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All kinds of clever

Developing Performance Measures for Public Sector Residential Aged Care Services

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Project Aim

- Identify performance domains important for the delivery of safe, high quality, person-centred care in Public Sector Residential Aged Care Services (PSRACS)
- Identify and define risks that constitute care system failure and resident harm in PSRACS to help inform the predictive capacity of any developed measures.

What is the purpose of RACS?

- Not a single international definition describing RACS
- General perceptions, misperceptions
 - Somewhere to go when no longer safe at home
 - A place where older people go to wait to die
- A contemporary approach
 - Provide an opportunity for residents to thrive
 - Yes, this is possible despite frailty, comorbidities

Residents' view

- Care-as-service
 - focus on instrumental aspects of care
 - quality is efficiency, competence, and value
- Care-as-relating
 - affective aspects of care
 - quality is friendship
- Care-as-comfort
 - maintain their physical comfort

Proposed model of RACS (PSRACS)

Resident					
<i>Levels of complexity</i>	<i>Health</i>	<i>Social Inclusion</i>	<i>Rights</i>	<i>Personal Care and re-enablement</i>	<i>Dementia Management</i>
	Chronic Disease Management	Community level	Freedom from abuse Freedom to choose and make/participate in decisions	Minimum support	Mild impairment
	Management of acute exacerbations of existing conditions or of new conditions	Facility	Freedom from neglect	Moderate	Moderate impairment
	End of life care	Individual	Adherence to dignity of risk	Maximum	Severe impairment

1. High quality and safe care
2. Strong governance, leadership and culture
3. Timely access to care

Frameworks for performance

- IHI (USA)
 - Culture
 - Psychological safety
 - Accountability,
 - Teamwork and communication
 - Negotiation
 - Learning
 - Transparency
 - Reliability
 - Improvement & measurement
 - Continuous learning
 - Leadership
 - Leadership
- Safer Care in Victoria
 - Leadership and culture
 - Consumer partnerships
 - Workforce
 - Clinical Practice
 - Risk management
- Vic Performance Monitoring
 - High quality and safe care
 - Strong governance, leadership and culture
 - Timely access to care
 - *Effective financial management – excluded for this project*

Concept map of resident's health requirements

	Chronic Disease Stable	Management of acute exacerbations of existing conditions or of new conditions	End of life care
<i>Example</i>	Persons with diabetes mellitus who needs regular blood glucose level monitored	Person with dementia who develops a delirium with an inter-current urinary tract infection	Person with severe dementia, urinary tract infection not responding to treatment and develops septic shock
<i>Disciplines</i>	Nursing management with general practitioner support	Medical management with support from nursing and pharmacy. May require support from acute care service.	End of life management with nursing, medical and palliative services support
<i>External support</i>	General practitioner	General practitioner Pharmacy Acute care health service	General practitioner Pharmacy Specialist healthcare service

Resident's health & Victoria PM

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Victoria Performance Monitoring			
<i>High quality and safe care {5 subdomains}</i>	?safe?	?Person centred?	?Effective?
<i>Strong governance, leadership and culture</i>			
<i>Timely access to care</i>	General practitioner	Emergency or acute care	Palliative care
<i>Effective financial management</i>			

Organisational Factors that Contribute to Care System Failure

- Duckett et al Report 2016
 - Long executive tenure,
 - Executive turnover,
 - Weakness in board,
 - Financial problems,
 - Major capital works,
 - In a growth corridor,
 - Rapid growth, rurality,
 - Reliance on clinical staff with limited training/experience,
 - Not met accreditation standards,
 - Third part reports
- High Risk Industries
 - Weak safety culture
 - Complex and inappropriate structures
 - Limits of operational feedback
 - Production pressures
 - Failure of existing controls

Examples of a 'care system' failure: in domain of safety

- Premature deaths from injury e.g falls, pressure injury, restraint and injuries
- Suicide, death of a resident from another resident or staff aggression
- Failure to transfer patients to escalate care when it is clinically needed
- Restrictive practices including use of physical restraint

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