



Never too old to burn rubber

Harley Davidsons, BMW bikes, sidecars and 40 Ulysses bikie club members descended upon St Paul De Chartres Residential Care in Boronia Heights in Queensland on Mother's Day.

Residents were taken for joy rides

by the bikies, frailty no deterrent with PEG feeds turned off, IDCs spiggotted, fragile limbs protected and sunscreen applied.

Women reminisced about their romantic younger days, and became quite starry eyed when on

the bikes, while the men showed off their prowess.

The bikies cooked a bbq for the families and residents and passed on their motto of "Growing Old Disgracefully" which is now the catch cry at St Paul de Chartres.

New accreditation fees from 1 July

Each year the accreditation fees are adjusted in line with the Consumer Price Index (CPI). The Agency website has a table with the new fees that are effective for applications for accreditation submitted on or after 1 July 2006. Please make sure that you visit our website www.accreditation.org.au and look under Quicklinks for Accreditation fees (for homes) before you submit your application.

If your home has less than 20 places allocated, you will not have to pay any fee for your accreditation. The Commonwealth Department of Health and Ageing fully subsidises the accreditation fees for these homes.

To find out more information on how the fee is calculated, you can refer to Section 2.6 of the *Accreditation Grant Principles, 1999* (as amended in 2004).

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Just a word...

At this year's Better Practice events in Adelaide and Hobart, what has really stood out for me is the importance of evidence-based practice (EBP). EBP was established by the British epidemiologist, Archie Cochrane. He was the first to set out clearly the vital importance of randomised controlled trials (RCTs) in assessing the effectiveness of treatments, and his work led directly to the setting-up of the Cochrane Collaboration, now a world-wide endeavour dedicated to tracking down, evaluating and synthesising RCTs in all areas of medicine.

It can be easy for all of us to fall into the trap of doing what we have always done because it is familiar and often we mistakenly think it is quicker. However the presentations at Better Practice events reinforced to me the importance of using an evidence-



based approach. In many of the examples, it was evident that the use of EBP had resulted in efficiencies and more effective outcomes for residents.

Although EBP is relatively new in aged care, there are a number of organisations that offer access to EBP where the research has been done for you; all you have to do is implement the guidelines. An internet google search on 'evidence based practice' lists many sites from which you can draw information.

Our Better Practice events will continue to promote the benefits of EBP as well as practical ideas regarding implementation and I commend the events as a worthwhile investment of your time and money.

You would be aware that the Minister for Ageing announced an increase in the number of unannounced visits and total visits to an average of 1.75 visits per home per annum, in the May budget. This means that all homes will receive one visit in the year and some will receive more than one. We are currently developing the systems to implement this.

There will be some more comprehensive information in the next issue of *The Standard*.

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

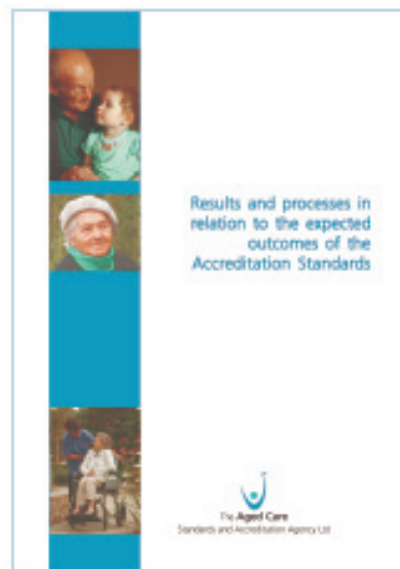
Mark Brandon
Chief Executive Officer

Accreditation essentials

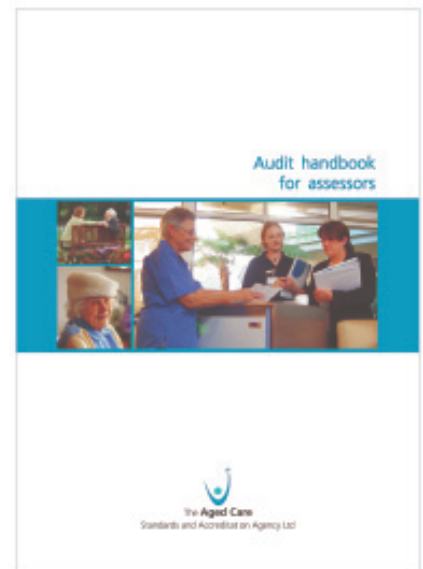
Agency assessors refer to the

- *Results and processes in relation to the expected outcomes of the Accreditation Standards*, and the

- *Audit handbook for assessors* when conducting and writing reports for site audits, review audits and support contacts. Now you can have your own copy of the documents, by either downloading them from the Agency's website www.accreditation.org.au (they are 80 pages and 74 pages each) or purchasing a bound copy from the Agency for \$15 each.



The *Pocket guide to the Accreditation Standards* is also popular tool among assessors and aged care staff. Copies are available for \$10 each.



To download an order form for any of these items, go to www.accreditation.org.au/resourcesforsale.

Influenza, influenza pandemic and aged care

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Each winter, strains of the human influenza viruses cause respiratory illness. The virus present in the Australian winter is usually derived from strains circulating in the northern-hemisphere winter. Some people have a level of immunity to particular seasonal influenza viruses because of exposure in previous years. Sometimes, however, an influenza strain differs significantly from past years and there is little immunity.

Influenza is usually a self-limiting illness which does not require specific medical intervention. However, some people are at higher risk of developing more severe illness. In particular, the elderly, people with poor immune systems, and people with pre-existing respiratory disease are susceptible to developing severe influenza infections. In a small number of cases, severe influenza can prove fatal.



Fortunately a vaccine is produced each year which is designed to protect against the most prevalent strains of influenza isolated in the northern-hemisphere winter. The seasonal influenza vaccine includes the three most common circulating strains of influenza virus affecting humans for that season.

Preventing and controlling an outbreak of influenza has far better outcomes for residents,

staff and the organisation. The impact of influenza can be considerable, with laboratory confirmed influenza being as high as 40% of residents¹.

The main strategies for preventing and controlling influenza outbreaks are:

- *Vaccination* – prior to the influenza season and during an outbreak for residents and staff. Research has demonstrated that effectiveness of vaccination of residents is 30-40% in preventing illness; 50-60% in preventing influenza related pneumonia; and 80% in preventing influenza related death². It has also been demonstrated that fewer outbreaks of influenza occur with higher rates of vaccination among residents. In addition, high rates of vaccination among staff are also predicted to protect residents by reducing the introduction and transmission of influenza. Documentation of vaccination of staff and residents is important.
- *Antiviral therapy* – for treatment and prophylaxis as prescribed by medical authorities

Infection control – what you should know, what assessors look for

An outbreak of disease or virus can strike at any time. Is your home prepared for a flu outbreak, gastroenteritis, or any other contagious illnesses?

Many homes have experienced such outbreaks and effectively contain them by:

- implementing additional precautions to prevent the spread of disease within the home
- reviewing staffing, especially when an outbreak results in sick

staff. This is particularly important for homes in small communities

- Temporarily restricting access to the facility to visitors to prevent the disease being spread.

However it is also important to prepare **before** the event. Conducting education, reviewing data and reviewing personal protective equipment use, are all things that homes can do now, before an outbreak hits.

Expected outcome 4.7 Infection

control requires homes to have an “effective infection control program” in place. Assessors want to know whether:

- the program is effective in identifying and containing infection
- there is information on infection and/or other statistics about the effectiveness of the program
- staff practice is consistent with Australian Government infection control guidelines.

- *Infection control measures* – include good respiratory hygiene measures by ALL staff and by residents. In particular, covering mouth and nose when coughing and sneezing. Hand washing is essential because the virus can potentially be spread through respiratory secretions on hands. Hand washing is also essential after contact with potentially contaminated surfaces. Visitors should also be encouraged in these techniques. Restricting movement between affected and non-affected areas and isolating ill residents and adopting respiratory (droplet) precautions and routine environmental cleaning with detergents and water or chlorine solutions are also effective activities.

The use of vaccination and antiviral therapy does not diminish the need for strong infection control practices.

Pandemic influenza is different to the influenza we experience each year. A pandemic strain of influenza will be a new, novel strain, to which the population has little immunity. Strategies discussed here will also be useful in a pandemic situation. More

detail is provided in the Australian Health Management Plan for Pandemic Influenza (AHMPPI) released in June. An aged care annexe will be developed to complement the AHMPPI for release later in the year. An essential part of preparing for a pandemic is to develop an internal business continuity plan as well as to ensure staff are well skilled in infection control practices.

A number of resources are available to assist staff and include:

- The Influenza Kit for Aged Care www.health.gov.au/agedcareclinicians
- The Prepared and Protected video www.health.gov.au/internet/wcms/publishing.nsf/Content/phd-pandemic-prepared-protected.htm
- Guidelines for the Prevention and Control of Influenza Outbreaks in Residential Care Facilities – CDNA www.health.gov.au/cdna
- Infection Control guidelines for the Prevention of Transmission of

Infectious Diseases, 2004 available at: www.health.gov.au/internet/wcms/publishing.nsf/content/icg-guidelines-index.htm

- State Government resources available from each state government website
- On-line fact sheets available from: www.health.gov.au/internet/wcms/publishing.nsf/content/phd-pandemic-resources.htm

¹ Elis S et al 2003 and Ferson M et al 2004. In *Communicable Diseases Network of Australia 2005. Guidelines for the prevention and control of influenza outbreaks in residential care facilities in Australia*. Department of Health and Ageing, Canberra

² Gross PA et al 1995 and Monto AS et al 2001. In *Communicable Diseases Network of Australia 2005. Guidelines for the prevention and control of influenza outbreaks in residential care facilities in Australia*. Department of Health and Ageing, Canberra.

A sustainable infection control program has systems for identifying infection control hazards, infection trends and acquiring information about potential outbreaks in the community. Assessors might want to interview a key staff member or a committee member on these systems.

Staff should be able to demonstrate understanding of infection control principles. For instance, a nurse or carer should demonstrate understanding of standard precautions including hand washing, aseptic technique (such as for wound management),

vaccinations, waste management, personal protective equipment and sharps disposal. Other staff who work in hospitality service positions may be required to demonstrate a working knowledge of food safety measures, cleaning procedures and appropriate laundry practices.

An effective infection control program has an impact on many other expected outcomes.

Residents must receive adequate care relevant to all of Standard Two in order for infections to be prevented. Personal protective equipment must also be readily

available, and other equipment fit for its purpose (1.7 Inventory and equipment). Infection risks should also be minimised to ensure a safe working environment (4.5 Occupational health and safety) as well as identified (4.1 Continuous improvement) and the way a home reacts to an outbreak may also have an impact on how the home manages “other emergencies” (4.6 Fire, security and other emergencies) and ensures it has adequate staffing levels (1.6 Human resource management) who are appropriately trained (4.3 Education and staff development).

Closing the gap between young and old

Resthaven Bellevue Heights, SA

Resthaven Bellevue Heights has received a Better Practice in Aged Care Award for its extensive intergenerational program – linking the young with the old.

The program was initiated when a resident commented that they would like to have more involvement with younger people. Since then, Resthaven management has worked with local schools to enhance the lives of residents and students.

The project has resulted in benefits for both the young and old:

- Bellevue Heights Primary students visit the home for one-on-one interaction, and are 'buddied' up with a resident to compile their life history
- Students from Blackwood High visit the home for Australian history lessons and to learn colonial dancing
- Residents visit the primary school to teach knitting skills. Students also visit the home for lessons
- Resthaven's dementia trainer provided education to students about understanding the ageing process and social issues that elderly people face
- The local play group has relocated to the Resthaven site. They meet every Friday morning, with babies, toddlers, mothers, grandmothers and residents involved in nursing, feeding, playing and discussing issues with parents (and babies come away



Mrs Gwen Nunn cuddling Emily

with plenty of cuddles and kisses)

- Primary school students from other countries share their stories about their home countries with residents.

Results of the program have been overwhelmingly positive. One resident's family was so pleased with the pairing of students with residents that they read the resident's life history as part of their loved one's eulogy. Surveys of residents have revealed that the visits and interaction with young people "stops me from feeling old".

Some benefits cannot be measured. During a playgroup



Blackwood Primary School students visit the residents.

session, a resident with dementia was unsettled. A three-year-old boy spontaneously offered his hand. The resident was delighted, as was the little boy.

Since the Better Practice in Aged Care Award was presented to Resthaven, the high school has donated ten computers and students are now teaching residents computer skills.

Dynamic living at Mary Ogilvy House - Mary Ogilvy, Tas

The development of a 'yes culture' at The Mary Ogilvy Homes Society was initiated in response to feedback from residents, who said: "Just because I am old doesn't mean I am sick and even if I am I don't want to be constantly reminded of it!"

From this the home was inspired to analyse the pervasive culture of the organisation and to develop a different approach. The deinstitutionalisation of their systems promotes a 'person not patient' focus. The home's goal was to go further than a discussion on customer service and person-centred care and to realise a new culture. They wanted to defy the dominant paradigm of residential aged care and so came up with the philosophy "think hospitality NOT hospital".

This philosophy of care promotes empowerment in day to day living and looks forward to the future.



Mrs Pat Oakman (L) and Mrs Lillian Keeling review their latest work in the Mary Ogilvy House Newsletter

The home's new culture was later influenced by the Humanitas model (<http://woonzinging.nl/engels/welkom.htm>) developed in the Netherlands. As a result of adopting the new culture,

individuals have changed their own perception of themselves. The journey has emancipated some from existing stereotypes and empowered them to take a risk and rediscover their capacity to be themselves.

These changes impacted every area of service delivery.

- Staff professional development incorporates customer service as a theme
- Renovations and extensions were guided by this approach. A deliberate decision was taken to move right away from nursing home ambience and to adopt a boutique hotel feel to the interior décor.
- Decisions and choices lie in the hands of the individual, most importantly; individuals are not 'told' what they can or cannot do.

Colour your world - Wirreanda Retirement Village, NSW

Wirreanda's development of an art and colour therapy program has led to their Better Practice in Aged Care Award.

The concept of colour therapy has been incorporated into a number of the various diversional therapy activities run by the home.

Art and colour therapy works by contributing to changes in the residents' inner world and towards the development of more integrated sense of self, with increased self-awareness and acceptance.

The forms of art and colour therapy used in the home include:

- Snozelen room painted blue – blue is the primary healing colour that nurtures communication and calms and assists organised

communication. This is used effectively for residents with dementia and palliative care residents.

- Lounge rooms painted in pale green – calming and grounding, and pink – which opens the heart to love.
- Colour days each month – residents and staff dress in a colour, decorations and morning tea themed, light entertainment (including staff performances).
- Card making, patchwork, gardening, flower pressing, candle making, painting, cake decorating, soft toy making – all using the concepts of colour therapy.

Staff and relatives were able to see the following changes in residents after their involvement in colour therapy:

- increased ability to express feelings, which are difficult to discuss
- increased stimulation of imagination and creativity
- development of healthy coping skills and increased concentration
- increase in self-esteem and confidence
- increased communication skills during and after art sessions due to the nature of the sensitivity of the topic
- ability to share a safe and nurturing environment
- development and maintenance of motor skills and physical coordination
- ability to identify feelings and blocks to emotional expression.

Secret men's business - Salisbury Private Nursing Home, SA

The male specific dementia unit and men's activity group program at Salisbury Private Nursing Home commenced in March 2005, and has resulted in the awarding of a Better Practice in Aged Care Award by the Agency.

The program began with a trial of a male specific activity session once a fortnight with a male staff member supervising the residents. The male residents interacted better with each other, with the more able-bodied residents assisting and interacting with the not so able-minded or able-bodied residents. This encouraged positive socialisation and conversations between the residents.

It was identified that the majority of male residents had many skills in woodcraft and mechanics. Many men require incentives in their lives due to their working histories



and supporting families, so similar activities were offered to them.

Donations from family, friends, volunteers and staff in the way of wood items were also given to support the program and to involve as many people as possible.

Since the commencement of the men's group and the associated activity programs developed, the male residents have completed a wooden trolley, wooden blocks,

spark plug size board, spark plug mixture in bucket, bar restoration, small wooden displays, cup holder, lawn mower engine restoration and small maintenance jobs. The complexity of the projects have increased with the involvement within the group.

The system is always evolving to take into consideration changes in residents and staff needs and industry expectations, and to provide an environment that is conducive to increased ability and reduced risk.

Care Communication program - Mary Andrews, NSW

Mary Andrews Village in South Hurstville, NSW received a Better Practice in Aged Care Award for its care communication program. The Village has systematically reviewed its communication processes that impact on resident care. This has resulted in the identification and implementation of a series of improved and in some cases, innovative communication strategies to ensure that residents, relatives, staff and other care providers have access to relevant, timely, accurate information.

Clinical records were re-arranged so that relevant documentation was more accessible to care staff. Clinical documentation is regularly reviewed by the registered nurse

and with specific feedback provided which staff action to improve documentation in individual records. These actions ensure that the records provide staff with accurate and complete information that facilitates ongoing resident care.

A structured handover process has been developed to provide better continuity of care for residents. The handover form captures relevant information about each resident, ensuring staff handover is thorough while also promoting effective time management of the handover process. A registered nurses' and doctors' folder has been developed to capture and communicate relevant information

for attention of these professionals.

Residents and relatives each receive a monthly newsletter. The resident newsletter contains information about events and activities within the Village, staff changes as well as health and safety reminders. The relatives' newsletter is a condensed version of the resident newsletter, which also communicates information about relevant policy issues. Staff receive a fortnightly newsletter to inform them of education opportunities, staff changes, new policies and procedures, and planned changes within the Village and ARV. This newsletter also recognises staff efforts and can be

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Reading between the lines



Students from Gladstone South School in Queensland have paired up with residents from Hibiscus Gardens Hostel in a reading program.

The children visit the residents every week for at least a one-hour reading session with their 'adopted' resident. The friendships have lasted beyond the school-

supervised sessions, with the children writing letters and giving presents for Easter and Mother's Day.

The residents say they feel valued and enjoy the interaction with the youngsters, while the children have made special friends while receiving one-on-one reading tuition.

Prize-winning quilt

Residents, friends, relatives, volunteers and staff at Woodlands Nursing Home in Cherrybrook, NSW have worked together on creating a quilt with a country theme, everyone creating their own 'patch'. Residents who had not sewn for years found themselves once again at a sewing machine.

The quilt was the prize in a fund raising guessing competition, and was entered into the annual Castle Hill Show where it won first prize and was reserve champion.



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used to remind staff of procedures to be followed.

An extended care conferences process has also been introduced as an aid to building greater understanding and facilitating participation of residents and relatives in activities and decisions. These meetings aim to open communication with residents and relatives so that they feel able to participate in care and the service. A review of resident needs and the resident's care plan is incorporated in this review.

Sydney
24-25 August 2006

Perth
19-20 October 2006

Melbourne
23-24 November 2006

**Better
2006
Practice**

To register for any of the events go to
www.accreditation.org.au or phone the events team
on 02 8831 1028.

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