
- dizziness
- impaired cognition
- depression
- low levels of physical activity, low BMI (body mass index) and vitamin D deficiency
- fear of falling
- female.

Assessment of the environment is recommended for hazards such as stairs, slippery surfaces, floor coverings, poor lighting, bathroom and furniture. An occupational therapist is recommended to provide specialist advice.

[Queensland Stay on your Feet Community Good Practice Toolkit](#), *Queensland Health*

This toolkit includes up-to-date resources and focuses on achieving a measurable and sustainable falls prevention program in the community based on multiple stages of evaluation – process, impact and outcome evaluation. This approach may be applied to the evaluation of any project in residential aged care and promotes sustainable continuous improvement.

Resources include a quick and simple checklist for identifying if a person is at risk of falls with recommendations to take the checklist to an allied health or other health practitioner for further review. A more comprehensive checklist is available to assess the full range of risk factors such as health conditions, environment, activity, medication and equipment. Both checklists may be undertaken by the individual or with support from a carer.

The kit provides information and resources to establish a falls prevention program in the community. The approach used in the toolkit is based on a four phase model – investigate, plan, implement and review evidence based falls management.

Other resources include models for falls prevention and case studies regarding health continuum and contacts.

# Clinical governance step by step

**In April last year, Benetas commissioned KPMG to review all systems, processes, policies and procedures to evaluate changes made at board, management and operations levels.**

KPMG's report included an assessment of the organisation's strengths, areas for improvement and recommendations, which provided the Board and executive team with a useful guide for the development of a clinical governance continuous improvement plan.

While the report outlines a number of key strengths, the areas for improvement and recommendations led to the following changes:

- the development of a plan to ensure future directors are armed with the appropriate skills and experience for governance in aged care
- the establishment of clinical working groups to encourage participation and ownership of policy and procedure development among staff
- networks were established for clinical staff to increase their leadership skills and share information. Teleconferences and face-to-face meetings are held regularly among residential managers and clinical care coordinators
- a scorecard of indicators for clinical governance measures was implemented, based on the Victorian clinical Governance Policy Framework and includes client focus and participation; clinical effectiveness; risk management; and effective workforce

- the introduction of an electronic system for reporting incidents and near-misses has helped strengthen the staff's quality and risk management skills
- a clinical coordinator has been appointed to community care to improve the clinical oversight of EACH and EACH-D clients
- position descriptions have been revised to strengthen the focus on quality and risk management as 'everyone's responsibility'.

There is still some way towards fulfilling all recommendations. Progress is monitored against the improvement plan as a standing agenda item at quarterly meetings of the Clinical Governance Committee, who in turn report biannually to the Board of Directors. Overall, the review has provided Benetas with a framework for further strengthening and improving the current clinical governance arrangements.



# Education and training courses

## Assessment fundamentals (aged care) – (Five days)

NSW	3 – 7 May 2010	Parramatta
VIC	24 – 28 May 2010	Box Hill
SA	10 – 14 May 2010	Modbury
WA	12 – 16 April 2010	Mt Claremont

## Understanding accreditation: a practical toolkit for homes – (Three days)

NSW	13 – 15 April 2010	Parramatta
QLD	19 – 21 April 2010	Stones Corner
SA	15 – 17 June 2010	Glen Osmond
WA	11 – 13 May 2010	Mt Claremont

## Seminars

### Achieving compliance with 1.8 Information systems

NSW	30 March 2010	Dubbo
VIC	27 April 2010	Melbourne CBD
QLD	8 April 2010	Townsville
	29 April 2010	Roma
SA	30 March 2010	Modbury
WA	5 May 2010	Albany

### Continuous improvement

NSW	28 April 2010	Parramatta
QLD	12 May 2010	Southport
SA	21 April 2010	Glen Osmond

### Evidence-based practice

NSW	20 April 2010	Newcastle
VIC	11 May 2010	Melbourne CBD

### Managing risk to avoid non-compliance

VIC	30 April 2010	Warrnambool
VIC	17 May 2010	Ballarat
QLD	13 April 2010	Brisbane

### Better Practice 2010

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

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## New State Manager Victoria/Tasmania

Ms Janice Hadgraft has been employed as the State Manager based in the Melbourne office and will begin in her new role later this month. Ms Hadgraft replaces Raelene Thompson who left us in February.

Ms Hadgraft has a considerable amount of relevant experience including experience as CEO/Manager of a number of aged care facilities and in quality management roles.

Before joining us Janice was the Manager, Residential Services with Aged and Community Care Victoria, a position she has held for the past two years. Her introduction to the health and aged care sectors was as a physiotherapist and in that professional capacity she worked in a number of hospitals and aged care facilities. She has a wealth of experience in aged care and is familiar with the broad range of issues that form the context for our work.

### All in the timing – Continued from page 1

- Focus on the needs of the individual resident – assessing their lifestyle and giving the medications at the optimal time to achieve their goals.
- Interactions with other medications may have a profound effect on lowering blood pressure.

#### *Practical information about administration practices of medicines associated with Parkinson's disease*

- Protein reduces the effect of the medications, therefore medications should not be given with food or supplements such as two cal, ensure.
- Some effect of the medication should be seen 15 minutes after administration.

#### *About the timing of administration of medicines associated with Parkinson's disease*

- Treat the dose and timing of Parkinson's disease medication with the same diligence as that of insulin or S8 drgs.
- Levodopa should always be administered at the same time each day and in the same way with respect to food.
- Never cease abruptly.
- Medication given at 11.30am may stabilise a person by 2pm.
- Varying administration times by even half an hour can impact on the outcome of the medicine.

- Encourage medical practitioners to allow flexibility in the timing of Parkinson's disease medications and in ordering PRN medications.

As a result of the research, staff are better informed about the disease and its stages and the home has been able to adopt flexible timing of medicines to suit individual residents' needs. Staff are also better educated about the issues that can impact the effectiveness of medicines.

Regular meetings of registered and enrolled nurses are held to case study the timing of medicine administration for individual residents and there is increased alertness to and monitoring of clinical issues which impact on the effect of medicines.

Sharyn Ryan, Residential Manager of the home said: "With this knowledge, residents are given their Parkinson medication at individual times that will allow the residents to have more control of their symptoms at the times of day most beneficial to them. It may be when family visit or wanting to participate more actively in programs within the facility including art classes, flex-it classes or just enjoying a glass of wine."

She said there has also been a follow on effect where some residents' antihypertensives are now being administered at more suitable times of the day to prevent blood pressure drop and associated side effects.



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