

January 2014

QUALITY INDICATORS FOR RESIDENTIAL CARE ADVISORY PAPER

Purpose and development of this paper

The purpose of this paper is to inform the work of the expert consultant, to be engaged by the Department of Social Services (DSS), to provide technical advice on the development of quality indicators for residential aged care.

This document consolidates the discussions of the National Aged Care Alliance's (the Alliance) Quality Indicators Reference Group; the Alliance's previous work on Quality of Care and is informed by the outcomes of the then Department of Health and Ageing's 2006 project 'Evaluation of the impact of accreditation on the delivery of quality care and quality of life in Australian Government subsidised residential aged care homes'¹. Additional resources provided by Alliance members were also collated and considered.

The Alliance has reviewed and endorsed this paper as preliminary advice. It will continue to provide advice during the development of, and in preparation for implementation of, quality indicators for residential aged care.

This paper provides advice on

- Potential indicators for consideration; and
- The issues and opportunities for indicator development.

Background

In 2011 the Alliance developed its *Aged Care Reform Series* to provide additional advice to the then Minister for Mental Health and Ageing on the implementation of the Productivity Commission's (PC) *Caring for Older Australians*. In its Quality of Care² paper the Alliance supports the PC's recommendation for the development of quality indicators in residential aged care.

The Alliance's *Blueprint* for Aged Care Reform (February 2012), supports two key actions to provide meaningful and publicly available quality indicators to support people in making informed decisions about their care:

- Developing, piloting and implementing community³ and residential care quality indicators (process, outcome or structural indicators) that are valid, reliable and meaningful for older people.
- Developing and implementing a strategy for publicly reporting on quality indicators at the service level.

¹ Department of Health and Ageing 2006 'Developing resident-centred quality indicators in residential aged care', Commonwealth of Australia. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/content/ageing-iar-dev-residential-aged-care.htm>

² National Aged Care Alliance August 2011, 'Aged Care Reform Series: Quality of care'. http://www.naca.asn.au/Age_Well/Quality.pdf

³ Work on community care indicators has not yet commenced and is not the work of the Residential Quality Indicators Reference Group.

Subsequently, after the aged care reform package was announced on 20 April 2012, the then Department of Health and Ageing approached the Alliance to establish a group to provide advice on the development of quality indicators for residential aged care facilities. This was consistent with the Alliance's role to provide independent advice to Government across a number of aspects of these reforms.

The Quality Indicators Reference Group is a representative group of stakeholders across the aged care sector; including service providers, consumers, unions, sector professionals, and individuals with specific expertise in quality indicators.

The reference group brainstormed six domains and 34 quality indicators for further development and consideration. These are discussed more fully below.

The role and purpose of Quality Indicators

As part of the reforms the quality indicators for residential aged care services will be published on the My Aged Care website. Developing consistent, national quality indicators, and making them publicly available, aims to give consumers and others making decisions about aged care:

- Access to more transparent and consistent information about the quality of aged care services across regions, and organisations than is currently available; and
- The ability to make more informed decisions about which residential care service they choose.

In addition to the role for consumers, quality indicators should play a role in an organisation's continuous improvement program. Quality indicators provide an opportunity for providers to identify areas for improvement and to acknowledge where quality improvement has occurred.

The Alliance believes that the quality indicators developed should aim to meet both of these purposes. It is acknowledged that it may be difficult to ensure that every a single indicator achieves both purposes but within a set of indicators both should be able to be addressed.

The Alliance believes that resident experience must form part of defining service quality. This information needs to be captured in the indicators that are developed. The Alliance believes that following the full implementation of quality indicators an assessment should occur to identify regulatory requirements that may be removed in light of quality improvements gained from the quality indicators program.

Defining characteristics and principles of quality indicators

To provide a meaningful measure, a quality indicator needs to be⁴:

- Clearly defined and measurable;
- Supported by a rationale and purpose;
- Measure events for which improvement is achievable;
- Measure events that can be attributable to care actions;

⁴ Adapted from Australian Commission on Safety and Quality in Health Care 2011 'Practice-level indicators of safety and quality in primary health care: Consultation paper.'; Canberra, p8 <http://www.safetyandquality.gov.au/wp-content/uploads/2012/02/consultation-paper-practice-level-indicators.pdf>

- Reliable and valid;
- Supported by a feasible and reliable data collection strategy; and
- Be free from unintended negative outcomes.

The Alliance identified a number of principles that it believes must inform the development of quality indicators. Quality indicators should:

- Provide insight into quality of care and quality of life for residents of Australia's residential aged care facilities;
- Be chosen or developed within the context of existing evidence wherever possible and be used as an opportunity to build on work already done on quality indicators in aged care and related health sectors;
- Add value by promoting continuous improvement for individual service providers (rather than focussing on compliance with regulations);
- Recognise that resident experience is a valid and important indicator;
- Be based on reliable, consistent and valid definitions, data collection methods and infrastructure to support collection and reporting;
- Be presented in a form easily understood and meaningful to consumers, their carers and supporters;
- Where possible, be based on data sources that are already easily available. Use of existing data sources will be cost effective by reducing potentially onerous data collection requirements for providers;
- Complement rather than replicate the residential care standards as part of the accreditation system;
- Support participation / inclusion of special needs groups particularly addressing cultural and linguistic barriers; and
- Include indicators where levels of achievement may be considered aspirational in the first few years of being introduced.

Recommendation 1: That the list of potential quality indicators be assessed against these principles.

Quality domains, indicators and data

Quality domains

Domains provide a framework and direction for the development and collection of quality indicators. Building on the domains of the Department's 2006 project, the Alliance has identified the following six domains to guide the development of the quality indicators:

1. Person centred interactions
2. Health and wellbeing
3. Engaging socially
4. Daily services
5. Physical environment
6. Organisational and governance

These domains are seen to be appropriate because they will:

- Provide appropriate spheres of activity under which to organise individual indicators; and
- Remain meaningful over time, and therefore act as a constant, while the individual indicators clustered under them might change.

Recommendation 2: That the identified six quality domains be adopted to guide the development of residential care quality indicators.

Quality indicators

The most important considerations in developing the quality indicators are that they:

- Address both quality of care and quality of life considerations;
- Are meaningful to consumers;
- Support the providers continuous improvement program; and
- Use a mix of quantitative and qualitative data.

Within this context the Alliance identified a range of possible indicators including eleven key ones (which appear in bold in Table 1) for further investigation and consideration. Other indicators may, of course, be identified as a result of the work of the expert consultant. As a principle, the quality indicators developed should (where possible) rely upon existing data sources rather than requiring new and additional data to be collected. Where possible, indicators (particularly those within the health and wellbeing domain) should address preventative measures as well as measurements of clinical management in instances where incidents do occur.

Recommendation 3: That the list of potential quality indicators be considered by a consultant with expertise in quality indicators.

Table 1: Potential Quality Indicators

Care domain	Quality indicator
Person-Centred Interactions	Availability of pre-admission orientation
Person-Centred Interactions	Resident's experience of dignity and respect
Person-Centred Interactions	Staff knowing who I am
Person-Centred Interactions	Resident experience of empowerment
Person-Centred Interactions	My individualised needs and goals are met
Person-Centred Interactions	Appropriate use of restraints
Person-Centred Interactions	I experience choice and control
Health and Wellbeing	Depression managed
Health and Wellbeing	Challenging behaviours managed
Health and Wellbeing	Falls and fractures managed
Health and Wellbeing	Pressure injuries managed
Health and Wellbeing	Infections managed
Health and Wellbeing	Quality end of life care
Health and Wellbeing	Quality of pain management
Health and Wellbeing	Weight loss management
Health and Wellbeing	Functional Decline
Engaging Socially	Supported to pursue interests and capabilities (e.g. spirituality)
Engaging Socially	Resident experience of positive relationship (inc. staff)
Engaging Socially	Adequate social and community connections
Engaging Socially	I feel I make a contribution
Engaging Socially	Quality post-admission / orientation
Physical Environment	Cleanliness
Physical Environment	Number of elopements
Physical Environment	Resident's assessment/sense of safety, security and comfort
Physical Environment	Relevant to local cultural diversity (e.g. prayer rooms)
Physical Environment	Proximity to amenities
Physical Environment	Assault of residents
Physical Environment	Physical aesthetics
Daily Services	Residents assessment of meals (choice and quality)
Daily Services	Residents assessment of assistance with personal care (e.g. hygiene and grooming)
Daily Services	Residents assessment of activities
Daily Services	Access to health and medical services
Daily Services	Perception of value for money
Organisational/Governance	There are a range of potential indicators (e.g. staffing levels and skills mix) that may be explored for inclusion under this domain Further discussion will be required following a report by a consultant with expertise in quality indicators. The Alliance does not hold a shared position on whether these indicators would be workable.

Data

Indicators require the availability of good quality data. There is already a variety of data collected by residential aged care services for different purposes including accreditation. The indicators identified above should be able to be populated from existing data sources such as:

- Resident Care Plans;
- Resident Medication Records;
- Clinical Records;
- Incident Reporting System;
- Resident/Carer Experience Surveys;
- Staff Surveys;
- Direct observation of resident;
- Staff training records;
- Reporting risk management systems;
- Administrative data (e.g. hospital admissions);
- Complaints;
- Accreditation records;
- Death certificates;
- Coroners database;
- Infection control database;
- Food inspection data records;
- Palliative Care Outcomes Collaboration;
- GP Medical Records;
- Medicare/Pharmaceutical Benefits Scheme records;
- Australian Health Practitioner Agency; and
- Missing persons data.

These data sources can be aggregated and de-identified in line with national privacy principles. The most appropriate data source should be used to develop quality indicators. Consideration should be given for the data used to be included as part of the streamlined 'Standard Business Reporting' envisaged by the Productivity Commission.

Where existing data isn't adequate to support the indicators new data may be required. If this is the case its collection frequency should ensure that there is up to date information without creating unreasonable demands on service providers. The quality indicator program is not intended to be an additional requirement for accreditation assessment. However, providers may choose to use the data collected for quality indicators to demonstrate performance against specific accreditation standards.

Resident experience survey

The reference group broadly supported the development and undertaking of a resident experience survey. This would be a qualitative and quantitative survey indicating the views of residents about the quality of their care. The outcomes of the survey would inform the development of individual quality indicators and their measures. Desk research of available consumer experience information, provider data and other statistics was also considered valuable.

Involving consumers both in the development phase of the survey and in the data collection underlines the importance of the consumer experience to both the providers and consumers.

The group felt it was particularly important that consumers' perception and experience of, rather than satisfaction with, the quality of residential care become part of the public dialogue.

While surveying of residents is not a new concept within the aged care sector, the development of a nationally consistent survey across providers is. In addition, surveys of residents have not before been published or used to provide information for consumers about individual residential care services. So it is understandable there may be apprehension within the sector about the proposed survey, in particular in relation to its design and implementation.

Nevertheless, the Alliance believes that for quality of life indicators to be valid, the views of residents must be included.

The survey should capture, but separate the experience of the individual resident from that of the carer or representative wherever this is possible. This will ensure a consistent view of the consumer experience across the sector.

It may be appropriate to have a separate survey targeted at the experience of carers/representatives. Such a survey may be particularly useful to carers and representatives who are involved in advising on, or selecting a facility for a loved one.

It was acknowledged that the cost would be a factor in considering the development of any survey. Any costs over and above current requirements could not be met by service providers to be effective. The following costs would need to be met by Government:

- Facilitation costs for providers;
- Development costs; and
- Delivery, collation and analysis costs.

Nevertheless the Alliance is of the view that the investment by Government would be worthwhile in a more market oriented environment.

In developing the survey significant consideration must be given to:

- Question wording and design to ensure consistent understanding amongst residents (including for those from linguistically diverse backgrounds);
- The collection method including the practicality of collection occurring independently of service providers;
- Languages spoken by residents and staff along with utilisation rates of language services and any culturally inclusive policies;

- Special needs groups (particularly aboriginal and culturally and linguistically diverse populations) to ensure the survey is culturally appropriate and representative of the views of these clients;
- The potential benefit of having both resident and carer/representative surveys, as a mechanism to capture the different experience and views;
- Field testing residents with varying degrees of mental acuity (inc residents with cognitive impairment) to ensure the survey is appropriate;
- Ensuring that the identified resident to be surveyed is person completing the survey; and
- Demographic details being collected to enable analysis of data across a range of different types of residents, particularly those within the special need groups⁵.

Data gathering

For the indicators to be useful there must be a high level of confidence in them by both consumers and service providers. This requires data collection that ensures:

- Consistent recording and collection;
- Accuracy against the prescribed definitions. This applies equally to the results of a residents' survey (ensuring they do not feel pressured to answer in a particular fashion) as it does to administrative and clinical data provided (e.g. that units reported are consistent and are not manipulated in the transfer between individual client records and aggregation); and
- Timely collection or relevance and appropriateness as a publicly available indicator.

Recommendations 4: That the identified data sources be considered in the expert assessment of indicators and assessed for ease and appropriateness of use.

Recommendations 5: That a resident experience survey be developed, piloted and assessed as part of the quality indicator program.

⁵ This describes those people living with cognitive impairment and dementia, people with a mental health issue, and the special needs groups as defined in the Aged Care Act 1997 Principles (as amended), which include:

- People from Aboriginal and Torres Strait Island communities;
- People from culturally and linguistically diverse backgrounds;
- People who live in rural and remote areas;
- People who are financially or socially disadvantaged;
- Veterans;
- People who are homeless, or at risk of becoming homeless;
- Care leavers*;
- Parents separated from their children by forced adoption or removal;
- Lesbian, gay, bisexual, transgender and intersex (LGBTI) people; and
- People of a kind (if any) specified in the Allocation Principles.

In addition this encompasses individuals who have specific cultural, spiritual, ethical and privacy requirements that need to be recognised and supported to ensure quality care provision.

* Care-leaver means a person who was in institutional care or other form of out-of-home care, including foster care, as a child or youth (or both) at some time during the 20th century.

Sector engagement

In order to achieve a successful quality indicators program, a close working relationship between the Department and the sector, in particular approved providers, will be critical.

The purpose and manner in which data is to be used needs to be communicated to, and clearly understood by, the sector. Accordingly, the Department must ensure a comprehensive communications plan is developed and implemented to inform and engage the sector during the piloting phase.

Implementing the quality indicators

The *My Aged Care* Gateway commenced operation on 1 July 2013. The Government has indicated that quality indicators will be published on this website in some form from 1 July 2014.

It is noted that the development, testing and introduction of quality indicators is a discrete project that is not interdependent upon other elements of the aged care reforms (beyond their appearance on the Gateway's website). Accordingly, the Alliance believes that the introduction of these indicators should only occur following the necessary rigorous development, consultation, testing and assessment. This is important to ensure the feasibility, validity, usefulness and reliability of the indicators for both consumers and providers. The importance of this robust process should take precedence over the implementation timeframe of 1 July 2014 if necessary.

The initial implementation phase should only require voluntary participation by service providers. The Alliance believes this approach will promote confidence in the quality indicator program by demonstrating the usefulness of quality indicators to both consumers and providers thereby increasing participation in the initial phase of the program. The Alliance does not have a shared view on whether full sector participation should be a requirement over time.

For the Quality Indicators program to be successful and achieve its stated dual purpose of assisting consumers make informed decisions and assisting providers in continuous improvement – a statistically sound number of providers (including diversity of provider types) will need to participate in the program. Before any mandatory participation in the quality indicators program occurs, a realistic time frame should be set via negotiations and agreement with the sector.

Areas for further discussion

This paper has focussed on the key considerations of what domains and indicators could be used to develop and implement quality indicators. There are a range of other issues that have not yet been fully explored by the Alliance, including:

- Definitions of quality indicators;
- System management, managers and roles within business rules;
- Cost implications of introducing a quality indicator systems and discussion around who should bear the costs involved;
- Application of indicators in regional and rural areas where meeting them may be adversely affected by locational disadvantage;

- Validation of the approach and of the indicators in a wide range of facility types (including different sizes, rural/remote/metropolitan, different resident groups) to ensure they are relevant for all settings and residents;
- Frequency of data collection and updating of quality indicators reported on the Gateway website;
- Consideration of how information about quality will be accessible for people from culturally and linguistically diverse backgrounds and those with limited literacy skills; and
- Regulatory and ethical considerations of use of particular data sources.

The Alliance will work with the Department and its consultant to ensure these issues are considered and addressed in the next stage of development.

Conclusion

Introduction of quality indicators continues the implementation of the Productivity Commission's reform agenda and the Governments commitment to quality care assessment processes. Quality indicators provide a transparent source of information about quality of care that will assist older Australians and their families in making informed decisions about their care. In addition, quality indicators provide valuable information for providers about their care practices.

This advice is preliminary and provided to guide the quality indicator development work. The Alliance supports the engagement of an expert consultant to undertake this work. The Alliance urges the Department to utilise the Quality Indicators Reference Group to monitor the work of the consultant and to continue productive sector engagement on quality indicators.

The Alliance reserves the right to revise its recommendations during the development phase and prior to the implementation of any quality indicators.

Recommendation 6: That an update of the work of the Quality Indicators Reference Group, the Departments consultant and the development of the quality indicators program (including updated implementation timeframe) be provided to the Alliance's February 2014 meeting.

Summary of Recommendations

Recommendation 1: That the list of potential quality indicators be assessed against these principles.

Recommendation 2: That the identified six quality domains be adopted to guide the development of residential care quality indicators.

Recommendation 3: That the list of potential quality indicators be considered by a consultant with expertise in quality indicators.

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The National Aged Care Alliance is the representative body of peak national organisations in aged care including consumer groups, providers, unions and professionals.

