

Influenza outbreak - one home's experience and lessons learned

Submitted by Jindalee Aged Care Residence, ACT

This is the story of how an intruder surreptitiously entered Jindalee Aged Care Residence, multiplied and affected nearly half of the residents (ten of whom

died), and ten staff over a period of two months before it was eradicated. It came at a time of year when it was least expected and it initially affected very elderly residents with a history of recurrent chest infections.

The flow-on effects of this influenza outbreak were considerable. Admissions and discharges from Jindalee were halted which in turn affected local hospitals and other health care facilities and people at

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Mixed nuts

The Mixed Nuts men's singing group from Warrina Village, an Anglican Retirement Village in Castle Hill

NSW, is being honoured this month with a NSW Premier's Seniors Achievement Award in the category of health

and wellbeing. The awards are a prestigious recognition of NSW seniors, acknowledging

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Just a word...

As you would be aware, the Minister for Ageing, Senator the Hon Santo Santoro, announced in May 2006 that the Agency will conduct at least one unannounced visit to each home each year. We commenced the national program to ensure we meet our obligations. To the end of December 2006 we had carried out unannounced support contacts at 1,383 homes.

A number of approved providers have approached us to tell us their plans to conduct planning meetings or similar activities that will require the involvement of personnel from their aged care homes. They have requested that we do not make an unannounced visit on those days.



Our position is that, unless there is an important reason for visiting a home on the dates nominated, we will schedule unannounced visits to those homes on other dates. I believe that this is a common sense approach and serves to support and encourage the management of homes in their planning and management of

activities directed at improving quality care for their residents.

There is an understanding that homes continue to operate absent some personnel. However, we are cognisant of the effect on staffing that an unannounced visit can create.

While it is not possible to guarantee absolutely that we will not conduct an unannounced visit on a day that corresponds to a significant event when personnel will be absent from a home, our intention is that, where we know about those events, we will try to avoid conducting unannounced visits on those days.

Mark Brandon

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

Chief Executive Officer

News from Joanna Briggs Institute

The Joanna Briggs Institute has launched JBI CO^NNECT (Clinical Online Network of Evidence for Care and Therapeutics). This is an online facility designed to connect you to the best available international evidence. It provides resources and tools to search,

appraise, summarise, embed, utilise and evaluate evidence-based information.

Go to www.joannabriggs.edu.au.

The Institute is offering evidence-based clinical fellowships to cater to a broader spectrum of the health professions –

nursing, allied health and medical clinicians or quality managers practising in any area of health care are encouraged to apply.

The Joanna Briggs Institute International Convention, Pebbles of Knowledge: Evidence for Excellence will be held in Adelaide from 26-28 November.

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home waiting for a health care bed. Income was lost as a result of empty beds; there were additional costs of sick leave, and special leave for those who had to stay away because they could not be vaccinated. The proprietor paid for all staff to be vaccinated including nursing agency staff dedicated to Jindalee during the outbreak. Prior to the outbreak approximately one third of a total of 150 staff had been vaccinated, paid for by the proprietor. Two of these staff contracted the virus in its peak period at Jindalee.

Our outbreak management included asking relatives to keep visits to a minimum, cancelling all group events, and seeing that residents left the building for appointments only when absolutely necessary. Large signs informed everyone entering of the risk and not to enter if unwell. Increased vigilance with regards to hand washing, using anti microbial gel, wearing protective equipment, environmental cleaning and reduced staff movement around the

building were part of the strategy to reduce spread. It was a time of considerable additional work as well as stress.

Nursing management directly approached staff to give information and support on a daily basis. One hundred staff had to be vaccinated and receive anti viral medication over a two-day period. A nursing agency supplied staff dedicated to Jindalee to fill shift vacancies. Increased nursing interventions for affected residents as well as keeping concerned relatives informed was managed within existing staffing levels. Daily reporting to ACT Health and the Department of Health and Ageing kept key people informed and aided in media management. The degree of cooperation and support amongst those directly involved, including ACT Health and local GPs, as well as the cooperation and support and well wishes of the wider community was critical to staff morale. Staff responded magnificently.

The lessons we learned from the outbreak include the importance of:

- 'ringfencing' for defending residents from an influenza outbreak. This means vaccinating a majority of staff (80%), asking that relatives and service providers (including GPs and other health professionals, therapists, the hairdresser, and so on) also be immunised
- a process for maintaining an up-to-date database on the immunisation status of all residents
- stressing to everyone who has contact with the home to stay away if they are sick or in contact with someone who is sick
- a robust surveillance system that relies upon nursing staff educated about influenza, and the importance of early reporting
- an outbreak management plan that includes a clearly outlined process for the practical management of an outbreak
- recognising and calling upon the strengths of members of the team to get the best outcome
- maintaining staff morale by approaching staff directly and giving positive feedback.

Infection control toolkit tackles the Norovirus

Submitted by Raja Gnanapragasam, Churches of Christ Homes of Christ Homes

Norovirus is reported to be the main cause of gastroenteritis in Australia, with outbreaks commonly reported in residential aged care facilities that are often difficult to control. This is a real challenge for aged care providers to minimise consequences to care recipients, staff and the broader community.

Churches of Christ Homes and Community Services Incorporated, Western Australia are one of the largest aged care providers in the state, with 17 residential aged care facilities, supported by two clinical nurse consultants who ensure the organisation's clinical governance outcomes are achieved and remain relevant against evidence based practice.

In July 2006, two of the residential aged care facilities reported gastroenteritis

The game Health Professionals love to play
GERMICIDE
SEE THE NOROVIRUS DIE!

IC Practices
 Standard Precautions
 ± Additional precautions
 Specimen collection
 Reporting

EDUCATE
 Staff instructed on personal hydration and nutrition
 Resident light diet 48 hours.
 Hydration with gastrolyte, fluids +++ FBC
 Info Posters displayed

SUPPORT
 Report cases, gain Health Dept assistance
 Extend staff and cleaning hours

LAUNDRY & CLEANING
 Sodium Hypochlorite based chemicals for cleaning

WASH

Handwritten text on board:
 - Blow a 6 to start.
 - Colony establish beachhead via visiting grand-child.
 - Infection undetected for 12 hours. Move back 1 space.
 - 24 hours! Massive increase in spread of colonies. Move back 1 space.
 - Infection discovered! (Bacterial resistance in BVO) Move forward 1 space.
 - Tradesperson spreads colony by not washing hands. Move back 2 spaces.
 - Family member takes granny for 'fresh air' to meet friends in Dining Room. New colony established. Move back 1 space.
 - Restrictions set in place! Move forward 1 space.
 - Education effective. Move forward 2 spaces.
 - Support networks informed and swing into gear. Move forward 2 spaces.
 - Rigorous cleaning regime in place. Infection wiped out. Go straight to finish. Well done!

You'll love the way they lose!

Bethanie Care Services
 Churches of Christ Homes and Community Services Incorporated
 WEST AUSTRALIA

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symptoms, with a confirmed diagnosis of Norovirus. Staff at the sites managed the outbreaks most effectively, and only two out of the 250 residents and staff affected required hospitalisation. From the challenges faced by staff in the management of the Norovirus outbreaks this has led to a better practice initiative.

This better practice initiative was the development of an innovative educational resource package to guide staff in managing future gastrointestinal outbreaks. Although the clinical nurse consultants provide clinical guidance and support during a potential and/or identified outbreak at the residential sites, staff identified that if an outbreak occurred, having a dedicated information management resource available for immediate use would greatly assist them to initiate immediate remedial containment and effective intervention

strategies.

The resource package provides information on the identification, prevention and control of an outbreak. The key component is an action plan which provides a clear process of required actions and identifies resources required to support actions. The components of the resource information are guidelines and forms (Department of Health Western Australia), outbreak management instructions for registered nurses, outbreak cleaning instructions, specimen collection forms, visitor notification signs, and a fact sheet for staff. All of the written resource information is laminated, meeting infection control standards.

A unique information poster has been developed to provide staff with information about practice requirements during an outbreak. The poster was also displayed throughout the residential

facilities during Infection Control Awareness Week to raise awareness and a presentation was given at the Infection Control Association (WA) annual seminar late last year.

The resource package has been successfully used for further minor outbreaks which were effectively managed. An evaluative study coordinated by the clinical nurse consultants and involving staff is planned to determine the effectiveness of the resource package in future outbreak management and ensure that it remains relevant against evidence based infection control practices.

For more information contact Raja Gnanapragasam or Rosemary Saunders, clinical nurse consultants for Churches of Christ Homes and Community Services Inc (08) 6222 9182 or email Rajamani.Gnanapragasam@cocwa.asn.au or RosemarySaunders@cocwaasnau

Mixed Nuts ..

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their contribution to the development of community, leadership and initiative. They provide an opportunity to formally thank older people for the contributions they make to the quality of life in NSW.

Usually, these awards are directed to individuals and organisations still living in the outside community. Rarely, (if ever) are they awarded to groups within an aged care facility, and this award certainly acknowledges the hard work, dedication and belief of these men, that it doesn't matter how old you are, you can still contribute to the world around you in a positive and meaningful way.

Last year, Warrina Village also received a Better Practice in Aged Care Award from the Aged Care Standards and Accreditation Agency Ltd for The Mixed Nuts.

The program, designed to reduce social isolation for male residents, and provide increased choice and emotional support, was instigated by Village Recreational Activities Officer Raelene



Blackledge three years ago and has been overwhelmingly successful.

The group has released two CDs, made several television appearances, performed throughout Sydney at various nursing homes, hostels and day centres, as well as for conferences and at the Agency's Better Practice event in Sydney last August.

The money raised from CD sales funds the group's travel to their appearances and has also led them to setting up an outreach program where they donate to various charities.

Better outcomes achieved for the residents have been physical and cognitive improvements, increased levels of spiritual and emotional connections with each other, greater civic engagement with the outside community and significantly higher levels of happiness and satisfaction with where

they are now in their lives. New men continue to be welcomed into the group as evidence of the nature of the group.

There have also been benefits for Warrina as a greater community with the Village taking real ownership of the group and the ladies taking on any roles to tend to and support the men of the group.

The motto of the men is 'never too old', and as a program has proved innovative as it defies traditional stereotypes of residents in hostel living. These men actively engage with those around them, work as volunteers, earn an income and give back financially to the community around them.

The program developed as part of the Warrina Diversional Therapy Program, and evaluative results have been gained through surveys, assessments, broader interest from the outside community and media and the sale of CDs.

Influenza – is it worth the risk?

Submitted by the National Institute of Clinical Studies

Approximately 1,500 Australians die from influenza-related complications every year. This figure is close to the number of people killed in road accidents annually around Australia and costs us over \$39 million in hospital care alone.

While some of the people dying from influenza-related complications are under 65 years of age and suffer from chronic conditions that suppress their immunity, the elderly are particularly susceptible to contracting influenza and developing pneumonia. Despite mounting evidence that it is necessary to vaccinate health care workers as well as the elderly to provide adequate protection, only 20-50% of health care workers are being vaccinated annually. Why are so many people taking the risk and avoiding



vaccination?

The National Institute of Clinical Studies (NICS) researched the barriers to influenza vaccination and found they include a lack of certainty about who is at risk, together with a belief that vaccinations don't work and can give influenza. NICS also found that rates amongst health care workers are reduced when vaccination is considered a low organisational priority, managerial support is lacking and access to convenient vaccinations is limited.

NICS developed the Fight Flu campaign to address some of these barriers and has launched the www.fightflu.com.au website to help dispel the myths and provide the facts about influenza vaccinations. The website contains the latest evidence and a range of tools to help organisations and health professionals increase vaccination rates amongst staff and residents.

NICS has also developed a set of four posters which can be used to advertise in-house vaccination clinics and provide facts about influenza. These posters will be distributed throughout hospitals, aged care facilities, medical practices and other health care organisations or can be obtained by contacting NICS at admin@nicssl.com.au (with 'Fight Flu' in the subject line) or via the Feedback section of the website at:

Focus on infection control

from *Results and Processes guide*

Each month we are profiling some of the expected outcomes of the Accreditation Standards. This month we focus on infection control.

Assessors look for the following results:

- Management demonstrates its infection control program (plans, procedures, practices, equipment) is effective in identifying and containing infection.
- Management has information on infection and/or other statistics about the effectiveness of its infection control program in identifying, containing and preventing infection.
- Staff practice is consistent with Australian government infection control guidelines.

Assessors consider the following processes:

- Is there a central point of responsibility for the infection control program?
- How does the home access information on current community outbreaks and on how to control the spread of specific infections?
- Are any of the following present, and their effectiveness:

- risk assessment to identify potential sources of infection/cross infection
- prevention strategies to minimise the incidence of infection in all areas of the home including processes and facilities for the implementation of standard precautions including:
 - processes and facilities for hand-washing
 - processes and facilities for cleaning, disinfecting and sterilising equipment and laundry items
 - processes and facilities for ensuring food hygiene
 - pest control measures
 - vaccination programs for residents and staff
- Containment of sharps, contaminated waste, blood spills and outbreaks
- How does the home provide appropriate induction and ongoing training for staff about the principles and practices of infection control?
- How does the home regularly monitor and review its program and its effectiveness? For example:
 - an infection surveillance program that includes the collection and analysis of resident

infection information

- monitoring and review of staff practices
- identification of infection control issues
- implementation of improved practices, processes and/or facilities.

Note: All states/territories and the Commonwealth have websites and regulations regarding infection control.

Assessors do not assess compliance with state/territory and Commonwealth legislation.

Links to related expected outcomes

- Expected outcomes 1.3, 2.3, 3.3 and 4.3 Education and staff development
- Expected outcome Expected outcome 1.7 Inventory and equipment
- Expected outcome 1.9 External services
- Expected outcomes 2.4-2.17 (Health and personal care)
- Expected outcome 4.5 Occupational health and safety
- Expected outcome 4.8 Catering, cleaning and laundry services.

For more information 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.

106th birthday celebrations for decorated Veteran of World Wars 1 and 2

One of the few remaining British soldiers from World War 1, Mr Claude Choules recently celebrated his 106th birthday with family and friends at Baptistcare's Gracewood Hostel in Western Australia.

Claude joined the British Royal Navy at age 14. In 1917, Claude joined the battleship HMS Revenge, where he witnessed the surrender of the German Fleet at Firth of Forth in 1918 and later the scuttling of the German Fleet by the Germans at Scapa Flow.



Claude with his daughter at his birthday celebrations.

Claude came to Australia in 1926 on loan as a naval instructor. However he took a liking to the Australian way of life,

and never returned to his homeland for good. He met his wife Ethel on the boat trip to Australia, they had three children and enjoyed more than 75 years of marriage.

Claude served in World War II, as Acting Torpedo Officer and Chief Demolition Officer. At one point he had to cycle from Fremantle to Albany, a trip of nearly 500km.

After his retirement Claude bought a cray fishing boat and spent ten years fishing off the Western Australia coast.

**Better
2008
Practice**

It's still a fair way off but planning is already under way for the Agency's 2008 series of events.

Mark these dates in your calendar!

Adelaide: 22 & 23 May 2008

Hobart: 26 & 27 June 2008

Sydney: 24 & 25 July 2008

Brisbane: 11 & 12 September 2008

Melbourne: 16 & 17 October 2008

Perth: 13 & 14 November 2008

**Homes in
SA and NT**

Look out for your Better Practice event program and invitation in the mail this month!

For more details go to www.accreditation.org.au

Maximum Gain For Minimal Lift

Submitted by Para Kuhadas, OHS Advisor, Primelife

Primelife has received the Best Injury Prevention Plan award at the recent Cambridge Workplace Wellness Awards.

The awards, presented by Cambridge, a WorkCover agent in Victoria, acknowledge organisational excellence in developing and implementing solutions which improve workplace health and safety.

Primelife introduced a 'Minimal Lift' policy in early 2005 and since then both residents and employees have reaped the benefits from the program designed to drastically reduce the risk of injury.

The Minimal Lift program was introduced as a result of a high number of employee injuries sustained through assisting residents in activities such as showering, lifting and dressing.

The result has led to benefits for both

employees and residents, with a reduced incidence of bruises and skin tears just one of the outcomes.

The first stage of the program was to train workplace trainers and mentors and then to train 300 staff in 18 aged care facilities on the use of risk assessment tools and minimal lift techniques.

Following the training, staff carried out formal risk assessments of workplace equipment and practices to identify manual handling risks. Modifications and purchase of equipment, improvements to work practices and elimination of manual handling hazards were then implemented.

The following results were achieved through the program:

- manual handling incidents reduced by 57%
- the weeks lost per WorkCover claim reduced by 68%
- workers compensation

payments reduced by 20%

- the incidence of bruises and skin tears to residents while being transferred has been reduced by 20%.

As part of the ongoing evaluation and maintenance of the system, strategies include compliance monitoring, competency assessment, purchase of appropriate equipment, modification of work practices, training of new staff, evaluating workers compensation statistics and evaluating facility incident/accident data.

Minimal Lift has been so successful that the program can now be adapted to suit other aged care institutions and a DVD has been prepared outlining the principles and philosophies of the program.

For more information you can contact Para Kuhadas, OHS Advisor or Bruch Brown on (03) 8699 3300.

Director profile



The Standard is featuring a profile on the directors of the Agency. This month, we profile Richard Gray, appointed director in November last year.

Richard Gray

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

- Director, Aged Care Services Catholic Health Australia
- Former Manager regional commercial TV station and General Manager commercial radio station Melbourne
- Former CEO/Company Secretary Spastic Society of Victoria
- Former National Executive Director Aged Care Australia

- Former Board member ACROD Ltd
- Former Board member Villaggio Sant'Antonio Ltd
- Former Board member Cerebral Palsy Overseas UK
- Former Chair Victorian Consultative Council on Rehabilitation
- Currently serves on a number of Federal Government consultative committees.

What perspective/historical experience do you bring with you?

I have been involved in aged care at a national peak body level since 1991, participated in the consultative process that resulted in the formation of the Accreditation Agency and have been a registered quality assessor for the Agency.

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

Aged care is a program mix of different services some of which are disability support, others health, provided in the community, or in aged care residential facilities. Broadly it could be

considered to be a part of the broader health system with a focus on long-term care support with the added provision of complex nursing, allied health and palliative care.

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

The introduction of the Aged Care Act on 1 October 1997 heralded many changes, the most significant being the introduction of accreditation which has resulted in a marked lift in quality of care in residential aged care.

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

There will be a smaller number of approved providers running a larger number of services spanning community and residential care with retirement living options. The operating environment will be more deregulated than is the case now allowing more choice for consumers and greater flexibility for providers backed by a strong quality regulatory framework.

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