



The Standard

May 2011

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



Faster reaction to managing outbreaks at Caroline Chisholm








Improved confidence in its infection control plan has been the positive outcome at Hall & Prior's Caroline Chisholm Aged Care Facility, Lane Cove, since the home launched its 'Infection control focus month' back in July last year.

The infection control team set to work with an aim to review and update its outbreak resources, contingency plan and staff education, for the benefit of staff, residents and visitors.

"Although infection control is part of our core mandatory training, we identified that this area was due for review and could be streamlined for improvement in the event of an outbreak," says Sandra O'Rourke, Director of Nursing.

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Aged Care
Standards and Accreditation Agency Ltd



Just a word



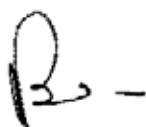
From time to time I receive feedback from aged care managers and staff that documentation is created solely for the purpose of accreditation. While I find this surprising, because our position is that the documents we expect to see are those you create to support the delivery of care and services, I accept this is a common perception and a reality for some people.

In an attempt to understand this issue more fully, I am seeking your assistance. I am keen to see documents that you have created and maintained to fulfil the requirements of the accreditation process but are, otherwise, not relevant to your business. In this month's issue I am inviting you to email us samples of such documents from your organisation (see 'Only for accreditation').

My undertaking is to review the examples you send in and report our findings in a future issue of *The Standard*.

I understand that you are busy. However, given industry comments, including submissions to the Productivity Commission, I believe this is one issue we can resolve but a generic statement by me will not do the trick.

I want to make this as easy as possible so you can send a scanned copy of a document or template, or the name of the document and the gist of what information it contains.



Mark Brandon
Chief Executive Officer

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Central to a range of measures undertaken by the home, was the compilation of an outbreak resource manual which highlights a flow chart and corresponding checklist for staff, outlining the exact steps to be taken in the event of an outbreak.

"Outbreaks don't happen very often and there are so many things that need to be taken into account," says Sandra. "Therefore staff are now able to look at the flow chart which provides a handy reference, and easily act in accordance with all relevant Hall and Prior policies and procedures.

"The checklist also provides greater continuity of action between all the staff when shifts are changing, and a clear strategy for everyone to follow," she says. "We provide a clear case definition for each disease process and an updated list of all relevant contacts that will improve our response times."

Another good addition to the plan includes detail concerning group activities that can be undertaken when events need to be cancelled during an outbreak.

Sandra says that staff at the home have been surveyed recently on the infection control focus month, and that the feedback has been very encouraging.

"Staff feel that they have really improved their knowledge and have said that they would now be fast to identify and react to any infectious outbreak."

The infection control review has been implemented in all Hall & Prior's homes across New South Wales.

"Only for accreditation"

We are seeking examples of documents which are created for the sake of accreditation only, and serve no other purpose in the management of your home or to support delivery or care services to residents.

We have received feedback that documentation is being created solely for the purpose of accreditation. Feedback that documentation is being created for accreditation does not fit with our view that the documents we expect to see are the ones you create and use to support the delivery of care and services to residents (the only exception to this is the application for accreditation submitted every three years).

To help us understand the extent to which this is an issue, we are keen to review examples of such documents from your organisation.

The Accreditation Agency invites examples of documents or templates that you believe are not relevant to supporting your business but you have created because you think an assessor might want it, or you have been asked to produce during a site visit. To assist us in our review, please email the documents to documentation@accreditation.org.au by 30 June 2011. We will report back to you our findings in the July issue of *The Standard*. We anticipate a high number of responses and consequently do not plan to make individual replies other than to acknowledge receipt of your documents or templates.

A word about the chef at Better Practice Adelaide

Renowned Adelaide chef Simon Bryant is guest speaker at Better Practice Adelaide.

Chef Simon's Better Practice presentation is on "nourishing residents' hearts through food" and he is passionate about using local seasonal food with less environmental impact, the use of Australian native foods, and in particular the ethical treatment of animals in the food chain.

"As far as describing a food philosophy, these days I just want the most ethically sourced, local and fresh ingredients," Simon says. "I reckon my job is to get these onto a plate with the minimum of fuss and let the produce shine.

"Forget about the chefs getting the limelight for a moment; it's about the product and the producer these days for me. The chef is just a vehicle to get their hard work on a plate.

"Being able to cook for someone is one of the nicest things you can do, but (and this is a big



BUT) the choices you make when you shop are as important to me as the cooking."

Simon has been executive chef at Hilton Adelaide, and is best known for teaming up with Maggie Beer on ABC's *The Cook and the Chef*.

Originally a motor mechanic, Simon returned to university studying economics and working in the university kitchen to earn some extra cash when he realised he'd rather wear chef's whites than a business suit.

Simon is currently an ambassador for the Animal Welfare League SA, Animals Asia Foundation, the SA Department of Environment and Heritage kitchen garden foundation and patron for the Adelaide Showgrounds Farmers Market Kids Club.

Electronic medication management improvements

In a bid to improve the medication management procedures for its residents earlier this year, the Sarina Aged Residential Home in Queensland, began a program implementing electronic medication management.

"We had been looking at different types of software that could help us, but we eventually settled on the iCare system," says Sarina's Facility Manager, registered nurse Suzy Johnson. "We started slowly with the documentation management side of things back in 2009 and then eventually managed to have it linked to the medication management in April 2010.

The home previously had a paper-based system in place, which Suzy says was very difficult to manage. "We were really looking to get rid of all the paper duplication and implement a much safer system for both residents and carers.

"This system links well with the pharmacy where we have all our scripts filled and it also saves a lot of time in not having to fill out all of the details regarding a particular resident because it automatically does that for us. A picture of each resident also comes up, enabling easy identification.

"I also produced simple flow chart diagrams which showed step-by-step information for staff according to any new instructions they would need to follow, for example if a resident was out



Yolly Foot and Lauren Simpson assist resident, Ethnee Dunlop

for the day and would have their medication at a different time," says Suzy.

She says the feedback from residents and staff has been positive. "Staff are really pleased that all medication instructions are easily accessed with the new system and they are benefitting from a big reduction in paperwork and medical data. It also eliminated the problem of illegible handwriting.

"The residents are really happy that it is now much quicker to complete our medication rounds. Also if they need to go to hospital for example, it is much quicker to get their information together now."

Case in point



For many people pets are an essential part of home and family life, so the presence of domestic animals in residential aged care is a welcome addition for the many residents who associate pets with home. But not everyone likes animals in their personal space. This scenario explores some of the benefits and pitfalls of pets in residential aged care.

Sanctuary Aged Care Home has introduced the 'Eden alternative' to enhance residents' quality of life. This new philosophy of care has led to a complete redesign of the lifestyle program to include more activities with smaller groups of residents to enable greater participation and flexibility. An entire wall in the home has been converted to a fish-tank adding to the ambience of a quiet sitting area and the home has recently adopted a cat and a small dog from the RSPCA to provide companionship to residents.

The majority of residents are thrilled with the changes that have taken place in the home, but not Mrs Langley. Mrs Langley is distressed. She is averse to having pets in the home and has been her entire life. She is frightened by dogs of any size and thinks it's unhygienic to keep pets indoors. Mrs Langley's aversion to living with animals has just come to the attention of staff and management and they are unsure of what to do. They are keen to pursue the program they have embarked on but they also want to make things right for Mrs Langley.

Response from Dianne Rayner
Chief Executive Officer, Wenonah Lodge

At Wenonah Lodge, a 25-bed hostel with an "ageing in place" policy, we introduced Sue about two years ago. Sue was the dog of an elderly chap who entered a nearby nursing home and the relatives delivered her to the local pound.

Fortunately, we rang the same day looking for a suitable animal and after a quick visit to the vet for vaccinations, a wash and blow dry, she then joined the Wenonah family. Currently, we have 100 per cent acceptance and "love her" ratings from the residents (confirmed by a recent survey), but we have had a previous resident who did not like her in his room. Sue quickly learnt to avoid that person and he was okay with her providing she did not enter his room.

The response from staff to the dog being inside is mixed with the majority approving of her presence and some very keen to see her interacting with residents and staff alike. Night duty, maintenance and housekeeping staff in particular are very fond of her whilst the kitchen staff are happy providing she keeps away from the kitchen and dining room – a skill she learnt very quickly in her first few days. Staff who don't particularly like animals inside tend to put her outside for part of their shift. We have had to alarm one resident's external door to the gated outside area where Sue has her run as the resident would sneak her in at night and encourage Sue to sleep beside her bed. This 'trip hazard' was identified promptly and controlled.

With regard to the scenario in Sanctuary aged care home, if assurances, familiarisation and counselling with the resident did not work then it may be that Mrs Langley, who has the aversion, would be happier in another home that does not have pets. Whilst it may seem harsh for Mrs Langley, this approach may be justified by the increase in positives for the other residents who are positively overwhelmingly in favour of having pets in the home. If Mrs Langley doesn't wish to move to another home then perhaps staff could try one to one interaction with a staff member, Mrs Langley and the animals to break down the barrier.

At Wenonah, we ensure prospective residents are aware that our home has a resident pet so that they can take that fact into consideration when choosing their future accommodation.

[Response from Sarah Marciano,
Director of Clinical Services, Feros Care Ltd.](#)

In this scenario Mrs Langley situation is questioning expected outcome *3.9 Choice and decision making* – at Feros Care the decision to acquire cats, birds and a dog was not taken lightly and the final ruling was a residential vote at the monthly resident meetings. We were lucky enough to have been able to ‘trial’ our dog, who came to visit the facility on the day of the meeting. He was then introduced to all the residents present at the meeting and to those who were in their room, resulting in a vote and the decision that he was definitely the dog for us.

The discussion needs to be with new residents and resident representatives during their initial tour, highlighting that we do have several aviaries throughout the home, three cats and a dog, enabling the concerns to be raised at that time. Therefore, in the situation where the dog is already a resident, reassurance needs to be given to Mrs Langley that every attempt will be made to ensure that the animals will not interfere with her daily living. Perhaps in the extreme, offer the suggestion of a stable door or fly screen door to replace the regular door, to make Mrs Langley feel more confident that she will not have an unwanted animal visitor in her room.

Our experience has been that animals are very intuitive and quickly learn who are their friends and who are not. They tend to know whom to steer clear of and our pets are fortunate enough to have a large number of residents, staff and visitors who adore them.

Expected outcome *3.10 Security of tenure* states that “residents have security of tenure within the residential care service, and understand their rights and responsibilities”. Mrs Langley has the right to attend regular activities therefore staff need to ensure that the dog is not in the area so Mrs Langley could be involved in daily activities without anxiety. Offering alternative areas for Mrs Langley to enjoy dog-free is also a consideration. The involvement of family to complete the lifestyle care plan related to the issues regarding the dog is also recommended.

Encouraging residents, staff and families to provide feedback about their positive experiences with the animals is also crucial. It helps build an objective picture of the situation, we often focus on trying to fix the negative for fear of

a complaint being taken further, rather than reinforcing the positive and the opportunity and benefit an initiative might be providing.

[Response from distinguished vet, Dr Harry Cooper](#)



I have seen a few examples of the Eden project in action during my time with *Harry's Practice*. On these occasions I was visiting residents and attending to problems with their pets. Both were dogs from memory. Frankly, I like the concept. It aims to preserve as much of the resident's original home life within the venue of a nursing home. For me the transition from Tasmania to Taree in NSW has been a somewhat stressful event, made worse I suppose because I brought animals with me and I have had nowhere to house them. That has now passed. They are all well taken care of, and for me are no longer a burden of responsibility, but something to be enjoyed, and I am doing that more often as I grow older. Perhaps I am slowing down. I could not imagine life without some sort of pet, and thankfully, the great majority of people feel the same way, or we vets would be out of business. There are however a small minority of people that do not like pets of most kinds, in particular, dogs, cats and birds. I have, however, never met anyone who disliked fish. They may not like them, but they don't actively dislike them. What would dentists' waiting rooms have been like 30 years ago without a tank full of fish? They are relaxing, in fact almost hypnotic.

How do we therefore solve the problem? Regrettably, it looks like a case of time share or perhaps segregation... perhaps that is too strong a word. In short, leave the fish tank where it is, Mrs Langley will have to get used to it. Perhaps the ‘community birds’, could be housed in a separate area, or perhaps better still an area could be set aside as an animal-free zone. Mrs Langley can go there and not feel insecure. Attempting to overcome a fear of an animal would take considerable time, and is not an option. So many fears about pets have been due to an unfortunate experience as a child. It is hard to turn back the clock. Perhaps the biggest problem of all is this; most dogs and cats love everybody, and funnily enough they tend to be attracted to people who are either afraid of them or simply don't like them. Sorry I'm on the dog's side!

[Response from the Accreditation Agency](#)

For most aged care homes the decision to acquire a pet is primarily about enhancing residents' lifestyle and creating a more homelike environment. There is great potential for the enrichment of residents' lives through pets in

Case in point



aged care homes. This view is supported by a growing body of evidence about the therapeutic qualities of pets. Some of the therapeutic benefits include, socialisation - pets are great socialising agents, increased self-esteem, mental stimulation, companionship, reminiscing, diversion and entertainment.

However, consideration should be given to how the pet fits into the home's environment. In Mrs Langley's case, there is a need to develop strategies that ensure her safety and comfort within the home. One strategy might include containing the pets' movements to minimise contact between Mrs Langley and the animals.

Consideration should also be given to the impact on health and hygiene in the home. For example, updates to the home's infection control program might be necessary and residents' predisposition

to skin tears and allergies are also a consideration. If acquiring a pet is not a possibility due to the high risk of adverse effects on a resident or residents, then the home might consider an alternative such as a robotic pet. Robotic pets have many of the therapeutic qualities real life pets have but without some of the negative impacts noted above.

A process of research and planning with an emphasis on feedback from residents will greatly assist a home to pre-empt and prepare for the introduction of a pet to the residential community.

Do you have a 'case'? Let us know.
Email: editor@accreditation.org.au

Reducing falls at Morshead and Calvary

The risk of falling has reduced significantly at Morshead Home for Veterans and Aged Persons and Calvary Retirement Community Canberra following the implementation of their Blood pressure and staff work practices program.

Together, the homes successfully applied for funding from ACT Health to conduct a falls prevention project. The idea for the project came from educator, Barbara Andracchio, passionate advocate for falls prevention in aged care.

Blood pressure issues, poly pharmacy, their effects on blood pressure in the elderly and task-focused staff work practices were targeted as part of the falls prevention project.

Training was developed and delivered to all staff. The training was developed to clarify roles and responsibilities, explore attitudes to ageing, examine aetiology of falls and consider the impact of empathy and engagement with residents to reduce the number of falls. Pre and post training questionnaires demonstrated the education substantially increased staff knowledge in relation to falls and falls prevention.

Chief Executive Officer, Nikki Van Diemen said that since the training there has been a noticeable change in the way staff approach their work.

The next step was to engage medical officers in the process to review residents' medications to ensure medications and medication regimens were not unduly increasing residents' falls risks. Medication reviews were undertaken and systems improved to enhance communication between staff and medical officers about residents' care needs. Medication administration times were individualised to reduce falls risks where possible.

Nikki said the project has reduced the risk of resident falls and changed the culture in the home. Staff practices have become more person-centred rather than task-focused and residents have an increased awareness about falls and falls prevention.

"Even the residents are on board. You can't always be with them when their GP comes to see them, but they tell their doctors if they have felt dizzy or light-headed. It seems to have empowered the residents to discuss their health needs with their doctors."

Reducing falls at Benhome

Using a comprehensive assessment process as part of its program to improve falls prevention has been a big focus at Benhome in Maitland, NSW.

Physiotherapist Janelle Shields tells *The Standard* that she and physio aide Jan have spent the last few years refining Benhome's falls prevention practice, using the well-known Otago Program as its basis.

"We had known about the Otago Program (a progressive home based exercise program) for some time but had been looking at tailoring it for the special needs of our aged care residents," says Janelle. "In line with guidelines from the Australian Commission on Safety and Quality in Health, we have designed our program to be multi-factorial, encompassing the three areas of balance, strength and mobility."

Regular physio sessions are held in small groups for residents with similar ailments, for example, lower limb issues. They are also encouraged to perform exercises independently on a regular basis.

"As part of our identification of better practice procedures, we know that many aged care facilities are simply providing residents with videos from which they can undertake their physio," says Janelle. "This isn't very challenging and does not allow the greatest progression opportunity. Addressing balance, strength and mobility individually in a group setting allows us to provide residents with the greatest potential for exercise benefit."



Janelle oversees Margaret and Joyce's exercise regimen

She says the program also includes a comprehensive assessment process to measure each of the three focus areas and falls prevention. The Berg Balance Scale measures balance, while a six minute walk test measures how far a resident can walk in six minutes and also what his/her fall's risk is.

All data is fed into a computerised care plan with a full history of each resident and a risk, mobility and transfer assessment. A full evaluation is then translated into a complete therapy care plan.

Reducing hospital transfers through primary care services

Resident transfers to hospital can be significantly reduced when primary care services are available, according to two recent Western Australian studies.

Research published in *Australasian Journal on Ageing* (December 2010) included two recent studies on the impact of primary care services on transfers to hospital from residential aged care homes.

Transfers to hospital were reduced by an average of 17 transfers per month (15 per cent) over a 32-week period in one aged care home where a primary care service was available. During the research period, three emergency department-based nurses provided a primary care service operating 8am to 4pm, seven days a week.

A second study examining emergency department admissions found 31 per cent of hospital transfers from aged care homes were potentially avoidable

if primary care services were available. This finding supports previous research that shows up to a third of hospital transfers from aged care homes could be avoided with the availability of primary care services.

Over-crowding of emergency departments and the high risk of adverse events in emergency departments for older people provide strong incentives for reducing the incidence of hospital transfers where it is possible.

Jim Codde, Glenn Arendts, Jackie Frankel, Mary Ivey, Tracey Reibel, Shirley Bowen and Paul Babich, 'Transfers from residential aged care facilities to the emergency department are reduced through improved primary care services: An intervention study,' *Australasian Journal on Ageing*, vol. 29, no. 4, pp. 150-154.

Jim Codde, Jackie Frankel, Glenn Arendts and Paul Babich, 'Quantification of the proportion of transfers from residential aged care facilities to the emergency department that could be avoided through improved primary care services', *Australasian Journal on Ageing*, vol. 29, no. 4, pp. 167-171.

Meet Ita Buttrose at Better Practice Adelaide



Twice voted Australia's most admired woman, Ita Buttrose AO, OBE, journalist, author and National President Alzheimer's Australia is a guest speaker for Better Practice Adelaide on 28 and 29 July.

The irrepressible Ita Buttrose shows no signs of slowing down, has remained constantly active with her charitable and community commitments and has been seen more since the ABC's *Paper Giants: The Birth of Cleo* was aired.

"In the 21st century, women over 60 are not past it – we are vital, active, sexual beings, living life to the full," says Ita.

Get ready for Better Practice Adelaide in July with its renowned blend of relevant topics, industry experts and keynote speakers who will bring you practical advice on improving quality care for your residents. Keep up with industry trends as we bring this annual two-day conference to the Adelaide Hilton so you can interact with speakers and debate topics that challenge thinking and provide practical information about better practice ideas.

Contact our Better Practice team on 1800 728 589 or via email if you have any inquiries at betterpractice@accreditation.org.au.

Helping to recognise and respond to abuse of older people

In order to help recognise and respond to signs of abuse in older people, The Benevolent Society has produced a resource for community workers.

Containing information for everyone who is in contact with older people, *Recognising, preventing and responding to abuse of older people living in the community: A resource for community care workers* outlines the characteristics that may make some older people more vulnerable to abuse, as well as the key early intervention strategies for prevention of abuse.

Abuse of an older person is defined by the World Health Organisation as any behavior that causes physical, psychological, financial or social harm to an older person occurring within any relationship where there is an expectation of trust between the older person and the abuser (WHO 2002).

Financial and psychological abuse are considered the most common types of abuse, says The Benevolent Society. "However there is recognisable evidence to suggest that abuse of older people is often unrecognised and under-reported by families and professionals in the home, hospital and residential care settings."

The resource states all care agencies are encouraged to develop their own protocols for responding to suspected cases of abuse of older people, taking account of their duty of care to their clients and staff.

"Appropriate supervision, training and support for frontline workers (paid and volunteer) are essential so that they are aware of the signs of possible abuse. Managers should also be trained in how to support care workers who report abuse."

For more information visit The Benevolent Society website at www.bensoc.org.au



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