

Aged care consumers and families, what data do they need?

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Victorian State Government public sector residential aged care services (PSRACS)



Key facts for residential aged care

Aged care recipients

7 in 10

people admitted to Australian government-subsidised residential aged care did so within 3 months of being approved through the Aged Care Assessment Program.



3 in 4

residential aged care clients at 30 June 2013 were 80 years or older.



1 in 2

people in permanent residential aged care required high-level care to manage behaviour.



Source AIHW

<http://www.aihw.gov.au/aged-care/residential-and-community-2012-13/>

Accepted measures collected in RACS

There are no accepted measures widely collected and publicly reported in residential aged care.

The absence of data for consumers has been recognised by the Commonwealth who have rolled out a national Quality Indicator (QI) programme:

The main objectives of the QI Programme are:

- To give consumers transparent, comparable information about quality in aged care to assist decision making.*
- For providers to have robust, valid data to measure and monitor their performance and support continuous quality improvement.*

Source: <https://www.dss.gov.au/ageing-and-aged-care/ensuring-quality/quality-indicators/about-the-national-aged-care-quality-indicator-programme>

What data is internationally recommended?

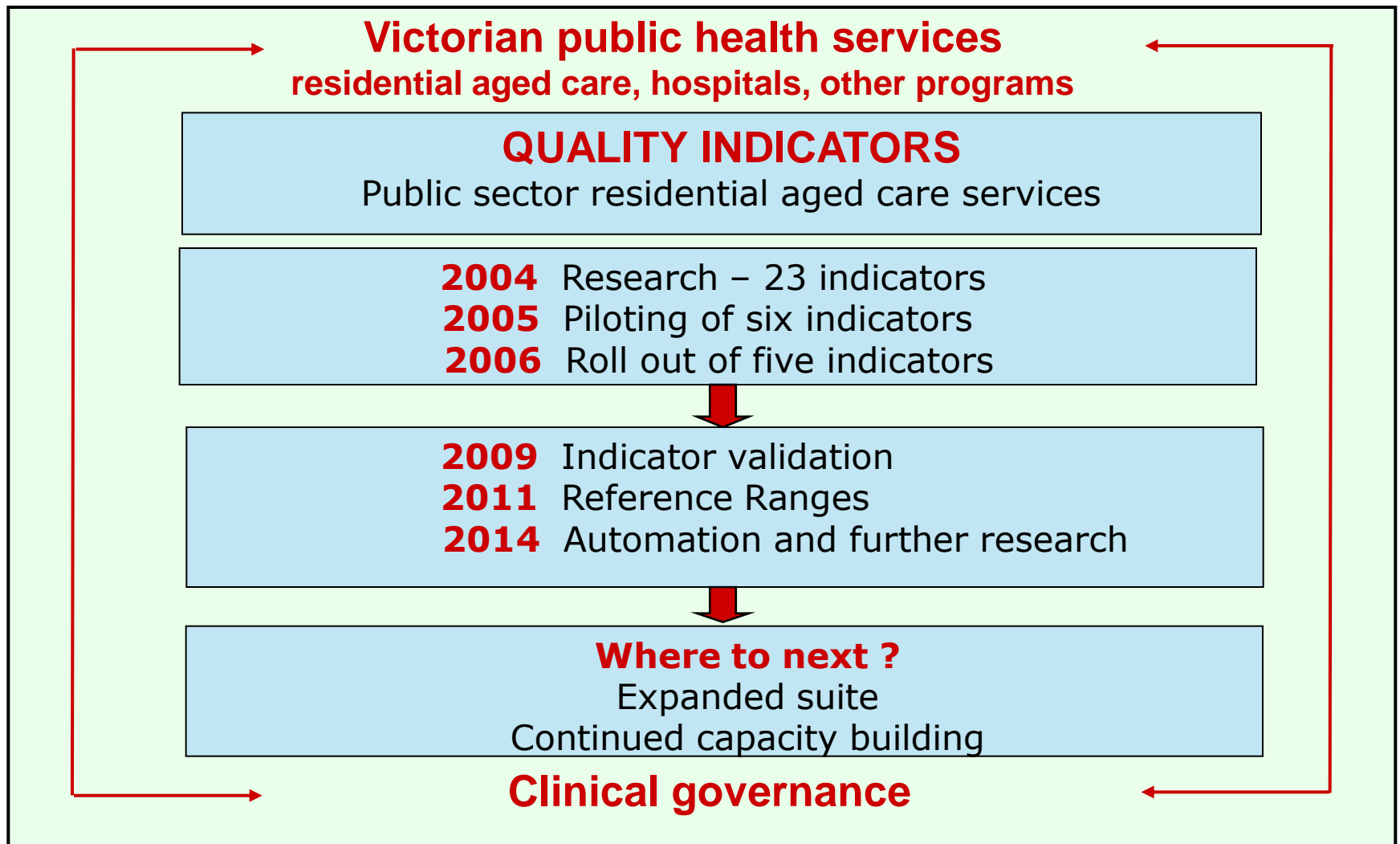
A good life in old age? Reports on how OECD countries are ensuring high quality long-term care – care that is safe, effective, and centred around the needs and abilities of the older person.

- Pressure injuries
- Falls and proportion of fractures
- Physical restraint
- Use of nine or more medicines
- Unplanned weight loss
- *Depression*



OECD/European Commission (2013), A Good Life in Old Age? Monitoring and Improving Quality in Long-term Care, OECD Health Policy Studies, OECD Publishing

Quality indicators in PSRACS



Quality Indicators in PSRACS

Current indicators in use in Victoria since 2006

Pressure injuries

Falls and proportion of fractures

Physical restraint

Use of nine or more medicines

Unplanned weight loss

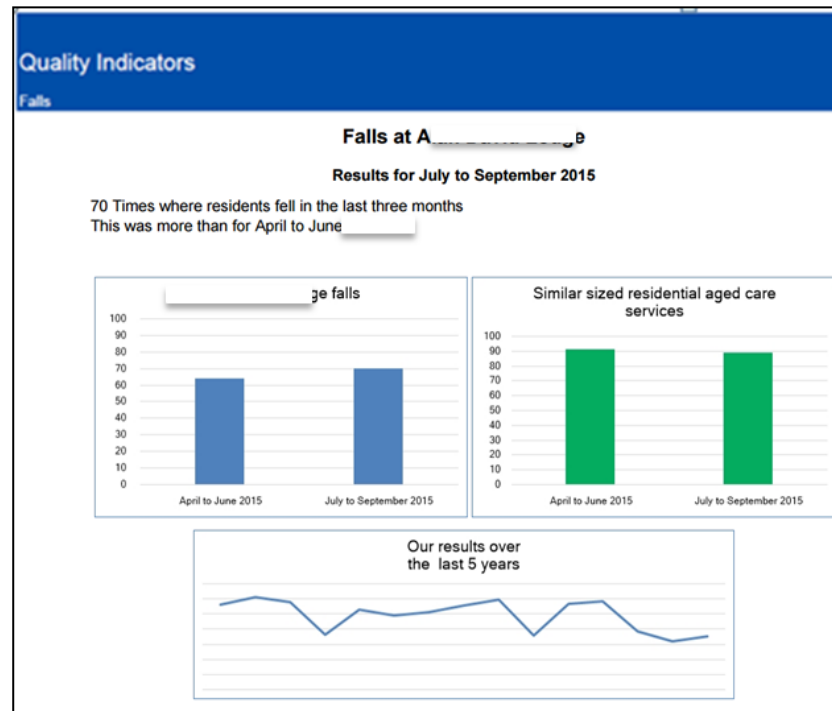
Clinical vs QOL/resident experience

Safety vs dignity of risk

Quality indicators in PSRACS - for what purpose?

- Provide a set of meaningful and measurable indicators to assist services to monitor and improve care
- Enable services to trend performance overtime and benchmark against other services to identify improvements in care and target areas for improvement
- Assist services to report publically on quality of care and enhance community understanding on service quality and performance issues.
- Provide an evidence base to facilitate local and state-wide quality initiatives

How data is presented matters



Public reporting

Quality of care reporting 2014–15



Residential aged care services
Services that offer residential aged care services should report on the five public sector residential aged care quality indicator domains:

- pressure ulcers
- use of physical restraint
- multiple medication use
- falls and fractures
- unplanned weight loss.

How can we support better consumer engagement?

Partnering with consumers – improving health literacy

Partnering in care delivery and developing relationships between care providers and consumers are key elements of person centred care (PCC).

Health literacy means

People can obtain, understand and use health information and services they need to make appropriate health decisions.

Healthcare providers and the health system should provide information and improve interaction with individuals, communities and each other to respond and improve health literacy.

From a 'Report of the Victorian 2014 Consultation on Health Literacy'
prepared for the Department of Health and Human Services
by the Centre for Health Communication and Participation, La Trobe University, Melbourne.

Partnering with consumers - the approach

The provision of relevant information about care issues supports active informed consumer participation in decision making.

Project aims

- Provide accessible and easy to understand health information for residents, their families and advocates of those living in public sector residential aged care services
- Provide a vehicle for open communication and meaningful discussion between residents and their representatives and aged care providers and staff about the care provided

Partnering with consumers - the approach

- Consultation and working with public aged care services – senior managers and direct care staff, consumers and representative organisations, health and aged care experts and academics and relevant peak bodies.
- Best available evidence
- Health literacy principles in production – level of readability etc and importantly written in the first person wherever possible

Partnering with consumers - the approach

Information for residents, families and carers

Development of 24 information sheets on significant risk areas/issues which are common for older people living in residential aged care

Bladder and bowel symptoms

Changes to behaviour: aggression

Changes to behaviour: loss of inhibitions

Changes to behaviour: noisy

Changes to behaviour: wandering

Constipation

Dehydration

Delirium

Depression

Diabetes

Falls

Medicines

Pain

Physical restraint

Pressure injuries

Skin care

Skin tears

Sleep

Swallowing

Teeth & mouth care

Unplanned weight loss

In development: Abuse, End of life care and Working Together-Communication

Improving consumer health literacy in residential aged care

A series of information sheets for residents, carers and families on common care issues.

18 are currently available with more in development.

Available at
<https://www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/safety-and-quality/participating-with-consumers>

Delirium

Information for residents, families and carers



Dehydration

Information for residents, families and carers



Falls

Information for residents, families and carers



Swallowing

Information for residents, families and carers



Constipation

Information for residents, families and carers



Depression

Information for residents, families and carers



Pressure injuries

Information for residents, families and carers



Medicines

Information for residents, families and carers



Changed behaviour – wandering

Information about dementia for residents, families and carers



Unplanned weight loss

Information for residents, families and carers



Sleep

Information for residents, families and carers



Teeth and mouth care

Information for residents, families and carers



Standardised care processes (SCP)

12 SCPs for priority risk areas of resident care are now published:

- Choking
- Constipation
- Dehydration
- Delirium
- Depression
- End of life care
- Hypoglycemia
- Oral and dental hygiene
- Physical restraint
- Polypharmacy
- Sleep
- Unplanned weight loss.

The SCPs are subject to regular review and ongoing development

Unplanned weight loss
Standardised care process
Sleep
Standardised care process
Managing medication to minimise risks associated with polypharmacy
Standardised care process
Physical restraint
Standardised care process
Oral and dental hygiene
Standardised care process
Hypoglycaemia
Standardised care process

Objective

To promote evidence-based practice in the response to a hypoglycaemic episode.

Why responding to hypoglycaemia is important

There is an increased risk of hypoglycaemia for residents taking antidiabetic hypoglycaemic medicines for example, glimepiride or insulin (Diabetes Australia 2013). It is important to recognise and treat hypoglycaemia episodes, if untreated hypoglycaemia can result in death.

Definitions

Hypoglycaemic episode: blood glucose level lower than 4mmol/L, or low enough to cause symptoms (Diabetes Australia 2013).

Capillary blood glucose levels: on-site measurement of blood glucose levels using a meter and test strips.

BGL: blood glucose level.

Standardised care process (SCP): This has been developed for the Department's Strengthening Care Outcomes for Residents with Evidence (SCORE) initiative through comprehensive review of evidence and consultation with public sector residential aged care stakeholders and experts to mitigate significant clinical risk in residential aged care services.

Clinical risk: is where action or inaction on the part of the organisation results in potential or actual adverse health outcomes on consumers of health care (Department of Health, 2012, p5).

Care team

Manager, registered nurses (RNs), enrolled nurses (ENs), personal care attendants (PCAs), general practitioner (GP), dietitian, diabetes educator, residents and/or family/careers.

Acknowledgement

This SCP has been developed by the Australian Centre for Evidence Based Care, La Trobe University for the Department of Health and Human Services based on the best available evidence.

End of life care

Standardised care process

Depression

Standardised care process

Delirium

Standardised care process

Dehydration

Standardised care process

Constipation

Standardised care process

Choking

Standardised care process

Objective

To promote evidence-based practice in the response to a choking episode.

Why response to choking is important

Older people are at greater risk of experiencing swallowing problems due to normal age-related changes. The risk is increased by pathological changes such as dementia, stroke, functional decline and the use of medicines. Choking is a medical emergency and can lead to death. Staff initiating appropriate responses to choking can improve outcomes for residents.

Definitions

Choking: complete or partial obstruction of the airway by inhalation of a foreign body.

Back thrust: blow to the centre of the back between the shoulder blades using the heel of the hand.

Chest thrust: sharp blow to the centre of the chest as in CPR compressions (Australian Resuscitation Council 2014).

Dysphagia: difficulty with swallowing.

Stridor: abnormal high-pitched, musical breathing sound caused by blockage (APC 2014).

Cyanosis: a bluish discolouration of the skin due to lack of oxygen.

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<https://www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/safety-and-quality/improving-resident-care/standardised-care-processes>

Better Resident Care Together

The *Better Resident Care Together* aims to assist PSRACS to integrate key resources into daily practice to strengthen quality of care provided to residents.

These resources support quality of care and provide the foundations for good clinical practice through:

- Comprehensive Health Assessment Training
- The implementation of standardised care processes
- Information for residents, family and carers about these important areas of care, so that they can identify signs of concern, know what to do to help prevent problems, and when to seek assistance

<https://www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/safety-and-quality>

