



Special edition

Risk management

Our corporate vision is to make a significant contribution to quality consumer focused aged 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 noncompliance 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 noncompliance 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 final issue of the special three-part series looks at the following three expected outcomes:

- 1.8 Information systems
- 2.13 Behavioural management
- 3.7 Leisure interests and activities

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Just a word



In this special risk management issue, the final of a special three-part series, you'll read how Information systems, Behavioural management and Leisure interest and activities are important to provide sustained care for residents.

Information systems are important for providing effective resident care. Resident information should be available for residential aged care home staff to ensure staff have the most current resident information for effective decision making when providing quality care. This use of information systems can provide the details for better behaviour management and providing leisure interests and activities to suit the needs of 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 information systems, employing skilled staff and training staff to effectively manage behaviour and provide the right level of leisure interests and activities 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 1.8 Information systems

Expected outcome, 1.8 Information systems, is concerned with how residential homes have effective management systems in place.

The focus of this system is on the availability of information to enable care and services to be provided effectively and includes the way data is collected, analysed and used by the home to create meaningful information that supports decision making.

Such information should be gathered throughout all levels of the home and then utilised in order to carry out core day-to-day activities, as well as for the purpose of process control and improvement.

As the 'brain centre' of the home, a reliable, up-to-date and accessible information system is fundamental to performance management and the achievement of sustainable compliance across all the Accreditation Standards.

From our investigations, it was found that a majority of non-compliant homes were deficient in regularly collecting and analysing key information and measures. Those

residential aged care homes that were non-compliant were also found to be deficient in ensuring that staff were able to collect, analyse and access needed information.

In order to provide appropriate care and ensure residents have the lifestyle they prefer staff need access to information that is current and accurate.

Victoria Crawford General Manager Accreditation said, "The provision of such information is reliant on staff having adequate skills to both collect and analyse relevant data. There is little point in collecting and recording information if it is not used to inform staff practices and manage the overall performance of the home."

In the absence of an effective information management system, a home is unable to:

- Demonstrate compliance with all prescribed standards of performance

- Create and share knowledge and learning throughout all levels of service
- Develop the abilities of staff to understand and appropriately use information for process control and improvement
- Carry out core routine activities in a way that is responsive to residents' immediate and likely future needs
- Avoid the potential for under-reacting or over-reacting to the changing needs and preferences of residents
- Manage and improve internal and external relationships, including those concerned with residents and their representatives, staff, suppliers and other stakeholders.

Residential aged care homes that were non-compliant had low levels of stakeholder awareness and many stakeholders were not made aware of information relevant to them.

Victoria said: "Homes need to ensure that resident representatives have access to information that will assist them to participate in decision making and, where required, to make decisions appropriate to the needs of residents. Homes may consider the use of newsletters, brochures, handbooks or leaflets to provide residents and their representatives with general information about the home's processes and activities.

"It is also important to ensure that other stakeholders such as medical officers are provided with relevant information to assist them in the role they play in residents' care."

The review also found that there was a shortage of appropriate procedures and policies for storing, archiving, retrieval or destruction of information.

"It is important that homes have effective procedures and mechanisms in place to ensure information is stored according to any legislative requirements and confidential information is stored securely," says Victoria.

"Appropriate information systems and procedures will also ensure that information can be retrieved when necessary in a timely manner. Homes need to also be able to demonstrate that they have appropriate measures in place to destroy particular information and back-up computerised information and records."

Additionally, the Agency found that a small proportion of homes did not regularly review the overall effectiveness of their information systems.

"It is not sufficient to have an information system alone in place. The effectiveness of systems needs to be questioned as part of planned review, with evaluation and improvements implemented as required.

Breakdowns in other systems may indicate a fault in the information system."

The cause and effect of non-compliance in Information systems 1.8 is highly predictive of malfunctions in other outcomes. This is especially the case in relation to Clinical care 2.4, where a large number of non-compliant homes were found to exhibit some level of systemic malfunction in the way they collected and used information to meet the clinical care needs of residents.

"The effectiveness of planned behavioural management strategies relies on the skills of staff, ongoing training and access to appropriate resources."

We also found a high cause of effect linkages between information systems and deficiencies in other Expected outcomes in Standard two, including Medication management 2.7, Behavioural management 2.13, Pain management 2.8 and specialised nursing care needs 2.5.

"The strong association between non-compliance in Expected outcome 1.8 and these expected outcomes demonstrates how essential effective, regularly reviewed and updated information systems are to the provision of high quality care that meets the needs of residents," said Victoria.

Reviews also noted a high number of non-compliant homes that were less than fully effective in capturing information critical to identifying and driving process improvement.

"Without access to accurate and appropriate information, staff are hindered in their efforts to perform their roles in ensuring quality health and personal care, lifestyle choices and a safe environment for residents," Victoria said.



Better Practice 2008

Melbourne 23-24 October

Perth 13-14 November

To register your interest in attending Better Practice, please visit www.accreditation.org.au phone (02) 8831 1028 or email betterpractice@accreditation.org.au



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 2.13 Behavioural management

Behavioural management 2.13 is concerned with the way homes respond to the needs of residents with challenging behaviours.

The process by which residents with challenging behaviours are assessed to determine how their behaviours can best be managed was found to be deficient in homes that were non-compliant.

Understanding the needs of residents with challenging behaviours through the assessment process, provides the basis for successful service delivery. Of at least equal importance, however, is how well the knowledge gained from assessment is communicated throughout the home to assist staff to achieve the outcomes required to provide a better level of care to residents.

deficient in non-compliant homes. Not only does this key process enable homes to measure their performance in achieving good outcomes for residents, but it also acts as a stimulus to learning – finding out what works and what doesn't – and to the pursuit of further improvement.

"Consultation with resident representatives and other appropriate professionals can assist in identifying the needs and preferences of residents and possible solutions to behaviour management difficulties," said Victoria. "For example, certain events or aspects of the environment may trigger particular behaviours.

"The effectiveness of planned behavioural management strategies relies on the skills of staff, ongoing training and access to appropriate resources."

General Manager Accreditation Victoria Crawford said, "The sharing of information about what causes or triggers particular behaviours, and ways to avoid these, is an important key to preventing the occurrence of certain behaviours."

The Agency discovered that the process of ensuring sufficient numbers of skilled staff are deployed was deficient in a majority of non-compliant homes. The same was found to be true in the case of monitoring staff practices to ensure consistency with planned strategies. These processes are equally dependent on the quality of information obtained from the assessment process.

"Staff members require education and ongoing training about methods and strategies to manage difficult behaviours and sufficient resources to put these into practice when these behaviours occur," said Victoria. "The effectiveness of planned behavioural management strategies relies on the skills of staff, ongoing training and access to appropriate resources."

Regularly reviewing and evaluating behaviour management practices was found to be

If these can be identified, strategies may be able to be put in place to avoid or manage their impact."

Relatively strong correlations are evident between Behavioural management 2.13 and Information systems 1.8, Clinical care 2.4 and Leisure interests and activities 3.7.

As with other health and personal care outcomes in Standard Two, achieving optimal results for residents in this expected outcome relies heavily on how well the home uses the information it has collected about residents' needs and preferences to control, measure and improve the performance of its service delivery processes. Achieving optimal outcomes for behaviourally challenged residents also depends on the home's capacity to provide effective clinical care and diversional programs that meet each resident's leisure interests and needs.

"It is important to consider if issues such as pain, hunger or toileting difficulties are contributing to a resident's behaviour and to also explore the possibility that particular leisure activities may provide effective behaviour management strategies," Victoria said.

Expected outcome 3.7 Leisure interests and activities

Expected outcome 3.7 concerns how homes encourage and support residents to participate in leisure activities that are of interest to them.

As part of the Agency investigation, it was found that a significant proportion of non-compliant homes were deficient in the way that they assessed residents' leisure interests and activities. Meanwhile, a larger proportion of these non-compliant homes were found to have either poorly developed or non-existent individual plans.

General Manager Accreditation Victoria Crawford said, "The two issues are obviously closely related. Unless a home assesses the leisure interests and preferred activities of residents, they are not in a position to develop individual plans and meet the needs and preferences of residents. A 'one size fits all' approach does not apply."

Additionally, there were some homes which were not able to ensure that their leisure interests and activities programs were consistent with residents' individual needs and plans.

A 'one size fits all' approach does not apply.

"The wording of Expected outcome 3.7 clearly states that homes are required to encourage and support resident participation in activities of interest to them," said Victoria. "This means that a home's programs need to take account of the interest of all residents and provide opportunities for them to engage in their preferred activities. These opportunities may involve activities outside the home."

In non-compliant homes, the numbers of staff with appropriate skills were found to be insufficient to enable residents to participate in a varied program of leisure activities.

Victoria says: "Homes are required to have appropriately skilled staff to meet all the needs of residents, including those associated with their individual leisure interests and activities of their preference. Providing access to appropriate education and training and encouragement to pursue professional

development will help to support staff efforts to provide a wide range of appropriate leisure activities."

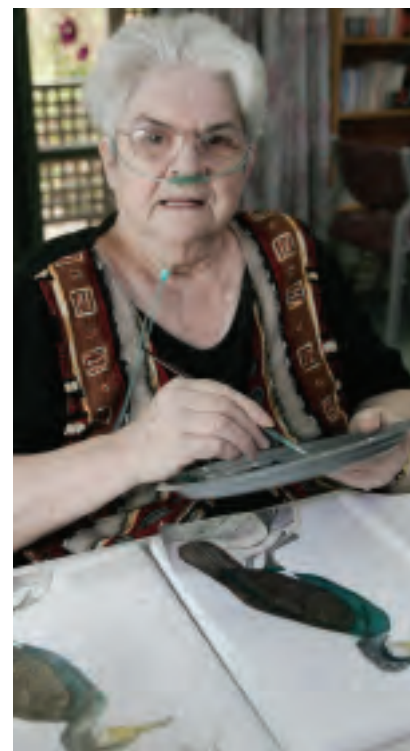
Many non-compliant homes do not regularly review or evaluate the performance of their leisure activities program and consequently could not determine whether required targets and outcome measures for residents were being achieved.

"The leisure interests of residents need to be regularly reviewed to ensure staff are aware of any changes in the preferred activities of residents or barriers to their participation," said Victoria. "This in turn requires regular review and evaluation of all activities programs to ensure they are continuing to meet the interests and needs of residents."

"Homes need to have processes in place to communicate the interests and preferences of residents to all staff and provide any necessary assistive devices or equipment to facilitate resident participation."

Victoria continued: "Consultation with resident representatives and others such as diversional therapists and activities officers can assist staff in the development and provision of activities programs that meet the interests and needs of each resident. Other aspects of a resident's lifestyle, such as cultural or spiritual needs, may also be enhanced through the provision of leisure activities."

"Finally, a home may find the use of leisure activities provides a strategy to manage and prevent the challenging behaviours of some residents."



Accreditation application fees 2008/09

On 1 July 2008, the accreditation fees were adjusted in line the Consumer Price Index (CPI) in accordance with section 2.6 of the Accreditation Grant Principles 1999.

Accreditation Grant Principles and CPI number

The Accreditation Grant Principles state the components used to calculate the fees in 2004

and how to adjust those components by the CPI number for subsequent years. The resulting fees for 2008-09 are as follows:

S2.6 An application made on behalf of a residential care service that is not a commencing home must be accompanied by a fee that is the sum of:

(a) \$ 3,501; and

(b) the lesser of :

I. \$108 for each residential care place allocated to the service; and

II. \$10,908

The accreditation fees are located at www.accreditation.org.au

Fees for applications for accreditation on or after 1 July 2008

No. of allocated places	Existing home	Commencing home	No. of allocated places	Existing home	Commencing home
1 to 19	\$ -	\$ -	60	\$ 9,981.00	\$ 1,996.20
20	\$ 1,722.00	\$ 344.00	61	\$ 10,089.00	\$ 2,017.80
21	\$ 2,296.00	\$ 459.20	62	\$ 10,197.00	\$ 2,039.40
22	\$ 2,870.00	\$ 574.00	63	\$ 10,305.00	\$ 2,061.00
23	\$ 3,444.00	\$ 688.80	64	\$ 10,413.00	\$ 2,082.60
24	\$ 4,018.00	\$ 803.60	65	\$ 10,521.00	\$ 2,104.20
25	\$ 4,592.00	\$ 918.40	66	\$ 10,629.00	\$ 2,125.80
26	\$ 5,166.00	\$ 1,033.20	67	\$ 10,737.00	\$ 2,147.40
27	\$ 5,740.00	\$ 1,148.00	68	\$ 10,845.00	\$ 2,169.00
28	\$ 6,314.00	\$ 1,262.80	69	\$ 10,953.00	\$ 2,190.60
29	\$ 6,888.00	\$ 1,377.60	70	\$ 11,061.00	\$ 2,212.20
30	\$ 7,462.00	\$ 1,492.40	71	\$ 11,169.00	\$ 2,233.80
31	\$ 8,036.00	\$ 1,607.20	72	\$ 11,277.00	\$ 2,255.40
32	\$ 8,610.00	\$ 1,722.00	73	\$ 11,385.00	\$ 2,277.00
33	\$ 9,184.00	\$ 1,836.80	74	\$ 11,493.00	\$ 2,298.60
34	\$ 9,758.00	\$ 1,951.60	75	\$ 11,601.00	\$ 2,320.20
35	\$ 10,332.00	\$ 2,066.40	76	\$ 11,709.00	\$ 2,341.80
36	\$ 10,906.00	\$ 2,181.20	77	\$ 11,817.00	\$ 2,363.40
37	\$ 11,480.00	\$ 2,296.00	78	\$ 11,925.00	\$ 2,385.00
38	\$ 12,054.00	\$ 2,410.80	79	\$ 12,033.00	\$ 2,406.60
39	\$ 12,628.00	\$ 2,525.60	80	\$ 12,141.00	\$ 2,428.20
40	\$ 13,202.00	\$ 2,640.40	81	\$ 12,249.00	\$ 2,449.80
41	\$ 13,776.00	\$ 2,755.20	82	\$ 12,357.00	\$ 2,471.40
42	\$ 14,350.00	\$ 2,870.00	83	\$ 12,465.00	\$ 2,493.00
43	\$ 14,924.00	\$ 2,984.80	84	\$ 12,573.00	\$ 2,514.60
44	\$ 15,498.00	\$ 3,099.60	85	\$ 12,681.00	\$ 2,536.20
45	\$ 16,072.00	\$ 3,214.40	86	\$ 12,789.00	\$ 2,557.80
46	\$ 16,646.00	\$ 3,329.20	87	\$ 12,897.00	\$ 2,579.40
47	\$ 17,220.00	\$ 3,444.00	88	\$ 13,005.00	\$ 2,601.00
48	\$ 17,794.00	\$ 3,558.80	89	\$ 13,113.00	\$ 2,622.60
49	\$ 18,368.00	\$ 3,673.60	90	\$ 13,221.00	\$ 2,644.20
50	\$ 18,942.00	\$ 3,788.40	91	\$ 13,329.00	\$ 2,665.80
51	\$ 19,516.00	\$ 3,903.20	92	\$ 13,437.00	\$ 2,687.40
52	\$ 20,090.00	\$ 4,018.00	93	\$ 13,545.00	\$ 2,709.00
53	\$ 20,664.00	\$ 4,132.80	94	\$ 13,653.00	\$ 2,730.60
54	\$ 21,238.00	\$ 4,247.60	95	\$ 13,761.00	\$ 2,752.20
55	\$ 21,812.00	\$ 4,362.40	96	\$ 13,869.00	\$ 2,773.80
56	\$ 22,386.00	\$ 4,477.20	97	\$ 13,977.00	\$ 2,795.40
57	\$ 22,960.00	\$ 4,592.00	98	\$ 14,085.00	\$ 2,817.00
58	\$ 23,534.00	\$ 4,706.80	99	\$ 14,193.00	\$ 2,838.60
59	\$ 24,108.00	\$ 4,821.60	100	\$ 14,301.00	\$ 2,860.20
			101 or more	\$ 14,409.00	\$ 2,881.80



Are you a manager, clinician or care worker?

Accelerate your career through becoming a registered Aged Care Quality Assessor



Make a commitment to ensuring quality of care for elderly Australians.

The Aged Care Standards & Accreditation Agency Ltd is looking for permanent assessors right now to join our offices in Brisbane, Parramatta, Newcastle, Melbourne, Geelong, Adelaide, Mittagong and Perth.

Appointment is conditional on achieving registration, which we will pay for, and assist with the necessary training. In addition, appointment is conditional on successfully completing a national police check.

We're committed to creating an environment where you receive training and support using our learning and development framework. This is part of our commitment to our employees.

Good analytical, computer, written and verbal communication skills, strong interpersonal skills and a commitment to residents are required to succeed in this role.

Travelling to aged care homes throughout the state is part of the job. A driver's licence is essential.

Our team of assessors is responsible for conducting audits of the quality of care provided in residential aged care homes. They also conduct support visits and participate in education and strategies to enhance the care for the elderly.

A remuneration package commencing at \$71,292 increasing to a maximum of \$87,000 (inclusive of super) will be offered to successful candidates based on skills and experience.

How to apply:

Download the Aged Care Quality Assessor registration requirement and application from www.accreditation.org.au. Together with the completed application form, a cover letter and resume should also be submitted to careers@accreditation.org.au or call Grace Sevilla, HR Officer on 02 8831 1001.

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Aged Care

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