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Stars in aged care recognised



The winners included (L to R) Michael Browning, Alara Jurgens, Ita Buttrose (judge) Rejane Le Grange, Dr Stephen Judd, Maree Ann Gaffney (with certificate), Carrol Maher, Minister Julie Bishop, Rodney Jilek, Nancy Counciller, Kelvin Jakes, Pauline Renwick, Daniel Sterpini and Sylvia McLoughlin.

In a ceremony dubbed the “Oscars” of the aged care industry, the Minister for Ageing, Julie Bishop, has recognised two rising stars.

Nancy Counciller of the Kimberley Aged and Community Services in WA, and Carrol Maher, of Aboriginal Aged Care, Macksville in northern NSW, were named as the 2005 winners of the Minister’s Awards for Excellence in Aged Care in the Rising Star category on 11 October in Canberra.

Carrol, who has more than 30 years in both acute and aged care settings, manages 35 CACP and 10 EACH indigenous packages over three municipalities, with 15 staff members. She has developed trust with the clients to help them access vital services, as well as providing innovative training in conjunction with the local TAFE college.

Nancy is the area co-ordinator for training within the Kimberley Aged and Community Services which provides Home and Community Care (HACC) services for remote Aboriginal communities. Nancy trains and assists remote care workers in completing the tasks required to achieve National Service Standards.

Former Ministerial Award winner and judge, Ms Jo Hardy of the Mary Ogilvy Homes in Tasmania, told the audience of 150 aged care sector representatives that it was important to recognise those who were breaking through the traditional boundaries and she quoted the Latin phrase *Per astra ad ardua* or “To the stars through difficulties”.

Seven other winners and a commendable finalist were recognised with the presentation of a glass plaque, a certificate and \$10,000 to pursue training opportunities.

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Just a word...



People who live in aged care homes today come from a generation of those who talked about “making do” and sometimes chided themselves with the comment “mustn’t grumble”. They lived through the depression and used ration books, they were used to hand-me-down clothes and darned holes in socks and stockings – and they turned off the lights as they left a room.

Not so our generation, according to Brisbane author Hugh Lunn. Those who own and manage

nursing homes today will need to think again to cater for the next generation, he told an audience of 340 at our Better Practice seminar.

“Think rock star Mick Jagger, think actor Jack Thompson – we will want to grow old disgracefully,” he said. The first of the so-called baby-boomers reach 60 next year. He warned staff about different standards or care for the “me” generation who will be demanding all-day breakfasts, a sleep-in after the previous night’s Happy Hour, and will expect a café serving decaffeinated café latte by waiters in black aprons. He is probably right when he says not only will we want a say in what we eat and when, we will want to meet the chef and discuss the recipes.

And there will be orders for one dessert and four spoons, and choices of macrobiotic, vegetarian and gluten-free.

He encouraged the audience to think of inner-city locations, handy to shopping and galleries, with life coaches, American Nails (not just a podiatrist), personal trainers and

financial counselling on tap. The electronic party organ tinkling out “Roll out the Barrel” will be replaced by ipods playing Sting or Dire Straits. No muzak in the corridors, he has warned. Instead there will need to be broadband and blue tooth and internet connections in every room. A swimming pool, spa bath and gymnasium will be standard.

As the laughter died down, there were knowing nods from the audience. “You’d better get started,” he called as he left the stage.

We all know he is right.

For those with vision, plans, and robust management, this will be a relatively easy step. Those few who find meeting current standards a struggle will be left behind. The “me” generation has a tendency to show no mercy.

Mark Brandon
Chief Executive Officer

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The Minister said the combined achievements of the finalists in this year’s awards place Australia at the forefront of innovation, dedication and excellence in aged care. There were 150 nominees, who the Minister said represented a whole group of exceptional people who were contributing to improving care for older Australians.

The judging panel was chaired by Ita Buttrose AO, with Russell Halpern, Jo Hardy, Jill Iliffe, Rob Knowles, Anne Megaw, Rhonda Parker, Maria Peters and Rosemary Stanton OAM.

For more information on the awards: www.health.gov.au and go to Residential Care and Excellence Awards 2005.

THE WINNERS

- Leadership and Management: Dr Stephen Judd, The Hammond Care Group, Sydney, NSW
- Resident Lifestyle: (joint winners) Brightwater – The Village – Brightwater Care Group, WA (Rejane Le Grange and Alara Jurgens) and Caroline Chisholm Aged Care Facility – Ozcare, Currimindi, Qld (Pauline Renwick and Sylvia McLoughlin)
- Food Innovations: Daniel Sterpini, Embleton Care Facility, Embleton, WA
- Professional Development: Rodney Jilek, Amity Group, Sydney, NSW
- Training and Staff Development: (Residential) RSL Care, Fortitude Valley, Qld (Kelvin Jakes)
- Training and staff development (Community Care): Royal Freemasons’ Homes of Victoria, Prahran, Vic (Michael Browning) and commendation to Maree Ann Gaffney at the Kimberley Aged and Community Services, Broome, WA
- Rising star: Carrol Maher, Aboriginal Aged Care Macksville NSW and Nancy Counciller, Kimberley Aged and Community Services, WA.

Taking it off for breast cancer



The Calendar Girls

When asked why she decided to take off her clothes for a calendar, Merl's answer said it all: "I have cancer and I am dying. If taking off my clothes will raise money to help find a cure, then I will do it."

Dulcie Guild known as "Merl" was one of 12 women aged between 84 and 93 from Sundale Garden Village in Nambour, Queensland who bared their all in a calendar to raise funds for cancer.

Nurses Lyn Sullivan and Belinda Watts came up with the idea one day when one of the residents "struck a pose" when coming out of the shower .

"We both looked at each other and giggled, and I said to Lyn what she thought about a calendar like in the movie *The Calendar girls*," explained Ms Watts.

After getting the all clear from

management and finding 12 willing residents, the preparations began.

"After we arranged a photographer, who I might add was a little bit apprehensive about seeing these ladies with no clothes on, we set a date. All the ladies



Miss October: Dulcie 'Merl' Guild

were very excited. We pampered them for the day with hairdressers, beauticians, foot spas, chocolates, prawns, smoked salmon, beer and champagne."

Four weeks after the photo shoot, the calendar was ready to be launched.

"We invited all the people that sponsored us and the ladies' relatives as well as councillors and local MP Peter Wellington. After we unveiled the calendar people started buying them, some bought 12 at a time to send for Christmas presents," said Ms Watts.

Sadly, since the launch of the calendar, Miss October 'Merl' lost her battle with cancer.

"At the graveside, after the funeral, people were coming to us to see if they could buy a calendar. We sold \$135 worth of calendars that day. Merl would have been cackling herself with laughter at everyone. But that was our Merl, full of fun to the very end."

The Calendar Girls of 2006 is available by contacting Sundale Garden Village on (07) 5441 1866.

Continuous improvement in accreditation

Audit Handbook

A new improved Audit Handbook has been released following extensive revision of the first version of the handbook.

The new handbook is available to anyone interested through our website. Important improvements are:

- Reflective prompts guiding recommendations about

compliance with the Accreditation Standards;

- Emphasis on demonstration of continuous improvement in the provision of care and services;
- Assessors' role in assisting approved providers to demonstrate their compliance with the Accreditation Standards and with information about possible improvements and better practice.

Results and Processes

The Results and Processes in relation to the expected outcomes of the Accreditation Standards has also been updated based on research and experience since the first edition.

For a copy of the new Audit Handbook or Results and Processes go to the website: www.accreditation.org.au

Profile: Julianne Gould



Title

Diversional Therapist – full time one-on-one.

Place of work

The Birches Specialist extended Care Centre, Western District Health Service, Hamilton Victoria

Describe your job

I have worked in the aged care industry for thirty-five years. Trained at Warrnambool Base Hospital in 1971 and have always worked at Hamilton.

I have spent time in acute wards, aged care wards and nine years in the Day Centre. The last five years have been at The Birches.

Challenges of the job

Being able to manage my time to ensure that the holistic needs of the residents are addressed.

Documentation.

Planning.

Highlights of your job

Having the one-to-one diversional therapy program at The Birches recognised by the industry leaders, the community, families and fellow staff at The Western District Health Service.

What do you look forward to?

The challenges of each day.

Coming to work and not knowing what the day will bring.

Using my skills to give quality time to the residents.

Continually improving the program.

Holidays.

Your biggest buzz –

Acceptance of my peers and the fact that they make reference to what I am saying about the benefits of one-to-one time for frail people living in residential care.

What/Who inspires you

The residents who are living with Dementia.

These people have lived through the depression, wars, experienced hardships that we will never know.

Listening to their stories and researching lifestyle profiles and then being able to offer activities relevant to their past life experiences, skills and achievements. Then the positive responses to the activities.

A hug or smile from the resident.

Great news about Better Practice

One of the exciting ways the Agency provides education is through the Better Practice event series. These events provide a dynamic forum to share innovations and practical ideas about achieving better practice and improving the life of older Australians.

The Agency has received funding from the Australian Government

through the Department of Health and Ageing, to provide a once off subsidy of up to \$1,000 for homes that currently receive the Commonwealth Viability Supplement from the Department of Health and Ageing, to attend a Better Practice event.



We anticipate that the availability of this subsidy will make it more affordable for these homes to

attend a Better Practice event so that they can implement better practice ideas to improve the quality of life for older Australians.

If you have any questions about this program or the application process, please contact the State Education Coordinator by calling 1800 288 025.

Further information about Better Practice events can be obtained from the Agency website www.accreditation.org.au

**Better
2006
Practice**

Preventing medication errors



Following a “near-miss” medication incident four years ago, one Brisbane nursing home decided there was a need to educate staff and pay more attention to safe management of medications.

Rosanne Fleming, Executive Director of Nursing for Fleming Health Services, which operate three private high-care homes at Woolloowin, Redland Bay and Wynnum, said the near-miss was a wake up call.

“We care for 104 frail aged people, from diverse backgrounds with a broad range of conditions and

needs,” she said. “Because these are small stand-alone homes we have small teams, who are at times working under considerable pressure.

“The management of making sure each resident receives the correct medication, in the right dose and at the right time, is one of the main concerns for any nursing home. In Queensland a registered nurse is required to oversee this, but simple errors can be made.

“This is why we looked into areas of potential concern, and worked out many different ways we could

increase staff awareness. Since then we have not had any medication errors.”

The Fleming facilities were all accredited to the ISO standards in 1996 and have maintained their quality certification.

Rosanne said the simple steps taken by the homes include:

- Introducing the safest pharmacy-packaged medication system available.
- Developing quality management system protocols to ensure early identification and appropriate management of any issues in relation to medication administration.
- Providing education for all RNs and EENs and ensuring their ongoing competence to administer medications safely.
- Educating personal care assistants to check controlled and injectable medications competently and safely with an RN.

Rosanne was one of 50 speakers at the Agency’s Better Practice seminar at Brisbane’s Hilton Hotel on September 29 and 30. The seminar highlighted changes in management and lifestyle in aged care homes.

The USA Institute of Medicine’s 1999 report ‘To Err Is Human: Building a Safer Health System’ drew attention to the issue and impact of medical errors in US health care institutions. Despite presidential support for an immediate and comprehensive response, the rates of error-related fatalities have yet to reach their target of a 50% reduction in five years.

One of the primary areas identified by the study was deficient systems and processes resulting in preventable mistakes or ineffective response strategies, an area which has yet to be addressed with the degree of vigour required to change patterns of behaviour and induce compliance. In the absence of common regulatory and enforcement

mechanisms, the propensity for irregularities and ambiguity will continue, a ready fuel for the litigious and a disservice to both the patient and wider community.

For more information go to www.iom.edu

Standard 2.7 Medication management requires that residents’ medication is managed safely and correctly.

Ideas to promote transfer and mobility skills

By Robin Townsend AUA (Physiotherapy), Grad Dip (Gerontology)

Aged care residents may lose their transfer and mobility skills prematurely due to incorrect assistive care techniques and environmental factors, according to physiotherapist Robin Townsend.

Speaking at a Better Practice seminar in South Australia in May, Ms Townsend said that these factors may contribute to poor sit-to-stand and standing balance and an increased risk of falling during independent transfers.

'Hook-arm' lift techniques and pulling up with a transfer belt may contribute to loss of sit-to-stand techniques and poor initial standing balance as the person is lifted upwards, with weight behind the knees. These techniques also place the carer at risk of a manual handling injury.

Use of a wheelchair for mobility may contribute to reduced muscle strength, balance and mobility skills, with increased risk of falling when a person mobilises independently. Those caring for older people may be able to assist with maintenance of transfer and



Adjust furniture (approximately 100% – 110% of lower leg length).

mobility skills through modification of the environment and promotion of sit-to-stand and mobility. The need for the additional time and effort required when using a mechanical hoist for transfers may be delayed if these skills are encouraged.

- Chairs with flat seats and arms that reach to the front of the chair are easier to stand up from than lounge chairs that slope backwards.

- Lounge chairs can be raised further at the back than at the front to achieve a flat seat.

- Chair, bed and furniture heights that are set between 100% and 110% of lower leg length will facilitate sit-to-stand for most older people – feet may not touch the floor if higher than 110% (height should be reviewed by occupational therapists or physiotherapists).

- Bed heights that are too low may contribute to falls during independent transfers.

- Beds should only be placed on very low settings when a person is no longer able to stand up independently, when a fall out of bed is likely or if bedrails are in use.

- Bed height indicator tags enable staff to return beds consistently to correct heights.

- Sit-to-stand technique should be maintained for as long as possible.

- Only move forwards on the chair or bed if this is necessary to position feet flat on the floor.

- Arms should be used to propel weight forwards over the knees and feet, NOT to push upwards.

- LEGS should complete the push up into standing.

AVOID:

- Assistance (if it is not needed)

- Rocking movements (unless advised by a physiotherapist)

- Moving to the front edge of the chair

- Both hands on a walking frame (both hands should be on the chair arms OR one hand can be positioned on the frame – the other hand on the chair arm to PUSH weight forwards).

- A walking frame should be used for all transfers and mobility when a person requires assistance

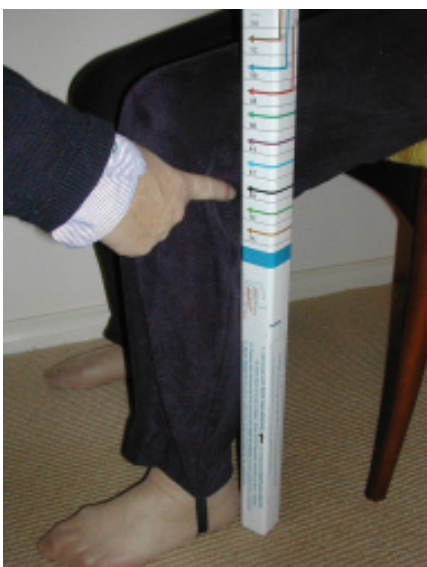
- Carers should stand behind the person and allow them to take their weight through their legs and the walking frame. Guidance can be provided at the hips and shoulders.

- Support at the arms may contribute to poor balance and loss of mobility skills – and may place the carer at risk of injury.

- Bed mobility and safer transfers from the bed can be encouraged if a bed pole is fitted to the bed.

- AVOID assistance where possible to maintain skills.

- Physiotherapists and occupational therapists can assist with modification of the environment, assessment and rehabilitation of transfer and mobility skills, and manual handling guidance.



Measure lower leg length

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