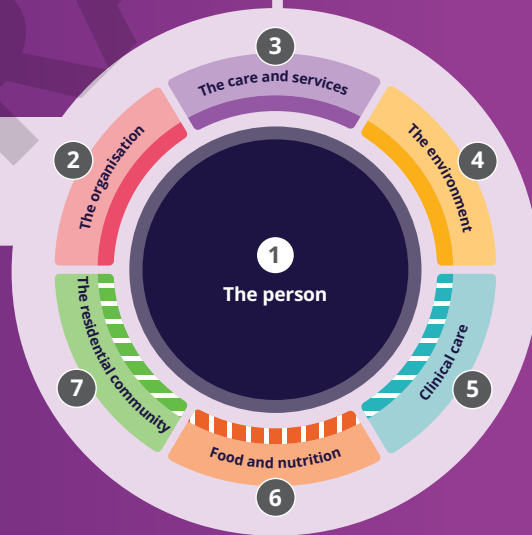




# Draft Glossary of terms

Guidance material for the strengthened Aged Care Quality Standards for review and discussion

January 2024



# Purpose of the glossary of terms

The Aged Care Quality and Safety Commission is committed to supporting the aged care sector to be ready for the implementation of the [strengthened Aged Care Quality Standards](#).

The glossary of terms (the glossary) supports the draft strengthened Quality Standards Guidance documentation by explaining key terms. Once finalised, the glossary will be a high-level supporting document and link within the online guidance material. Key terms will be defined in-text (e.g., by including the definition in a clickable link of the word) to improve usability.

This document is intended as a reference for providers using the guidance to ensure consistent understanding of terminology used throughout the strengthened Quality Standards.

## Consultation

We are consulting on the draft glossary. Your insights will help to make our guidance materials are:

- fit for purpose across service types
- practical and easy to understand
- useful tools for continuous improvement

We invite you to consider the below statements and questions when reading through this document:

- The glossary helps me to understand terms in the draft guidance I am unsure about.
- The glossary is easy to understand and interpret.
- Are there any terms missing in the glossary? Please specify and tell us which terms you would like included.
- Are there any terms in the glossary where the meaning is unclear? Please specify the terms and tell us how you would like it to be changed.

You can provide your feedback by [filling in this feedback form](#) or using the QR code on this page before midday (AEST) on 30 April 2024.



### Questionnaire

<https://survey.websurveycreator.com/s/ConsultationStrengthenedQualityStandardsMaterial>

## Draft: Glossary of terms

Guidance material for the strengthened Aged Care Quality Standards

Term	Definition
<b>Activities of daily living</b>	Activities of daily living include the fundamental skills typically needed to manage basic physical needs in the following areas: grooming/ personal hygiene including oral care, dressing, toileting/continence, transferring/ambulating, and eating.
<b>Advance care planning</b>	The voluntary process of planning for future health and personal care needs. It provides a way for an older person to make their beliefs, values and preferences for future medical care known to inform future medical decisions, if the older person cannot make or communicate these decisions themselves. Advance care planning is not a single event but an ongoing process and conversation that should be undertaken early and revisited regularly.
<b>Advance care planning documents</b>	<p>A catch-all term to include documents that result from advance care planning. It includes Advance Care Directives and advance care plans.</p> <p>An Advance Care Directive is a document completed and signed by a competent consumer who still has decision-making capacity regarding their future care and preferences for end-of-life care.</p> <p>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.</p> <p>An advance care plan captures what is known about a person's beliefs, values and preferences in relation to future care decisions, but it does not meet the requirements for statutory or common law recognition as a result of the person's insufficient capacity. The document may provide helpful information to guide substitute decision-makers and health professionals but is not legally binding. (Advance Care Planning Australia, 2021, Advance Care Planning: Aged care implementation guide).</p>
<b>Adverse Event</b>	An incident that results, or could have resulted, in harm to an older person. A near miss is a type of adverse event. (NSQPCH Standards 2021.)
<b>Allied health</b>	Allied health professionals are health professionals who are not part of the medical, dental or nursing professions. They are university qualified with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses. Allied health professionals often work within a multidisciplinary health team to provide specialised support for different patient needs. (AHPA)

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Term	Definition
<b>Anticipatory Medicines</b>	Medicines prescribed and dispensed in preparation for a time when a person needs them. They are used to manage symptoms in the home with the goals of rapid relief and avoiding unplanned or unwarranted admission to a healthcare facility.
<b>Antimicrobial resistance (AMR)</b>	Antimicrobial resistance (AMR) occurs when bacteria, fungi and other germs develop the ability to stop the drugs (such as antibiotics) designed to kill them. That means that microbes that are not killed continue to grow, delaying a person's recovery from the infection or causing further complications or death. Inappropriate use of antimicrobial medicines increases resistance, meaning that some medicines may no longer be effective for individuals or populations. ( <a href="#">ACSQHC</a> )
<b>Antimicrobial stewardship</b>	Efforts to reduce the risks related to increasing antimicrobial resistance (i.e. failure of an antimicrobial to inhibit a microorganism at the antimicrobial concentrations usually achieved over time with standard dosing regimens) 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.
<b>Antimicrobials</b>	A chemical substance that inhibits or destroys bacteria, viruses or fungi, and can be safely administered to humans and animals (National Safety and Quality Health Service (NSQHS) Standards, 2 <sup>nd</sup> ed.).
<b>Aseptic technique</b>	A set of practices aimed at minimising contamination; particularly used to protect a person from infection during procedures (National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards).
<b>Behaviour Support Plan</b>	Under subordinate legislation of the Aged Care Act (the Quality-of-Care Principles), residential aged care providers are required to have a behaviour support plan in place for any resident who experiences changed behaviours (see definition in this glossary), and for any resident who may require the use of restrictive practices as part of their care to manage clearly articulated risks of harm. Plans include information on assessment, monitoring, review, evaluation and provision of consent. Behaviour support plans enable providers to reference information about the older person to improve their care provision and quality of life and ensure that restrictive practices are used as a last resort. ( <a href="#">ACSQC</a> )

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Term	Definition
<b>Bereavement support</b>	Bereavement support includes the emotional, psychosocial and spiritual support provided to families and loved ones before and after the death of a person. It is designed to help people cope with grief, loss and adjustment. Bereavement support may look different in different communities, depending on the lived experiences and cultural backgrounds of those involved ( <a href="#">ACSQHC, <i>Essential elements for safe and high-quality end-of-life care: National Consensus Statement</i></a> ).
<b>Care and services plan</b>	A document (or set of documents) describing a person's aged care and service needs, including clinical care they receive to meet those needs. Care and services plans include relevant information about a person's needs, goals and preferences and describe how and when services are delivered in line with these.
<b>Carer</b>	A partner, family member or friend who provides unpaid care, support and help to an older person. A carer may also be an older person. This does not include employees of the provider, or people the provider contracts or pays to provide care and services, or people who help as a volunteer. This definition is in line with the Carer Recognition Act 2010.
<b>Changed behaviours</b>	Changed behaviours are defined by Dementia Support Australia as 'any behaviour which causes stress, worry, risk of or actual harm to the person, carers, family members or those around them.' There are many reasons why the behaviour of a person with cognitive impairment can change, including physical changes in the brain. Changes may also be related to a person's environment, health or medication. Cognitive impairment can affect a person's ability to control how they respond to situations. Changed behaviours are often the result of distress and can be a signal that an older person needs something or that their medical condition is changing. ( <a href="#">Dementia Support Australia</a> )
<b>Choking</b>	Complete or partial obstruction of the airway by inhalation and lodging of a foreign body (Vic Health), such as food. When the airway is partially blocked, breathing is difficult, however when the airway is completely blocked, a person is unable to breathe. Choking is a medical emergency (Queensland Government, Choking) and can be a life-threatening condition. ( <a href="#">ANZCOR Guideline</a> )

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Term	Definition
<b>Clinical care</b>	Health care that encompasses the prevention, treatment and management of illness or injury, as well as the maintenance of psychosocial, mental and physical wellbeing. It includes care provided by doctors, nurses, pharmacists, allied health professionals and other regulated health professionals. Organisations providing clinical care are expected to make sure it is best practice, meets the older person's needs, and optimises the older person's health and wellbeing.
<b>Clinical frailty</b>	Clinical frailty is a syndrome of physiological decline that occurs in later life and is associated with vulnerability to adverse health outcomes. Older people who are frail are less resilient to stressors (e.g., acute illness, trauma) and at an increased risk of adverse outcomes, procedural complications, falls, institutionalisation, disability and death. Old age alone does not define frailty, and frailty is not an inevitable consequence of ageing (Royal Australian College of General Practitioners (RACGP) Aged Care Clinical Guide (Silver Book) 5 <sup>th</sup> edition).
<b>Clinical governance</b>	An integrated set of leadership behaviours, policies, procedures, responsibilities, relationships, planning, monitoring and improvement mechanisms that are implemented to support safe, quality clinical care and good clinical outcomes for each older person. The purpose of clinical governance in aged care is to support the workforce and visiting health professionals in a service to provide safe, quality clinical care as part of a holistic approach to aged care that is based on the needs, goals and preferences of the older person (Aged Care Quality and Safety Commission (ACQSC), Glossary).
<b>Clinical information system</b>	A system, which may include digital components, that is used by a healthcare or aged care provider to manage older person's clinical information. It supports all clinical activities including, but not limited to admission, transfer and discharge, care planning, medication management and ordering of diagnostic tests. It should ensure clinical information required for transitions of care, for health professionals or workers that can be safely stored, accessed, and updated in line with legislative and relevant standards requirements.

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Term	Definition
<b>Cognitive impairment</b>	Deficits in one or more of the areas of memory, communication, attention, thinking and judgement. This can be temporary or permanent. It can affect a person's understanding, their ability to carry out tasks or follow instructions, their recognition of people or objects, how they relate to others and how they interpret the environment. As each individual's experience is different, understanding each individual is important in order to communicate effectively and provide the right care. Although dementia and delirium are common causes of cognitive impairment, cognitive impairment can result from many other conditions and in people of any age.
<b>Communication barriers</b>	A communication barrier is something that prevents an older person from understanding the information they receive or the ability for others to understand them. Language, cognitive impairment, and physical conditions can all create barriers to communication that can be addressed with appropriate supports (Vic Health).
<b>Complaint</b>	An expression of dissatisfaction with any aspect of a provider's responsibilities that requires the Commission to facilitate the resolution of the complaint.
<b>Comprehensive care</b>	Comprehensive care involves teams of health professionals working together and communicating effectively to plan, manage and coordinate care with the older person, their family and carers. It requires providers to have systems and processes in place to support this, and to foster a collaborative and person-centred culture. (NSQHS)
<b>Conformant software</b>	Conformance typically relates to national digital health infrastructure, such as the My Health Record, secure messaging, and the Healthcare Identifiers Service. Conformant software is software that has been assessed for conformance with national digital health requirements. A list of conformant software is available from the Australian Digital Health Agency (ADHA). Initiatives are underway to partner directly with software developers to ensure their software products for the aged care sector are conformant with My Health Record. This is so that more products that support clinical information and medication management can be connected. ( <a href="#">ADHA</a> )

## Draft: Glossary of terms

Guidance material for the strengthened Aged Care Quality Standards

Term	Definition
<b>Contemporary, evidence-based practice</b>	<p>Evidence-based practice is an approach to care that integrates the best available research evidence with clinical expertise and the values of the older person. It involves translating evidence into practice, also known as knowledge translation, and ensuring that ‘stakeholders (health professionals, older people, family and carers) are aware of and use research evidence to inform their health and healthcare decision-making’.</p> <p>When the intervention, treatment or care provided is based on the best available evidence, which is used to achieve the best possible outcomes for older people.</p>
<b>Continence</b>	<p>Continence is the ability to control the bladder and bowel.</p>
<b>Continuous improvement</b>	<p>A systematic, ongoing effort to raise an organisation’s performance in achieving outcomes for older people and improving care and services. It:</p> <ul style="list-style-type: none"><li>• is person-centred and responds to the needs and feedback of older people</li><li>• supports the workforce to improve and innovate in providing safe and quality care and services</li><li>• is part of a quality system that assess, monitor and improve the quality and safety of care and services.</li></ul> <p>Essential to continuous improvement is:</p> <ul style="list-style-type: none"><li>• person-centred focus</li><li>• innovation</li><li>• involvement and accountability of key stakeholders:<ul style="list-style-type: none"><li>— people receiving aged care, their representatives and carers</li><li>— staff and volunteers</li><li>— committee and board members</li><li>— advocates</li></ul></li><li>• achievement through planned steps, and</li><li>• regular monitoring and evaluation of progress.</li></ul>



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Guidance material for the strengthened Aged Care Quality Standards

Term	Definition
<b>Coordinated care</b>	Health and aged care systems can be difficult to navigate, especially for people with multiple conditions or complex, long-term health care needs. Coordinating care so that relevant information is transferred between providers (for example, a GP and a specialist) and settings (for example, emergency department and residential aged care) is crucial if an older person is to receive consistent, cohesive care. The goal of coordinated care is to ensure that all providers and organisations involved in an older person's care have the information they need to provide the right type of care, at the right time. This is achieved through establishing cooperative, ongoing relationships between an older person, aged care services, their family, carer and substitute decision maker and their health care providers. (AIHW)
<b>Critical information</b>	Critical information is information which is critical to the safe delivery of quality care and services. Specific information which is critical is required to be defined by providers, relevant to the scope of service.
<b>Culturally safe care</b>	<p>Culturally safe care and services are planned and delivered in a way that is spiritually, socially, emotionally and physically safe and respectful for older people. Culturally safe care and services ensure that an older person's identity is respected so that who they are and what they need is not questioned or denied. Whether care and services are 'culturally safe' can only be determined by those receiving care.</p> <p>For Aboriginal and Torres Strait Islander peoples, culturally safe practice is the ongoing critical reflection on provider knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive care and services free of racism.</p>
<b>Delirium</b>	An acute disturbance of consciousness, attention, cognition and perception that tends to fluctuate during the day. It is a serious condition that can be prevented in 30–40% of cases and should be treated promptly and appropriately. Delirium can be hyperactive (the person has heightened arousal; or can be restless, agitated and aggressive) or hypoactive (the person is withdrawn, quiet and sleepy) (NSQHS Standards, 2 <sup>nd</sup> ed.).
<b>Dementia</b>	A collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease. Dementia affects thinking, behaviour and the ability to perform everyday tasks. Brain function is affected enough to interfere with the person's normal social or working life (Dementia Australia, What is dementia?).

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Term	Definition
<b>Deprescribing</b>	The process of tapering or stopping medicines, which aims to discontinue potentially inappropriate medicines, minimise inappropriate polypharmacy and improve a person's health outcomes. Also referred to as 'de-escalation'. (Quality Use of Medicines: Guiding Principles)
<b>Deterioration</b>	Physiological, psychological or cognitive changes that may indicate a significant worsening of the older person's health status (NSQPCH Standards).
<b>Digital clinical information system</b>	The software used by the provider to enter, store and retrieve an older person's clinical information.
<b>Dignity of risk</b>	<p>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.</p> <p>Dignity of risk means respecting this right. Care and services need to strike a balance between respect for the older person'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.</p>
<b>Dining experience</b>	Dining experience includes the environment, setting, service and atmosphere and the way in which food and drink is provided to satisfy needs and preferences and support choice of those served.
<b>Dining needs</b>	An older person's specific dining needs includes consideration any dietary needs, including allergies, intolerances, relevant health risks and conditions, religious or cultural preferences, etc.
<b>Discrimination (of older people)</b>	Discrimination happens when a person, or a group of people, is treated less favourably than another person or group because of their background or certain personal characteristics.
<b>Diversity</b>	The varied needs, characteristics and life experiences, which may be social, cultural, linguistic, religious, spiritual, psychological, medical or care needs of consumers. Also refers to diverse gender and sexuality identities, experiences and relationships, including (but not limited to) lesbian, gay, bisexual, transgender or intersex.

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Term	Definition
<b>Eating and drinking with acknowledged risk (EDAR)</b>	Choosing to eat and drink things that have a health risk is called <i>eating and drinking with acknowledged risk</i> (EDAR). This reflects an older person's ability to make choices about their food and drink, even where this carries risks such as foods being difficult to swallow. (ACQSC)
<b>Empowering (older people)</b>	Refers to the process of enabling people to gain control over the factors and decisions that shape their lives.
<b>End-of-life</b>	The period when an older person is living with, and impaired by, a fatal condition, even if trajectory is ambiguous or unknown. This period may be years in the case of older people with chronic or malignant disease, or very brief in the case of older people who suffer acute and unexpected illnesses or events, such as sepsis, stroke or trauma (NSQHS Standards, ed 2).
<b>End-of-life planning conversations</b>	The purpose of an end-of-life care discussion conversation will depend on the circumstances of the older person. End-of-life discussions may include talking to the older person, their loved ones and health professionals about their beliefs, values, goals and preferences for the care and treatment in the last days, weeks or months of their life. (ACI-NSW)
<b>Evidence-based practice</b>	Evidence-based practice (EBP) is an approach to care that integrates the best available research evidence with clinical expertise and the individual's values (Vic Health)
<b>External health professionals (for Outcome 5.1)</b>	People who provide health care, treatment and advice based on formal training, qualifications and experience. This includes nurses, doctors, dentists, pharmacists, specialists and allied health professionals <b>not</b> employed or contracted by the provider.
<b>Facilitate access</b>	Access is defined as opportunity to reach and obtain appropriate care in situations of need for care, services or equipment.  Facilitating access may include referral, follow up, scheduling appointments, arranging transport, identifying the appropriate device or health professional, ensuring availability and safety of the older person. ( <a href="#">Levesque, Harris and Russell, 2013</a> )
<b>Faecal incontinence</b>	The observation of involuntary loss of faeces (when faeces is solid and/or when faeces is liquid). (Adapted from the <a href="#">International Continence Society</a> Glossary)

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Term	Definition
<b>Fall</b>	An event that results in a person coming to rest inadvertently on the ground or floor, or another lower level (NSQHS Standards, 2nd ed.)
<b>Feedback</b>	Feedback is information that the organisation actively gathers to gauge how happy the people receiving aged care are with their services and whether they have any ideas for improving things. When asking for feedback, an organisation may receive complaints and compliments.
<b>Functional decline</b>	Functional decline is the deterioration of a person's physical and/or cognitive functioning and results in a person being less able to engage in activities of daily living. Hospitalisation can create unintended adverse impacts on older people, and the most common adverse impact is functional decline. Functional decline can take the form of under-nutrition and dehydration, decreased mobility and loss of independence, accelerated bone loss, delirium and depression, pressure ulcers, skin tears and incontinence. ( <a href="#">SA Health</a> )
<b>Goals of care</b>	Clinical and other goals for an older person's care that are determined in the context of a shared decision-making process (NSQHS Standards, 2nd ed.).
<b>Governance</b>	The set of relationships and responsibilities established by an organisation between its executive, workforce and stakeholders (including the older person). Governance incorporates the processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance arrangements provide the structure for setting the corporate objectives (social, fiscal, legal, human resources) of the organisation and the means to achieve the objectives. They also specify the mechanisms for monitoring performance. Effective governance provides a clear statement of individual accountabilities within the organisation to help align the roles, interests and actions of different participants in the organisation to achieve the organisation's objectives (NSQHS Standards, 2nd ed.).
<b>Governing body</b>	The individual or group of people (such as a Board) 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.

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Term	Definition
<b>Health professionals</b>	People who provide health care, treatment and advice based on formal training and experience. This includes nurses, doctors, dentists, specialists and allied health professionals.
<b>Healthcare Identifiers</b>	Unique numbers assigned and used in health-related information to clearly identify the older person, the treating professional and the organisation where healthcare is provided. They reduce the potential for errors with healthcare related information and communication. In Australia, the Healthcare Identifiers (HI) Service is a national system for uniquely identifying, healthcare providers, healthcare and aged care organisations and individuals receiving healthcare. (Standards Glossary)
<b>High-risk medicines</b>	<p>Medicines that have an increased risk of causing significant harm or death if they are misused or used in error. High-risk medicines may vary between hospitals and other settings, depending on the types of medicines used and person being treated. Errors with these medicines are not necessarily more common than with other medicines. Because they have a low margin of safety, the consequences of errors with high-risk medicines can be more devastating. At a minimum, the following classes of high-risk medicines should be considered:</p> <ul style="list-style-type: none"><li>• medicines with a narrow therapeutic index</li><li>• medicines that present a high risk when other system errors occur, such as administration via the wrong route.</li></ul>
<b>Holistic</b>	A holistic approach means to provide support that looks at the whole person. In the provision of clinical care, the provider should consider the older person's physical, mental and emotional, social and spiritual wellbeing (adapted from NSW Health definition)
<b>Incident</b>	<p>Any act, omission, event or circumstance that occurs in connection with the provision of care or services that:</p> <ul style="list-style-type: none"><li>• has (or could reasonably be expected to have) caused harm to an older person or another person (such as a worker or family member)</li><li>• is suspected or alleged to have (or could reasonably be expected to have) caused harm to an older person or another person, or</li><li>• the provider becomes aware of and has caused harm to an older person (NSQHS Standards, 2nd ed).</li></ul>

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Term	Definition
<b>Incident management</b>	The various actions and processes required to conduct the immediate and ongoing activities following an incident. Incident management includes steps to support the implementation of the best practice principles of incident management such as identification, immediate action to reduce risk and harm, notification, initial assessment and prioritisation; analysis, investigation and classification; implementation of recommendations and action plan; feedback, and continuous improvement.
<b>Incontinence associated dermatitis</b>	Incontinence associated dermatitis (IAD) type of skin irritation or damage, due to prolonged contact with urine or faeces. It is often characterised by redness, inflammation and/or skin breakdown. (Quality Indicator program manual, Department of Health and Aged Care)
<b>Infection</b>	The invasion and reproduction of pathogenic (disease- causing) organisms inside the body. This may cause tissue injury and disease (NSQHS Standards, 2nd ed.).
<b>Infection Prevention and Control</b>	The system, plan and processes which an organisation uses to prevent and manage the spread of infection. The scope and complexity of a program will depend on the nature of the care the organisation provides, the context and risk. (ACQSC, Glossary)
<b>Infection Prevention and Control (IPC) Lead</b>	<p>All residential aged care services must have an ongoing infection prevention and control (IPC) Lead on site. An IPC Lead advises on and oversees the measures a service has in place to prevent and respond to infectious diseases. The IPC Lead:</p> <ul style="list-style-type: none"><li>• must be a registered nurse who has completed – or initially is in the process of completing – the required specialist infection prevention and control training</li><li>• must be employed by and report to the aged care provider</li><li>• must work on site and be dedicated to a residential aged care home</li><li>• observes, assesses, and reports to the provider the IPC measures the residential aged care home has in place</li><li>• helps develop IPC procedures</li><li>• is the key infection control contact for the aged care provider</li><li>• may have a broader role in the residential aged care service.</li></ul> <p>(<a href="#">Australian Government Department of Health and Aged Care</a>)</p>

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Term	Definition
<b>Information management system</b>	<p>An analogue or digital system that enables an organisation to create and manage information, including records and data.</p> <p>Management of information includes capturing information, creating records, and storing, protecting and disposing of information.</p>
<b>Informed consent</b>	<p>An older person's decision, given voluntarily, to agree to a clinical care treatment, procedure or other intervention that is made:</p> <ul style="list-style-type: none"><li>• following the provision of accurate and relevant information about the intervention and alternative options available</li><li>• with adequate knowledge and understanding of the benefits and material risks of the proposed intervention relevant to the older person.</li></ul>
<b>Injury</b>	<p>Damage to tissues caused by an agent or circumstance (NSQPCH Standards).</p>
<b>Interoperability</b>	<p>The ability of a system or product to transfer meaning of information within and between systems or products without special effort on the part of the user. Interoperability is made possible by the implementation of standards. (Australian Digital Health Agency)</p>
<b>Introduction, Situation, Background, Assessment, Recommendation (ISBAR) framework</b>	<p>The ISBAR framework represents a standardised approach to communication which can be used in any situation. It stands for Introduction, Situation, Background, Assessment and Recommendation. (ACSQHC)</p>
<b>Invasive devices</b>	<p>Devices inserted through the skin, mucosal barrier or internal cavity, to deliver air, nutrition, fluids or medicines, or to remove fluids and bodily waste. These devices include central lines, peripheral lines, urinary catheters, chest drains, peripherally inserted central catheters and endotracheal tubes. (ACSQHC)</p>
<b>Last days of life</b>	<p>The hours, days or, occasionally, weeks when a person's death is imminent. This is sometimes referred to as the period when a person is actively dying. (National Consensus statement, Australian Commission on Safety and Quality in Health Care (ACSQHC))</p>



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Term	Definition
<b>Management of risk</b>	Involves thinking about what could happen if someone is exposed to a hazard and how likely it is to happen. Managing risks involves a step by step approach including identifying hazards, assessing the risks, controlling the risks and reviewing control measures.
<b>Medication administration</b>	The process of giving a dose of medicine to a person, or a person taking or self-administering a medicine. (Glossary Guiding principles of medication management ACSQHC).
<b>Medication management</b>	<p>Practices used to manage the provision of medicines, including:</p> <ul style="list-style-type: none"><li>• How medicines are selected, ordered and supplied</li><li>• How older people take medicines or are assisted to take them</li><li>• How medicines use is recorded and reviewed</li><li>• How medicines are stored and disposed of safely</li><li>• How medicines use is supported, monitored and evaluated.</li></ul> <p>Medication management occurs at both individual and services levels. Medication management has also been described as a cycle, pathway or system, which is complex and involves a number of different health professionals. The older person is the central focus. The system includes manufacturing, compounding, procuring, dispensing, prescribing, storing, administering, supplying and monitoring the effects of medicines. It also includes decision-making, and rules, guidelines, support tools, policies and procedures that are in place to direct the use of medicines. (Quality use of Medicines Glossary for the Guiding Principles and User Guide 2022)</p>
<b>Medication management system</b>	The person requiring medicine is the focus of the medication management system. Medication management systems are required to ensure the safe and quality use of medicines. Such systems can include manufacturing, compounding, procuring, dispensing, prescribing, storing, administering, supplying and monitoring the effects of medicines. The system also includes decision-making, and rules, guidelines, support tools, policies and procedures that are in place to direct the use of medicines. (Glossary for the guiding principles of medication management ACSQHC)
<b>Medication reconciliation</b>	A formal process of obtaining a 'best possible medication history' and verifying a complete and accurate list of each older person's current medicines and determining if the medicines the older person is taking are the same as those that are prescribed and intended to be taken.



Term	Definition
<b>Medication review</b>	<p>A systematic, comprehensive and collaborative assessment of medicine use and management for an older person. Medication review aims to optimise their medicines and outcomes of therapy by providing a recommendation or making a change. It includes the objective of reaching an agreement with the older person about medicine use in the context of overall treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste.</p> <p>Medication review is related to but distinct from medication reconciliation. (Quality use of Medicines Guiding Principles Glossary)</p>
<b>Medicine</b>	<p>A chemical substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease, or otherwise improving the physical or mental wellbeing of people. These include prescription, non-prescription, investigational, clinical trial and complementary medicines, irrespective of how they are administered. (Quality use of Medicines Guiding Principles Glossary)</p>
<b>Medicines list</b>	<p>Prepared by a health professional, a medicines list contains, at a minimum:</p> <ul style="list-style-type: none"><li>• all medicines an older person is taking, including over-the-counter, complementary, prescription and non-prescription medicines; for each medicine, the medicine name, form, strength and directions for use must be included</li><li>• any medicines that should not be taken by the older person, including those causing allergies and adverse drug reactions; for each allergy or adverse drug reaction, the medicine name, the reaction type and the date on which the reaction was experienced should be included.</li></ul> <p>Ideally, a medicines list also includes the intended use (indication) for each medicine. It is expected that the medicines list is updated and correct at the time of transfer (including clinical handover) or when services cease, and that it is tailored to the audience for whom it is intended (that is, individual or health professional) (Quality use of Medicines Guiding Principles Glossary).</p>
<b>Medicine-related adverse event</b>	<p>An adverse event is an incident that results, or could have resulted, in harm to a person using health or aged care services. Medicine-related adverse events are those which may have been caused by a medicine (<a href="#">ACSQHC NSQHS Standards Glossary</a>)</p>

## Draft: Glossary of terms

Guidance material for the strengthened Aged Care Quality Standards

Term	Definition
<b>Medicine side-effect</b>	Any unwanted or unexpected effects of a medicine or vaccine. Side-effects can also occur due to interactions with other medicines, food or alcohol. Not all side-effects are serious. (Healthdirect)
<b>Mental health</b>	<p>Mental health relates to the psychological, social, and emotional wellbeing of individuals. Being mentally healthy is 'more than just the absence of an illness, rather a state of overall wellbeing' (Mindframe Australia).</p> <p>Promoting positive mental health in older adults means creating environments and supports that enable social connection, occupation in meaningful or enjoyed activities, and a sense of coping with the stressors of everyday life (World Health Organization).</p>
<b>Mental illness</b>	<p>A mental illness is a condition diagnosed by a medical professional that significantly affects how a person thinks, feels, and interacts with other people. Mental illnesses, such as depression, anxiety, schizophrenia and bipolar disorder are diagnosed according to standardised criteria (Mindframe Australia).</p> <p>Mental illness is not an inevitable part of ageing, but people who have longstanding or episodic mental illness may continue to require support and treatment as they age, and emerging mental illness may present differently in older people (adapted from National Institute on Aging).</p>
<b>Monthly Care Statements</b>	Monthly Care Statements will be given to residents or their authorised representatives outlining the care and services they have received and any significant changes or events in the previous month.
<b>Multidisciplinary care</b>	Comprehensive care that is planned and delivered by a group of health professionals from a range of disciplines, working together to address as many of the older person's needs as possible.

## Draft: Glossary of terms

Guidance material for the strengthened Aged Care Quality Standards

Term	Definition
<b>My Health Record</b>	<p>The My Health Record system is the Australian Government’s digital health record system that holds My Health Records. It was previously known as a Personally Controlled Electronic Health Record (PCEHR) or eHealth record.</p> <p>A <a href="#">My Health Record</a> is an online summary of an individual’s <a href="#">health information</a>. It allows doctors, hospitals and certain other healthcare providers (such as a physiotherapist) involved in the individual’s care to view their health information. An individual can also access their My Health Record online.</p> <p>The <a href="#">My Health Records Act 2012</a>, <a href="#">My Health Records Rule 2016</a> and <a href="#">My Health Records Regulation 2012</a> create the legislative framework for the My Health Record system. (<a href="#">My Health Record   OAIC</a>)</p>
<b>Near miss</b>	<p>An incident or potential incident that was averted and did not cause harm, but had the potential to do so. (Quality use of Medicines Glossary Guiding Principles)</p>
<b>Needs, goals and preferences</b>	<p>An older person’s needs, goals and preferences refers to their individual:</p> <ul style="list-style-type: none"><li>• goals of care, including in relation to wellness, independence, reablement and social connections</li><li>• needs, including identified care needs including personal care, social engagement, clinical care, food, cultural, religious and spiritual needs</li><li>• preferences about the way care is delivered and the things they do and don’t like.</li></ul>
<b>Nutritious</b>	<p>Refers to foods that make a substantial contribution towards providing a range of nutrients, have an appropriate nutrient density and contain substances a person needs and can use to stay healthy.</p>
<b>Older person / older people</b>	<p>A person (or people) receiving Commonwealth-funded aged care services. The current Quality Standards use the term ‘consumer’, however, this term is being reviewed as part of the development of a new Aged Care Act. Reference to an older person includes reference to a representative of the older person, so far as the provision can apply to a representative.</p>

## Draft: Glossary of terms

Guidance material for the strengthened Aged Care Quality Standards

Term	Definition
<b>Open disclosure</b>	Open discussions with older people, their family, carers and others of issues or incidents that have caused harm or had the potential to cause harm to the older person. 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.
<b>Oral health</b>	Oral health is the condition of a person's teeth and gums, as well as the health of the muscles and bones in their mouth ( <a href="#">AIHW</a> ).
<b>Oral hygiene</b>	Oral hygiene is the maintenance or oral cleanliness for the preservation of health. ( <a href="#">Australian Dental Association</a> )
<b>Organisational culture</b>	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.
<b>Others involved in the older person's care</b>	Any individuals or organisations that are involved in delivering care, services or supports to older people. It may involve other aged care providers, health professionals, health services, community organisations, family, carers, etc.
<b>Outcome</b>	The status of an individual, group of people or population that is wholly or partially attributable to an action, agent or circumstance (NSQPCH Standards).
<b>Pain</b>	An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage. (International Association for the Study of Pain)
<b>Pain management</b>	Pain management involves pain identification, pain assessment, pain treatment and monitoring and evaluation of effectiveness. Accurate and timely identification of pain requires ongoing vigilance for signs of pain in an older person by those involved in their care. ( <a href="#">Pain Management Guide Toolkit for Aged Care, 2nd Edition</a> )

## Draft: Glossary of terms

Guidance material for the strengthened Aged Care Quality Standards

Term	Definition
<b>Pain-related communication barriers</b>	<p>Pain can be difficult to identify in older people partly because of reliance on self-report about the type and level of pain. Many older people can and will talk about their pain, while others do not self-report their pain. This can be due to reluctance to talk about it (due to attitudes and beliefs), or due to a lack of ability to communicate because of cognitive impairment, communication impairment or pain. In such cases, people caring for the older person should observe for pain behaviours and look for any causes of pain or discomfort. (<a href="#">Pain Management Guide Toolkit for Aged Care, 2nd Edition</a>)</p>
<b>Palliative care</b>	<p>Person and family-centred care provided for a person with an active, progressive, advanced disease, who has little or no prospect of cure, who is expected to die, and for whom the primary goal is to optimise the quality of life. Palliative care is care that helps people live their life as fully and as comfortably as possible when living with a life-limiting or terminal illness. Palliative care identifies and treats symptoms which may be physical, emotional, spiritual or social.</p> <p>Palliative care is an approach that improves the quality of life of older people and their carers and families who are facing the problems associated with life-limiting illness, through the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual (National Palliative Care Strategy, 2018)</p>
<b>Partnership</b>	<p>A working relationship between two or more people. Partnership refers to organisations finding ways to work with older people, their family and carers and listening to their needs, goals and preferences, to plan their care and services.</p>
<b>Person-centred care</b>	<p>An approach to the planning, delivery and evaluation of care that is founded on partnerships between providers and the older person. Person-centred care is respectful of, and responsive to, the preferences, needs and values of the older person. To achieve person-centred care, providers and workers need to:</p> <ul style="list-style-type: none"><li>• work in partnership with older people</li><li>• recognise that every person is unique and value the person's voice, including the knowledge they bring about their care needs</li><li>• enable the experiences and expertise of older people to help shape decisions about care at the level of the organisation, service and individual.</li></ul>

## Draft: Glossary of terms

Guidance material for the strengthened Aged Care Quality Standards

Term	Definition
<b>Policies</b>	Statements of intent, providing guidance related to expected standards to be achieved, based on regulatory and contemporary practice.
<b>Polypharmacy</b>	The use of multiple medicines to prevent or treat medical conditions. It is commonly defined as the concurrent use of five or more medicines by the same person. Medicines include prescription, complementary and non-prescription (or over-the-counter) medicines. See also inappropriate polypharmacy. (Quality use of Medicines: Guiding Principles Glossary)
<b>Prescriber</b>	A health professional who is authorised by legislation to issue a prescription for the supply of medicines. PBS prescribers include doctors, dentists, optometrists, midwives and nurse practitioners who are approved to prescribe PBS medicines under the National Health Act 1953. (Quality use of Medicines: Guiding Principles Glossary)
<b>Pressure injuries</b>	Injuries of the skin and/or underlying tissue, usually over a bony prominence, caused by unrelieved pressure, friction or shearing. They occur most commonly on the sacrum and heel but can develop anywhere on the body. Pressure injury is a synonymous term for pressure ulcer (NSQHS Standards).
<b>Preventative care</b>	Any action taken to keep older people healthy, and prevent or avoid risk of poor health, illness, injury and early death.
<b>Pro re nata (PRN)</b>	In relation to medications, taken as needed.
<b>Procedures</b>	Documents that clearly describe how numerous processes within the organisation must be performed and who is responsible for them.
<b>Process</b>	A series of actions or steps taken to achieve a particular goal.
<b>Provider</b>	The organisation providing Commonwealth-funded aged care services.
<b>Psychological safety</b>	A feeling or mental state that influences proactive behaviours such as asking questions, reporting errors and open communication. Psychological safety is also associated with strong interpersonal relationships and an effective organisational culture that includes collaboration, trust, and innovation, which ensures an older person's safety (Ito, Sato, Yumoto et al., 2022).

## Draft: Glossary of terms

Guidance material for the strengthened Aged Care Quality Standards

Term	Definition
<b>Psychotropics medicines</b>	Psychotropic medications are ‘any drug capable of affecting the mind, emotions and behaviour’. The three main classes of psychotropics prescribed are antidepressants, anxiolytic/hypnotics (mostly benzodiazepines to manage anxiety and insomnia) and antipsychotics. Other psychotropic classes include anticonvulsants and stimulants. (ACQSC)
<b>Quality and safety culture</b>	A culture of quality and safety prioritises the safety of older people and quality of their care and services in all aspects of the decision-making. Culture is led from the top. Commitment from leaders and managers is key, their actions and attitudes influence the perceptions, attitudes and behaviours of the workforce. Other important aspects include: <ul style="list-style-type: none"><li>• shared perceptions of the importance of quality and safety</li><li>• constructive communication</li><li>• mutual trust</li><li>• a workforce that is engaged and always aware that things can go wrong</li><li>• acknowledgement at all levels that mistakes occur</li><li>• ability to recognise, respond to, give feedback about, and learn from, complaints and incidents.</li></ul>
<b>Quality care</b>	Care and services that: <ul style="list-style-type: none"><li>• keep older people safe from preventable harm</li><li>• are person-centred, provided with kindness and compassion, responding to the holistic needs of the older person and aiming to improve their wellbeing</li><li>• are inclusive, culturally safe, trauma aware and healing informed</li><li>• are effective, providing the right care to meet the older person’s needs goals and preferences</li><li>• are smoothly coordinated when care is provided by the workforce, health professionals and external providers.</li></ul>
<b>Quality improvement</b>	Quality improvement is a system of regularly reviewing and refining systems, processes and practices to improve them. It uses specific methods and tools to achieve a measurable improvement in care quality and outcomes. ( <a href="#">Quality improvement guidance for aged care providers   Australian Government Department of Health and Aged Care</a> )

## Draft: Glossary of terms

Guidance material for the strengthened Aged Care Quality Standards

Term	Definition
<b>Quality of life</b>	An older person's perception of their position in life taking into consideration their environment and their goals, expectations, standards, and concerns. It includes their emotional, physical, material, and social wellbeing.
<b>Quality use of medicines (QUM)</b>	Using medicines safely and effectively to optimise therapeutic benefits and to minimise harm. QUM is a broad approach to the management of medicines which emphasises the importance of appropriate prescribing to minimise misuse, overuse and underuse of medicines. ( <a href="https://www.health.gov.au">National Strategy for Quality Use of Medicines (health.gov.au)</a> ).
<b>Reablement</b>	<p>A process directed by the older person 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 independence, capacity or social and community connections.</p> <p>Reablement focuses on rebuilding or re-establishing the daily living skills and community connections of older people. Reablement is often goal-oriented, aiming to build a person's skills, strength or function to provide them greater independence, engagement and enable them to undertake activities and reducing reliance on their aged care services. A reabling approach to care and service delivery means that providers actively work with older people to understand the things they like to do, things that may be inhibiting their independence and work with them to identify goals and strategies to help them achieve these goals. Strategies could include training in a new skill, modification to a consumer's home environment or having access to equipment or assistive technology.</p>
<b>Regularly</b>	Occurring at recurring intervals. The specific interval for regular review, evaluation, audit or monitoring needs to be determined for each case. In the Aged Care Quality Standards, the interval should be consistent with best practice, risk based, and determined by the subject and nature of the activity (NSQPCH Standards).



Term	Definition
<b>Restrictive practices</b>	<p>Any practice or intervention that has the effect of restricting the rights or freedom of movement of the older person.</p> <p>The <i>Aged Care Act 1997</i> (subsection 54-9(2)) defines that chemical restraint, environmental restraint, mechanical restraint, physical restraint and seclusion are restrictive practices.</p> <p>The Commission's <a href="#">Quality Standards</a> guidance adopts the general principle that restrictive practices:</p> <ul style="list-style-type: none"><li>• are only implemented as a last resort to prevent harm to the older person or other persons and after consideration of the likely impact of the use of the restrictive practice on the older person</li><li>• to the extent possible, best practice alternative strategies are used prior to the restrictive practice being used</li><li>• the alternative strategies that have been considered or used have been documented</li><li>• the restrictive practice is used only to the extent that it is necessary and in proportion to the risk of harm to the older person or other persons</li><li>• the restrictive practice used is in the least restrictive form, and for the shortest time, necessary to prevent harm to the older person or other persons</li><li>• informed consent for the use of a restrictive practice must be obtained from the older person. If the older person does not have the capacity to give that consent, it must be obtained from their restrictive practice substitute decision-maker in accordance with state and territory requirements and subsequently recorded.</li><li>• the use of restrictive practice complies with any relevant provisions of the older person's care and services plan that relate to the use of the restrictive practice</li><li>• use of restrictive practices complies with Aged Care Quality Standards</li><li>• use of restrictive practices is not inconsistent with the <a href="#">Charter of Aged Care Rights</a> (set out in Schedule 1 to the <a href="#">User Rights Principles 2014</a>)</li><li>• use of the restrictive practice meets the requirements (if any) of the law of the State or Territory in which the restrictive practice is used.</li></ul>
<b>Roles and responsibilities</b>	<p>The position a worker holds and the tasks and duties they perform within the service. Roles and responsibilities should be made clear so everyone who cares for older people understand their role in quality care.</p>

## Draft: Glossary of terms

Guidance material for the strengthened Aged Care Quality Standards

Term	Definition
<b>Routinely collected information</b>	Also called administrative data, routinely collected information is generated as part of an organisation carrying on its day-to-day business. Such information includes the demographics of people using the service, the number of people using the service, expenditure and income data, and so on. This information can be used to monitor, analyse and improve services.
<b>Scope of practice</b>	The extent of a worker's approved clinical practice, based on their skills, knowledge, professional registration (where applicable), performance and professional suitability, and the needs and service capability of the organisation (NSQPCH Standards).
<b>Sensory impairment</b>	An impairment or deficit in one or more senses. This includes vision, hearing, touch, smell, spatial awareness, balance and taste. Common sensory impairments include deafness and hearing loss, blindness, low vision and balance disorders.
<b>Service environment</b>	<p>The physical environment where care and services are delivered. Includes the service or site where care and services are delivered to older people (such as in a day therapy centre, centre-based respite delivered in a community centre, residential care service and day and overnight respite service (cottage).</p> <p>It would not include environments such as community centres, shopping centres, GP clinics, etc. where the provider may take older people for appointments, excursions, etc. but where the environment is not under the control of the provider.</p>
<b>Shared decision making</b>	Shared decision making involves discussion and collaboration between an older person and their health or aged care provider. It is about bringing together the older person's values, goals and preferences with the best available evidence about benefits, risks and uncertainties of treatment, in order to reach the most appropriate care decisions for that person. ( <a href="#">NSQHS Standards</a> )
<b>Spiritual care</b>	Spiritual care involves caring for the whole person holistically incorporating the needs of mind, body and spirit. This holistic approach can enhance spiritual wellbeing and improve health and quality of life. Spiritual care recognises and responds to a person's spiritual needs by supporting them to find meaning, purpose, hope and transcend loss, grief, disability, illness and pain ( <a href="#">Meaningful Ageing Australia</a> ).

## Draft: Glossary of terms

Guidance material for the strengthened Aged Care Quality Standards

Term	Definition
<b>Standard national terminology</b>	<p>Standard national terminologies are a structured vocabulary used in clinical practice to accurately describe the care and treatment of patients. Healthcare providers around the world use specialised vocabulary to describe diseases, operations, clinical procedures, findings, treatments, and medicines.</p> <p>In Australia, terminologies include SNOMED CT-AU and Australian Medicines Terminology. (<a href="#">Australian Digital Health Agency</a>)</p>
<b>Substitute decision-maker</b>	<p>A person appointed or identified by law to make health, medical, residential and other personal (but not financial or legal) decisions on behalf of an older person whose decision-making capacity is impaired. A substitute decision-maker may be appointed by the older person, appointed for (on behalf of) the person, or identified as the default decision-maker by legislation, which varies by state and territory (NSQPCH Standards).</p>
<b>Supported decision-making</b>	<p>Supported decision-making is a framework within which a person with impaired cognitive function or decision-making capacity can be assisted to make safe, informed decisions. It is based on the premise that everyone has the right to make their own decisions and to receive whatever support they require to do so.</p>
<b>System</b>	<p>The resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal.</p>
<b>Telehealth</b>	<p>Telehealth consultations provide patients with a consultation through video or telephone instead of face to face. It uses the transmission of images, voice, and data between two or more sites using telecommunications to provide health services, such as clinical advice, consultation, education, and training services. (<a href="#">Australian Digital Health Agency</a>)</p>
<b>Timely</b>	<p>What is considered reasonable in best practice, considering how important or time critical the action is to an older person's ongoing care or wellbeing, the context in which the service is provided and the clinical acuity of the older person. Guiding Principles (Adapted)</p>
<b>Transitions of Care</b>	<p>Situations when all or part of an older person's care is transferred between locations, organisations, providers, or levels of care within the same location, or as the older person's condition and care needs change (NSQHS Standards, 2<sup>nd</sup> ed.).</p>

## Draft: Glossary of terms

Guidance material for the strengthened Aged Care Quality Standards

Term	Definition
<b>Trauma aware and healing informed care</b>	<p>Trauma aware and healing informed care recognises that most older people have experienced trauma in their lives and considers how this may impact them when providing care. Trauma aware and healing informed approaches must be used to restore wellbeing and enable older people to self- manage and control their care decisions. As part of trauma informed care, providers and workers should:</p> <ul style="list-style-type: none"><li>• understand the effects of trauma on the older person (including through assessment)</li><li>• promote safety and trust (create a safe environment, interact in a and respectful way, etc)</li><li>• empower older people (by providing transparency, informed consent, collaboration, choice and control)</li><li>• build connections, focus on strengths and promote quality of life.</li></ul>
<b>Urinary catheter</b>	<p>A hollow tube that drains urine directly from the bladder. (Continence Foundation of Australia)</p>
<b>Urinary incontinence</b>	<p>The observation of involuntary loss of urine. (Adapted from the <a href="#">International Continence Society</a> Glossary)</p>
<b>Validated assessment tool</b>	<p>An assessment tool that has been tested for reliability to produce consistent and true results; and have the probability of correctly identifying a patient with the condition.</p> <p>Validated assessment tools should be used to complete nursing and clinical assessments.</p>
<b>Wellbeing</b>	<p>Wellbeing is a positive state experienced by an older person to give a sense of meaning and purpose. It encompasses an older person's physical, spiritual, emotional and mental health and is strongly linked to quality of life.</p>
<b>Worker</b>	<p>An individual who is employed, hired, retained or contracted by the provider (whether directly or through an employment or recruiting agency) to provide care or other services.</p>

## Draft: Glossary of terms

Guidance material for the strengthened Aged Care Quality Standards

Term	Definition
<b>Workforce</b>	<p>People working in an organisation who are responsible for its maintenance or administration, or the care and services, support of, or involvement with, older people. 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:</p> <ul style="list-style-type: none"><li>• employees and contractors (this includes all staff employed, hired, retained or contracted to provide services under the control of the organisation)</li><li>• allied health professionals the organisation contracts</li><li>• kitchen, cleaning, laundry, garden and office staff the organisation employs either directly or under contract.</li></ul>

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**Note:** Something is considered effective, sufficient, adequate, appropriate, or reasonable if is fit-for-purpose and achieves the intended outcome. This could look different across different providers based on varying risks and operating contexts.

For example, while it may be 'appropriate' for one provider to have a hard copy assessment and planning process, a more complex organisation may not be able to operate 'effectively' without a digital system.



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