

Glossary

Advance care directive

A written advance care planning document completed and signed by a competent consumer who still has decision-making capacity. In Australia, advance care directives are recognised by specific legislation or common law. Advance care directives can record the person's preferences for future care and/or appoint a substitute decision-maker to make decisions about the person's health care.

Advance care planning

The process of planning for future health and personal care, whereby the person's values, beliefs and preferences are made known so they guide decision-making at a future time when that person cannot make or communicate their decisions.

Antimicrobial

A medicine that kills microorganisms like bacteria or stops them growing. Antibiotics and antifungals are antimicrobials.

Antimicrobial resistance

Failure of an antimicrobial (such as an antibiotic) to work against microorganisms (such as bacteria, viruses, and some parasites).

This can mean treatments no longer work and infections continue and can spread to other people.

Antimicrobial stewardship

Efforts by an organisation to reduce the risks related to increasing antimicrobial resistance and to extend the effectiveness of antimicrobial treatments. It can include a broad range of strategies, such as monitoring and reviewing how antimicrobials are used.

Best practice (for clinical care)

Diagnosis, treatment and care are timely and based on the best available evidence, which is used to achieve the best possible outcomes for consumers.

Carer

A person who provides personal care, support and help to a consumer. This does not include members of the organisation's workforce, or people the organisation contracts or pays to provide those services, or people who provide the services as a volunteer. This definition is in line with the *Carer Recognition Act 2010*.

Clinical care

Care provided by doctors, nurses, pharmacists, allied health professionals and other regulated health practitioners. Organisations providing clinical care are expected to make sure it is best practice, meets the consumer's needs, and optimises the consumer's health and well-being.

Clinical governance

An integrated set of leadership behaviours, policies, procedures, responsibilities, relationships and monitoring and improvement mechanisms that are directed towards ensuring good clinical outcomes. Effective clinical governance systems ensure that everyone – from unregulated care providers, to employed or external regulated health practitioners, to managers and members of governing bodies such as boards – is accountable to consumers and the community for the delivery of clinical care that is safe, effective, integrated, high quality and continuously improving.

Cognitive function or ability

Functions that relate to mental and thinking processes, such as memory, attention, language and learning.

Cognitive impairment

Loss of some mental or thinking functions. A person with cognitive impairment can find it difficult to learn new things, to concentrate, or make decisions. The most common causes of cognitive impairment in older people are dementia and delirium.

Consumer

A person to whom an organisation provides or is to provide care through an aged care service. Reference to consumer in this guidance for the Quality Standards includes reference to a representative of the consumer, so far as the provision can apply to a representative of the consumer.

A consumer representative includes:

- a person appointed under relevant legislation to act or make decisions on behalf of a consumer; and
- a person the consumer nominates to be told about matters affecting the consumer.

Consumer-centred care

Care and services that are designed around an individual's needs, preferences and background. It includes a partnership between consumers and providers.

Continuity of care

Processes that ensure that everyone who cares for a consumer knows, and has information about their care and service needs, choices and preferences. Continuity of care helps to ensure that there are no gaps when the responsibility for the delivery of care and services is transferred between individuals or organisations.

Continuous improvement

A systematic, ongoing effort to raise an organisation's performance in achieving outcomes for consumers under the Quality Standards. Continuous improvement:

- responds to the needs and feedback of consumers,
- supports the workforce to improve and innovate in providing safe and quality care and services, and
- can address practices, process or outputs to achieve a desired outcome.

Contractor and subcontractor

Any person who carries out care and services, or administration or maintenance for an organisation under contract.

The organisation that receives funding from the Australian Government is expected to make sure its workforce (including contractors) meets the relevant Quality Standards. Contracts requiring compliance with the Standards and effective contractor management are essential.

Cultural safety

Care and services that are planned and delivered in a way that is spiritually, socially, emotionally and physically safe and respectful for consumers. Culturally safe care and services also ensure that a person's identity is respected so that who they are and what they need is not questioned or denied.

Decision making

Consumers making choices about their lifestyle and activities of daily living, their care, and services and end of life choices. Supported decision making is the process of enabling a person who requires decision-making support to make, and/or communicate, decisions about their own life. The decision-making is supported, but the decision is theirs.

Dignity of risk

The concept that all adults have the right to make decisions that affect their lives and to have those decisions respected, even if there is some risk to themselves.

Dignity of risk means respecting this right. Care and services need to strike a balance between respect for the individual's autonomy and the protection of their other rights (such as safety, shelter), unless it is unlawful or unreasonably impinges on the rights of others.

Diversity

Consumers' varied needs, characteristics and life experiences. Consumers may have specific social, cultural, linguistic, religious, spiritual, psychological, medical, and care needs. The term also refers to peoples' diverse gender and sexuality identities, experiences and relationships, including lesbian, gay, bisexual, transgender or intersex (LGBTI).

End of life care

The care provided to a consumer in the period when they are nearing the end of their life. It can include physical, spiritual and psychological support.

Governance

The rules, practices, processes and systems an organisation uses to direct and manage that organisation and its services.

Governing body

The individual or group of people with overall responsibility and ultimate accountability for the organisation. This includes responsibility for the strategic and operational decisions that affect the safety and quality of care and services.

High-impact

A risk that can have a significant effect on a person's safety, health or well-being.

High-prevalence

There are a large number of people in a particular group that are affected by the same condition or risk.

Incident

An event or circumstances that resulted or could have resulted in unintended or unnecessary harm, loss or damage to a person.

Infection prevention and control program

The plan and processes an organisation uses to prevent and manage the spread of infection. For example, hand washing is the most effective means of preventing infection transmission.

The scope and complexity of a program will depend on the nature of the care the organisation provides, the context and risk.

Influenza infection control program

The plan and processes that an organisation has in place to manage influenza infections.

If an organisation provides residential aged care, their program includes workforce influenza vaccinations.

Macular degeneration

A group of eye diseases that cause progressive loss of a person's central vision.

Medication contraindication

A situation when a medicine should not be used because it may be harmful to the person.

Natural justice

Decisions are made and people are treated fairly and without bias.

Notifiable

Events, things or incidents, such as serious infectious diseases, that must be reported to the right authorities.

Open disclosure

Open discussions with consumers, their family, carers and other support people of incidents that have caused harm, or had the potential to cause harm to the consumer.

It involves an expression of regret and a factual explanation of what happened, the potential consequences and what steps are being taken to manage this and prevent it happening again.

Organisation

The provider of care and services.

Currently, aged care legislation uses the term 'approved provider', but this term doesn't include providers that deliver Commonwealth Home Support Programme (CHSP) and certain grant-funded National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) services. As the Standards apply to all organisations that receive Australian Government subsidies or funding to provide aged care (whether they are currently an approved provider or not), the term 'organisation' has been used. The Standards apply to organisations providing:

- residential care
- home care
- flexible care, including innovative care services, multi-purpose services (in line with the spirit and intent of the Standards), short-term restorative care and transition care
- CHSP
- NATSIFACP services.

Others

Anyone a consumer wants to have involved in their care decisions. This could be formally through an appointment of a guardian, or informally, such as a family member that has been nominated by the consumer. A consumer may have different people they want involved for different decisions and at different times.

Outcomes

Describe the impact or result of a service or support, such as an improvement in an individual's well-being. 'Outcomes' are different from 'outputs'. Outputs cover the delivery of services or supports, such as training. Outcomes can be short-term (such as a consumer being involved in service planning) through to long-term (such as a consumer being able to manage daily activities on their own after support and reablement).

Partnership

A working relationship between two or more people. In these Standards, partnership refers to organisations finding ways to work with consumers and listening to their needs, goals and preferences, to plan their care and services.

Personal care

Services such as bathing, showering, dressing, feeding and going to the toilet.

Quality management

The systems and processes an organisation has in place to monitor, review, plan, control and make sure they deliver quality services, supports or products.

Reablement

A consumer-directed process to support restoration of function or adapt to some loss of day-to-day function and regain confidence and capacity for daily activities. It may promote consumer independence, capacity or social and community connections. Supports could include training in a new skill, modification to a consumer's home environment or having access to equipment or assistive technology.

Respectful

Understanding a person's culture, acknowledging differences, and being actively aware of these differences. It is about understanding that each consumer is unique and has a right to be treated in an inclusive and respectful way.

Restrictive practices

The use of interventions and practices that have the effect of restricting the rights or freedom of movement of a person with disability. These primarily include restraint and seclusion.

Chemical restraint means a restraint that is, or that involves, the use of medication or a chemical substance for the purpose of influencing a person's behaviour, other than medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.

Physical restraint means any restraint other than:

- (a) a chemical restraint; or
- (b) the use of medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.

This guidance adopts the general principle that restrictive practices are only implemented as a last resort; are implemented for the least amount of time possible; are recorded, monitored and reviewed; have tight safeguards in place that are focused on minimising risk to consumers, staff, and others; and are undertaken with a focus on ensuring decency, humanity and respect at all stages.

Risk

The chance of something happening that will have a negative impact. It is measured by the consequences and likelihood. In this guidance it usually refers to the risk of harm to a consumer.

Scope

The range of things that are covered or included in each Standard.

Service and supports for daily living

Services other than clinical and personal care that include but are not limited to: food services, domestic assistance, home maintenance, transport and recreational and social activities.

Services and supports for daily living may also be services that support consumer emotional, spiritual and psychological well-being.

Service culture

The way things get done. The culture of an organisation is characterised by how people behave, what is prioritised and how processes are owned and improved by the workforce. A culture of safety and quality will be consumer-centred, driven by information, and organised for quality and safety.

Service environment

The physical environment where they deliver care and services. It does not include a consumer's private home where in-home services are provided. Overall surroundings where aged care services are being delivered are included, such as the building, fixtures, fittings and factors such as lighting, air temperature and water supply.

Staff

People working in an organisation who are responsible for the care, administration and support of, or involvement with, consumers.

Workforce

People working in an organisation who are responsible for its maintenance or administration, or the care and services, support of, or involvement with, consumers.

A member of the workforce is anyone the organisation employs, hires, retains or contracts (directly or through an employment or recruitment agency) to provide maintenance or administration, or care and services under the control of the organisation. It also includes volunteers who provide care and services for the organisation.

For clarity, people in an organisation's workforce include:

- employees and contractors (this includes all staff employed, hired, retained or contracted to provide services under the control of the organisation)
- allied health professionals the organisation contracts
- kitchen, cleaning, laundry, garden and office staff the organisation employs either directly or under contract.

People who are not part of an organisation's workforce include:

- visiting medical practitioners, pharmacists and other allied health professionals and services a consumer has asked for, but the organisation doesn't contract
- trades people who don't work under the control of the organisation (such as independent contractors), for example, plumbers, electricians or delivery people who work on a needs basis.