

Expansion of the residential aged care quality indicators

Consultation paper for consumers, consumer representatives, families, and carers

November 2021



Disclaimer

This consultation paper is not intended to be used by anyone other than Department of Health.

We prepared this consultation paper solely for Department of Health's use and benefit in accordance with and for the purpose set out in the Work Order with Department of Health dated 23 September 2021. In doing so, we acted exclusively for Department of Health and considered no-one else's interests.

We accept no responsibility, duty or liability:

- to anyone other than Department of Health in connection with this consultation paper
- to Department of Health for the consequences of using or relying on it for a purpose other than that referred to above.

We make no representation concerning the appropriateness of this consultation paper for anyone other than Department of Health. If anyone other than Department of Health chooses to use or rely on it they do so at their own risk.

This disclaimer applies:

- to the maximum extent permitted by law and, without limitation, to liability arising in negligence or under statute; and
- even if we consent to anyone other than Department of Health receiving or using this consultation paper.

Liability limited by a scheme approved under Professional Standards legislation.

Contents

| | |
|--------------------------------|---|
| Consultation overview | 3 |
| Areas of care for consultation | 4 |

Consultation overview

Executive summary

The Australian Government Department of Health (the Department) is seeking feedback and views from stakeholders on areas of care and quality indicators to guide the expansion of the National Aged Care Mandatory Quality Indicator Program (QI Program) in residential aged care. Consultation will focus on the areas of care most strongly supported by research including consumer experience and quality of life

Quality indicators measure important aspects of aged care quality that can affect a care recipient's health and wellbeing. The program helps aged care service providers to measure, monitor, compare and improve the quality of their services. Some of these will be used to provide Senior Australians with more information about aged care quality through a Star Rating system in residential aged care which is also in development.

The Department has engaged a consortium consisting of PricewaterhouseCoopers (PwC), the Centre for Health Services Research at the University of Queensland and the Registry of Senior Australians to assist in guiding the further expansion of the QI Program.

Purpose of consultation

The Department is seeking feedback from aged care stakeholders to inform the areas of care and quality indicators selected for pilot in early 2022. This consultation paper will support [online written consultations](#) and [virtual workshops](#) to be held between 15 November – 10 December 2021. The consultation paper also presents CEQOL assessment tools.

Consultation questions

1. What is important for you to know about the quality of care provided by a residential aged care service?
2. Which areas of care are most important to you and why?
3. Within each area of which quality indicators (measures) are most important to you and why?
4. Could reporting on these areas of care help you make decisions about residential aged care services?
5. Do you have any other comments about the areas of care or measures?

Support or questions

If you require additional support with this consultation paper or consultation process, please contact the project team at Qipilotresidentialcare@au.pwc.com or 02 8266 1017.

Areas of care for consultation

1. Function and activities of daily living (ADLs)

Activities of Daily Living (ADL) can be used to measure people's ability to move and care for themselves. These include management of personal hygiene, dressing, going to the toilet and eating. ADLs are important to maintain independence, health status and quality of life. Aged care services can support ADLs by allowing residents to do as much as they can for themselves.

Quality indicators for this domain

| ID | Quality indicators |
|----|---|
| A | People whose function and/or ADLs improved |
| B | People who experienced a decline in function and/or ADLs |
| C | People who have received a lack of nursing care to improve ADLs |
| D | People with little or no activity |
| E | People who are bedfast (unable to leave bed) |

2. Medications

Medications are used to cure a disease or condition however, people with numerous medical conditions at increased risk of negative complications and poor health outcomes. Medication quality indicators are already reported under the QI Program, including antipsychotics and polypharmacy (the use of nine or more medications) however, more specific measures could be considered.

Quality indicators for this domain

| ID | Quality indicators |
|----|--|
| A | People who experience a high sedative load |
| B | People who receive antianxiety or hypnotic sedatives |
| C | People who receive hypnotic medications |

3. Contenance

Contenance is the ability to control your bladder and bowel. Incontinence is the loss of bladder and bowel control, which can impact independence, health and quality of life. Aged care providers can ensure people have access to the right treatment and support to assist bladder and bowel control.

Quality indicators for this domain

| ID | Quality indicators |
|----|---------------------------------------|
| A | People whose incontinence worsened |
| B | People who have incontinence |
| C | People who have improved continence |
| D | People who have in-dwelling catheters |
| E | People who have faecal impaction |

4. Infection control

Older people are at higher risk of developing medical complications from Infections, such as the flu. It's important that people residing within residential aged care are offered vaccinations and receive appropriate treatment for infections.

Quality indicators for this domain

| ID | Quality indicators |
|----|---|
| A | People who receive a vaccination |
| B | People who have an antibiotic or antimicrobial prescription |
| C | People who are receiving treatment for an infection(s) |
| D | People who are unable to receive a vaccination |
| E | People who have a urinary tract infection |

5. Depression

Depression is persistent feelings of sadness and hopelessness. This can significantly impact people's interest in activities they would normally enjoy and reduce quality of life. Timely and appropriate identification and treatment of mental health conditions in older Australians is crucially important to their health and wellbeing.

Quality indicators for this domain

| ID | Quality indicators |
|----|--|
| A | People who have worsening depression or declining mood |
| B | People who have symptoms of depression |

6. Behavioural symptoms

Behaviour and personality changes are often part of the progression of dementia. Dementia is often associated with behavioural and psychosocial symptoms that are often managed with medications. It is important that services use non-medication alternatives as a first line of action and reporting on this measure is intended to support this focus.

Quality indicators for this domain

| ID | Quality indicators |
|----|--|
| A | People who have worsened behavioural symptoms |
| B | People who have improved behavioural symptoms |
| C | People who have behavioural symptoms that affect others |
| D | People who have a change in their ability to communicate |

7. Hospitalisations

Many admissions to hospital or urgent emergency care are preventable if people receive the right care services. If excessive number of care recipients are transferred to the emergency department, it may be because the service isn't assessing or taking care of their care recipients well enough.

Quality indicators for this domain

| ID | Quality indicators |
|----|--|
| A | People who present at an emergency department |
| B | People who present at an emergency department without being hospitalised |
| C | People who have unplanned hospital admission |

8. Pain

Pain can have a significant impact on all aspects of life, affecting peoples' ability to care for themselves and reduce quality of life. Timely and appropriate identification and treatment of people experiencing pain is crucial, including when the person is living in residential aged care.

Quality indicators for this domain

| ID | Quality indicators |
|----|---|
| A | People who have worsened pain |
| B | People who have daily pain |
| C | People who are on long-term pain medication (opioids) |

9. Consumer experience and quality of life

To capture the voices of aged care consumers an assessment tool measuring quality of life, consumer experience or consumer satisfaction will be implemented. The Royal Commission into Aged Care Quality and Safety recommended a quality of life assessment tool should be implemented in residential and in-home aged care.

Quality of life refers to a person's perception of their position in life taking into consideration their environment and their goals, expectations, standards, and concerns. It includes their emotional, physical, material, and social wellbeing.

Consumer experience looks at the experience of the consumer receiving care.

Finally, consumer satisfaction considers a consumer's fulfillment with the care and services provided to them.

Assessment tools for this domain

| # | Assessment tool |
|------------------------------|--|
| A Quality of life | |
| A.1 | Measuring peoples quality of life relevant to mobility, emotional wellbeing, social connections, independence, activities, and pain management. |
| A.2 | Measuring older Aboriginal Australians quality of life relevant to family and friends, country, community, culture, health, respect, elder role, supports and services, safety and security, spirituality, future planning, and basic needs. |
| A.3 | Measuring the quality of life of people with dementia relevant to health and well-being, cognitive functioning, social relationships, daily activities, and self-concept. |
| B Consumer experience | |
| B.1 | Measuring consumer experience relevant to respect and dignity, services and supports, decision-making, staff skills and training, social relationships, and feedback. |
| B.2 | Measuring the consumer experience of older people with cognitive decline relevant to quality of care including care time, spaces, own room, outside and gardens, meaningful activities, and care flexibility. |
| B.3 | Measuring the consumer experience of care relevant to dignity, autonomy, and choice; assessment and planning; care; lifestyle; service; feedback; human relations; governance; food, and independence. |

| # | Assessment tool |
|------------|--|
| C | Consumer satisfaction |
| C.1 | Measuring people's level of satisfaction with their care relevant to care by staff; individual needs; residential centre; social life and involvement in the aged care centre; links with the community; chaplaincy services; resident services; resident involvement, and feedback. |
| C.2 | Measuring people's level of satisfaction with the care and services provided to them relevant to delivery of care; spiritual life; meals; cleanliness; laundry; activities; facilities; and overall satisfaction. |

www.pwc.com.au