

GUIDE FOR PUBLIC SECTOR RESIDENTIAL AGED CARE PROVIDERS: TRANSITIONING TO THE NEW AGED CARE QUALITY STANDARDS

Introduction

The aged care sector has been given 12 months, from 1 July 2018, to prepare for the transition to the new single set of Aged Care Quality Standards (the standards). Aged care providers will be assessed against the new standards from 1 July 2019. During the 12 month transition period, providers will continue to be assessed against the current standards, however, health services delivering aged care services will need to start planning their transition to the new standards early to ensure they are in the best possible position to respond to the new requirements from 1 July 2019.

The new set of standards is a single set for all Commonwealth funded aged care services. The new standards replace the existing aged care accreditation standards, home care standards, National Aboriginal and Torres Strait Islander Flexible Aged Care Program Quality Framework standards, and the transition care standards. They will apply to all aged care services including residential aged care, home care, flexible care, and services under the Commonwealth Home Support Program.

Health services with well-integrated, coordinated and effective systems of governance for safe, high quality care are considered well positioned to adapt to the new standards. Work undertaken by the Department of Health and Human Services highlights that, despite changed requirements, there remains strong alignment between the National Safety and Quality Health Service (NSQHS) standards and the new aged care standards. This alignment provides health services delivering aged care supports with a solid foundation from which to transition and improve care and services to people living in public sector residential aged care services.

The Victorian Healthcare Association (VHA) has been funded by the Department of Health and Human Services to support Victorian public health services to successfully transition to the new standards and implement strategies to make changes in their residential aged care services that build on and complement existing quality and safety systems and processes.

This resource

This document provides an overview of the new standards, highlights key considerations for transitioning to the new standards, provides information about the key differences between the new standards when compared to the existing *Aged care accreditation standards*, and outlines potential strategies to address the changes and prepare for the new standards including supporting documentation to be drawn upon to support the transition.

Other resources: Organisational self-assessment monitoring tool

The VHA has developed a self-assessment monitoring tool (based on the Australian Commission on Safety and Quality in Health Care's National Safety and Quality Health Service standards monitoring tool) aimed at supporting services identify gaps against each aged care criterion and assist with planning to address any gaps. The self-assessment monitoring tool allows providers to track their organisation's progress in implementing each standard and prepare for accreditation under the new requirements. The monitoring tool also provides users with a summary of status completion for the actions of each standard which can be used as a simple reporting tool for managers and executive to be shared with the board. The monitoring tool can be accessed [here](#).

Overview of the new standards

The new standards focus on outcomes for consumers and reflect the level of care and services the community can expect from organisations that provide Commonwealth subsidised aged care.

There are eight quality standards:

1. Consumer dignity and choice
2. Ongoing assessment and planning with consumers
3. Personal care and clinical care
4. Services and supports for daily living
5. Organisation's service environment
6. Feedback and complaints
7. Human resources
8. Organisational governance

Each standard is expressed in three ways:

- a statement of outcome for the consumer
- a statement of expectation for the organisation
- organisational requirements to demonstrate that the standard has been met

Key considerations

Organisations should consider the following aspects when preparing for the transition to the new standards:

- The new standards represent the first upgrade of the aged care standards in 20 years and will affect all Commonwealth funded aged care providers across Australia.
- Health services delivering aged care services should consider networking with other public sector services across their region to share policies/procedures/processes to support transition activities.
- The new standards have a greater focus on quality outcomes for consumers rather than provider processes. This focus aims to make it easier for consumers, their families, carers and representatives to understand what they can expect from a service. Health services will need to ensure that quality outcomes for consumers are collected, monitored and used to improve service development.
- There is strong alignment with the NSQHS standards and how the health service evidences compliance with these standards. As such, there is the opportunity to leverage existing processes and procedures to meet the new requirements.
- Ensure that the intent, purpose and scope of each standard and each criterion are understood. For each standard and criterion, consider how the workforce and consumers will be engaged and how each standard aligns with the Victorian Clinical Governance Framework.
- Develop a detailed project implementation strategy to support the transition to the new standards with clear timeframes, responsibility and accountability. Ensure this includes a stakeholder engagement strategy.
- Establish a committee or assign responsibility to a team or senior staff member (i.e. executive sponsor) to support and monitor the implementation and transition to the new standards; this may require additional investment in dedicated additional resources to assist with the transition to the new standards.
- When considering each criteria of the new aged care standards, understand the sources of evidence available within the organisation, such as:
 - governance frameworks i.e. committees and associated committee documents
 - policies / procedures
 - documentation such as resident histories and associated clinical documentation
 - workforce and volunteer training
 - consumer resources
 - data collection frameworks including monitoring resident outcomes (both quantitative and qualitative sources).

Key differences and strategies for transitioning from existing to new standards

Standard 1: Consumer dignity and choice

Key differences	Strategies
<ul style="list-style-type: none">- An increased focus on the consumer including increased level of consumer engagement, informed choice and experience	<ul style="list-style-type: none">- Ensure that your organisation has a consumer engagement framework in place and that it specifically includes your residential aged care services
<ul style="list-style-type: none">- Increased focus on accessible information for residents (health literacy)	<ul style="list-style-type: none">- Ensure that your organisation's consumer engagement framework includes processes to seek feedback and provide information to residents and families
<ul style="list-style-type: none">- A greater focus on diversity and cultural safety	<ul style="list-style-type: none">- Evidence that organisational decision-making reflects the shift toward an increased focus on consumers i.e. take and save minutes from consumer consultative sessions, collate consumer feedback and associated actions in a centralised register
<ul style="list-style-type: none">- Increased focus on independence	<ul style="list-style-type: none">- Ensure that your organisation has a process for consumer review of all information produced for consumer audiences and that this process includes a specific focus for residential aged care i.e. a standing agenda item at resident, family and carer meetings
<ul style="list-style-type: none">- A greater focus on broader aspects of risk i.e. dignity of risk	<ul style="list-style-type: none">- Support residents, their families and carers to partner in care by utilising the Department of Health and Human Services' resident information sheets. Include resident information sheets in resident admission documentation, and refer to these documents during care plan review discussions and at resident, family and carer meetings- Identify and address any perceived or actual barriers which prevent people from diverse backgrounds from accessing your service, utilise the Aged care diversity framework- Develop and implement a diversity plan which reflects and meets the needs of consumers with diverse characteristics and life experiences that your organisation supports e.g. utilise the Aged care diversity framework – supporting documentation- Identify any gaps in staff information and training needs in delivering diverse and inclusive care and incorporate identified training into organisation training calendar. Information on training available to the sector can be accessed here

Standard 1: Consumer dignity and choice (continued)

Key differences

Strategies

- Deliver training to staff on how to collaboratively set [SMART goals](#) with residents, families and carers
- Update care plans to document goals, agreed objectives to support goal attainment and outcomes and/or implement a goal-directed care planning template for example implement relevant components of the Department of Health and Human Services Strengthening assessment and care planning document
- Dignity of risk is about the right of consumers to make their own decisions about their care and services, as well as their right to take risk. Providers should develop and implement a framework and checklist which evidences an assessment of resident capacity, and documents the nature of the risk and how its implications were communicated, and how other stakeholders were engaged around any risk taking decisions made
- Put risk mitigation policies in place and ensure escalation processes are clearly communicated to staff, supporting a consumer's right to take risks

Standard 2: Ongoing assessment and planning with consumers

Key differences	Strategies
<ul style="list-style-type: none"> - New requirements for goal-based care planning 	<ul style="list-style-type: none"> - Deliver training to staff on how to collaboratively set SMART goals with residents, families and carers
<ul style="list-style-type: none"> - Increased focus on advance care and end of life planning 	<ul style="list-style-type: none"> - Update care plans to document goals, agreed objectives to support goal attainment and outcomes and/or implement a goal-directed care planning template for example implement relevant components of the Department of Health and Human Services Strengthening assessment and care planning document
<ul style="list-style-type: none"> - Increased focus on partnerships with residents and the person they wish to be involved 	<ul style="list-style-type: none"> - Consider IT capability in supporting goal based care planning e.g. does the organisation's IT infrastructure facilitate care planning and enable members of the team, and family to securely access and contribute information
<ul style="list-style-type: none"> - Greater focus on coordinated and effective partnerships both internal and external to the organisation to support consumers care needs and expectations 	<ul style="list-style-type: none"> - Utilise the Department of Health and Human Services advance care planning forms as part of advance care and end of life planning process - Support and educate residents and their representative/s to make informed decisions e.g. ensure residents and their representatives understand their rights, know how to raise concerns, have details of key contacts - Complete a review of local service providers in the community which may support the organisation meet consumer care needs and expectations - Streamline processes and develop guidelines that support the creation of cross sector partnerships - Undertake organisational self-assessment to ensure technology i.e. videoconference and teleconference facilities, supports timely and effective communication within the organisation and externally.

Standard 3: Delivering personal care and/or clinical care

Key differences	Strategies
<ul style="list-style-type: none">- A focus on evidence based practice	<ul style="list-style-type: none">- Strong alignment between the National Safety and Quality Health Service Standard 5: Comprehensive care and partial alignment to Standard 4: Medication safety, where possible, consider ways broaden existing activities to include residential aged care
<ul style="list-style-type: none">- New requirements around early recognition and timely responses to resident deterioration	<ul style="list-style-type: none">- Embed best clinical best practice through the use of the Department of Health and Human Service's Standardised care processes
<ul style="list-style-type: none">- New requirements regarding effective clinical handover	<ul style="list-style-type: none">- Consider and develop ways in which processes associated with detecting and recognising acute deterioration, responding to acute deterioration and escalating care in the acute setting can be adapted and implemented in the residential aged care setting
<ul style="list-style-type: none">- Increased emphasis on infection control and antimicrobial stewardship	<ul style="list-style-type: none">- Consider and develop ways in which clinical handover processes in the acute /subacute setting can be adapted and implemented in the residential aged care setting- Complete the annual National antimicrobial prescribing survey to:<ul style="list-style-type: none">• assess antimicrobial prescribing practices in residential aged care• determine prescribing trends and identify quality improvement targets• meet accreditation requirements across both the NSQHS standards and the Aged Care Quality Standards.- Collect, analyse and benchmark quality indicators including infection rates- Ensure outbreak management plan is in place and train staff on implementation of the plan.

Standard 4: Delivering lifestyle services and supports

Key differences

- Greater focus on internal and external referrals (where required) being made in a timely manner
- Increased emphasis on the delivery of inclusive and culturally safe/competent services and supports

Strategies

- Develop a process, procedure and document performance indicators and implement a template for seeking interdisciplinary team input and a standardised referral form to facilitate access to community services and support, primary health services and specialist support
- Ensure various mechanisms are in place and utilised to encourage information sharing in line with the organisation's responsibilities to maintain resident privacy e.g. electronic medical records, case conference, and tele-health equipment
- Come to an agreed definition of 'timely' to set expectations across the organisation and implement a monitoring mechanism to ensure the organisation's key performance indicators are being achieved
- Complete the VHA's [Organisational self-assessment tool: supporting the delivery of inclusive care](#) which provides suggested activities residential aged care providers can undertake to make improvements, designed to support the delivery of culturally sensitive and inclusive aged care.

Standard 5: Organisation's service and environment

Key differences

- A need to focus equally on indoor and outdoor areas

Strategies

- Ensure a systematic approach to reviewing the environment is in place that assesses suitability of all infrastructure to determine alignment with the requirements of the new standards including ensuring the environment is safe, clean, well maintained and comfortable
- Develop a short-term and long term infrastructure plan which mitigates immediate risks and sets out long term goals
- Utilise existing tools and resources to inform planning and implementation of changes including resources developed by:
 - Dementia Training Australia [available here](#)
 - the Department of Health and Human Services [available here](#).

Standard 6: Feedback and complaints

Key differences

- Inclusion of open disclosure which aligns the standard with contemporary practice regarding principles of open communication and transparent processes, including acknowledgement and apology when failings are identified

Strategies

- Strong alignment between the National Safety and Quality Health Service Standard 1.11 and 1.13; consider and adapt, as appropriate, activities that are already in place that support open disclosure
- Ensure the organisation's open disclosure policy is in line with the [Australian open disclosure framework](#) and is accessible to residents, their families and carers, ensures confidentiality and leads to prompt and fair resolution
- Ensure principles of open disclosure are incorporated into relevant procedures/policies e.g. i.e. fall management procedures etc
- Complete staff training across all areas of the organisation including ancillary staff, care staff, management, leadership and the board to ensure open disclosure is understood
- Ensure a process is in place to monitor and review training needs.

Standard 7: Human resources

Key differences

- Hearing the views and input from the workforce is given more prominence
- More focus on demonstrated planning and effectiveness of the workforce in terms of skills, capabilities, qualifications and knowledge
- Increased focus on staff mix and staff numbers
- Inclusion of subjective elements including a kind, caring and respectful workforce

Strategies

- Review and/or develop a strategy and process which comprehensively and frequently seeks the views and input from the workforce
- Develop a workforce strategy and action plan to assist the workforce to understand and transition to the new requirements
- Consider investing in additional human resources during transition period to respond to the implementation of the new requirements
- Develop a workforce strategy and action plan to assist the workforce to understand and transition to the new requirements
- Ensure a system is in place that evidences the number, type and mix of staff are maintained and enables the management of leave e.g. comprehensive rosters and/or implement a revised rostering system
- Develop standard templates and interview processes to ensure consistency across recruitment process e.g. minimum qualification standards are in place for certain roles
- Develop in collaboration with residents, family members, carers and staff an organisational accord regarding expected workforce behaviour
- Educate staff on the [Charter of Aged Care Rights](#) and their responsibilities as employees to delivering kind, caring and respectful support.

Standard 8: Organisational governance

Key differences

- Inclusion of ensuring an effective clinical governance framework is established, maintained and integrated
- Shift from sole focus on safety and quality in residential aged to a broader focus on safety and quality across the organisation

Strategies

- Strong alignment with the National Safety and Quality Health Service standard 1: Clinical governance and standard 2: Partnering with consumers, where possible, consider ways to broaden existing activities to include residential aged care
- Complete the VHA's [*Clinical governance support tool for public sector residential aged care providers*](#) developed to support health service boards understand the data they should collect, report on and monitor to enhance clinical governance oversight in residential aged care.

Supporting documentation

A number of key documents were drawn upon in the development of this resource, and should be considered alongside the new standards.

These documents include:

- Department of Health and Human Services, Preparing for new aged care standards workshop report, April 2018
- [Commonwealth Department of Health, Aged care accreditation standards \(2014\)](#)
- [Commonwealth Department of Health, Single aged care quality standards \(2017\)](#)
- [Australian Aged Care Quality Agency, Guidance and resources for providers to support the new aged Care Quality Standards](#)
- [Australian Aged Care Quality Agency, Residential care self-assessment tool – evidence resource guide](#)
- [National Safety and Quality Health Service \(NSQHS\) standards](#)
- [Resident Charter Rights \(2014\)](#)
- [Quality of Care Principles, 2014](#)
- [Victorian Clinical Governance Framework](#)



For more information contact:

VHA Project Team

vha@vha.org.au

03 9094 7777

