

Impact of accreditation in long term care

Brandon M.W., Crawford V.F.

AS_BR_00434 v1-0

Aged Care
Standards and Accreditation Agency Ltd



Objective

Evaluate the impact of accreditation of residential aged care homes (homes) in Australia over the last eight years.

Overview of Australian System

Since 1999 all Australian Government subsidised aged care homes must be accredited in order to receive residential care subsidies. Homes submit a self-assessment against 44 expected outcomes to the Accreditation Standards, are then subject to a desk audit and then an onsite audit of the home. A decision-maker then determines what period of accreditation, if any, is to be awarded. The majority of homes receive accreditation for three years.

All homes have at least one unannounced monitoring visit per year. Homes may have a review audit if during their accreditation period there is non-compliance with the Accreditation Standards. Over 7,000 visits will be conducted during 2008/09 on over 2,800 homes.

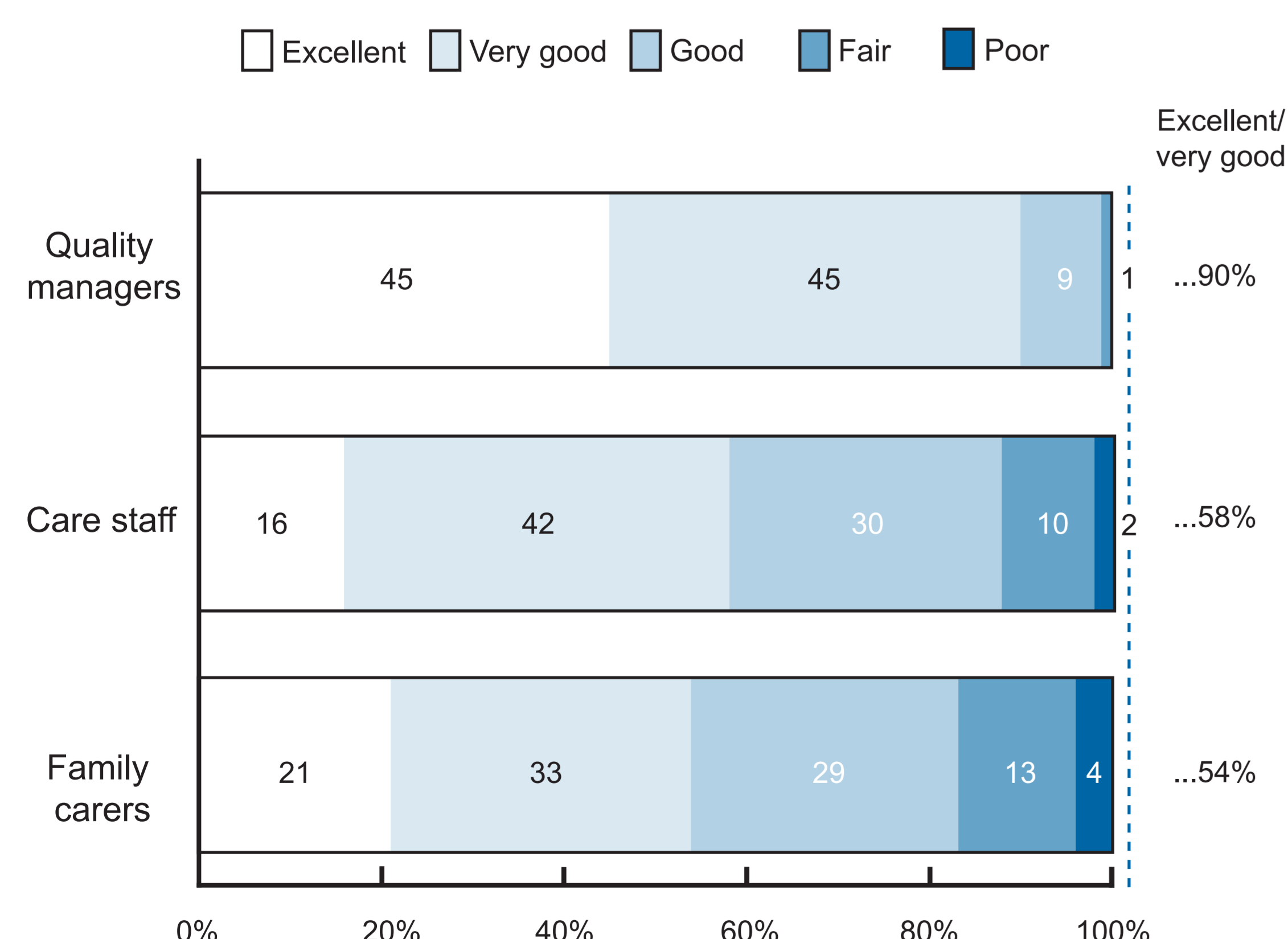
Methodology

- Analysis of the performance of homes over three rounds of accreditation (eight years).
- In 2001 the Agency conducted focus groups with stakeholder groups.
- In 2004 and 2007 independent researchers conducted individual interviews and focus groups of providers, staff and assessors.
- In 2007 surveys of providers were also conducted with the aim of learning about the effects of accreditation on long term care for the elderly.

Results - improvement in the care of residents

- Level of compliance in homes
- 44/44 expected outcomes
- December 2000 – 63.5%
- December 2003 – 87.9%
- December 2006 – 91.8%
- 2006 – 5.2 % had one or two non-compliant expected outcomes
- 3% had more than two non-compliant expected outcomes
- Non-compliance quickly addressed
- Qualitative feedback positive

Overall quality of life 2007



Base: All quality managers (n=1000; N=2974)/staff (n=1383; N=2951)/carers (n=1249; N=2866)

Most common non-compliance

2000

- Clinical care (245 homes)
- Living environment (240 homes)
- Infection control (222 homes)
- Medication management (208 homes)

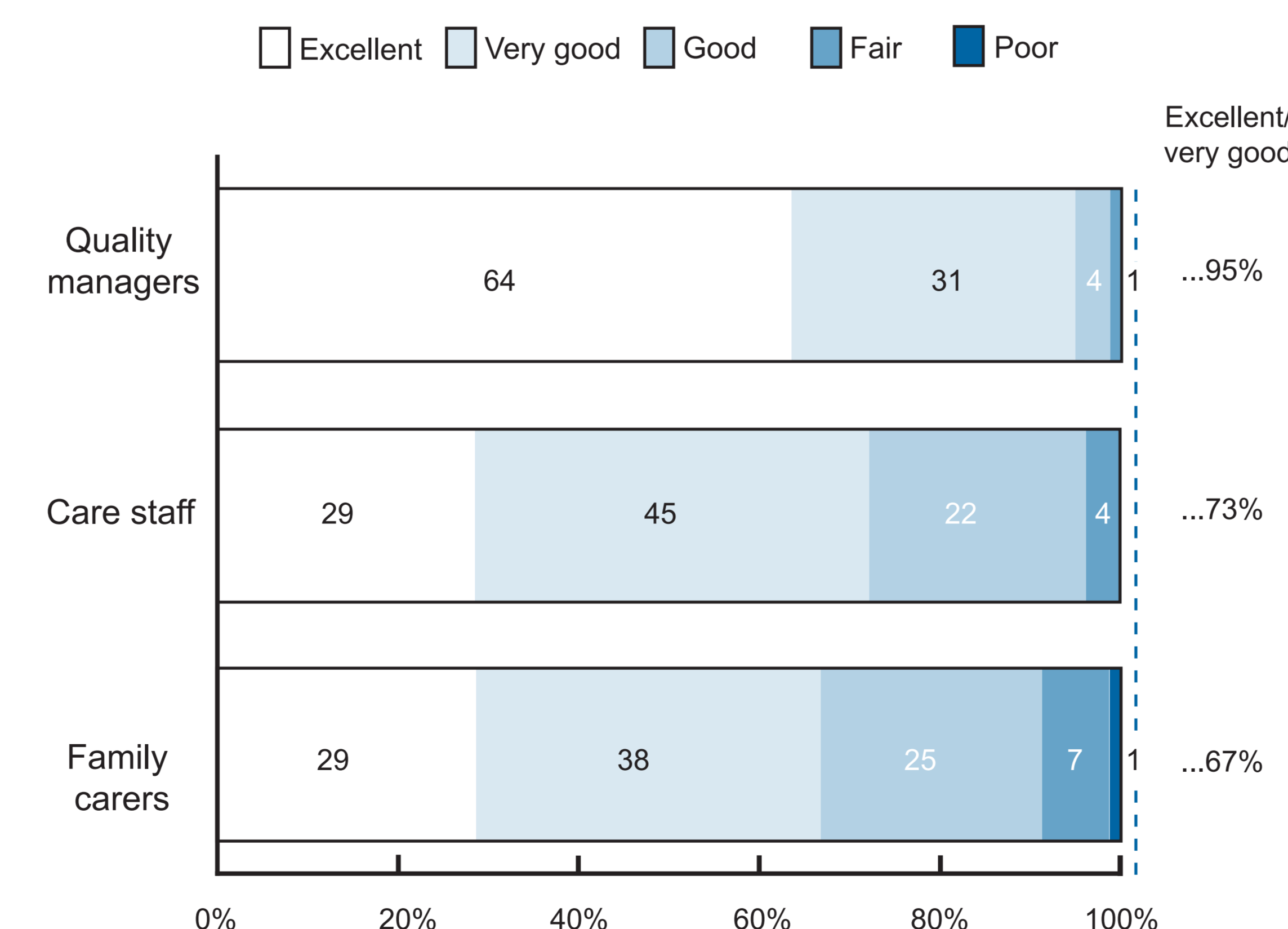
2003

- Medication management (112 homes)
- Clinical care (72 homes)
- Information systems (70 homes)

2006

- Information systems (75 homes)
- Clinical care (73 homes)
- Medication management (52 homes)

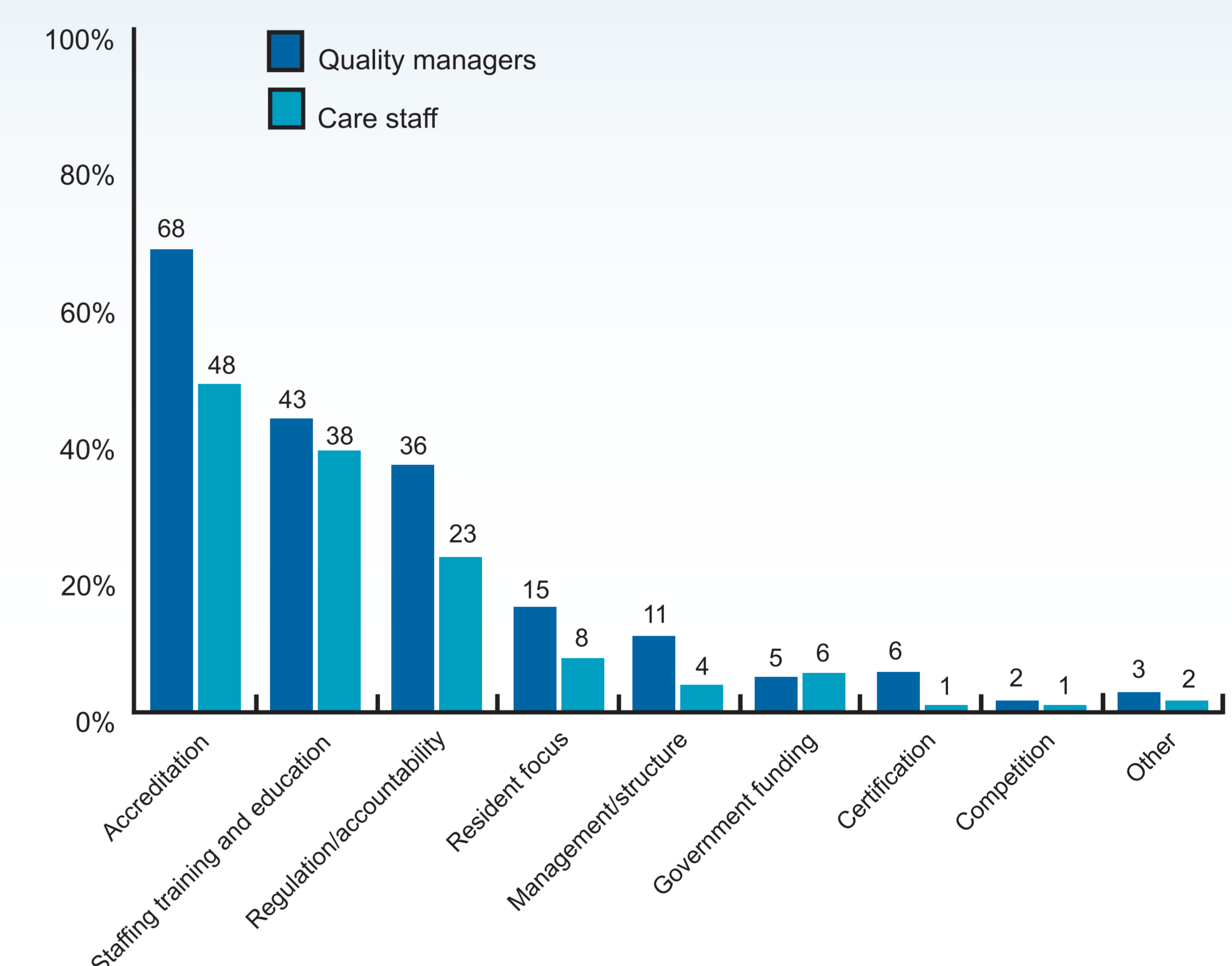
Overall quality of clinical care 2007



Base: All quality managers (n=1000; N=2974)/staff (n=1377; N=2935)/carers (n=1242; N=2862)

Factors contributing to improvement

What are the main factors you think have contributed to improvement



Base: All who have worked in sector for 10 or more years and thought that there had been an improvement in the sector over this time – quality managers (n=631; N=1884) /care staff (n=523; N=1116)

Conclusions

Residential aged care homes in Australia are assessed against 44 expected outcomes to the Accreditation Standards. Since the introduction of the accreditation process in 1999 the level of quality in the aged care sector has improved significantly. Although acknowledged that other factors may have influenced quality of care and life, evidence suggests accreditation has been the primary influence.

References: The Standard September 2007 www.accreditation.org.au, Evaluation of the impact of accreditation October 2007 <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-impact-accreditation-reports.htm>

Sample
brochure
holder