



Sustaining a healthy workforce



◀ *Staff member Romali Little at Boandik Lodge fun dress up day*

Maintaining a healthy workforce is always going to be a challenge, especially within a sector such as aged care which deals with issues such as death and dying on a regular basis. However the introduction of a range of employee support programs over the last few years has provided many benefits to Boandik Lodge's staff.

The not-for-profit aged care organisation has four facilities in rural south-eastern South Australia with 320 staff.

Beginning in 2000, a review of the organisation by an OH&S Committee, revealed that the workforce at large was suffering from a range of work related and personal issues such as stress and health problems.

Boandik Lodge was in dire need of a formal arrangement for assisting staff with their problems, and as a result began implementation of an Employee Assistance Program (EAP). This consists of a chaplaincy program designed to offer staff an on-demand

confidential counselling service and a peer support program, whereby staff are able to volunteer to 'mentor' new staff to Boandik Lodge, helping them to fulfil the requirements of their roles and also provide them with emotional support.

In addition, support has also extended to an Early Intervention Physiotherapy Program which aims to prevent work injuries (and potential Workcover claims) as well as a Wellness Program which consists of a variety of health and fitness modules.

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In the July 2007 issue of *The Standard* I promised to provide quarterly feedback analysis of the new feedback forms.

The new feedback forms were developed to help us better understand your expectations.

We have received forms following site audits, review audits and support contacts – both announced and unannounced, as well as feedback forms to cover all reports we send to homes – audit reports and support contact records.

From July to September Datatime Services received a total of 680 completed feedback questionnaires, comprising 103 about site audits, 21 about review audits and 537 about support contacts. There were 19 questionnaires which did not indicate the type of visit.

In total, 325 respondents rated the assessment team's performance as excellent, 242 as very good and 79 as good.

In terms of percentages, 95% of respondents rated the team's performance as good, very good or excellent. A total of 19 respondents responded 'fair', nine responded 'poor' and six were not filled in properly, either blank or with more than one option marked.

The areas receiving the most positive response were:

- Explaining how the visit would be conducted
- Explaining the role of the assessment team
- The politeness of the assessment team
- The team's knowledge and understanding of aged care
- The overall responsiveness of the team to your questions.

Areas that had the highest number of 'fair' or 'poor' responses were:

- Coordinating meetings with staff, residents and other stakeholders
- The assessment team's feedback on areas where your home is doing well
- Allowing care staff to continue their duties during the visit
- Providing an opportunity to demonstrate your home's QMS
- The assessment team's feedback on ways the home could be improved.

Future QAIT (Quality Assessor Information and Training) sessions for our internal and external assessors will focus on issues receiving negative feedback to ensure we can learn from the feedback and improve our performance.

It is not possible to compare these results with previous feedback forms as the questions are formed differently. However, this first quarter's results will provide a base for us to compare with future results.

Some forms contain information which should be considered as a complaint. Datatime sends us that information so we can follow them up. We only receive completed forms once a month. Consequently it is important that if you do have a complaint, please contact us directly so that we can address the complaint as quickly as possible.

Complaints about our processes or assessors may be directed to the Aged Care Standards and Accreditation Agency Ltd, State Manager in your state – phone 1800 288 025 or via the Agency's website – www.accreditation.org.au.

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

Mark Brandon,
Chief Executive Officer

Introducing staff appointed in Agency's Melbourne office

Julia Currell, *State Manager* – Victoria and Tasmania



Julia Currell has been appointed State Manager Victoria and Tasmania.

Julia has worked at an executive level within the acute health, disability, and community care sectors. As Regional Executive for disability services she was responsible for day, in home, respite and psychiatric support

programs for people with intellectual, physical and psychiatric disabilities. Julia managed community nursing services before becoming the Senior Project Manager for ambulatory services for the Peter MacCallum Cancer Institute.

Julia built on her experience by working with the Better Care for Older People project under the

Hospital Admission Risk Program exploring alternatives to hospitalisation for elderly people with chronic disease.

She then moved into residential aged care services as the National Manager of a private organisation with responsibility for 18 aged care facilities across Victoria, Adelaide and New South Wales. Julia gained further aged care experience in the church and charitable sector as the General Manager for St Vincent de Paul Aged Care and Community Services with responsibility for multiple aged care homes across metropolitan and regional Victoria, Community Aged Care Packages and a Day Therapy Centre.

Julia is a registered aged care quality assessor and has a Masters of Business, a Graduate Diploma of Organisation Behaviour, and Critical Care. She is a Registered Nurse Division 1.

Lorraine Baker, *Assessment Manager* – Victoria and Tasmania



Lorraine has been with the Melbourne office of the Agency since the Agency's inception in 1998. Prior to joining the Agency, Lorraine had seven years' senior management experience in aged care in Tasmania.

In addition to being a registered quality assessor and Principal Assessor, Lorraine has held a number of senior positions within the Melbourne office. Other positions have included Administration Systems Coordinator, where Lorraine set up the systems and procedures for the first round of accreditation in Victoria and Tasmania, Accreditation Systems Coordinator, and Team coordinator (West) which involved the coordinating of all accreditation activity for 452 homes in both Victoria and Tasmania.

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Manager, Gillian McGinty says the whole EAP, which is completely free and has a good take up amongst staff, has had many benefits to the workforce.

"Staff turnover has decreased significantly over the period and our annual staff survey has turned up some great feedback," she says.

The survey revealed that on average, 4.23 staff out of five agreed that 'Boandik Lodge supports them to learn and grow as a person'. And 4.17 out of five

staff agreed that 'Boandik Lodge is a place where staff genuinely care about each other'.

In addition, says McGinty, productivity at the facilities has improved, with retention rates amongst staff much better and staff staying in their roles longer than was previously the case.

"We are no longer seeing a lot of staff off work or leaving their jobs, with us desperately trying to fill their roles with costly temporary staff," she says.



▲ Staff member Lynda Millard at Boandik Lodge fun dress up day

Anglican Care uses clinical governance to enhance standards

Greater morale amongst both residents and staff are the successful outcomes following a clinical governance review at aged care organisation Anglican Care.



Anglican Care's facilities, which operate over seven sites across Lake Macquarie, Newcastle and the Central Coast and which have over 550 staff, had been suffering a variety of organisational pressures in the build up to a review during 2005.

These included incidents of staff bullying, high staff turnover, and information confined to silos rather than being shared across the organisation.

Things eventually came to a head, explains Louise Watters, director of Residential Care, when a complex complaint from a resident highlighted that the continence care system in place was not being managed properly.

A coherent system of clinical governance was badly needed so over the course of a year, a framework was developed, which included in-depth analysis of corporate data. "We completely changed structure and focus to a clinical governance model (developed by our Nursing and Clinical Council) where risk areas are fully evaluated and systems are properly implemented to ensure that residents are getting the right level of care at the right

time," says Watters. "Our quality process mapping has been made far simpler to allow for accurate compliance. We have also reviewed our organisational restructure, so that for example, if a resident is suffering nutritional problems, that is then able to be relayed back to our catering services."

She says that as part of the review, Anglican Care has now also revamped its feedback systems on its website, allowing easy communication with the company's CEO Dennis Byron. "The forms are also much simpler, with the print much easier to read. As a result of this, resident feedback has improved by 90% which has led to quality improvements in their care. For example, one facility has now requested a main meal in the evening rather than at midday."

Anglican Care's electronic care planning system now provides staff with up-to-date resident information, with the inputting of securely stored data enabled with new handheld PDAs.

In addition, the organisation's policies and procedures are all made available on a new 'laserfische,' with secure access available for all management.

"Overall we now have a truly wonderful system that is regularly updated at our monthly audits and really improves care levels," says Watters.

She adds that compliance to clinical policy and practice has improved by 70%; medication management has improved, having reached its targets of 100% and reporting of quality indicator data has increased by 60%.

In addition, the facility now has little staff turnover to date and bullying and harassment has become a thing of the past.

Computerisation improves resident care at IBIS

IBIS Care has successfully improved the quality of its residents' care, following a year-long campaign to computerise its entire business.



The aged care facilities group, which operates across NSW, Victoria, Tasmania and South Australia, identified the need to change with the times during its ongoing expansion phase which has seen it grow to six facilities, plus a further three it manages and another two in NSW which are in the pipeline.

Previously operating on an almost totally paper-based system, IBIS Care undertook careful analysis of the market before settling on a software package which is specifically aimed at the aged care market.

CEO, Natasha Chadwick, explains: "We used the software as a framework, with the vendor developing it as our own system, incorporating our own best practice standards and policy procedures."

The new system provides users with a whole host of features including alert systems and automatic prompts for form assessment. "Staff fill out residents' details into their care plans directly onto the system, where they are guided by drop down boxes and various helpful options," says Robyn Draper, Manager Organisational Development. "It is now much easier to gain easy access to records, and the system also eliminates the need to decipher illegible doctors' handwriting!"



Other behavioural procedures are also embedded in the system. For example, when taking a new resident through the admission process, the system will not allow the user to move onto a subsequent stage until the initial admission process has been completed.

Ms Chadwick says the system is also being expanded to include not only the care requirements, but also policy, procedure and process information. "Everything from answering the phone to purchasing equipment will eventually be incorporated into the software system."

Another advantage, says Chadwick, is that staff are now freed up to provide more time for care of residents. "The impact on residents has been tremendous, with staff now having more time to do simple things with them such as read a book or play bingo."



▲ **IBIS CEO Natasha Chadwick**

Security has also been of paramount concern, with confidentiality of resident information being one of the drivers behind the new system's implementation. Chadwick says the software is encoded for security, with stringent protocols

required for anyone wishing to access the system.

Storage has also come a long way since the old paper-based days, with the option for increased archiving having been dramatically improved.

IBIS' success in IT was recognised back in August when it became one of the winners at the Information Technology Aged Care Awards.

Following this, a post-implementation review has proved that the project has been a great success. Management and staff are more efficient; staff have more time to care for residents and all staff are now involved in documenting care.

As an extension of the implementation, the system is being rolled out to IBIS' community and day care services.

Focus on human resource management from *Results and processes guide*

Each month we are profiling some of the expected outcomes of the Accreditation Standards. This month we focus on expected outcome 1.6 Human resource management.

Assessors look for the following results:

- Management demonstrates the numbers and types of staff are appropriate to ensure that services are delivered in accordance with the Accreditation Standards and the home's philosophy and objectives.
- Management demonstrates it has a system to ensure that identified types and numbers of staff are maintained at all times, including replacements for leave and absentees.
- Management and staff confirm the adequacy of the number and skills of staff at the home. Residents and representatives are satisfied with the responsiveness of staff and adequacy of care.
- Management has a mechanism to review staff numbers and skill mixes in relation to changes in the mix of resident needs and preferences.

Assessors consider the following processes:

- How does the home monitor the ongoing staffing levels and skill mixes for all shifts? For example, does this process take into account:
 - o identification of the services required
 - o any specialist services to be delivered in clinical and non-clinical areas
 - o supervision requirements
 - o workload considerations including rostering and relief staff requirements
 - o identification of trends (complaints, incidents etc)
 - o building layout?
- How does the home ensure adequate coverage of all positions at all relevant times including during staff absentees?
- How does the home recruit staff to reflect the identified skills and qualifications for staff?
- How does the home monitor the qualifications of staff?



- How does the home ensure that new or temporary staff are able to fulfil the requirements of their roles?
- How does the home communicate with staff the requirements of their individual positions, including any relevant processes of the home?
- How does the home monitor and maintain the skills of staff?

Links to related expected outcomes

Expected outcomes 1.2, 2.2, 3.2 and 4.2 Regulatory compliance

Staff qualifications are the subject of other legislation, regulatory requirements, professional standards and guidelines

Expected outcome 1.3, 2.3, 3.3 and 4.3 Education and staff development

The development and maintenance of appropriate staff skills and knowledge are addressed in the third expected outcome of each Standard.

Expected outcome 2.5 Specialised nursing care needs

This expected outcome requires that "residents' specialised nursing care needs are identified and met by appropriately qualified nursing staff."

All other expected outcomes

The sufficiency and appropriateness of staffing at the home in all expected outcomes impacts on the performance of the home. Therefore, non-compliance in one or many expected outcomes may indicate gaps in the home's human resource management systems.

Focus on information systems from *Results and processes guide*

Expected outcome 1.8 Information systems.

Assessors look for the following results:

- All stakeholders as appropriate have access to current information on the processes and general activities and events of the home.
- Management and staff have access to accurate and appropriate information to help them perform their roles including in relation to management systems, health and personal care, resident lifestyle, and the maintenance of a safe environment.
- Residents/representatives have access to information appropriate to their needs to assist them make decisions about residents' care and lifestyle.
- Information is stored appropriately for its purpose and in accordance with any legislative requirements. Information is retrievable in a timely manner suitable for its use. Confidential material is stored securely.

Assessors consider the following processes:

- How does the home ensure residents, representatives and other stakeholders are aware of specific information relevant to them, as well as the general activities and events of the home?
- How does the home identify and use key information and measures required to meet the needs of stakeholders of the home? Key information should be:
 - routinely collected and recorded
 - made accessible to designated staff
 - developed to meet reporting requirements of the home
 - kept confidential where appropriate, including secure storage.
- Are the home's procedures for the storage and management of information effective? This should include:
 - the maintenance of security and confidentiality
 - the appropriate archiving of information
 - the appropriate destruction of documentation
 - back-up of computerised information.
- How does management communicate processes to staff to ensure they are able to collect, access, analyse and use the information as needed?

- How does the home review its information management system? This includes:
 - review of guidelines such as policies and procedures
 - review of the information needs of the staff, management, residents/representatives and other stakeholders
 - review of staff practices
 - review of effectiveness.

Links to related expected outcomes

Expected outcomes 1.1, 2.1, 3.1 and 4.1 Continuous improvement and expected outcome 1.4 Comments and complaints

The use of information to identify and drive improvement would be linked to the expected outcomes via the home's systems and processes for improvement.

Expected outcome 1.3, 2.3, 3.3 and 4.3 Education and staff development

In order for staff to perform their roles effectively, they should have knowledge and information relating to the home's current processes.

All other expected outcomes

The effectiveness of information management systems in all expected outcomes impacts on the performance of the home. Therefore, non-compliance in one or many expected outcomes may indicate gaps in the home's information systems.

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, (97 pages) or you can purchase a copy of 'The Accreditation Essentials'. Go to www.accreditation.org.au and click on 'Resources for sale: Accreditation essentials'.



Better 2007 Practice

Better Practice Melbourne 6-7 December

It's not too late to register!

HURRY! Registration for Better Practice Melbourne closes 30 November.

Topics include:

- Using evidence-based practice
- Managing challenging behaviours
- Improving organisational culture
- Pain management
- Building relationships with general practitioners
- Continuous improvement
- Technological advances to assist resident care
- Performance indicators and using them effectively
- Emotional support for residents
- Preparing for a contagious disease outbreak
- Prevention of abuse.

The Agency will also launch its Governance and Accreditation Toolbox at Better Practice Melbourne.

The Toolbox is a comprehensive but easy-to-use guide for directors and boards. It will help directors understand the pertinent questions, and links the importance of governance to the accreditation process.

Michael Goldsworthy of Australian Strategic Services, who developed the package, will conduct a Better Practice session on the Governance and Accreditation Toolbox and how to facilitate it for boards.

More information on the Governance and Accreditation Toolbox is available on the Agency's website – www.accreditation.org.au/governance-and-accreditation-toolbox.

For more information or to register for Better Practice Melbourne – go to www.accreditation.org.au; phone (02) 8831 1028 or email betterpractice@accreditation.org.au.



The Aged Care
Standards and Accreditation Agency Ltd

Contact information

The Editor, The Aged Care Standards and Accreditation Agency Ltd
PO Box 773, PARRAMATTA, NSW, 2124
email: editor@accreditation.org.au

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