



Australian Government
Australian Aged Care Quality Agency

LET'S TALK ABOUT QUALITY

Developing a shared understanding of quality in aged care services

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EXECUTIVE SUMMARY

What is quality in aged care?

Understanding what is important to consumers and designing aged care services to meet their preferences and strengths is critical. It can transform older Australians and their families from passive recipients of aged care services into one where they can be partners in defining quality.

Governments around the world are looking for ways to bring into play the direct wisdom and experience that people have about what they need, how their needs can be met and what they can do with and for others.

Putting consumers at the centre of decision making is one of the key elements of the Statement of Principles developed by the Aged Care Sector Committee and the Australian Government.¹

When people lose the ability to have choice over their lives it makes them unhappy and can make them sick. It can make people more dependent rather than more resourceful, and more at risk of distress. This is the very reverse of what we all need our aged care system to achieve.²

The Government is progressively reforming the aged care sector to offer competitive, high quality services that meet the needs of an ageing population. The current standards for quality in aged care are under review. The question of quality is now live.

Your views are important.

¹ Aged Care Sector Statement of Principles, Aged Care Sector Committee and the Australian Government (Feb 2015)

² http://www.nesta.org.uk/sites/default/files/right_here_right_now.pdf

The Quality Agency has produced this paper to get people thinking, asking questions, debating and exploring the best possible ways to define, encourage, measure and monitor quality in aged care services. Ideas and feedback from the aged care community; consumers, providers are being sought online via our website at www.aacqa.gov.au.

There are five themes explored through the discussion. These are:

- ✓ **Putting consumers front and centre** - we need to better understand and capture the expectations that consumers have of quality;
- ✓ **Safety is essential but not enough** - we are seeing a shift from perceptions of quality of care based on compliance with minimum standards to broader notions of high quality care;
- ✓ **Integration across the aged care experience** - consistency in quality across the continuum of aged care is important to families and consumers navigating multiple services in aged care and to service providers who must meet the required standards;
- ✓ **A quality culture that encourages excellence** - successful aged care services know that meeting minimal requirements will not necessarily encourage excellence nor will this spell success in the market place over the long term;
- ✓ **Leadership and innovation** - government is not the final arbiter on quality. Competition will challenge traditional service models and encourage providers to innovate their services and systems to drive quality improvement.

We are listening and value the contribution of the aged care community.

1

THE STARTING POINT

1.1 What is this conversation about?

This discussion is all about the concept of ‘quality’ in relation to aged care. It is about new or different concepts of quality that are beyond mere compliance with standards and outcomes. The aim is to get people thinking, asking questions, debating and exploring the best possible ways to define, encourage, measure and monitor quality in aged care services.

In this conversation, aged care means all forms of aged care - whether it is aged care provided in someone’s home or a community location or in a residential care setting.

The following services are included: residential aged care services, aged care services in the community including home care and the Commonwealth Home Support Programme, as well as the National Aboriginal and Torres Strait Islander Flexible Aged Care Programme.

1.2 Why is this conversation important now?

The Government is progressively reforming the aged care sector to offer competitive, high quality services that meet the needs of an ageing population. Several changes were announced in the 2015-16 Federal Budget to improve aged care in Australia, to reduce regulation and to provide the individual with greater choice over their future.^{3 4}

The Government has committed to work with the aged care sector to identify opportunities to improve the quality assessment and risk management system to:

- ✓ reduce complexity and red tape for providers
- ✓ explore options for delivery of accreditation services
- ✓ expand cost recovery arrangements for accreditation services for residential aged care providers

In the context of these commitments a review of the current quality standards for aged care services is underway. The question of quality is now live.

It is important and timely to have a conversation with citizens, experts and service providers to better understand expectations of quality in aged care, and how it is defined and measured.

We are seeing a shift in the perceptions of quality of care based on compliance with minimum standards, to a more sophisticated definition of quality to ensure the expectations of older Australians are met or exceeded.

³ Information about 2015 Federal Budget: Aged Care Quality Agency Fact Sheet <https://www.dss.gov.au/about-the-department/publications-articles/corporate-publications/budget-and-additional-estimates-statements/aged-care-quality-agency>

⁴ Information about 2015 Federal Budget: Increasing choice for older Australians Fact sheet <https://www.dss.gov.au/about-the-department/publications-articles/corporate-publications/budget-and-additional-estimates-statements/increasing-choice-for-older-australians>

1

Consumers need to be involved in the development of the new standards for aged care services. They should also have a say in the ways in which they engage and communicate their expectations and experience of quality.

Service providers currently have to meet multiple sets of standards depending on the aged care services that they deliver. This increases complexity and does not meet the needs of consumers who want a quality framework that they can understand and use.

We need to listen to a range of views and translate the evidence and experience into practice. Only then can we promote high quality aged care and quality of life and meet public expectations that there is an effective system to safeguard quality standards.

Your input, along with feedback received through broader engagement, will help inform the review of the current standards, for a single quality framework that will measure high quality care and quality of life.

You can expect to see a report summarising the conversation and themes from our engagement on the Quality Agency website in November 2015. The Quality Agency will be looking at responses to date in early September to inform the development of new quality standards being led by the Department of Social Services at that time.

1.3 Who do we want to hear from?

We want to hear from you if you are:

- ✓ a consumer or family of those who use aged care services and who may have experience of and views on 'quality' in aged care;
- ✓ a provider of aged care services who wants to help shape the quality framework;
- ✓ an aged care worker who has experience and ideas on what works;
- ✓ a researcher, academic or policy developer who has an interest in translating what is known about high quality aged care and quality of life into practice
- ✓ anyone who is interested in 'quality' in relation to ageing or aged care

2

THE BACKDROP

2.1 Some trends and context for aged care services

Our population is getting older. The Intergenerational report tells us that Australians continue to have one of the longest life expectancies in the world. In 2054-55, life expectancy at birth is projected to be 95.1 years for men and 96.6 years for women, compared with 91.5 and 93.6 years today.⁵

Both the number and proportion of Australians aged 85 and over will grow rapidly. By 2054-55, it is projected that 4.9 per cent of the population, or nearly 2 million Australians, will be aged 85 and over.⁶

There has already been a significant change over the past 40 years in the number of people accessing aged care services. Australian Government expenditure on aged care has nearly quadrupled since 1975. Expenditure is projected to nearly double again as a share of the economy by 2055, as a result of the increase in the number of people aged over 70.⁷

Ageing itself has been redefined because improvements in health means that older Australians are more likely to remain active for longer.

^{5 6 7} Intergenerational Report, 2015. The Treasury, Commonwealth of Australia 2015 http://www.treasury.gov.au/~media/Treasury/Publications%20and%20Media/Publications/2015/2015%20Intergenerational%20Report/Downloads/PDF/2015_IGR.ashx

‘Active ageing’ presents great opportunities for older Australians to keep participating for longer. Active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age.⁸

These changes and expectations flow into the aged care sector. We see them reflected in the growth of home care packages and service provision.⁹

This form of aged care service is growing at 13% per annum (much higher than residential aged care) and reflects the preference of many older people to remain in their own home, and be cared for in the home environment, if possible.

In the meantime, consumers’ expectations of quality in goods and services has also grown. The power of consumers and influence of consumer opinion has surged, enabled by accessible digital and media platforms. Consumers are now more empowered to determine for themselves what constitutes quality; and more adept at accessing and sharing information about the quality of services they receive.

New models of service delivery are needed to meet an increased demand for services, more complex-care needs, reduced growth in funding, and the expectations of consumers.¹⁰

⁸ WHO | What is “active ageing”? www.who.int/ageing/active_ageing/en

⁹ <http://www.corrs.com.au/thinking/insights/five-aged-care-trends-to-watch-in-2015/>

¹⁰ CSHISC 2015 EScan

2.2 A little bit of history

We have an accreditation and quality review system under the Australian Aged Care Quality Agency (the Quality Agency). The Quality Agency assesses against the standards and expected outcomes that aged care service providers must meet in order to provide aged care services. The Accreditation Standards for Residential Aged Care and the Home Care Common Standards provide a framework for ensuring that each service is meeting a minimum standard of care.

Going back some years, the first round of accreditation audits for residential aged care took place in 1999 under the previous entity (Aged Care Standards and Accreditation Agency). Not surprisingly, the quality of aged care services was highly variable and the introduction of the accreditation system led to substantial change in the make-up of the aged care sector.

More than one third of service providers failed to meet the new Standards and expectations in the first year of audits. Hundreds of aged care operators sold their homes, merged with other providers or were acquired by a larger organisation. Some simply closed.

The accreditation system set clear expectations and, over time, systems and practices improved and fewer and fewer residential aged care services failed to receive full accreditation or meet the Accreditation Standards.

Following significant reforms this work is now undertaken by the Australian Aged Care Quality Agency. In addition to accreditation of residential aged care service providers, the Agency is now also responsible for quality reviews of home care services.

2.3 Where are we now with quality in aged care?

After 15 years of accreditation, almost all providers of residential care meet all of the Standards at any given assessment - whether it is a full scheduled audit, or an unannounced site visit.

In fact, it is quite unusual nowadays for an aged care home to fail to meet the Accreditation Standards. Currently less than one per cent of aged care homes have identified failures.

Quality review of home care services, while on a similar journey, is currently at a different stage of development compared to the residential care sector. Variable levels of compliance against the standards currently exist as the sector addresses the challenges of a changing demographic and policy environment and new quality review processes.

So does that mean our aged care services can be described as being of high quality?

Inevitably, the answer to this question is... 'it's hard to say'. Complying with standards whilst essential does not guarantee high quality. Also views about 'quality' can vary. This is what this conversation is all about.

3

WHAT IS QUALITY?

3.1 Different qualities of quality

The Australian Concise Oxford Dictionary definitions include the following:

1. the degree of excellence of a thing (of good quality; poor in quality)
2. (a) general excellence (their work has quality)
(b) attribute - of high quality (a quality product)
3. a distinctive attribute or faculty; a characteristic trait
4. the relative nature or kind or character of a thing (is made in three qualities)

Perspectives on quality vary depending on an individual's view point. An individual's culture, values, personal experience and immediate concerns are all influential.

Different areas of expertise or professional groups also influence perspectives on quality in aged care. For example these may be:

- ✓ **clinical models** - meeting identified needs to defined standards of care such as administering medicine or pressure care;
- ✓ **social models** - looking at the person in their entirety, including individual strengths and preferences. This model recognises the importance of relationships, and participation in meaningful activities.
- ✓ **organisational excellence frameworks** - management systems such as those to improve business, service delivery quality, and bottomline results;
- ✓ **risk management systems** - preventing adverse outcomes such as falls or burns;

There is some agreement that quality should be safe, effective, person-centred, timely, efficient and equitable¹¹. These fundamental ‘qualities’ are already enshrined in the standards and principles with which providers must comply.

These are mandatory for good reasons, many associated with safety, citizenship and the preservation of human rights. They remain a ‘given’. However are they enough? They focus the system on certain aspects of quality. What are we missing?

The task now is to anticipate and understand how to capture and use a broader range of measures of quality from different quality perspectives.

¹¹ Runciman WB 2006, Shared meanings: preferred terms and definitions for safety and quality concepts, Medical Journal of Australia, 184 (10); S41-3.

4

SOME KEY THEMES OF QUALITY IN AGED CARE



4.1 PUTTING CONSUMERS FRONT AND CENTRE

When people lose the ability to have choice over their lives it makes them unhappy and can make them sick. Based on large comparative studies we know that choice and autonomy is central to overall health and wellbeing.¹² There are implications for how we can enable older Australians who receive care to participate in decisions that affect them. The evidence is clear that doing so will increase their overall health and wellbeing.

Laura Carstensen (a psychologist from Stanford) describes people getting happier as they age, having lower anxiety, less depression. The exception to that is when they become institutionalised—they feel like they are in prison.¹³

In health and aged care services - quality has been traditionally decided by experts and measured and 'certified' by a government authority. This is now being challenged. The power of consumers and influence of consumer opinion has surged, enabled by accessible digital and media platforms. Consumers are now more empowered to determine for themselves what constitutes quality; and more adept at accessing and sharing information about the quality of such services.

¹² Marmot, M. G.; Smith, G. D.; Stansfeld, S; Patel, C; North, F; Head, J; White, I; Brunner, E; Feeney, A (1991). "Health inequalities among British civil servants: The Whitehall II study". *Lancet* 337 (8754): 1387–93. doi:10.1016/0140-6736(91)93068-k

¹³ Atul Gawande on facing death, ABC Health report, Monday 22 June 2015 4:43PM. edited transcript of a conversation between Atul Gawande and Norman Swan at the Sydney Writers' Festival <http://www.abc.net.au/radionational/programs/healthreport/atul-gawande-on-facing-death/6564010>

4.1 PUTTING CONSUMERS FRONT AND CENTRE

We are seeing a shift from the authority of *experts* to the authority of *experience*.

It is important that consumers are involved in the development of the new standards for aged care services. They should also have a say in the ways they can engage and communicate their expectations and experience of quality.

The Government is moving to help the aged care industry develop a more sophisticated definition of quality, to ensure the expectations of older Australians are met or exceeded. Consumer choice is at the centre of the *Aged Care Statement of Principles* developed by the Aged Care Sector Committee and the Australian Government to guide improvements in the aged care sector.¹⁴

The challenge for providers will be to demonstrate how the service recognises and meets individual needs and preferences. This will undoubtedly be challenging and require a shift in thinking.

¹⁴ Aged Care Sector Statement of Principles, Aged Care Sector Committee and the Australian Government (Feb 2015)

4.1 PUTTING CONSUMERS FRONT AND CENTRE



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*"At home we have the right to smoke, have pets, get fat and have sex if we want; but in aged care facilities we become captive in a controlled environment where we are 'protectively disciplined'... Shouldn't we be able to have the small aspects of our life considered? Whose schedule is it? Whose choice? I might like to sleep until eight or nine and have soft poached eggs on toast for breakfast. I'd like to think I could get out on the golf course. I don't want to conform to a set schedule and set activities decided for me without my wishes and choices being considered and I wouldn't put up with it."*¹⁵

¹⁵ Hammond Care's CEO (and AACQA Advisory Council member), Dr Stephen Judd
<http://www.australianageingagenda.com.au/2010/06/17/aged-care-denies-basic-rights-of-citizenship/>

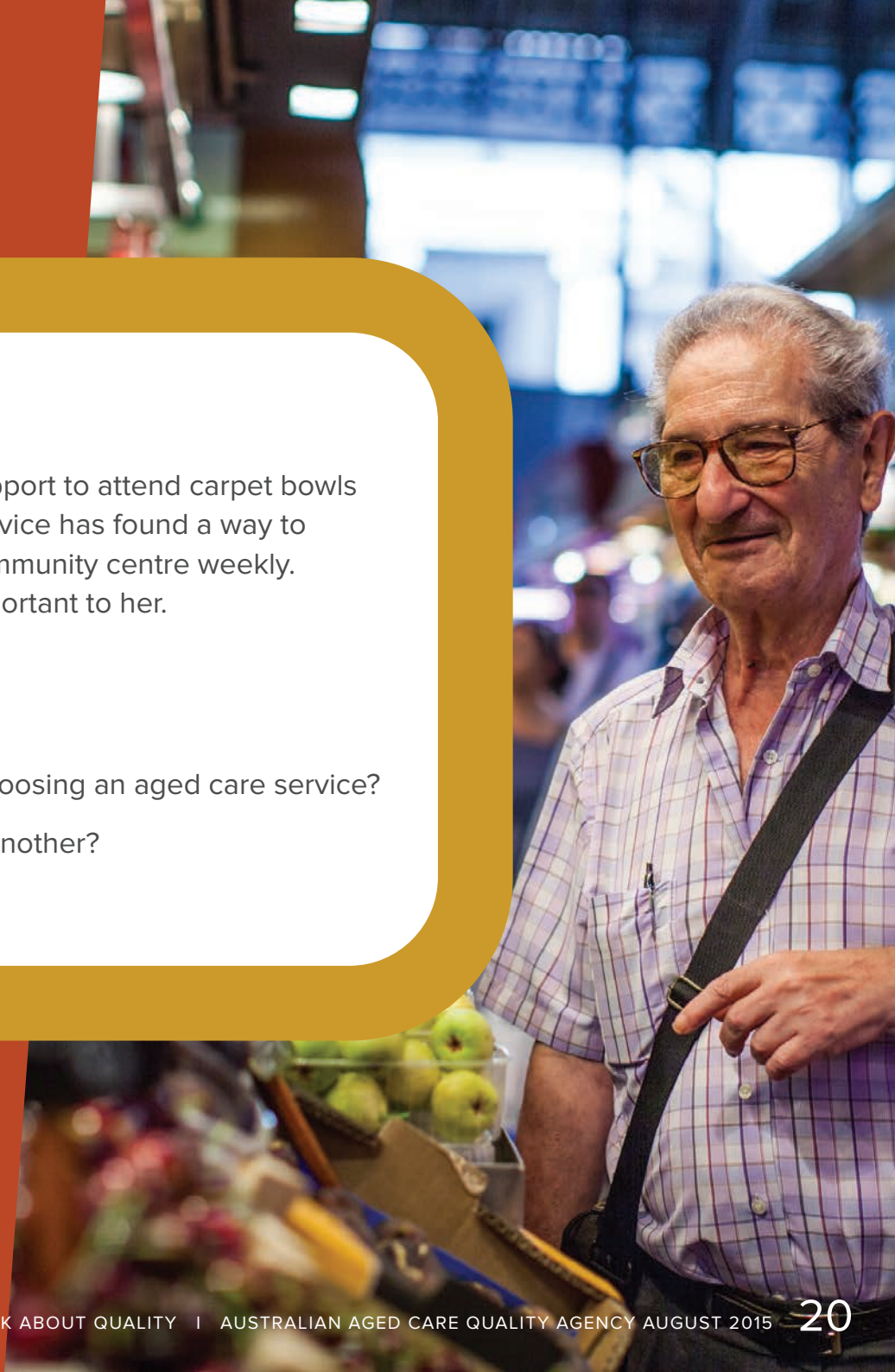
4.1 PUTTING CONSUMERS FRONT AND CENTRE

For example

Nancy wants to spend less on personal care and more on support to attend carpet bowls with her group of friends in the community. Her aged care service has found a way to enable this choice and support her priorities to attend the community centre weekly. Service delivery meets her own goals, focused on what is important to her.

What is your view?

- ✓ From a consumer point of view, what do you look for in choosing an aged care service?
- ✓ How do you measure whether one service is better than another?





4.2 SAFETY IS ESSENTIAL BUT NOT ENOUGH

Quality in aged care services has historically been focused on preventing poor quality of care and ensuring safety. When governments and experts talk about quality, traditionally they are really talking about safety.

Of course this is critical, but is it the only or even the most important way of defining or measuring quality?

*The most common complaint, what you hear them say over and over is, 'When do I get to go home?' And you realise, what is home? Home is ultimately a place where you get to make the choices, where you get to make choices about the risks you want to take.*¹⁶

The accreditation and quality review processes and related standards set a minimum test that all service providers must pass. This process does not currently measure performance above the minimum standard - that is, high performance beyond compliance.

¹⁶ Atul Gawande on facing death, ABC Health report, Monday 22 June 2015 4:43PM. edited transcript of a conversation between Atul Gawande and Norman Swan at the Sydney Writers' Festival <http://www.abc.net.au/radionational/programs/healthreport/atul-gawande-on-facing-death/6564010>

4.2 SAFETY IS ESSENTIAL BUT NOT ENOUGH

The fact that an older person is safe and free from falls or pressure sores does not create a high quality experience - just as we understand that good health includes emotional, physical, mental and social well-being and not merely being free of illness or disease.

Surely our shared understanding of quality care needs has to have something more to do with the quality of life that aged care services can enable.

"Quality of care will only impact on quality of life if quality of life is the focus of care".¹⁷

A number of studies have investigated quality of life from the perspective of consumers and found the issues that are most important are: choice, participation in meaningful activities, socialising with others, feeling safe and secure, the environment and relationships with staff and others.¹⁸ Others¹⁹ have reported looking for a caring attitude, respect for the individual and emotional support.^{21 22}

¹⁷ Dr Lee-Fay Low, Associate Professor in Ageing and Health-University of Sydney in address to Better Practice 2015 Conference, Adelaide, for residential aged care and home care. Quality - Through the looking glass. Australian Aged Care Quality Agency

¹⁸ MacKinlay, E. (2006). *Spiritual Growth and Care in the Fourth Age of Life*. London and Philadelphia: Jessica Kingsley Publishers

¹⁹ Department of Health and Ageing (DoHA), 2007, *Evaluation of the impact of accreditation on the delivery of quality of care and quality of life to residents in Australian Government subsidised residential aged care homes*, Australian Government, Canberra.

²⁰ Kane, RA, Long-term care and a good quality of life: bringing them closer together, *The Gerontologist*, 41: 293-304

²¹ Murphy, K, O'Shea, E, & Cooney, A. 2007 Quality of Life for older people living in long-stay settings in Ireland *Journal of Clinical Nursing*, 16: 2167-2177

²² Chao, SY & Roth, P, 2005, Dimensions of quality in long-term care facilities in Taiwan, *Journal of Advanced Nursing* 52(6):609-618.

4.2 SAFETY IS ESSENTIAL BUT NOT ENOUGH



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"A nursing home director said it to me very poignantly: 'You know what, the children of the adult parents, of the aged parents, are the ones who actually decide which place they are going to choose, and they invariably want to know: 'Is it safe for my mother here?'"

"They want to look at the safety ratings. They don't ask whether they'd be lonely here or whether they have real choices. They said, safety is what we want for those we love, and autonomy is what we want for ourselves." ²³

²³ Atul Gawande on facing death, ABC Health report, Monday 22 June 2015 4:43PM. edited transcript of a conversation between Atul Gawande and Norman Swan at the Sydney Writers' Festival <http://www.abc.net.au/radionational/programs/healthreport/atul-gawande-on-facing-death/6564010>

4.2 SAFETY IS ESSENTIAL BUT NOT ENOUGH

For example

Alfredo loves gardening. He lives in an aged care facility that has a beautiful herb garden for its residents but the door is kept locked so that residents do not wander out without a staff member. Aged care services are faced with such dilemmas every day such as the diabetic who wants to keep chocolate in their fridge or the older person at home who is at high risk of falling, who refuses to use a wheelie- walker.

What is your view?

- ✔ Aged care should be based on individual choice. What aspects of quality care are essential and should never be compromised?





4.3 INTEGRATION ACROSS THE AGED CARE EXPERIENCE

Consistency in quality across aged care services is important to families and consumers. This is because they may need to access care at different times and from multiple services.

Eighty percent of Australians over the age of 65 will use at least one aged care service in the eight years before their death. The majority will first access services in the community. Nearly half (46% of program users) will use both community care and residential care in their last years of life.²⁴

The system needs to support the whole person. Services need to speak to each other across community services, health, mental health, palliative care, and disability services²⁵ as well as recognise the different stages of their aged care journey.

²⁴ Australian Institute of Health and Welfare, 2015. *Use of aged care services before death*, Data linkage Series no. 19. Cat. no. CSI 21. Canberra: AIHW. © <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129550411>

²⁵ Aged Care Sector Statement of Principles, Aged Care Sector Committee and the Australian Government

4.3 INTEGRATION ACROSS THE AGED CARE EXPERIENCE

So how can we ensure the system as a whole stacks up in terms of quality? This would mean thinking about the different pathways to care and the relationships between services to coordinate an individual's care. We don't have a way of looking at the quality of the whole aged care system. If these things are important then we should also think about ways of measuring them.

A common language for quality care across residential and home care services would help consumers and their families to better understand the quality of these services. To do this we need to consider whether people define and value quality in the same way in these different settings and how we might measure quality across the continuum of aged care services.

4.3 INTEGRATION ACROSS THE AGED CARE EXPERIENCE



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QUALITY**

“Older Australians want an aged care system that they can understand and use.”²⁶

²⁶ Summary report on conversations on ageing, COTA 2012

4.3 INTEGRATION ACROSS THE AGED CARE EXPERIENCE

For example

A large provider *We Care services Inc.* operates aged care services that support older Australians to receive care in their own homes. They also provide residential aged care services and often people will transition to their residential care service when they are not able to continue at home. People in their care may also be receiving palliative care or dementia support services. The provider currently has to meet several sets of aged care standards and demonstrate compliance against each set. There is no integrated quality framework nor is a report on the quality of their services accessible to consumers in a way that they can understand.

What is your view?

- ✓ What core aspects of quality care do you think apply to both residential and home care services?



4.4 A QUALITY CULTURE THAT ENCOURAGES EXCELLENCE

Service providers use broad quality frameworks, beyond those required by the aged care standards. These include management system type accreditation to assess and improve aspects of their business performance, addressing areas such as leadership, strategy, people, information and knowledge, environment, safety, service delivery, product quality and bottom-line results.

There may be ways that aged care quality assurance can recognise other accreditation or standards that have been met in relevant areas such as governance, work health and safety, and clinical standards.

When an organisation goes beyond meeting minimal requirements and strives for excellence, it is referred to as a *quality culture* - the capabilities, habits and beliefs, which enable the design and delivery of services that can meet customer needs and be successful in the market place over the long term.²⁷

²⁷ Juran Institute <https://www.juran.com/>

4.4 A QUALITY CULTURE THAT ENCOURAGES EXCELLENCE

“One can and should have a feeling of a job well done when delivering a quality product to their customer. Quality cultures can instil confidence as well. One should feel confident when they do the right things for the right reasons and are getting positive reinforcement for doing the right things. It’s a lot better than looking over your shoulder”.²⁸

In a market where consumers have choice and control, successful aged care providers are likely to be those who can meet and exceed their customers’ expectations for high quality care and quality of life. Service excellence is underpinned by a culture of high performance and leadership in relation to aged care governance, meaningful consumer engagement and an effective approach to quality improvement.

An important part of a quality culture is the people at the frontline of service delivery.²⁹ The attitudes, behaviours and skills of aged care staff are critical.

Aged care is relationship based. That’s what differentiates it. ³⁰

Developing a quality culture is dependent on strong leadership in relation to ensuring quality outcomes for stakeholders and organisational performance. Such a culture also promotes and fosters innovative practice. This issue of leadership and innovation is dealt with in our final theme.

²⁸ Christian Paulsen, a Senior Lean Six Sigma Consultant see interview at <http://www.onquality.info/2012/08/quality-culture-and-feelings-interview.html>

²⁹ Aged Care Leadership Development Project Strategy Paper, 30 June 2013, ACSA, Commonwealth Government through the Department of Industry http://www.cshisc.com.au/media/374222/Aged_Care_Leadership_Capability_Framework.pdf

³⁰ Aged Care Leadership Development Project Strategy Paper 30 June 2013., ACSA, Commonwealth Government through the Department of Industry

4.4 A QUALITY CULTURE THAT ENCOURAGES EXCELLENCE



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"This is a very different kind of work environment. I tell my people: You are coming to work in their home. You are invited to participate in their day. There needs to be a sense of warmth and love. When you walk into a place you want to feel that sense of genuine warmth and caring. That people are viewed as people; not just a job to do. Staff attitudes are so important." ³¹

³¹ Aged Care Leadership Development Project Strategy Papers 30 June 2013, ACSA Commonwealth Government through the Department of Industry

4.4 A QUALITY CULTURE THAT ENCOURAGES EXCELLENCE

For example

Person-centred culture is put into practice through practical measures such as dedicating staff to work with the same residents every time they come to work. At Q-care they aim to put the person and care relationships at the heart of what they do. Whatever the job, first and foremost staff are there to connect with others through building relationships. It is made clear that the particular job role and task is secondary to this.

What is your view?

- ✔ What attributes and behaviours do you expect from staff providing care?



4.5 LEADERSHIP AND INNOVATION

Aged care organisations are navigating unprecedented challenges. The pace of change, meeting the needs and expectations of our ageing population and the demands of running a sustainable service require effective leadership and innovative approaches to service provision.

Government regulation and setting rules may not be the best mechanism to drive quality and innovation at the same pace as other mechanisms. There is a risk that by regulating for quality you necessarily slow progress, contain the market, slow innovation, reduce/undermine the influence of customer satisfaction and so on.

The delivery of aged care, which is more open to competition and subject to the forces of consumer choice, will increasingly challenge traditional service models and encourage providers to innovate their services and systems to keep up with changing market demands.

4.5 LEADERSHIP AND INNOVATION

Leaders of aged care services must not just manage effectively, but also drive and lead innovation and change. This involves thinking creatively and strategically, shaping their services to meet changing requirements and expectations and engaging effectively with stakeholders and staff.

The Quality Agency uses the term ‘better practice’ in relation to its industry conferences and promotes excellence through its Better Practice Awards. Many service providers are ahead of the game and innovating in new ways to provide quality care that enhances quality of life. Indeed, this year has seen a record number of nominees for Better Practice Awards across a range of categories in both residential and home care services.

And what about the bottom line?

Running an aged care service in a modern market system means being competitive, while providing the best possible outcomes in terms of quality of care and quality of life. Providing greater choice to individuals requires a strong focus on quality of care as well as efficient systems to manage costs of service provision.

There is a sense that service providers cannot afford to stand still.

“Future readiness” needs to be part of the thinking within business models and skills mix to support the organisation’s sustainability and readiness for change^{32 33}

This is important if the organisation is to have the resilience and capacity to support the changes required of the future.

³² Future Readiness Review, Workforce Innovation Network, 2015 Community Services and Health Industry and Skills Council Ltd.
<http://www.cshisc.com.au/develop/workforce-planning-and-development>

³³ Workforce Innovation Network, Future Readiness Review, 2015. Community Services and health Industry Skills Council Ltd.



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In a less regulated system aged care providers are open to more competition, challenging the traditional service models and encouraging better practice and innovation to be adaptive to consumer needs.

For example

The SA Innovation Hub is one example of a group of providers who are engaged in discussion and testing of approaches for quality, high performance and leadership in aged care. A principle aim of the Hub is to develop a new model for collaboration (a Community of Practice) to support innovative models of care and services in line with the increasing demands of an ageing population. New approaches to collaboration and leadership can support networks of providers to collaborate on quality innovation.

What is your view?

- ✓ What is an example of service delivery innovation that stands out to you?
- ✓ What do you think is the greatest challenge for service providers in achieving quality?

YOUR VIEWS MATTER

The Quality Agency has produced this paper as a conversation starter - to get you thinking, asking questions, debating and exploring the best possible ways to define, encourage, measure and monitor quality in aged care services. Ideas and feedback from the aged care community; consumers and providers are being sought online.

Join the discussion and provide your feedback via the link on our website www.aacqa.gov.au until the end of October, 2015.

Your input, along with feedback received through broader engagement, will

- ✔ help inform the review of the current standards, supporting an evidence based co-design of a single quality framework that will measure high quality care and quality of life.
- ✔ enable different perspectives of quality across aged care services from a range of stakeholders perspectives.
- ✔ identify ways in which the Quality Agency can better understand the consumer experience and quality issues and themes for further engagement and education.

You can expect to see a report summarising the conversation and themes from our engagement on the Quality Agency website in November 2015. Note: we will be looking at responses to date in early September to inform current initiatives being undertaken by the Department of Social Services at that time.