

# Innovation in Residential Aged Care: Addressing Clinical Governance and Risk Management



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# Residential Aged Care

- Primarily funded and regulated by the Commonwealth Govt – *The Aged Care Act 1997*
- Services monitored against aged care standards – minimum requirements
- Place of residence – homelike with provision of care and services – including appropriate clinical care

# The changing environment

- Residents are older, frailer, sicker with increasing complexity of care needs
- *AIHW Residential Aged Care in Australia, June 2009*
  - over 55% residents aged >85 yrs
- *Report of Government Services, 2010*
  - over 70% residents requiring high level care;
  - of these 40% have complex health care needs
- Consumer and government demands for increased accountability for safe high quality care

# Victorian public sector residential aged care

- The Victorian State Government has over 6,400 places in almost 200 facilities – largest public provider in Australia
- 14% of Victorian residential aged care places and 23% of all services
- Majority governed by health services which also operate acute care services and other programs
- 80% health services operating PSRACS located in regional and rural areas

# Vic PSRACS - location



over 80% PSRACS in rural areas

# Safety and quality in health care

## **1995 Quality in Australian Health Care Study**

- 14,000 admissions to 28 hospitals
- 16.6% associated with an adverse event
- 13.7% of these resulted in permanent disability and 4.89% in death
- 51% considered preventable

**Similar findings in other countries**  
**NO** comparable studies in aged care

# Victorian clinical governance policy framework

Expectation that all health services will have a formal and effective clinical governance framework in operation

**Clinical governance** defined as:

*'the system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimizing risks, and fostering an environment of excellence in care for consumers/patients/residents'*

Australian Council on Healthcare Standards (2004) as cited in **Victorian clinical governance policy framework** (DOH 2009)

# Victorian clinical governance policy framework

## **4 Domains of quality and safety**

- Consumer participation
- Clinical effectiveness
- An effective workforce; and
- Risk management

Within each domain there are a number of quality & safety management functions that require direction and oversight by governing bodies.

Under these domains all of the required principles of clinical governance should be addressed.



# Clinical governance in public sector residential services

- Increased awareness of the critical importance of clinical governance across all programs including residential services
- Most patient safety and quality research has been undertaken in acute - very little in Australia or overseas
- No accepted sector benchmarks, accreditation as a measure of quality

# Beyond Compliance

- Strategy for supporting safe, high quality care for residents within an integrated health service approach that is systematic, achievable and sustainable.
- Broadens quality approach beyond minimum requirements of aged care accreditation standards
- Aligned with safety and quality concepts adopted in health care including clinical governance frameworks where applicable

# Beyond compliance - supporting clinical governance

- Research clinical governance and effective quality systems, and discuss this in light of Victorian health services that operate PSRACS
- Strengthening Care Outcomes for Residents with Evidence (SCORE)
  - Understanding key clinical risks, developing standardised evidenced based care processes and the use of clinical audit
- Quality Indicators – improving care through measurement, monitoring and reporting

# Quality Indicators

## Five quality indicators

- **Pressure Ulcers**  
stages 1 – 4
- **Falls and related fractures**
- **Use of physical restraint**
- **Nine or more medicines**
- **Unplanned weight loss**

Rate based reporting

## 2004

- Identification of 23 indicators

## 2005

- Indicators piloted

## 2006

- 5 collected across PSRACS

## 2009

- Validation
- Reference ranges

## Future

- Public reporting?

# Results and implications

## **SCORE**

- Clinical risk defined as a specific definition not in the literature
- Eighteen areas of clinical risks identified for residential aged care
- These risks correspond with important domains of care for older people in all program areas.
- Ten clinical risks were prioritised
- Standardised care processes developed
- Engagement of executives and staff to manage clinical risk

## **Quality indicators**

- Positive outcomes for residents and services
- Variation was identified in practises
- The need for comparative data to facilitate interpretation and use – development of reference ranges

# Results and implications

| <b>Improving care</b><br><b>Specific care issues</b><br><b>for older people</b> |
|---|
| Malnutrition  |
| Functional mobility   |
| Loss of skin integrity  |
| Incontinence  |
| Falls   |
| Delirium & dementia   |
| Medication  |
| Maintaining self-care   |
| Depression  |

| <b>SCORE</b><br><b>18 categories of clinical risk</b> |                        |
|---|------------------------|
| Abuse   | Infections             |
| Constipation  | Medications            |
| Delirium  | Oral & dental          |
| Diabetes management                                   | Pain                   |
| Depression  | Palliative care        |
| Falls   | Skin integrity         |
| Functional decline                                    | Sleep management       |
| Hydration & Nutrition                                 | Swallowing disorders   |
| Incontinence  | Unmet needs behaviours |

| <b>COAG LSOP</b><br><b>10 domains affecting</b><br><b>older people in hospital</b> |
|--|
| Assessment   |
| Skin integrity   |
| Mobility   |
| Nutrition  |
| Delirium   |
| Dementia   |
| Depression   |
| Medication   |
| Continence   |
| Person centred practice  |

# Results and implications

- Applicable to the care of older people in all health and aged care settings
- Risk management model
  - unique to residential aged care
  - mitigates against adverse outcomes for frail older people
- Identifies
  - opportunities to move beyond an accreditation led culture of quality
  - it is often assumed, without supporting evidence, that the activities to achieve accreditation and improvements for residents are linked
  - key drivers and barriers to facilitating integrated quality systems
  - need for sustainability

# Results and implications

- Good governance equates to good business and must include a strong focus on clinical governance to drive safe high quality person centered care
- Understanding, managing, measuring and reporting against key clinical risks is an essential component of a clinical governance framework
- Don't reinvent the wheel - opportunities to build on safety and quality approaches beyond the aged care environment where they translate or can be adapted
- Robust systems for clinical governance support quality of life for residents