LA TROBE UNIVERSITY
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SAFE, HIGH-QUALITY CARE IN RESIDENTIAL AGED CARE AND PUBLIC HEALTH SEVICE BOARDS

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DECLARATION OF INTEREST

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INTRODUCTION

Due to their frailty, older people living in residential aged care services are at risk of harm if the care provided is not high-quality[1]

Recently, the risk of harm for older people in these settings was highlighted by the Royal Commission into Aged Care Quality and Safety which reported widespread system failures[2]

Older people living in RACS comprised 65% of Australian COVID-19 deaths[3]

BACKGROUND 1

In Australia, the Commonwealth government is responsible for aged care policy, funding, and regulation (Aged Care Act 1997)

Approved aged care service providers must achieve accreditation through compliance with the Aged Care Quality Standards[4]

The Victorian Government, through public health services, provides public sector residential aged care services (PSRACS)

- 176 PSRACS (at the time of study)
- providing care to ~5600 residents, >80% in regional and rural areas

Victorian public sector health service Boards, appointed by the State government are responsible for governance, leadership, and oversight for quality of care[5]

The Victorian Health Services Performance Monitoring Framework[6] outlines the Victorian Government's governance of public health services

Largely acute care focused, compliance with the Commonwealth aged care standards for accreditation is the only performance measure for PSRACS

BACKGROUND 2

In 2016, the Victorian Review of Hospital Safety and Quality Assurance - *Targeting Zero,* highlighted the need to strengthen systems for oversight, accountability and performance[7]

- This report recommended, the need for more effective health service Boards with rigorous oversight and objectives for excellence in care that goes far beyond merely achieving accreditation

In 2021, the Australian Royal Commission into Quality and Safety in Aged Care found that accreditation was inefficient and ineffective in preventing, detecting or responding to substandard care[2, p.53]

Several Australian reports of serious harm in residential aged care[2,8] have raised concerns about the ability of Boards to ensure high-quality care is delivered in these settings

There is limited evidence on the role of Boards and quality of care in residential aged care services[9,10]

WHAT IS QUALITY CARE?

The Australian Royal Commission into Quality and Safety in Aged care defined high- quality as are that is:

Care that is *'"diligent and skillful; safe and insightful; caring and compassionate, and empowering and timely"*, but is also *"individualized, and provided based on clinical assessment, subject to regular review of individuals' health and wellbeing as it relates to physical health, mental health, cognitive impairment and end-of-life care"* [2, p.218]

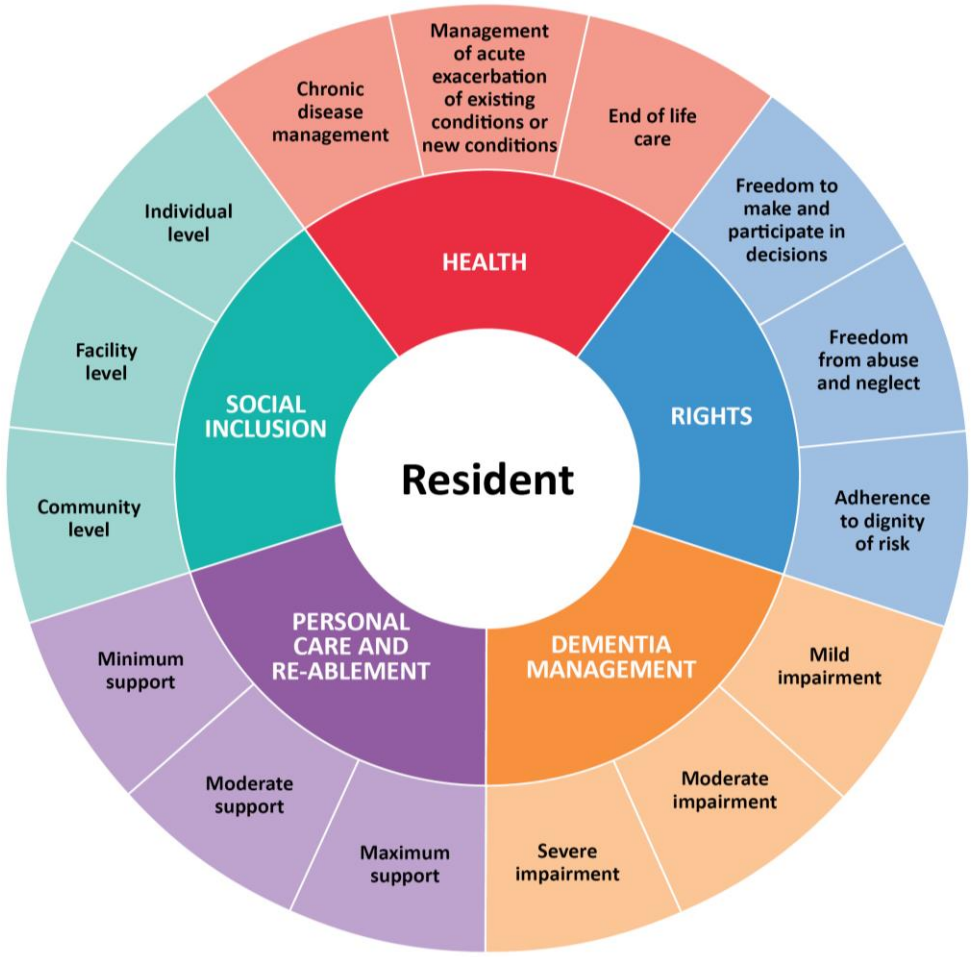
METHOD

Part of a larger study aimed to develop a suite of evidence-based performance measures which would help predict failure in PSRACS[11]

We consulted 347 key stakeholders including executives, Board members, quality managers, staff, residents, & families from six Victorian public health services (15 PSRACS)

This presentation reports findings from interviews with Board members[12]

Other findings have been published[13-15]



METHOD

Qualitative descriptive design using semi-structured interviews[16]

Interviewed 11 board members (7 male and 4 female) – at least one from each health service

Their cumulative experience 39yrs (average 3.5yrs, range 6mths to 9yrs)

One Board Chair; one Board secretary; two Quality and Safety sub-committee members (one as Chair); and one Chair of the Aged Care sub-committee

Three interviewed face-to-face (2 in a group; 1 individually) and eight individually by telephone

Thematic analysis[17]

HEALTH SERVICE (n=6)	Regional	Metropolitan	Regional	Regional	Rural	Rural
No. Health Service Beds (n~2000)	>500	>500	>100	>100	<100	<50
No. PSRACS (n=15)	3	5	2	2	2	1
No. PSRACS Beds (n=857)	364	254	73	86	64	16
%PSRACS Beds to Total Beds	39.5%	40%	51%	70.5%	80%	57%
Boards Members interviewed (n=11)	2	1	2	2	2	2

RESULTS

All Board members were passionate about their role in governance of the PSRACS, especially the provision of high-quality care to older people living in these services

'To be a true and active board member, it's our responsibility to ensure the safety and the care of everyone, whether they be our aged residents or in acute. It is up to us to provide that safe care' (ID02)

'At a board level our role is to monitor and check. It's not to manage. I'm reasonably satisfied with the information we receive. It certainly enables us to monitor' (ID04)

RESULTS

However, analysis revealed <u>three broad themes</u> relating to their understanding of PSRACS and quality care

1. Board members had little understanding of the residential aged care setting – *they rarely visit*
2. They rely on *clinical indicators*, *accreditation*, *sub-committee reports* and *staff presentations* to determine quality
3. If there are no complaints the Board *assumes the care must be high-quality*

RARELY VISIT

CLINICAL INDICATORS

ACCREDITATION

REPORTS

ASSUMPTIONS

THEME 1

Board members had little understanding of residential aged care

Participants noted that they had limited understanding of residential aged care, in particular, how quality care is measured

Their understanding of residential aged care came primarily from the information they receive in reports

This was more common in larger health services with diverse service provision, more sites and greater total bed numbers

They rarely visited aged care, other than for obligatory reasons such as induction or celebratory reasons such as special events

THEME 1

Every year board members are asked to volunteer for Santa. That's about the only time I get to see the aged care center (ID04)

We walked once into the residential facility and we chatted to the residents, and they're sort of unfortunate people, they're not... They're very different quality people that you would see in residential services outside of health services. I think there's about thirty of them [residents]. The focus [from the Board] is really on acute care to be honest with you (ID11)

We collect masses of data but I'm not sure that we've got sufficient information. Data's fine but doesn't actually mean anything. You hear more outside of a board meeting in terms of the level of care than you hear inside of it. I think if things weren't going well people in the community would know (ID01)

THEME 2

Board rely on clinical indicators, accreditation, sub-committee reports and staff presentations to determine quality

Board members unanimously reported that they receive the Commonwealth reportable quality indicators as measures of quality care

In the absence of other measures, accreditation was nominated as a proxy measure of quality care in the PSRACS

'Other' information about the care was in sub-committee reports and senior or divisional staff presentations, infrequent in some PSRACS (6 monthly)

Some Board members felt 'other measures' of quality care were *difficult to collect*, *unusable*, or *unreliable*

THEME 2

To some extent, we don't [know if the care is high quality]. We rely on reporting from the relevant people. The board gets a verbal report from the executive director of nursing and regular presentations by senior staff. Every so often the nurse unit managers from residential aged care do their presentation (ID03)

I don't know – presumably, accreditation of services with regular visitation by appropriate people to check the facility (ID09)

We receive several reports. We have representatives from each of our aged care facilities and it follows a pattern each month - we get reports on any falls, any problems that may have occurred (ID05)

I'm a little bit out of my depth here. I'm not sure what is measured. We get a monthly report which has three of the big ones in it, pressure injuries, falls and medication incidents. We get reports when they're [PSRACS] accredited (ID11)

THEME 3

Assumption the care is high-quality

As Board members relied almost exclusively on clinical data & accreditation as indicators of quality care, many assumed the care was high-quality

Others suggested that in the absence of complaints to the contrary, care must be high-quality

Some reported that they knew the care was high-quality because when they had visited the PSRACS the residents seem *happy*, *comfortable,* & *free from harm*

THEME 3

I wouldn't [know if the care provided in the aged care facility is best practice], but I would I take it from meeting the standards and accreditation (ID10)

I guess I've never really asked because I've got such a sense of how people in there feel (ID07)

We have residents that are that generation who are happy with what they have got even though it could be better. They don't complain (ID06)

I think…it's the residence of those people who live there and, as much as possible, we need to make them comfortable and make them feel as if it is homely (ID02)

DISCUSSION

The findings suggest the Boards members interviewed, who are responsible for governance and the monitoring of care in PSRACS, have limited exposure to these sites– they rarely visit

In larger Health services with many service delivery areas this is understandable, as it is perhaps unreasonable to expect Board members to visit every care site on a regular basis – competing priorities

However, as the aged care beds in four of the six health services comprise more than half of the total bed numbers, the Board visiting more than once a year would seem reasonable

DISCUSSION

Limited exposure to the PSRACS is further challenged by the type, quality, and frequency of information Board members receive

Information on measures of quality care mostly reports of clinical indicators, as highlighted by others[18]

While clinical indicators are valuable, & enable standardisation, benchmarking, and tracking trends and comparisons,[9, 19, 20] they do not provide a complete picture of the quality of care in PSRACS and may not, as the literature shows, coincide with residents & families' views of quality care[21, 22]

In addition, Boards still rely on accreditation as a measure of quality care, despite findings from the Royal Commission that: '*accreditation was inefficient and ineffective in preventing, detecting or responding to substandard care*'[2, p.53]

DISCUSSION

Recommendations emerging from the *Royal Commission* relate to governance improvements 'with the interest of older people at heart'[2,p.51]

A new governance standard (Standard 8)[23]

- to hold the governing body responsible for the organisation and the delivery of safe, quality care
- including establishing a care governance committee comprising a mix of skills, experience, & knowledge of governance responsibilities in residential aged care, to ensure the delivery of quality care
- Consumer focused – review and respond to consumer information and evaluations of care

Since December 2022, all Australian RACS will receive an overall Star Rating between 1 - 5 stars, with ratings for four of the sub-categories[24]

DISCUSSION

The Star Rating sub-categories

1. Compliance – 30% of overall stars rating
2. **Resident experience - 33%**
3. Staffing minutes - 22%
4. Quality Measure - 15%

Resident experiences (at least 10% of residents) collected by a third party, which is important, as the dependency status of residents limits their ability to provide honest feedback or complain[22,23]

This is often left to families[16] as highlighted by one board member

CONCLUSION

We acknowledge the important and valuable contribution Board members make to health service governance and car delivery

However, there is variation in their understanding of the unique challenges associated with the delivery of quality care in PSRACS

They rarely visit, rely almost exclusively on clinical indicators, accreditation and reports as measures of quality care, and if there are no complaints, they assume the care is high-quality

RECOMMENDATIONS

Boards need to broaden their information sources to understand and monitor care quality in PSRACS

Regular visits to PSRACS would assist Boards to better understanding the setting and residents care needs

Triangulation of data, i.e., staff retention/leave patterns, resident's views combined with reports and clinical indicators may provide better understanding care quality

The new Star Rating system, especially the resident experiences data, will provide Boards with greater understanding of care quality in PSRACS

THANK YOU

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