

Continuous improvement - an integral part of core business

Continuous improvement is more than just an expected outcome of the Accreditation Standards. It is an important element of any organisation or business.

Delivering high quality care and services is part of any aged care organisation's strategic plan and an effective continuous improvement program should add value and contribute to making an organisation's vision for quality a reality. Achieving this depends to a large extent on the approach to continuous improvement. When managers view continuous improvement as something 'extra' that has to be done for accreditation – rather than a mechanism for achieving strategic and operational goals – such programs may not be well planned or resourced, and are unlikely to result in sufficient concrete benefits to be seen as really useful.

An improvement program that plays an integral role in an organisation's success requires planning and high level support. A continuous

improvement program links with the organisation's strategic goals, and provides a framework for planning, implementing and evaluating an effective approach to achieving tangible benefits for residents, staff and the organisation as a whole. The elements of high quality care – both quality of life and quality of health care – are clearly defined from provider and residents' perspectives. These elements are developed into prioritised and measurable goals, and a systematic approach to pursuing them is planned and implemented.

Implementation of the plan involves developing a governance structure that clearly delineates staff responsibilities for the quality of the care and services provided at all levels of the organisation. Staff and managers are facilitated to enact their continuous improvement role through line management support such as supplying appropriate training, information and involvement. Goals are



pursued through a best practice continuous improvement model that drives sustainable improvement through issue analysis, problem solving, valid and reliable data, learning from error and benchmarking. A systems approach to change embeds

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Just a word...

Included in this month's edition is an item on continuous improvement and the importance of a strategic continuous improvement plan – for residents, staff, management, and the organisation as a whole. Continuous improvement can sometimes be seen as an ambiguous term and can be seen as tokenistic compared to the rest of a business' operations. However, continuous improvement is crucial to ensuring any business performs well and continues to meet its customers' needs.

Last month the Minister formalised the requirement for all aged care workers and aged care quality assessors to have police checks. The Aged Care Principles have been amended to remove the requirement for assessors to



provide written notice of a support contact to the approved provider. The requirement to obtain consent to enter the facility remains unchanged.

Under the new arrangements we will not provide written notice of unannounced visits. The assessors will attend the facility and seek the consent of either the approved provider or the

most senior person who is on the premises.

There will be a letter setting out the request and assessors will have identification. If you have a concern that a person who purports to be a representative of the Agency is not, you should contact the Agency office in your state.

The Agency is currently preparing a corporate governance package to help organisations and their Boards better understand what their requirements and responsibilities are in relation to accreditation. More details on this will be published in future issues of *The Standard*.

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

Mark Brandon
Chief Executive Officer

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improvements in day-to-day practice.

Evaluation is fundamental to the program's contribution to the strategic direction of the organisation. Both local and organisational improvement activities should be reviewed for effectiveness in achieving their aims, and from these results, the overall program can be

evaluated. Ultimately, a continuous improvement program will be judged on the extent to which residents, staff and the organisation are better off because of its demonstrable achievements. Regular quantitative and qualitative reviews of the program at governing body level are required to demonstrate this, and to ensure the continuous

improvement program itself is continually improving.

The Agency is conducting seminars for aged care staff on strategic continuous improvement. For more information, see inside this issue of *The Standard* or go to www.accreditation.org.au and click on Industry Education/Seminar series.

Assessment modules

As part of the Agency's program of unannounced visits, we have developed a set of assessment modules to ensure a broad review of homes' activities.

This thematic approach to assessment has been developed specifically to provide advice to homes regarding weaknesses in systems, and to therefore improve compliance against the Standards.

An unannounced visit may include assessment using an assessment module, or a combination of modules, and consider information from previous visits, and may also include assessment against other specific expected outcomes. These assessment modules will also

be used in relation to the conduct of announced visits.

Assessment modules are an adjunct to the *Results and processes guide*. They are a tool to assist assessors to focus on the key systems and processes of aged care homes that ensure the provision of quality care and services. Each module links with a broad range of expected outcomes of the Accreditation Standards and, collectively, the 12 assessment modules cover all of the Accreditation Standards.

Last month the Agency released information about 12 assessment modules on the website, www.accreditation.org.au.

All modules have a strong



resident focus, and are used by assessors to direct the assessment of Accreditation Standards.

More modules may be released in the future.

Other resources such as the *Audit handbook* and *Results and processes guide* will continue to be used by assessment teams.

For further information, please see www.accreditation.org.au/AccreditationFactSheets.

Bikers for charity

Once again Ruckers Hill Aged Care Facility in Melbourne collected toys for the Salvation Army to distribute to underprivileged children at Christmas.

Members of the Motorcycle Riders Association rode to the home and loaded the toys onto special bike trailers and



along with two daring residents Vietnam veteran Ronald Boast and WWII

veteran Alan Bruce (who once rode a Harley), facility manager Diane Willis and activities staff member Colleen Zuehlke, rode to the Salvation Army in Melbourne where the band was playing Christmas carols to receive the gifts.

The event was a thrill for all those involved and made many feel the true meaning of Christmas.

Nurse practitioner in the Barossa makes history

When Lyn Helbig became a Registered Aged Care Nurse Practitioner, she also made history. The Barossa Village clinical nurse has become the first aged care nurse practitioner in South Australia as well as one of the first in the country.

“I hope that this opens the door for more nurse practitioners in aged care in Australia. I look forward to the day when a registered nurse practitioner will be available to every aged care facility. Older people living in the community and who may be experiencing acute illness in a hospital would also have their health care enhanced by such a role.”

The aged care Nurse Practitioner is a Registered Nurse, educated to Masters level, to function within an advanced scope of practice. The nurse practitioner’s duties include conducting advanced clinical assessment, prescribing treatments and medications and ordering pathological and radiological investigations.

“The benefits of the nurse practitioner role is that we can deal quickly with issues,



providing early intervention and regular follow up,” Ms Helbig said. Collaboration with health care colleagues, including general practitioners is a key feature.

Residents and their families are reassured by having the nurse practitioner onsite which, through the provision of acute care procedures, is helping to prevent admission to hospitals; and assisting in early discharge for those who are hospitalised.

Evaluation at Barossa Village is showing an increased level of job satisfaction and support of both nurses and carers. It is hoped that this might increase staff retention levels, particularly that of nurses, who nationally are becoming increasingly difficult to recruit and retain

within aged care.

Lyn encourages aged care chief executives to consider the benefits an aged care nurse practitioner can bring to their own aged care home – by way of better access to highly qualified professional care, happier, healthier residents, reassured families and a reduced need for specialised care and hospitalisation.

Lyn encourages nurses who are pursuing promotion within their roles, to consider the aged care nurse practitioner role as an avenue which retains the clinical focus. This is an alternative to promotions into management being traditionally the only opportunity for career enhancement.



Remember the good old days

Shirley's eyes light up when she talks about swinging off a gate in the front of her house as a child, and remembers her friend's long, beautiful hair.

Myrtle feels worthwhile when she remembers teaching children how to play sports, and grins cheekily when she reveals she was the bully of the family.

Shirley and Myrtle both have dementia. They have joined in a spiritual reminiscence group at Wesley Gardens, NSW, run by lay chaplain Dr Jenny Dinning and volunteer Mary.

The structured spiritual reminiscence workshops were developed by Rev Dr Elizabeth MacKinlay and Corinne Trevitt, from the Centre for Ageing and Pastoral Studies.

Jenny was involved in the pilot sessions set up to develop the learning package for use in other facilities where they could adopt their

own spiritual reminiscence programs.

"The sessions provide an opportunity for residents to recollect what they have achieved in their lifetimes",



Dr Dinning said, "rather than to focus on the things they are no longer able to do."

"Older people with dementia remember their younger days, but find it difficult to remember more recent events. We therefore spend

time talking about what they do remember, rather than drawing attention to their forgetfulness."

"The program is structured, with questions used as prompts to help encourage the residents to talk about various issues."

Topics include:

- Life meaning, eg. What do you remember with joy, sadness?
- Relationships, isolation and connecting, eg. Do you ever feel lonely? (follow up on things that might be associated with time of day, place, etc); Do you like to be alone?
- Hopes, fears and worries, eg. Do you have any fears? What gives you hope?
- Growing older and transcendence, eg. What's it like growing older? What do you look forward to?

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Award a reward

Petra Neeleman, CEO of DutchCare has been awarded the 2006 Jonas Kreveld Award, honouring business success and contribution to the well being of the Dutch community in Victoria.

The award was judged by the Jonas Kreveld Award Committee, an independent advisory committee consisting of members from the Netherlands Chamber of Commerce, The Erasmus Foundation, DutchCare and



The Netherlands Associated Societies in Victoria.

Ms Neeleman won the award for her business acumen, which has ensured the financial basis of DutchCare is sound; and for the role she plays in the organisation in terms of the spirit, the soul and the mission of the organisation.

Petra's performance as CEO in terms of dynamically expanding the activities of the organisation and at the same time recognising the supreme importance of providing the highest possible care to residents is widely admired.

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- Spiritual and religious beliefs, eg. Where do you go to get spiritual support? Do you feel near to God? Do you find art or music express spirituality for you?
- Spiritual and religious practices, eg. Do you take part in any religious/spiritual activities? eg. church, prayer, meditation, study groups? How can we help you to find meaning now?

Research by Rev Dr MacKinlay and Ms Trevitt has shown that interactions in those with dementia are significantly increased following group work in spiritual reminiscence, and that it helps older people with dementia to bond and develop friendships in a way that is often otherwise difficult to nurture in aged care facilities.

Dr Dinning says it is important for residents to talk about things such as loneliness and dying and about events in their lifetimes that might have left them with negative feelings. The sessions are a way of coming to terms with what has happened in their lives, to clarify their significance and then to move on.

"We do not attempt to avoid the difficulties that people experience, such as memory loss, and the feelings that go with that. What we are trying to do is to help people to build relationships and to feel valued," Dr Dinning said.

Also, while the package has been developed from a faith point of view, she said that the sessions can be adapted for people of any or no

religion as spirituality also encompasses our relationships with our families, friends and our connection with the environment and the arts.

The spiritual reminiscence package was presented at the Sydney and Perth Better Practice events conducted by The Aged Care Standards and Accreditation Agency Ltd last year. The package is now being sold widely for use in aged care facilities across Australia and also overseas.

For more information on spiritual reminiscence, contact the Centre for Ageing and Pastoral Studies on (02) 6273 8551 or go to www.centreforageing.org.au.

Continuous improvement

from *Results and Processes guide*

Each month we will profile some of the expected outcomes of the Accreditation Standards. We begin this month by looking at the universal outcomes of continuous improvement.

Continuous improvement is critically linked to all four of the Accreditation Standards. It goes beyond monitoring systems and processes, but focuses on finding ways to do things better and on ensuring that the unique and changing needs and preferences of residents are met.

The universal expected outcomes of Continuous improvement (1.1, 2.1, 3.1, 4.1) require that the organisation actively pursues continuous improvement.

The focus of this expected outcome is 'results'.

Assessors look for the following results:

- There are recent examples of improvement activities related to the systematic evaluation of, and feedback from, the services the home provides in the current period of accreditation.
- Management demonstrates that results show improvements in management systems and their responsiveness to the

needs of residents/representatives and stakeholders.

- Staff and residents are assisted to contribute to the home's pursuit of continuous improvement in relation to all of the Accreditation Standards.

Note: A home need not demonstrate improvement in each expected outcome but should be able to show that performance in each expected outcome is understood and/or monitored.

Assessors consider the following processes:

- Does the home have a framework that assists it to actively pursue continuous improvement (including, but not limited to):
 - a self-assessment approach/methods of measuring and reviewing performance
 - performance information in relation to the Standards
 - identification of improvement opportunities from this and other information
 - identification of key objectives of improvement activities
 - identification of baseline information, outputs, key milestones or interim indicators, and monitoring mechanisms

- identification of improvement outcomes and their impact on key stakeholders (residents/representatives, relatives and staff amongst others)
- implementation of improvement activities
- provision of support mechanisms to ensure key stakeholders have active involvement in maximising outcomes, such as information to residents/representatives and specific training for staff
- review and follow-up, including information and data gathering on their performance
- methods to input lessons learnt to amend or adapt programs of improvement?
 - Is the home's framework used in a cyclical and regular fashion?
 - Do improvements include genuine process improvement activity as opposed to routine maintenance activity?
 - Is there a link between resident needs, preferences and feedback, and representative feedback, with the home's continuous improvement activities?
 - Do staff have input into the home's continuous improvement activities?

Links to related expected outcomes

Expected outcome 1.4

Comments and complaints

Information from the comments and complaints system would be expected to link to the home's improvement systems.

All other expected outcomes

Performance in all expected outcomes should be monitored and, where

appropriate, improved. Hence the systems referred to in expected outcomes 1.1,2.1,3.1,4.1 may be active in improving performance across all other expected outcomes of the Standards.

The home may have an overarching quality management/improvement system that relates to all Accreditation Standards and their continuous improvement expected

outcomes. The focus of the improvement activities within each Standard would be expected to relate to its particular expected outcomes.

For more information on the results and processes of other expected outcomes, you can download the Results and processes guide from the Agency's website (80 pages) or you can purchase a copy. Go to www.accreditation.org.au

Learning and development opportunities for aged care staff

Strategic Continuous Improvement seminars

From this month, the Agency has introduced a seminar series, the first one focusing on strategic continuous improvement. The seminars will be held in metropolitan and 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, senior

managers, quality coordinators and strategic planners. It would also be useful for chief executives.

Dates, locations, brochure and registration form can be found on the Agency's website www.accreditation.org.au under Industry Education.

Assess your own home

The Agency's assessor courses have proven so successful, all courses scheduled for 2006 and 2007 have been fully booked.

The courses are specifically designed for those already working in aged care, who want to conduct their own audits in their own facilities.

Feedback from participants of the courses so far has

been overwhelmingly positive, with respondents saying they feel much more confident in assessing their own home's compliance with the Accreditation Standards.

The Agency is currently investigating whether to expand the program of assessor courses. If you are interested in attending a course, or considering sending staff to attend, please send in a completed registration form, clearly stating that you wish to be placed on a waiting list for the courses. Staff from the Education division will be in contact if more courses are planned.

Registration forms are available on the Agency's website www.accreditation.org.au under Industry Education.

Director profile

In the coming months, *The Standard* will feature a profile on the directors of the Agency. This month, we profile David Deans, newly appointed director since November last year.

David Deans

David Deans was appointed as a director of The Aged Care Standards and Accreditation Agency Ltd in November 2006. His background includes:

- Former Chief Executive of National Seniors Association (1991-2006)
- Former Director and Chairman of Audit Committee of Centrelink
- Background in construction industry and arbitration
- Member of several task forces on ageing for the Federal Government
- Director of National Seniors Foundation
- Director of Later Years Limited
- Member of Ministerial Forum, Welfare to Work
- Director, International Federation on Ageing
- Member, Public Service Medal Committee
- Recipient of Centenary of Federation Medal for services to Australians 50 and over.

What perspective/historical experience do you bring with you?

Having lead National Seniors, the largest membership based seniors organization in Australia, since 1991, I have current knowledge of the consumer



view regarding aged care. During this time I worked with all three levels of Government and specifically with the federal Government department on the changes to residential aged care that have occurred since 1996 and with Professor Hogan's advisory group during his review.

How do you see aged care compared with other human services?

Aged care is a critical service for our community to provide to our seniors when they are in need. It is part of

a total package including residential and community care, health services and financial security achieved through the aged pension.

What has been the biggest change in aged care over the past ten years?

Over the past ten years we have seen greater focus on aged care which has been driven and underpinned by the significant increase in the ageing of the population. This increased focus has led to the development of new legislation and changes to existing legislation which have resulted in the upgrading of the facilities and services being provided.

Where do you think the industry will be in ten years' time?

The next ten years will see further developments and changes to aged care particularly the desire of seniors to age in place. With this move, community care will become an even more important way of providing care. The challenge is to ensure suitable availability and quality of that service including education and promotion of access to services, the right number of staff to support the service and appropriate training of the staff.

Surviving the maze – hit the web

Information for family carers

‘Surviving the maze’ is a new national series of information sheets for family carers and older people. The information sheets have been tailor-made for each state and territory.

Surviving the maze provides information about:

- Caring for an older person at home
- Dealing with hospitals
- Considering residential care

- Caring for a family member in residential care.

The information sheets were written by carers for carers, with hints and tips about all the things you want to know (but perhaps didn’t know to ask).

The sheets provide information about caring strategies, dealing with the service system and ways to look after you as a carer. There is also great advice on handling difficult situations.

To see the full range of information sheets available, log onto the website, www.survivingthemaze.org.au.

You can also contact the Commonwealth Carer Resource Centre on 1800 242 636 to find out more.

‘Surviving the maze’ is produced by the National Network of Carers Association, funded by the Department of Veterans’ Affairs.

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