Harnessing the four horses of accreditation:
Policy, People, Performance & Proof

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The Australian Aged Care Standards and Accreditation Agency assesses residential aged care facilities against 44 quality outcomes grouped under four mandated standards. Accreditation status of facilities at March 2006 indicates that 2,941 are accredited. Only 3% of facilities were dealing with some non-compliance issues against a total of 128,656 criteria, which means that the aged care industry is 97% compliant with all outcomes. The industry relies on a range of people to provide care services, making this is a commendable achievement with benefits flowing to residents and families accessing aged care services.

The aged care industry in Australia is staffed by approximately 135,000 dedicated professionals who are responsible for the care of around 144,000 aged care residents. People working in aged care play a difficult yet crucial role in our ageing society. Aged care work is made more complex by the amount of micro-regulation imposed by government on aged care directors, managers, professionals and care staff. Still, the commitment of the aged care industry to achieving quality outcomes is inspirational. The complexity of accreditation is more readily understood by a range of people with varied education backgrounds when the four major aspects of performance are grouped under the P's: Policy, People, Performance and Proof – and by working together these four elements can be harnessed and made to pull the organisation through what is otherwise a confusing array of tasks and responsibilities. These four strong and willing 'horses' meld requirements with expectations and set the organisational direction for productive and successful team effort…

POLICY – Linked to organisational purpose & industry principles

STANDARD 1. MANAGEMENT SYSTEMS, STAFFING AND ORGANISATIONAL DEVELOPMENT
Principle: Within the philosophy and level of care offered in the residential aged care service, management systems responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment of service operation.
Outcome areas: complaint management; planning & leadership; employment relations, equipment, information systems, external services

STANDARD 2. HEALTH AND PERSONAL CARE
Principle: Residents' physical and mental health to be promoted and achieved at an optimum level in partnership between each resident (or his or her representative) and the health care team.
Outcome areas: clinical care, specialised nursing & health, safe &effective management of medications, pain, nutrition, palliation, skin & continence, behaviour, mobility, teeth & sleep

STANDARD 3. RESIDENT LIFESTYLE
Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.
Outcome areas: emotional support, independence, privacy & dignity, leisure & activities, cultural & spiritual life, choice & decision-making, security of tenure

STANDARD 4. PHYSICAL ENVIRONMENT AND SAFE SYSTEMS
Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.
Outcome areas: living environment, occupational health and safety, fire, security and emergencies, infection control, catering, laundry and cleaning   *Source: Aged Care Act 1997 and Quality of Care Principles*

Purpose Principles
Global expectations across all standards:
- **Continuous quality improvement**
- **Regulatory compliance**
- **Education and staff development**

Organisations are free to pursue quality in a way that best suits the unique characteristics of the facility as well as residents' needs or preferences.

PEOPLE – Proficient in their discipline, particular about detail, precise in accountability & standards

Aged care facilities provide education, training and coaching for all staff on quality performance in their roles. Often they access niche training in these areas through peak industry associations. Aged Care Association Australia is one such body providing tailored education programs in relation to quality management and continuous quality improvement as well as enabling all involved to understand the requirements of the mandated quality standards underpinning national accreditation, without which government funding does not occur.
The essential skills provided through industry-based niche training include:

- Demystifying the process of accreditation to build confidence and to reduce conflict and confusion
- Information seminars – group learning about quality systems and valuing outcomes (education, coaching, support)
- Adequate resourcing to support quality (people and equipment, information and time)
- Monitoring quality performance to identify gaps and set up learning opportunities (competency development and testing)
- Promoting a workplace culture that focuses on improving processes rather than attributing blame (rational systems of documentation and accountability)

Source: Aged Care Association Australia 2006

Proficient Particular Precision
Expectations re people:
- **Staff with appropriate qualifications and skill**
- **Safe, respectful environment**
- **Adequate resources time to complete work to standard**

PERFORMANCE – Processes, procedures & protocols linked to policy

Aged care's commitment to quality supports a culture where voluntary monitoring of performance indicators allows strategies to be put in place to address impending declines in performance. Data collected since 2000 by Quality Performance Systems (QPS) from 500 aged care facilities (out of a possible 4,000), normalised and benchmarked on clinical and non clinical key performance indicators, provides timely feedback for program participants. These organisations then use this information to monitor performance, plan for change and improve systems if needed.   *For example:*
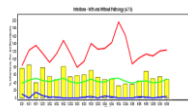

Chart 1. Seasonal variations in infection

Chart 2. Benchmarked results - pressure care

Process Procedure Protocol
Global expectations of performance:
- **Quality improvement culture**
- **Ongoing monitoring, analysis and benchmarking**

PROOF – Perseverance in records, carefully prepared & presented on demand

Use of records – Local aged care facility
- Clinical records for professional care planning
- Continuity of care and team communication
- Clinical and non-clinical documentation used for quality improvement
- Research opportunities and staff education
- Legal records; Occupational health and safety

Accreditation standards - records
- Systems for consistent collection, storage and archiving of records
- Readily available records of clinical assessment, plans and care delivered in partnership with resident (res) and family
- Evidence that special needs of residents have been assessed and effectively acted upon
- Privacy, confidentiality & accuracy of records

Proof of Industry improvement
5 years of QPS data establish that overall industry improvement is occurring.   *For example:*

QUALITY INDICATOR:	2001	2006
Pressure ulcers - Industry aver.	10.6%	4.2%
Hospital transfers - % total res	23.0%	10.0%
Res. Aggression - % total res	42.0%	6.0%
Staff accidents - per work hour	0.38	0.26

Source: Quality Performance Systems (QPS) Australia & NZ

Perseverance Preparation Presentation
Expectations of proof:
- **Local records of clinical and non-clinical activities**
- **Clear records of compliance with accreditation standards**
- **Combined industry activity**