

What's the use of evidence-based practice?



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Think about why you are working in aged care. I suspect most of you want to make a positive difference to the lives of older people. As a bonus, when you achieve this, job satisfaction increases. Evidence based practice builds on the best of what is familiar to you and assists you to achieve your personal and work related goals. So, what's familiar?: CQI, resident focus, audits, benchmarking, documentation, managing change and being asked to justify what you do. In aged care we can see our role as ensuring compliance or doing better than that. Being compliant is expected and I would argue mediocre for those who

really want to enjoy their work. Compliance means working to someone else's agenda and doing the minimum to get by. There are few rewards in just doing what you have to to 'get by'. Older people and aged care deserve so much more. Evidence based practice helps us go beyond mere compliance and to know we are engaging in world's best practice.

Evidence based practice involves finding out what the best research is telling us and using that evidence to inform practice. We still need to use clinical judgement and resident choice is essential. But with the best available evidence we can ensure residents and families know their choices and the likely consequences. Informed consent implies that we already do this – but often we do not! If you still restrain residents (a) that is certainly not better practice and (b) did you actually present the person giving consent with all of the evidence regarding the adverse effects of restraint? Or did you only tell them restraint would protect the person from falling?

Evidence based practice is not just reading some articles – rather it is basing your practice on the recommendations that come from a comprehensive, systematic review and critical appraisal of the international research. Most practitioners have neither the time nor the research skills to be able to do this. That is why we have centres devoted to doing the work and all practitioners have to do is know how and where to find the

outcomes of this work. The best known centre is the Cochrane Centre but just 'google' 'evidence based' and you will find lots more.

Evidence based practice provides the tools to justify our care practices and/or changing them – be that to ourselves, other health professionals, courts, assessors, the media, families or the resident. There is too little time to waste in reinventing the wheel, constructing assessment tools that are not valid and reliable or engaging in practices that do not achieve the best outcomes. Finding the evidence in the first place may seem time consuming, but in the longer term it can save time, money and unnecessary resident suffering. If that does not convince you – how's this – it is really fun!

Prof Nay featured as a speaker during the Agency's Better Practice 2006 series, which featured the theme of evidence-based practice.

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Just a word...



Has another year almost gone? Christmas is upon us. A time for family and reflection.

Approved providers and their staff can review the year with pride. The accreditation round has been a busy time for all with site audits and accreditation decisions. All indications are that the industry overwhelmingly provides high quality care for residents and that in the small number of instances where non-compliance occurs, the home moves swiftly to restore care for residents consistent with the Accreditation Standards.

It was also pleasing that so many aged care staff attended the Agency's 2006 Better Practice events and the many other various education activities staged around Australia.

The Agency's Board believes that accreditation and education work together to improve quality. Consequently the Agency will be developing new educational services in 2007.

Merry Christmas.

Seminars on strategic continuous improvement



Continuous improvement: what exactly do those words mean to you? You've told us through surveys and feedback that you find it ambiguous. It is the area that most people ask for help in. And it is often the area in which homes find themselves non-compliant. Some confuse continuous improvement with routine maintenance and replacement. For others it means a sustained improvement in say, wound care.

However, when continuous improvement is aligned with the 'big picture' and strategy of the

organisation, it can have a much greater impact.

Beginning in February 2007, the Agency is introducing a seminar series, the first one focusing on strategic continuous improvement. The seminars will be conducted in metropolitan and particularly regional areas and will provide practical tools and approaches for applying a strategic approach to continuous improvement.

The one-day seminars will equip participants with the knowledge and skills to implement a planned organisational strategy for continuous improvement that will

result in measurable improvements for residents, staff and the organisation as a whole.

The seminars are ideal for directors of nursing, registered nurses, CEOs, senior managers, quality coordinators and strategic planners.

The cost of the seminars is \$187 (incl GST) and includes all seminar materials, meals and refreshments.

For a listing of dates and locations, and to download a brochure and registration form, go to www.accreditation.org.au

Switched on...to training and education

Submitted by the Aged Care Channel

Effective aged care training and education at the flick of a switch? Sounds far-fetched, but increasing numbers of aged care educators are learning that it is possible.

Julie Twyford is a clinical nurse at Coolibah Aged Care, a 120-bed facility in Mandurah WA. For the past six months Julie has also been the facilitator for Aged Care Channel (ACC) television programs, delivered live to Coolibah via satellite. Staff receive 25 live programs a year on a wide range of subjects across all Accreditation Standards, including safe food handling, infection control, and OH&S. Featuring real case scenarios, interviews with staff and residents, and a live-to-air phone-in where staff can talk directly to industry experts, the Aged Care Channel programs have become very popular with Julie's staff.

According to Julie, the Channel has transformed education and training at Coolibah. "It's not just passive education," she says. "It's interactive TV with quizzes, learning preparation activities, worksheets and assessment tools. And best of all, the Channel provides me with a complete package of program support material for every program. That frees me up from the time-consuming preparation of education content, and gives me lots of evidence-based



documentation of what I'm doing."

Staff in more than 870 aged care sites across Australia now switch on to the Aged Care Channel's program and that number is growing rapidly.

Launched in 2003 by the Minister for Ageing, the Aged Care Channel is the brainchild of co-directors Paul Bennett and Andrew Ricker. Bennett attributes the Channel's success to its inclusiveness. "The Channel is a membership-driven organisation, and so our programming schedule and program content represents what members ask for. Programs are developed in association with leaders of best practice in their field and double-checked for accuracy and relevance by a program advisory committee representing peak bodies, and member sites. We're here to serve the industry and to help promote best practice at every level of the

workforce and that's what people are responding to."

"The programs are really varied," says Julie Twyford. "There's everything, from programs on clinical skills for care staff to personalised lifestyle programming. The program on health and wellbeing was really great. After seeing the program's practical ideas, staff decided to give hand massages to residents, and are now in the process of setting up a choir."

ACC also has programs specifically designed for RNs, ENs, and more experienced care staff. Now endorsed by the Royal College of Nursing, Australia for Continuing Nursing Education (CNE) points, the RN series is expanding in 2007 in response to member demand.

"We set out to make high quality training and education available to every aged care facility in Australia whether they're in metropolitan, regional, or remote areas," says Bennett. "We aim to keep on growing the Aged Care Channel as a resource for education, news, and views. And inspiration. In 2007 the Channel is launching a National Idea of the Year Award, inviting members to share innovative and effective projects with sites around the country."

Julie Twyford and her staff are planning to enter the competition. What's Coolibah's bright idea? "You'll have to switch on and watch," says Julie.

Residential Aged Care Communique

The Victorian Institute of Forensic Medicine, in conjunction with the Victorian State Coroner's Office has introduced a newsletter *Residential Aged Care Communique*, which focuses on issues relevant to aged care that

arise during the investigation of the deaths of older persons.

The quarterly newsletter aims to help promote better care and learning lessons from deaths reported to the Coroner.

The current issue of the newsletter focuses on physical restraint and the next issue, due in March 2007 will focus on falls in residential aged care.

To read the newsletter, go to www.vifm.org/research_cls.html.

Government's new aged care website

After months of research, designing, testing and industry consultation, the Minister for Ageing, Senator the Hon Santo Santoro has launched a new website called Aged Care Australia.

This website is a one-stop shop for consumers wanting the latest on aged care. The site includes comprehensive information about aged care accommodation, community care services, support for carers and important health issues.

It can help people make informed decisions about aged care options for themselves or their family members. With the website's great interactive features people will be able to locate community and aged care services offered in their locality.



The site also links to the Agency's website for information on the home's current accreditation status and reports.

To make finding the information consumers need as easy as possible, information has been arranged around five basic questions:

- Need to know where to start?
- Need help staying at home?
- Need help with aged care homes?

- Need help for carers and family?
- Need help with health?

The site is packed with many useful features including: Aged Care Home Finder, Community Care Services Finder, Common Questions, My Page – for storing readers' selected material.

For more information logon to www.agedcareaustralia.gov.au.

Mobile again



Staff and residents at Trevu House, a 45-bed high care facility in Gawler, South Australia, bid farewell to one of their residents, Dolph Campbell, who left the home to move into a high rise apartment by the seaside with his wife Margaret.

Almost two years ago, 80 year-old Dolph Campbell moved into Trevu as his mobility had declined and his wife was no longer able to assist him.

"I couldn't walk, stand, write or even sign my name. I never moved out of my bed for some time," said Dolph.

"Trevu's visiting physiotherapist set up an exercise program for me which saved me from going into one of those big chairs, because I didn't want to do that," Dolph said.

"The physiotherapist said to me, 'Dolph, I will get you standing'. Now I am walking and doing exercises morning and night."

"I am a happy, happy man."

Due to Trevu's promote independence and mobility program, Dolph's mobility has improved to the extent he is able to go home.

Trevu's Quality Assurance and Safety Coordinator Sharon Henderson said the program was developed as part of Trevu's 2005-2007 Strategic Plan.

"We have developed a culture at Trevu where we continually look for opportunities to improve our residents' mobility and their independence in consultation with our visiting physiotherapist," she said.

"This is a positive outcome for Dolph. However he will be very much missed by the rest of the family, residents and staff alike," she said.

Falls reduction – Nan Roberts Community, NSW



Nan Roberts Community in Wagga Wagga NSW has been awarded a Better Practice in Aged Care Award for a falls reduction program.

While the falls rate for Nan Roberts Community was not the worst in the benchmark group, the home's quality assurance committee visited another home with a lower falls rate and conducted a literature review to identify that a physical therapy program could have great benefits for some residents through a reduced falls rate.

Implementation involved identifying those residents with a history of falls and who would benefit from the program. The program was then rolled out in three groups over a 12-month period. Each resident has an individual assessment conducted by a

physiotherapist with the development of specific exercises and goals.

A care service employee was trained to deliver the individual programs to each resident over 15 weeks. After 15 weeks the residents move to a maintenance program where group exercise classes are conducted five times per week by the activities staff.

The physiotherapist reviews progress towards goals at the end of the initial 15 weeks and at six monthly intervals (or earlier if necessary).

The effectiveness of the program is measured and monitored in two ways. Firstly, data is kept on the falls rates for each group to determine if there has been a reduction in falls. There has been an overall reduction of 20% in the

falls rate to date for those residents participating in the program.

Secondly, individual achievements are recorded to determine if the resident's mobility/dexterity has improved. Some of these achievements include:

- now able to stand in shower
- walking more confidently and further with a walker
- now walking a short distance with a walker (was in a wheelchair at the start of the program).
- now managed by one staff member and not two
- balance for one minute without aids
- discarded four-wheel walking frame and now using a walking stick.

Resident lifestyle - Mirinjani Village and Eabrai Lodge, ACT

Resident lifestyle at Mirinjani Village and Eabrai Lodge has been greatly enhanced by the introduction of a 'culture change revolution', which included the Eden Alternative philosophy of care. The revolution's purpose was to challenge and change. It promoted creativity for staff and residents to break free from previously accepted norms to think and dream of new ways to do things.

Training on culture change and the Eden alternative principle was organised for all staff, based on eradicating the three plagues of ageing – loneliness, helplessness and boredom.

Residents were asked to identify those things that were important to their life, so that greater individualised and meaningful activities occurred each day, for example walking the dog, playing cards or planting a garden.

Residents and staff surveys provided very positive feedback concerning residents' lifestyle. In particular, as a result of the animals introduced into the homes as part of the culture change, behavioural issues around the time of sun-downing for dementia residents have improved, not to mention the fulfilment of residents' individual needs and desires.

According to staff surveys, job satisfaction rates have soared from 62% in 2001 to 85% in 2006. Focus for staff has shifted from task-oriented to person-centred. There is a lower turnover of care staff and stronger bonds and meaningful relationships have developed between staff and residents, and overall there is a better understanding of residents' lifestyle needs.

The effectiveness of the program is continuously monitored and measured, it drives the continuous quality improvement system, an ever-changing process, evolving with time.

Depression and dementia - promoting the diagnosis and the care process - Upper Jindalee Nursing Home, ACT

For Upper Jindalee Nursing Home in the ACT, the need to develop a protocol for the detection and treatment of depression in the cognitively impaired was recognised after a senior member of staff completed a post-graduate course in dementia. It was identified that Jindalee had a very basic knowledge of depression in the aged and an inadequate assessment process to address this problem. There was also no assessment being used at the facility to identify symptomology in those residents who have a diagnosis of dementia.

As a result of the program, an assessment program has identified areas of concern for some residents. The effectiveness of medications and adjunctive therapies are measured and



monitored in various ways and at regular time frames. There have been definite improvements in their quality of life with further interventions (which often includes a combined therapies program).

Jindalee also completes an 'Emotional Response in Care'

assessment tool, as a quality of care indicator. It is another tool to determine whether the care being delivered to the person with dementia, is satisfactory. It requires an observation and recording process. When negative responses are identified, staff initiate an investigative process to exclude or identify possible causes like pain, sleep and/or behavioural problems or depression.

At Jindalee, the recognition and treatment of depression is paramount to optimise resident outcomes. There is an assessment process that staff follow in order to minimise the risk of depression going on unrecognised or undertreated. The ongoing monitoring of interventions is an integral part of resident care.

Medication management - St Joseph's Village, NSW

St Joseph's Village in Auburn NSW, has received a Better Practice in Aged Care Award for its medication management program.

The program ensures that the resident, staff, general practitioners, specialists, other health care service providers and pharmacists are all kept informed of the changing medication needs of residents.

An up-to-date accurate record of the medication history of each resident is maintained on the hostel medication chart, and by the general practitioner, with the record also forwarded with residents to visits with doctors and specialist clinics. A 'resident's ongoing diagnostic history' sheet has been developed to provide more detailed documentation of residents' medical history for consideration by other health care service providers and for transfer of residents.

Medication charts are reviewed every three months and rewritten every six months by the medical practitioner. They are also audited regularly for legibility, compliance with regulatory requirements, and their documentation of telephone orders, allergies and alterations to dosage.

An independent medication review is carried out by an accredited clinical pharmacist, who is also available to provide drug information and to educate residents in drug usage and side effects.



The registered nurse monitors resident response to medications and other clinical issues on a daily basis. Consumer Medicine Information Requests are forwarded to the supply pharmacist for action.

All care staff who administer medications have undertaken CSE Certificate III (aged care), with ongoing education and training supplied by the care manager and pharmacists. Medication administration competencies have

been developed and are assessed three times prior to commencing medication administration, then once a year.

The results of medication incidents/errors are reported to and evaluated by the medication management committee and quality management committee.

The medication incident data for St Joseph's Village is benchmarked against 83 other low care facilities via quality performance systems.

Kara Centre for Aged Care, NSW

Kara Centre for Aged Care has been awarded two awards, one for its maintenance management system and one for its workforce development program.

Maintenance management system

The system was developed by the Maintenance Supervisor as a tool to improve the facility and move away from reactive to preventative maintenance schedules and trend corrective maintenance history by date and equipment type.

The system was developed using concepts and research carried out by The Hunter Water Corporation in the late 90s and adapted for use in the aged care setting using equipment maintenance needs, statutory regulations and maintenance requests from staff and residents as a guide for what is needed.

The program is responsive to the needs of the facility and all repairs and maintenance can be tracked and a history of the equipment called up to assist with decision making when replacement is needed.

Equipment downtime has improved causing less distress and delay to residents' lives. Lifters are rarely out of service, dishwashers, washing machines and dryers are kept in good working order. Wheelchairs and roll aides are included in the

system as a customer service to assist residents to maintain their independence.

The maintenance management system has now been developed into a complete package with monthly schedules over a four-week period, three monthly and six monthly schedules. Service agreement and regulatory requirements are also an integral part of the schedule.

Workforce development

The comprehensive workforce development program includes education and orientation for all levels of staff, to meet the BCS strategic directions, Kara Business Plan, regulatory imperatives, and clinical needs of residents.

It is designed using best practice and evidence-based models of education relating to adult education, action learning principles and competency based assessment and learning.

Underpinning the development of the education calendar are staff training needs analysis, feedback from management, feedback from staff during their annual performance review, results of quality audits and analysis of strategic workforce needs and the four Accreditation Standards, as well as being very responsive to changes in clinical needs of the residents and identified lifestyle issues.

Specifically the registered nurse development program, care supervisor training and endorsed enrolled nurse training have increased clinical knowledge and improved the residents' care. Education in lifestyle and challenging behaviours has resulted in a men's group and a sensory sundowning group and a very well patronised exercise group.

Through education the number of staff joining quality groups and becoming key personnel has increased and the commitment of the staff to up-skilling in specialty areas extends beyond face-to-face learning sessions into mentoring and supporting all staff in meetings, through in-service education and reports and discussions at meetings and involvement in orientation and 'buddy' shifts for new staff.

The key areas are manual handling, infection control, resident lifestyle, resident clinical care, medication, challenging behaviours and documentation.

Kara is involved in a falls prevention research project, development of new systems and tools to up-skill staff, changes to the BCS 'back stops here' program and the BCS intranet 'kiosk' project as a pilot site to increase knowledge and usage of computers by all staff.

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