

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	
Areas of care for consultation	

# 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). Consultation will focus on the areas of care most strongly supported by research, including consumer experience and quality of life (CEQOL).

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.

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 <u>online written consultations</u> and <u>virtual workshops</u> to be held between 15 November – 10 December 2021. This consultation paper also presents CEQOL assessment tools.

#### **Consultation questions**

- 1. What is important for you to know about the quality of care provided by in-home aged care services?
- 2. Which areas of care are most important to you and why?
- 3. Within each area of care, which measures (quality indicators) are most important to you and why?
- 4. Could reporting on these measures help you make decisions about choosing in-home 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 <a href="mailto:qipilothomecare@au.pwc.com">qipilothomecare@au.pwc.com</a> or 02 8266 1016.

# Areas of care for consultation

### 1. Function and activities of daily living (ADLs)

Activities of Daily Living (ADLs) 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. People with a decline in ADL function are more likely to experience other issues, such as hospitalisation, pressure injuries, pneumonia, constipation and a lower quality of life. In-home aged care services can support ADLs by allowing consumers to do as much as they can for themselves.

# Measures (quality indicators) for this domain

ID	Measures (quality indicators)
A	People who experienced a decline in function and/or ADLs
В	People whose function and/or ADLs improved
С	People who do not have an assistive device or services but would benefit from these
D	People who do not receive rehabilitation services but would benefit from these

#### 2. Service delivery and care plans

Service delivery and care plans can be used to measure whether care is planned for and meets people's needs. Care planning, risk assessment and integrated care measures, examine whether individualised needs have been assessed and care plans are developed to ensure they incorporate an understanding of the consumer's goals and preferences. This can help ensure the delivery of person-centred safe and effective care.

#### Measures (quality indicators) for this domain

ID	Measures (quality indicators)
Α	People who have a home care plan
В	People who have missed visits or late visits
С	People who have had a review of their home care plan outcomes
D	People who have had an unplanned readmission to hospital
E	People who receive home care with risk prevention measures
F	Length of visit

#### 3. Weight loss, malnutrition, and dehydration

Unplanned weight loss is the result of deficiency in a person's dietary intake relative to their needs and may be a symptom and consequence of disease. Unplanned weight loss, lack of proper nutrition and dehydration can lead to falls, pressure injuries, infections and reduced quality of life. Factors that can play a role in weight loss, malnutrition and dehydration, include the quality of meals provided by services as well as support provided by staff for activities such as grocery shopping, meal preparation and mealtimes.

ID	Measures (quality indicators)
Α	People who experienced weight loss
В	People who presented to Emergency Department or are hospitalised with weight loss or malnutrition
С	People who experienced dehydration

### 4. Falls and major injuries

A fall is an event that results in a person coming to rest inadvertently on the ground, floor or other lower level. Falls can result in a major injury like a bone fracture or joint dislocation, leading to hospitalisation and are potentially life threatening.

Managing falls in older people are a priority due to their high prevalence, related injuries, increased risk of death and reduced quality of life. In Australia, falls are the leading cause of hospitalised injury and injury-related deaths in older people. A third of older people living in the community fall at least once every year. Timely and appropriate identification and management of falls risks in older Australians is important to their health and wellbeing.

ID	Measures (quality indicators)
Α	People who had a fall
В	People who had a fall with injury
С	People who sustained a hip fracture

#### 5. Pressure injuries and skin integrity

A pressure injury is a localised injury to the skin and/or underlying tissue, usually over areas of bone that are close to the skin's surface. Pressure injuries are caused by pressure, shear, or a combination of these factors. Pressure injuries can cause pain and discomfort, infection, reduced physical function and reduced quality of life. Furthermore, pressure injuries are potentially life threatening.

Older people are at higher risk of developing pressure injuries, because of skin and soft-tissue changes associated with ageing, as well as other age-related factors (e.g. malnutrition, immobility, incontinence, impaired cognitive status, and frailty). Timely and appropriate identification and treatment of pressure injuries in older Australians is crucially important to their health and wellbeing.

#### Measures (quality indicators) for this domain

ID	Measures (quality indicators)
A	People who had a pressure injury
В	People who had a pressure injury requiring hospitalisation

#### 6. Workforce

Workforce is critical to providing quality services that meet people's needs. In 2020, there were over 123,048 direct care workers employed in the home care setting (home care packages and home support services). Findings from the Royal Commission into Aged Care Quality and Safety have reported Australia's aged care system is understaffed and undertrained.

# Measures (quality indicators) for this domain

ID	Measures (quality indicators)
Α	Responsiveness of staff, safety living at home, and confidence in staff
В	Staff provide consistent home care for people
С	Staff retention
D	Visits for each client per home care worker
E	Home care workers who had a supervision discussion

#### 7. Pain

Pain can have a significant impact on all aspects of live, affecting people's ability to care for themselves and reduce quality of life. The effect of pain may be even more pronounced and cause serious complications in older people.

The management of pain with medication is common in older people, but older people are also more susceptible to the potential complications and side effects associated with certain pain medications. Timely and appropriate identification and treatment of people experiencing pain is crucial for their health and wellbeing.

#### Measures (quality indicators) for this domain

ID	Measures (quality indicators)
Α	People who experience daily pain
В	People who have inadequate pain control
С	People whose pain improved

#### 8. Continence

Continence is the ability of a person to control their bladder and bowel. Incontinence is the involuntary loss of bladder and/or bowel control, which can impact health, independence and quality of life. Age-related changes, together with frailty, cognitive decline, or impaired mobility, can put older people at risk of incontinence. In-home aged care services can ensure people have access to the right treatment and support to assist bladder and bowel control.

#### Measures (quality indicators) for this domain

ID	Measures (quality indicators)
Α	People who experience incontinence
В	People whose continence declined
С	People whose incontinence improved
D	People who have a catheter

#### 9. Hospitalisations

Hospitalisations are when people are admitted to hospitals to receive treatment. They can be planned (e.g. elective hip surgery) or unplanned (e.g. admission due to infection). 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.

## Measures (quality indicators) for this domain

ID	Measures (quality indicators)
A	Emergency Department presentation or visits
В	People who are readmitted to hospital
С	People who require hospitalisation

## 10. Depression

People who suffer depression may experience persistent feelings of sadness and hopelessness. This can significantly impact people's interest in activities they would normally enjoy and reduce quality of life. In-home aged care services can provide support to address changes in mental, cognitive or physical function of consumers. Depression in consumers can be influenced by individual circumstances such as loss of a spouse, chronic pain, illness and/or cognitive decline. Timely and appropriate identification and treatment of mental health conditions in older Australians is crucially important to their health and wellbeing.

## Measures (quality indicators) for this domain

ID	Quality indicators
A	People whose mood declined
В	People who have fewer depressive symptoms
С	People who have more depressive symptoms
D	People who suffer from depression

#### 11. 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 consumer's perception of their position in life taking into consideration their environment and their goals, expectations, standards, and concerns. It includes emotional, physical, material, and social wellbeing.

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

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

#### Assessment tools for this domain

ID	Assessment tool
Α	Quality of life
A.1	Measuring people's 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 roles, 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.
В	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.
С	Consumer satisfaction
C.1	Measuring people's level of satisfaction with their care relevant to care by staff, individual needs, social life, links with the community, and feedback.

www.pwc.com.au