



Using technology to drive clinical care standards

The importance of clinical care planning is taken very seriously within the Babcock and Brown Communities aged care facilities. Located across the states of Victoria, NSW, Queensland and South Australia, the 30 facilities are seeing the implementation of a new IT system designed to radically improve care for its residents and enhance reporting requirements.

National Clinical Operations Manager David Roose says the organisation's care staff and management have already witnessed big improvements to the way care planning is conducted.

"We began rolling out the system to facilities in Victoria and South Australia around 18 months ago. We have taken our time as it has needed to be done properly and there was extensive training involved for all staff on both a group and individual basis.

"Benefits have been massive though. The biggest thing is that with the staff using small 'electronic tablets' to update notes on care plans 'as they go along,' far more time can then be spent with the residents dealing with their immediate needs. Previously staff would have to spend

a lot of time making written reports at the end of a long day; the need for that has now been eliminated.







"Resident assessments are also far more accurate with the new system, and all care staff and management – as well as other staff such as visiting health practitioners – are able to log on to the system and provide input.

"All care plans can be compared and contrasted in real-time so have the benefit of being completely up to date," says David.



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For many Australian companies, May and June are busy times – this is when the pressure comes on to meet annual targets, accompanied by a robust discussion about next year's targets and budgets.

We are no different in that regard. We have targets in our contract with the Department of Health and Ageing that we are contractually bound to meet. Those targets broadly relate to accreditation visits and education activity. In addition, we report publicly in our annual report which is tabled in Parliament.

Later this year we will see a peak in the accreditation round, and we are planning for around 7,000 visits in the 2008/09 financial year. We will meet industry's need for scheduled site audits as well

as the government's requirement that each home receives at least one unannounced visit. In addition, we will schedule visits as a result of our case management activities.

While our activity is reaching a peak, most homes will not notice anything out of the ordinary. A home's planning process for an accreditation site audit is not dissimilar to the self-assessment process that many homes conduct on a regular basis. And a risk management approach means you can feel confident that there are no extra surprises at an unannounced visit.

We must also resource our education agenda – Better Practice events, courses, seminars and QUEST, for it is through a combination of accreditation and education that we promote continuous improvement. As our vision states: To make a significant contribution to quality consumer focused aged care through accreditation and education.

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

Mark Brandon,
Chief Executive Officer

He says that the new IT system also makes it easier for obligatory reporting requirements to be adhered to and provides confidence in compliance conforming.

"There is a 'workbook' system in place which can be set up by the care manager and must be signed off at the end of each staff member's shift.

"This ensures that all relevant tasks have been completed and also produces an automatically generated report for use by senior clinical staff."

David continues: "Once a week, these senior staff are then able to see at a glance, if any clinical care tasks have been left incomplete (in any of our facilities), and if so, why. The benefits of this have been enormous for all concerned and it has really improved clinical care output across the group."

Additionally, he says, justification of financial claims for the group, are also improved, due to the fine detail of care that the new system provides. "Showing in detail what is occurring with residents and where additional resident funding is needed makes it much easier for us to justify our claims.

"Managing funding requirements against the important care of residents is never easy but this system has certainly helped."



Going electronic improves care planning

Werribee aged care facilities Glendale Hostel and Orden-on-Glendale implemented a new electronic care planning system at the beginning of 2007 and according to manager, Margaret Grasso, have not looked back since.

"This has really changed our lives here, as we are now experiencing far more comprehensive and accurate care planning," she says. "We now do not have any dreaded paper trails and all of our sites are using the same system which is absolutely fantastic for communication.

"At the click of a button, our nursing and care staff are able to input data with the use of the electronic tablets, which is then immediately migrated to the residents' care plans."

Margaret says that one of the beauties of the system is that if anyone needs a review of resident information at any time, real-time updates are available there and then. "There are also useful features which allow our staff to access important medication/nutrition information about residents. And then at the end of each staff shift, we are able to get an immediate print-out showing the task allocation of each staff. In this way, everyone is clear on what has been done and what is still to be done, making things much more efficient for our residents."

Additionally, adds Margaret, a useful feature is the resident photo which appears on each page of a care plan. "Residents have expressed pleasure at



seeing their photos on the tablets and this is also a good way of eliminating any confusion over who is being treated by who."

Communication with families have also seen improvement. "Families have told us that they like the individual care plans that are now much easier to read, more accurate and clearer regarding who they should be liaising with."

Aged Care Arts and Craft Show

In last month's issue of *The Standard*, we featured an article about the upcoming art and craft show to be held in Edensor Park, NSW. Following the publication of the article we have been asked by CEO of Cardinal Stepinac Village, Matt Smolic to clarify some points.

The show has a long history of being held in Lidcombe NSW, organised by St Joachim's Nursing Home Activities Officer Maureen Ford and a host of others, until the venue was no longer available in Lidcombe and the show was moved to Edensor Park under the leadership of Matt Smolic.

Without the hard work and dedication of Maureen and many others, the annual show would not have been possible. Matt from Cardinal Stepinac Village would like to recognise the selfless dedication and hard work of Maureen and others involved in the show, providing an outlet for residents to showcase their skills and he looks forward to doing so again this year.

The Aged Care Arts and Crafts Show will be held on 7,8,9 October at King Tom Club in Edensor Park. All interested homes who wish to join in and be a part of the 2008 show can contact the Arts and Crafts team at Cardinal Stepinac Village - cardinalstepinacvill@bigpond.com.

Notifying residents and representatives of an audit

The precise wording of s2.22 of the Accreditation Grant Principles 1999 has come to our attention.

While it is expected that homes provide notice of an upcoming audit to residents and relatives by way of newsletters, posters on noticeboards and letters to residents and their representatives, s2.22 states that a home "must, **within three days after being told when the site audit will start**, tell the persons receiving care from the residential care service (and their representatives):

(a) that a site audit of the service will be carried out, and when it will start, and

(b) that they will have an opportunity to talk to members of the assessment team."

The intent is to ensure that residents and their representatives are able to participate in an audit, and that their views on the outcomes for residents assist in providing corroborated evidence to the assessment team as to a home's compliance with the Accreditation Standards and the care provided for residents.

It is important to tell residents and their representatives as soon as possible (within three days) about an upcoming audit so that they are given every opportunity to speak to assessors if they wish to do so.

Unannounced visits

Let us know when your key staff are unavailable in your home, and we will try not to make unannounced visits during these times.

We cannot guarantee we will not conduct an unannounced visit on a day that corresponds with a significant event (especially where the health, safety or wellbeing of residents is concerned), but we will try to work around those dates.

Such days may include key planning days, annual leave days (for managers of homes) and education events including proposed attendance at Better Practice events.

If you know of such events, please email the date, reason and staff who will be unavailable to our local Agency office by 1 July. If at a later date, additional events are scheduled or other key events occur such as temporary illness of several key staff (including due to an outbreak), please contact the Assessment Manager in your local Agency office.

Email details for each Agency office are as follows:

- **Adelaide office** – sa_nt@accreditation.org.au
- **Brisbane office** – qld@accreditation.org.au
- **Melbourne office** – vic_tas@accreditation.org.au
- **Perth office** – wa@accreditation.org.au
- **Sydney office** – nsw_act@accreditation.org.au

Home recognised as outstanding business

Congratulations to Pioneer House Aged Care in Mudgee NSW for being awarded the Rotary Club of Mudgee Sunrise Clock Award for most outstanding business in Mudgee.

The award finalists are voted by the public and then businesses need to fill in a submission which is used to select the winners.

CEO/Director of Nursing Diana Newman said the awards evening was the most thrilling night for volunteers, management, staff and residents.

The home now proceeds to state and national awards. Good luck!



Pioneer House Aged Care resident Rose Roberts with CEO/DON Diana Newman

Improved IT will help doctors within aged care, says AMA state president

The aged care setting provides an interesting range of medical problems for GP involvement, but further work is required into how IT can help doctors and carers work together for the benefit of older people.

This is according to Dr Peter Ford, Australian Medical Association South Australia president and chairperson for the AMA committee on the care of older people.

"It is disappointing that aged care has such a hard time in attracting doctors, considering that the setting has such a diverse mix of multi-system disorders and the recipients are both so deserving and appreciative of our clinical skills.

"I believe that providing excellent palliative care in a residential aged care environment is both a challenge and a privilege," says Dr Ford. "But we still have a long way to go in the use of IT in order to improve communications between doctors, pharmacists, nursing and care staff, to ultimately improve clinical care for patients."

Dr Ford welcomes the moves made by some aged care facilities to implement electronic methods of clinical care planning, but says that these are currently a rarity, rather than common practice. "There are many practical benefits to enhancing the communications involved, especially for example, in the case of prescriptions and medication management.

"There are often inefficiencies between nurses/carers relaying handwritten notes to pharmacists for example, who then must refer back to the GPs; medical charts are open to not being reviewed properly and care plans can be tricky to keep up-to-date. These things can make lines of communication difficult between all concerned."

However Dr Ford maintains that these types of issues can be overcome with the correct IT systems.



"Any system that makes the lines of communication, the medication management and the overall clinical care more efficient for our older people, is to be welcomed."

However, he says: "Safety systems also need to be built in to avoid problems. Medications must be kept up-to-date on electronic systems and the correct software must be installed to prevent adverse drug interactions."

Dr Ford admits that funding can be an issue regarding the uptake of IT in the aged care sector. "This is something the AMA is currently working on with the federal government but I think that the proposals we have in place, are very reasonable requests given the importance of this medical area."

Team approach drives up clinical care on NSW north coast

Working together and allocating care teams for residents has done wonders for the standard of clinical care at the Marima Nursing home on NSW's north coast.

Lisa Garland, Director of Nursing for the aged care facility, tells *The Standard* that the facility began trialling a 'case model of care approach' to clinical care three years ago. With a team of five staff allocated to each resident, Lisa says that the level of communication and consultation with residents and their representatives has seen dramatic improvement.

Each team consists of two registered nurses; one care staff, one therapy/activities staff member and one hospitality staff member.

Lisa says: 'With a small team appointed to each resident, we have found that the continuity of care they receive is much improved.'

"Communication is enhanced as there is now a smaller amount of people dealing with individual resident issues. Whereas before, families would say that they were always speaking to different staff members about mum or dad, now they are much more confident of being able to speak with the correct team member."

Having taken the past three years to implement the full case management approach at Marima, Lisa says one of the important aspects has been building up a greater rapport and trust between staff, residents and families. "Assigning accountability to clinical care tasks has now become much clearer, now that we have



developed clear responsibilities for each team member in their holistic care planning. As many of our staff work part-time, this is crucial to the smooth running of our care. All communications are now very proactive and do not just occur on an ad-hoc basis as they did previously."

"Feedback from residents has been good too, with many saying that they have much clearer lines of communication with our staff."

Lisa Garland will present 'Case management - the team approach to holistic care' at the Agency's Better Practice events. To find out more or to register to attend, go to www.accreditation.org.au, phone (02) 8831 1028 or email betterpractice@accreditation.org.au. Dates are on the back page of this issue of *The Standard*.

Expected outcome 2.4 Clinical care

Think about...

- how you ensure regular assessments of the residents' clinical care needs are conducted and documented by appropriate staff?
- consultation with residents/representatives and others about residents' care needs and preferences
- assessment at admission and at regular stages
- review of the care currently given and its effectiveness in meeting residents' needs and preferences
- how care plans are documented and care requirements communicated to relevant staff
- do care plans reflect the specific needs and preferences of residents
- is there adequate communication between your home and external health professionals relating to residents' individual care needs?
- is clinical care delivered by staff consistent with the care plan?
- do you regularly evaluate, monitor and review the clinical care delivered?
- are staff practices monitored and practices improved where necessary?
- are residents' clinical care incidents documented and appropriately addressed?
- are residents' clinical problems addressed and reviewed by appropriate medical and health professionals?

New aged care transitional nurse practitioner role improves care

In a bid to improve care for the aged care population, the NSW North Coast Area Health Service has introduced a new role as an alternative model of care to the Emergency Department (ED) for residential aged care facilities.

The aged care (transitional) nurse practitioner treats patients with low acuity, acute medical conditions within the care facility and community who are unable to access their GP, and who would then otherwise be likely to present to the ED.

Anne O'Donoghue, Executive Director Nursing and Midwifery, claims that the introduction of the nurse practitioner role in this particular area has really benefited residents, with improved recovery rates, reduced hospital stays and patients happy to be treated within a familiar environment.

"We were finding that there was increasing pressure on the ED, with many associated concerns of the aged care providers and the older person. By treating the person within the community, we have found real improvements in the quality of life, with the aged care facilities being able to continue to provide holistic care for their residents.

"It has also taken a lot of pressure off the hospitals."

Anne says the nurse practitioner works 'within their scope of practice' and is guided by their mentor/medical governance if any condition falls outside the parameters of the scope.

She says that the new role has been strongly welcomed by the community, the aged care facilities and by GPs.

"We see referrals of approximately 55 new patients per month, with each patient having at least one review post initial treatment. Half of these referrals are from residential aged care facilities, with 96 per cent of patients seen within the same day as the referral."

Aged care (transitional) nurse practitioner, Debbie Deasey says: "The benefits for aged care facilities have been great, with many stating that they are now more confident of residents able to be treated from home rather than having to make the sometimes difficult journey to the emergency department.

"Residents themselves have also told me that this is a much quicker service than having to wait at hospital."

Putting sport and music into physio

At Brisbane's Tricare Stafford, leisure activities incorporating physiotherapy, music and even soccer have proved invaluable in helping improve residents' mobility and enjoyment.

At least 80 per cent of Tricare Stafford's 70 residents participate in at least one of the exercise sessions which are held each week.

'Armchair aerobics' which incorporates a range of gentle mobility and stretching exercises all done to tunes on the piano, is one of the most popular activities at the home, says physiotherapist Lisa Scorgie-Smith. "Residents really enjoy being able to request the pianist to play their favourite songs and often pick ones from the war," she says. "It really ignites their enthusiasm!"

She says the exercises are particularly good for those who may have had mild strokes. Those with more severe disabilities are catered for in individual groups – sometimes from the comfort of their own beds if required.

Another popular activity provided is the 'balance and ball session' which involves using a variety of balls in games including soccer. "Residents really love their soccer and we can cater for all abilities."

Lisa says dancing is also enjoyed at Tricare. "Many of our residents love doing waltz moves; often they may be done simply holding onto walkers but it really allows a lot of participation from residents and we have received great feedback."

She says all exercise classes are performed on a voluntary basis, but are strongly encouraged according to ability levels. "The main thing is that they get to enjoy themselves," says Lisa. "It is really about functional outcomes such as for example, whether it could help a resident make good physical progress in stopping using a hoist after a hip replacement."



Better Practice 2008

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Sydney 24-25 July

Brisbane 11-12 September

Melbourne 23-24 October ***new date***

Perth 13-14 November

To register your interest in attending Better Practice, please visit www.accreditation.org.au or phone (02) 8831 1028 or email betterpractice@accreditation.org.au



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