Australian Government
Department of Health and Aged Care

Improving quality of care in residential aged care webinar Q&A

2 November 2023

Questions and Answers

Quality Improvement related questions and answers we were unable to answer during the webinar.

I am interested to hear how the QI tools can be used to embed diversity and inclusion to ensure all aged care consumers receive high quality care that meets their needs (e.g., LGBTI, CALD, First Nations)?

The QI tools serve to provide a voice to older people in residential care about their needs and choices including their satisfaction and experience at the service. However, the QI tools do not limit providers to surveying their residents about the set questions only. LGBTI, CALD, First Nations as well as other diverse groups will have needs and wants that are specific to them and the Department of Health and Aged Care encourages providers of residential care to explore the needs and choices of the specific diversity groups in their services, to find out how best they can support their unique needs. The frequency of the QI Consumer Experience and Quality of Life surveys could be used as a vehicle to request feedback from residents about specific topics relevant to diversity, but services can also try other ways to seek feedback from their residents about their specific needs. This could include but is not limited to using translating services, inclusive terminology or making modifications to care delivery to respect cultural preferences. The quality improvement framework Plan, Do, Check, Act is a useful way to trial new ways to imbed activities that better support diversity and inclusion at your service.

We have noted some of our residents are becoming inundated with questions, particularly the QI questions relating to quality of care and quality of life. How can we stop ‘survey fatigue’ in our residents?

The Consumer Experience and Quality of Life survey questions serve to promote the voice of older people in residential care. The QI Program requires providers to offer the surveys to each resident every quarter however, residents can choose not to participate in the survey. As long as providers document and report that they provided each resident with the choice to complete the survey, it is not mandatory for residents to complete the survey.

How do you decide where to start (with a quality improvement initiative)?

This will be different for every service and it also depends on what quality improvement activity you seek to undertake. A good place to start is to clearly define what it is you seek to change within your service and what steps you will need to take to get the process started. An important part of getting started or ‘planning’ is to inform your residents, their families and representatives about what the service is looking at changing or trialling and what outcomes it hopes to achieve. Incorporating your residents in the planning phase can give you vital information about what you might need to consider before moving to the next stage of ‘doing’ and how receptive your resident cohort is about the proposed initiative.

How do you share outcomes with families and residents?

Providers are encouraged to keep residents, their families and representatives informed about change or improvements activities at every step of the process, whether it be to seek feedback or to keep everyone informed about changes to how things are being done at your service during times you might be trialling new processes. A resident may not understand why things are being done differently this week. Providers can meet with residents and their families in a group or speak to them individually about what they are planning to do or trial and how this may affect them. This way you will be aware of any concerns they may have and also be in a better position to obtain feedback about how residents feel about the initiative.

Current quality improvement strategies for people diagnosed with dementia presenting with BPSD.

Begin by reviewing factors such as, when did the changed behaviour begin and the frequency and triggers. Review time or context when the changed behaviour does not occur. Make sure if you have reached out for support from a behaviour support specialist that you communicate that those strategies are not working and reach out for support again.

Make sure you review the person’s life history, type of dementia, documented support needs.

Have regular discussions with staff including support staff (cleaners, catering). Think about introducing huddles to discuss changed behaviours, the carers experience, their communication style. Their approach and stress threshold, and the care environment. Consider their physical, social, cultural, emotional and spiritual environment. Encourage reflective practice.

Person-centred behaviour support strategies can lead to better outcomes for people living with dementia and those who support them. Improving person-centred care is an important aspect of best practice. Central to person-centred care in managing BPSD is having a focus on supporting relationships and communication. Person-centred care consists of four key elements;

1. Valuing persons with dementia

2. Treating people as individuals

3. Looking at the work from the perspective of the person with dementia

4. A positive social environment in which the person with dementia can experience relative wellbeing.

It is important to establish goals for (person-centred) intervention. Develop a plan in collaboration with carers, implement and monitor outcomes and establish set times for review and evaluation of the plan.

Promotion of non-pharmaceutical strategies to manage behavioural and psychological symptoms in people living with dementia is another important part of improving quality of care.

However, when making a decision about the use of medicine to treat BPSD, it is important to consider that this is a clinical decision made in consultation with the Restrictive Practice decision maker, based on individual circumstances that relate to the individual resident. Again, person-centred care should be paramount. Feedback should be obtained from people with dementia, their carers and families, and regular reviews by pharmacists and prescribers should be conducted.

The Australian Government funds two free national dementia behaviour support programs through Dementia Support Australia. The Dementia Behaviour Management Advisory Service (DBMAS) assists carers in the community and residential aged care to develop appropriate behaviour support strategies for people exhibiting mild to moderate behavioural and psychological symptoms of dementia (BPSD). Complementing DBMAS is the Severe Behaviour Response Teams (SBRT) program, which offers expertise and advice regarding support for people experiencing more severe BPSD, including advice to assist with the transition from hospitals into residential aged care. The 24-hour helpline specialised clinical support and advice for carers of people living with dementia can be accessed by contacting 1800 699 799 or visiting www.dementia.com.au.

The government also funds the Dementia Training Program to provide training for the aged and health care sectors to improve the quality of care to people living with dementia. Delivered by Dementia Training Australia, the program offers a national approach to education, upskilling, and professional development in dementia care and includes free accredited vocational or foundation training for aged care workers. The program offers targeted and tailored onsite training to aged care providers that is developed through a dementia training needs assessment of the service. Additional resources are being implemented for dementia specialists to provide training on managing BPSD and how to prevent the use of restraint (restrictive practices) through appropriate behaviour supports. In particular, the program has a focus on building leadership in dementia care and managing BPSD, which includes the development of training focused on de-escalating critical situations.

Let’s change aged care together

We invite Australians to continue to have their say about the aged care reforms.

Visit **agedcareengagement.health.gov.au**

Phone **1800 318 209** (Aged care reform free-call phone line)

For translating and interpreting services, call 131 450 and ask for 1800 318 209.
To use the National Relay Service, visit nrschat.nrscall.gov.au/nrs to choose your preferred access point on their website, or call the NRS Helpdesk on 1800 555 660.