National Aged Care Provider Conference 2024

Pre-conference workshops report

Foreword

The Aged Care Quality and Safety Commission's 2024 National Aged Care Provider Conference was held at the Adelaide Convention Centre on 23–24 April, preceded by a program of 9 workshops on 22 April with providers on a range of topics.

This report covers the key themes and recommendations that emerged over the course of the workshops. Participants explored what best-practice aged care looks like and how we can work together to achieve it.

The workshops were each capped at 25 participants to foster frank and open discussion, offering an invaluable opportunity to share experiences of delivering aged care and how both the Commission and providers are preparing for the upcoming reforms.

The workshops were also a chance for us to share our expectations of what safe, compassionate care looks like. This included understanding what support we can offer as you strive toward this goal.

The discussions that took place at the workshops were insightful, and I thank all participants for sharing their experiences, concerns and ideas.

The popularity of the workshops shows there is an appetite for more forums, and we are already anticipating that next year's program will be bigger and even better.

In the meantime, we'll be working on responding to the feedback that we heard in the sessions on how we can continue to better support you to deliver high-quality care.

J. M. Anderson

Janet Anderson PSM
Aged Care Quality and Safety Commissioner

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Introduction

Workshops

The workshops held in the lead-up to our National Aged Care Provider Conference 2024 focused on best-practice approaches to aged care.

They were an opportunity for providers to come together for an informal conversation with Commission executives and peers.

The 9 workshops covered a range of topics and featured panellists from the Commission, providers and peak body representatives.

In this report, we've outlined the key themes that emerged from the workshop discussions and summarised the observations of panellists and participants. Summary reports of each workshop, giving you an overview of the discussion that took place and the learnings shared, are also included.

The discussions highlighted the work underway to prepare for the upcoming reforms and identified information and resources gaps. In response, this report includes recommendations for how we can better support the sector based on the insights shared in the workshops.

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Key themes

Older people at the centre of care

Keeping older people at the centre of all aspects of care was a key theme across all workshops. From analysing data to clinical governance, workshop discussions highlighted that quality aged care is about providing care that is individual, meaningful and delivered with kindness.

Participants identified that:

- Open disclosure is an effective approach to complaints resolution that puts the focus on the experience of the older person in your care. Open disclosure is a key opportunity to listen to people affected by adverse events, understand the impact on them and be guided by their expectations.

- The Empathy, Attention and Respect (EAR) model is recommended when listening to people affected by adverse events. Staff need to be able to make a connection with the affected person, understand their concerns and experience, work with them to resolve the issue and take steps to make sure it doesn't happen again.

- Kindness and curiosity about the people in your care are key to delivering culturally safe care. Treating each person as an individual with a unique background and circumstances is crucial to providing care that is sensitive to a person's cultural needs and life experience. A relationship built on kindness and curiosity allows for conversations about differences. While a broad understanding of the cultural background of people is helpful, there should be recognition that each individual has their own cultural needs.

- Encouraging yarning, or storytelling, is recommended as a way to focus the narrative on the person receiving care and provide clues to a person's care needs. Yarning encourages people to tell their story with story, as opposed to clinical questions.

- Understanding individual needs is essential to providing quality care to people with dementia. Behaviour support plans are a legislative requirement and support best-practice care. They should also reflect a person-centred approach. People living with dementia are not problems to be solved, they are people with problems that need solving. Understanding who a person is, their background, their experiences and their personal preferences will help staff to tailor strategies for effective care and behaviour support.

- In Serious Incident Response Scheme (SIRS) reporting, providers routinely assess the impact of a serious incident as nil or minor. Impact assessments are often inconsistent with the detailed description of the incident and don't encourage person-centred care. Completing a SIRS report can become a task-oriented chore, but we can challenge this complacency by creating an emotional connection with the older person affected. Providers were encouraged to walk in the shoes of an older person to form a complete understanding of the impact of the incident and respond in a detailed, considered and empathetic way. All serious incidents have an impact. They may be:

  — physical

  — psychological

  — financial

  — immediate

  — delayed

  — short-term

  — ongoing.

- When using data, it's important to also look at qualitative data, such as care notes, to inform decisions. The data that aged care services collect should ultimately be about the experience of the person in care, shaping a story that can help turn information into insights.

- Trauma-informed care is crucial to culturally safe care. People won't always want you to put this information into their care plan, so it's important to gain consent. There may be things their family don't know about. A lot of trust and communication is required.

- Consumer advisory bodies need to work in a way that privileges the voice of the older person. Different models will work for different services, but all older people receiving care should feel confident and supported to speak and be heard.

Equipping staff with the right skills

Providing staff with the training and support they need to deliver high-quality care was a key point considered during workshops.

Participants recognised:

- The importance and the challenges of training staff in open disclosure methods. There is still a variable use of open disclosure across the sector, partly because staff remain hesitant to admit fault when something goes wrong. Further challenges to delivering effective open disclosure include:

  — cultural differences

  — regular rotation of staff

  — using volunteer staff or staff from agencies.

- All staff involved in the open disclosure process need training, including frontline staff, managers and executives.

- There are specific challenges to the provision of quality care in rural, remote and regional areas. This is particularly in relation to the recruitment and retention of workforce. Meeting governance requirements can also be challenging in rural and remote areas, where engaging board members with the required skills is much harder than in metropolitan areas.

- When caring for people with dementia, staff need an understanding of dementia generally. They also need knowledge of the older people in their care as individuals. Staff may experience different levels of discomfort with difficult behaviours that are influenced by gender, culture or life experience of the person in their care. Providing training and support to staff is important to make sure the care that they provide to people with dementia is effective and person-centred.

- Detailed education and support for staff is necessary to improve their understanding and reporting of serious incidents. A level of emotional intelligence is also needed when reflecting on the impact of an incident. This can be fostered by establishing a culture of care in your service that is centred on the feelings of the person.

- Strengthening partnerships with local language and cultural centres is invaluable in helping older people feel culturally safe.

Continuous improvement

Participants reflected on what drives continuous improvement in a service. They highlighted the power of data, good financial alignment and good complaints practices.

Participants identified that:

- Collecting data should be purposeful and drive continuous improvement. It's easy to lose sight of the purpose of data collection – data should support insights that drive action. More time should be spent on interpreting data and understanding what it means for people receiving care.

- The management of aged care services is complex. It requires careful coordination across a whole range of inputs that support delivery of safe, quality care. There's a strong recognition that doing that well doesn't happen by accident. It requires good alignment between financial and operational strategies. Providers recognised poor alignment made it difficult to maintain consistency of care at the point of service. Building balanced score cards was considered a good way of avoiding the trap of financial information being isolated from general operational oversight.

- Creating partnerships with the older people in your care will improve the delivery of care. Complaints offer an opportunity for learning – let feedback from older people drive improvement activities.

Getting it right at the top

Achieving best practice at an executive and board level emerged as a key theme across the workshops. Leaders set the tone for how a service operates and have a responsibility to understand their role in driving improvement in a service.

Participants noted that:

- It's important to set the tone at an organisation's top leadership that open disclosure is both expected and encouraged at a service. Staff should feel supported by the senior leadership to engage in effective open disclosure conversations.

- Everyone has a role in delivering culturally safe care. Governing bodies can help foster inclusive environments by recognising and celebrating diversity in the workplace and in the older people in your care.

- Diversity should be visible at a high level. Inclusive practices are often seen as an extra when they should be considered a basic requirement of operation.

- There's value in strong financial governance, and there's a need for it to be supported by good reporting to boards and disclosure to older people receiving care. To drive positive culture, boards need to be accountable and transparent to their staff and older people in their care on how their financial decisions align to strategy and commitments.

- Board members need to understand their responsibilities, under both the Aged Care Act and other legislation. They need to be curious and question management and ensure their questions are being answered in the reporting they receive.

Working with the Commission

Workshops discussed the importance of effective engagement between providers and the Commission. They discussed how we can better work together to support the sector to deliver safe, quality aged care.

Participants discussed that:

- To better support open disclosure practices in the sector, we need to collectively challenge the punitive perception of complaints and SIRS and reframe them as an opportunity for learning.

- We need to strengthen our relationships with rural and remote services to better understand their operating environments and provide context that will inform our audit activities.

- We're working with providers to continually develop resources that will help providers understand their obligations and deliver best-practice care.

- In one workshop, participants trialled a tool that we are developing to help providers with their assessment of the impact of serious incidents. Providers gave extensive feedback on how the tool can be further refined that we are taking on board.

- There is a need for more support and education materials that demonstrate best-practice processes for open disclosure.

- We outlined our shift to a provider-centric approach to regulation. Ensuring that we intervene in the right way at the right time and finding balance is essential to building trust in the sector. This requires getting a mix of preventative and responsive activity right and shifting our posture to proactive rather than reactive.

- There's intense public interest in the protection of older people and the community want a regulatory approach that prevents market failures that harm older people. Detection and management of risk requires us to have access to a full range of provider operational information. Our effectiveness is in our ability to use that information well to target areas where risk may cause harm.

- We gave an overview of our quarterly Sector Performance Report, which provides sector-wide performance data about residential aged care and home services. The report was recently updated to improve how we present data, making it more useable for providers. Providers can use this data to calculate their own rates and compare themselves against close peer organisations. Providers can also export this data in Excel for their own analysis.

Recommendations for the Commission

Providing resources

We heard that we can continue to support the sector by providing education and guidance material to promote best practice. Workshops discussed specific areas where providers want more information and support. We also heard that we can better promote our existing learning resources.

- Providers asked for further support from us to promote the use of open disclosure in their services. Participants discussed including a review of a provider's open disclosure processes as part of our ongoing regulatory work. We were asked to publish sector case studies where open disclosure has worked well and examples of when it hasn't gone well, including the perspectives of older people.

- There's an appetite for a co-designed principles-based guide that helps providers to understand and apply financial disciplines to the management of quality. We will explore this as an opportunity to work with the sector.

- We can better support providers to communicate the impacts of financial and governance change to people receiving care, in particular with Home Care Packages.

- We're taking on board feedback from providers on a trial tool, 'All serious incidents have an impact'. The tool aims to help you assess the impact of serious incidents. Providers identified a need for more education and tools to support staff to recognise the impact of serious incidents and provide an appropriate response.

- Providers recommended we embed the language of yarning into our resources and guidance.

- We can inform our draft evidence mapping framework with additional guidance materials for providers and auditors on what to look for when assessing the strengthened Quality Standards.

- Providers are keen for us to share the information and learnings from surveillance activities with the sector, so that providers can apply these learnings in their own services.

- We can better promote the education and training courses we offer on our online learning platform, Aged Care Learning Information Solution (Alis). Alis offers learning modules on a variety of topics, including open disclosure and delivering culturally safe care.

Understanding context

Providers told us there's more work for us to do to understand the operating environments of services to inform our assessment processes.

- We'll continue to focus on understanding the operating environment for providers and older Australians in rural and remote areas, including through pre-audit engagement with services.

- Providers emphasised that aged care audits need to be culturally safe. Auditors need to understand and be sensitive to the people they are talking to. They can't take a 'one-size-fits-all' approach. We need to be aware of how we collect data and what questions we ask to make sure our activities are culturally safe.

- We identified gaps in our understanding of how National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC) and home services providers use data. We want to hear from these providers about data issues and work with you to understand your data needs.

Communication

We heard how we can improve our communication with individual providers and the sector broadly.

- Providers asked us to consider how we communicate to the sector about our concerns and how we're using the information we collect to educate them on preventing adverse outcomes.

- In response to concerns about service-level staff fearing the repercussions of issues arising at their service, we need to consider how we present information collected at a service level to the provider.

Workshop summaries

Open disclosure
– a provider 'super-power'

Facilitator: Louise Macleod, Complaints Commissioner, ACQSC

Panellists: Michelle Bampton, Executive Director, Intake and Complaints Resolution, ACQSC

Tina Cooper, Executive Manager, Clinical Governance and Operational Excellence, Resthaven Incorporated

Corey Irlam, Deputy Chief Executive Officer, COTA Australia

Key takeaways

- Open disclosure is described as the super-power of aged care. Open disclosure aims to resolve complaints and disputes quickly and effectively and focuses on the older person at the heart of the matter.

- We want to promote open disclosure because we know it works.

- Open disclosure is not universally applied in aged care.

- We need to reframe the conversation from 'something has happened' to 'how do we learn from it?'.

- It's important to use open disclosure in the time immediately after an incident.

- There are several challenges to training and supporting staff to use open disclosure. Staff are often hesitant to engage in open disclosure for fear of reprisal.

- Organisations need a consistent approach to managing open disclosure, with defined roles and responsibilities for staff, managers and board members.

- Organisation leaders are pivotal in creating a culture that supports open disclosure.

Discussion

What is open disclosure?

- Open disclosure involves having a conversation about the adverse event that caused harm to the older person in your care. Conversations should include:

  — an acknowledgement and explanation of what happened and the consequences of the adverse event (a factual explanation)

  — the steps you're taking to address the adverse event and stop it from happening again

  — the opportunity for the older person and/or their supported decision maker to be heard on their experience.

- Workshop participants recognised the importance of starting the open disclosure process as soon as possible after the incident occurs. They explored when to conclude or finalise the open disclosure process for a particular issue.

Challenges of open disclosure

- It was acknowledged that although open disclosure has been around for 5 years, how it is used varies across the sector.

- The challenges of training and supporting staff include:

  — new staff coming in and the need for training

— going beyond induction training and having training that keeps people's knowledge current. There are potential benefits of refresher training just before initiating an open disclosure meeting

— differences in cultures of staff and older people. Some staff may need extra support if they come from a cultural background that isn't used to a direct or confrontational style of talking

— using staff from agencies and the need to make sure those staff know about essential aged care training and topics such as open disclosure, incidents and SIRS. It was noted that some providers used the Commission's Alis training modules for this training

— the need for Registered Training Organisations (RTOs) to be appropriately training future aged care staff across all aspects of aged care.

• One of the key reasons for the slow uptake is that staff still feel a level of fear in having open disclosure conversations with the older person and their family. They're worried they might get themselves or their organisation in trouble for apologising. It's important that top leadership set the tone that open disclosure is expected and encouraged. Then staff can feel more confident in initiating open disclosure conversations.

• Ongoing challenges include who should be involved in the conversation, particularly when it might not be appropriate to involve someone from a privacy perspective.

• A poor experience is one where the provider wants to undertake a thorough investigation before even having a meeting about the incident – and doesn't communicate.

Reframing complaints as opportunities for learning

• Leaders need to create a psychologically safe space for staff to engage in open disclosure without fear of punishment.

• We want to challenge the idea of the punitive nature of complaints and SIRS. Think about the situation in terms of what you can learn from it. There is an interest in moving from a punitive-style negative experience to a more positive, enriched experience.

• If you make the person making the complaint feel safe and heard, they're usually not after retribution for what went wrong. They just want to know that the complaint has been progressed and that you have put procedures in place so that it will not happen again.

• Bill Eddy, international speaker from the High Conflict Institute, discusses how you can make a human connection with someone when something goes wrong by practising extending Empathy, Attention and Respect (EAR). Taking the time to pay undivided attention to that person to understand their frustration and make that human-level connection.

Resources

• Learn more about Alis, the Commission's online learning platform.

• Learn more about EAR.

• Learn more about open disclosure by watching these videos:

— What is open disclosure – a video for older people

— Open disclosure – a video for providers

Quality care in rural and remote services

Facilitator: Anthony Speed, Executive Director, Quality Assessment and Monitoring, ACQSC

Panellists:

Emma Jobson, Executive Director, Regulatory Policy and Intelligence, ACQSC

Mary Quinlan, Director, Aged Care Workforce Remote Accord

Key takeaways

- There are specific challenges to providing quality care in rural and remote areas, particularly in recruiting and retaining staff.

- The new regulatory framework provides an opportunity for us to work with aged care providers to prevent harm through education and engagement.

- The skills for supporting effective governance in rural and remote areas are not always as readily available to providers as in metropolitan areas.

- The issues for providers in inner regional areas can be as acute as they are for providers in outer regional and remote areas.

Discussion

Challenges of workforce retention

- Workforce responsibilities present challenges for approved providers through the recruitment and retention of staff, including challenges of meeting the responsibility for 24/7 nursing care in rural and remote communities.

- The importance of consistency within the workforce where providers rely on 'fly in, fly out' arrangements for health professionals like general practitioners.

- There are similarities across the Modified Monash Model categories outside of metropolitan areas with providers in the most remote areas prone to acute workforce shortages. However, these can also be apparent in regional areas. One provider noted that an hour's travel from a metropolitan centre can constrain the workforce available for a service.

Working with the Commission

- Workshop participants noted the benefits of a strengthened relationship between rural and remote providers and the Commission to support our knowledge of the operating environment of these services, which can vary across communities.

- Relational-based regulation is an important auditor capability to ensure that the regulator understands the context in which services are provided in a particular community.

- There was support for the Commission to continue to develop targeted resources to support the identification and regulation of quality aged care in rural and remote services.

- There is broad support for us to develop:

  — targeted information to help with sector education for the new Quality Standards, and

  — training for auditors to understand the operating context of rural and remote services.

- We also need to develop more resources and training for Aboriginal and Torres Strait Islander services and auditors of these services. This will help support the cultural safety requirements of the new standards.

Challenges of meeting governance requirements

- Governance requirements can be challenging to meet in rural and remote areas where access to the range of skills required is not always available to an organisation.

- Smaller aged care services in remote areas can find it difficult to attract board members compared to large metropolitan providers. It is therefore not always practical to have the same level of expected skills for all board members (for example, negotiation or financial skills).

- There are additional compliance costs to boards in rural and remote areas where there is limited remuneration available to board members and consumer representatives aren't always available to participate within the payment of fees.

Resources

- Learn about the Commission's draft guidance resources on the strengthened Quality Standards, including the draft Evidence Mapping Framework.

- Learn more about our work on developing resources for First Nations people and services.

- Learn more about regulation of 24/7 nurses and care minutes requirements.

- Learn more about governing body requirements.

Caring for people with dementia

Facilitator: Dr Melanie Wroth, Chief Clinical Advisor, ACQSC

Panellists:

Megan Cox RN, Director, Restrictive Practices Unit, ACQSC

Loren De Vries NP, Executive Director, Senior Practitioner, Behaviour Support, ACQSC

Anita Francis, Senior Director, Chief Clinical Advisor Group, ACQSC

Jenny Summerton, National Program Manager, Dementia Support Australia

Key takeaways

- People living with dementia are not problems to be solved, they're people with problems that need solving.

- Understanding who a person is, their background, their experiences and their personal preferences will help staff tailor strategies for effective care and behaviour support.

Discussion

People with dementia aren't the problem

- People with dementia are individuals who may be experiencing problems – they're not the problem.

- People living with dementia have the same rights as people without dementia. It's important to show empathy and remember the basic principles of decency, respect and kindness.

- Behaviour is a response to a situation. It's important to understand why these behaviours are happening and how best to support the person. This includes building an understanding of the person and the behaviours, including trauma. Behaviours aren't resistive behaviours, they're a response to a situation.

- Staff need an understanding of dementia generally and of the older people in their care as individuals.

- It's important to understand the physical and environmental reasons for the behaviour, such as:

  — deteriorating brain function

  — capacity to modify a physical response

  — impact of medication

  — transition to a new and unfamiliar environment.

- Individuals will also experience different impacts of behaviour based on their previous experiences, including possible trauma.

- People with dementia may see themselves and feel differently to how they appear to others.

Emphasis on gathering information

- There is a need to gather as much information about the older person as possible. This helps staff understand the person and their individual needs. They also need to use this information to provide individual care and support, including for behaviour support where needed.

- It's important to collect information from a range of sources to build a full understanding of the older person. Different people may know different information. This could include talking with the older person and their support group, including different family members and friends.

- Make sure appropriate assessments are up-to-date, and a range of assessments are undertaken to help determine if the behaviour support is individualised and meets the needs of the older person. Changed behaviours can be influenced by the older person's cultural background, life experiences, level of independence and preferred methods of communicating, before and after entering aged care. This could include traumatic experiences.

Training for staff

- Staff supporting people with changed behaviours need training and support and may be impacted differently based on their own background and experiences.

- Staff may experience different levels of discomfort with some behaviours, because of things like their gender, culture and life experience.

- Dementia training can help people understand the reasons for a change in behaviour. It's important for staff to see the person as an individual.

- Additional support could be needed to help the older person in particular situations, such as orientation to a new environment, changes to care (for example, changing the gender of the carer), or separation from another resident.

Behaviour support plans support best-practice care

- Behaviour support plans are not only a legislative requirement, they support best-practice care and should be a person-centred and meaningful document.

- Behaviour support plans are also a tool to support staff. There are a resources and tools available to support staff to develop behaviour support plans, such as those produced by Dementia Support Australia.

- Plans need to not only describe the behaviour, but also clearly outline the actions and strategies for staff to apply to support people. This includes a review to understand what is working and what is not.

- Strategies could include identifying key support people for the person receiving care who may be able to help maintain a connection to community and enjoyable activities.

- There are limitations of drop-down boxes or cut-and-paste plans. Plans need to provide a comprehensive individual assessment with information specific to the person.

Resources

- Learn more about Behaviour Support Plans from our website and Dementia Support Australia.
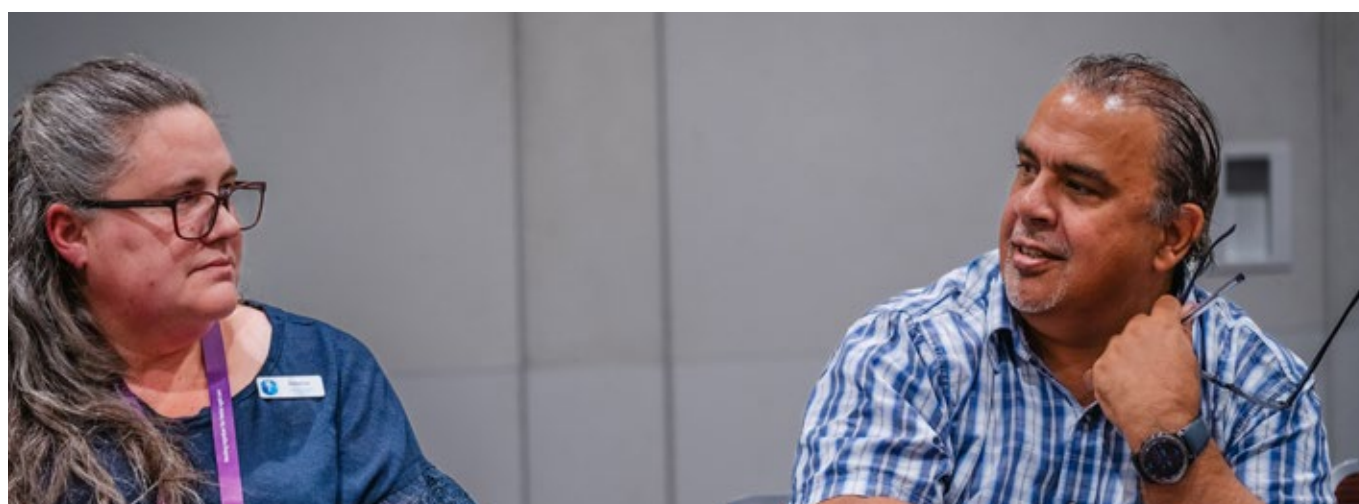
Getting it right
– assessment of impact of serious incidents

Facilitator: Ann Wunsch, Executive Director, Approvals and Serious Incident Notifications, ACQSC

Panellists:

Catherine Manser, Director of Nursing and Care Services, Barunga Village

Dr Helen Courtney-Pratt, Senior Analyst SIRA, ACQSC

Dr Melanie Wroth, Chief Clinical Advisor, ACQSC

Key takeaways

- All serious incidents have an impact. It's important to try to walk in the shoes of the older person to form a complete understanding of the impact of the incident.

- You need to understand the possible impacts to be able to make a comprehensive assessment of the actual impacts.

- A lack of memory of the incident doesn't mean there is no impact. Often the impact is underestimated, particularly for those with cognitive impairment.

- Serious incidents require a detailed, considered and empathetic response from staff. It takes a deep understanding and emotional intelligence to convert theory into practice.

- Guidance is useful to support a consistent approach to assessing impact across the sector.

Discussion

All serious incidents have an impact

- Workshop participants were guided through a draft tool, 'All Serious Incidents have an Impact', and used a series of case studies to identify the impacts associated with serious incidents in a number of the SIRS notification types.

- Staff are encouraged to 'walk in the shoes' of an older person to form a complete understanding of the impact of an incident.

- There is often a limited understanding of what the possible impacts of an incident may be. You need to understand what the possible impacts could be to be able to make a comprehensive assessment of the actual impacts.

- Consider the different types of impacts – different incidents will have different types of impacts. Impacts may be physical, psychological or financial. They may be immediate, delayed, short-term or ongoing. For example:

  — physical impacts

  — psychological impacts

  — social or behavioural impacts

  — financial impacts

  — reputation and dignity impacts

  — impacts from neglect

  — impacts from sexual incidents.

- As the impact may not be experienced immediately, it may be necessary to provide an updated report to link the changes to a previous incident.

- Repeated or clusters of incidents are the worrying incidents. An incident might have low impact the first time it happens but builds with repetition (similar to a schoolyard bullying situation).

- Serious incidents also have an impact on staff.

Lack of memory of the incident does not mean there is no impact

- We should consider the impact of cognitive impairment on the older person when forming an understanding of what has happened.

- Cognitive impairment complicates the assessment of an impact. Language barriers can too. But, not communicating, understanding and remembering an incident, or not having any of these abilities, doesn't mean there's no impact. The impact of the incident can linger even when the memory of the incident doesn't.

Impact is often underestimated

- If no impact or minor impact is recorded for a serious incident, this indicates a mismatch between what you tell us happened and the assessment of the impact. We will engage with providers where there is a discrepancy between the incident and the impact reported to the Commission.

- From a deep dive into a sample of serious incidents, 100% of stealing or financial coercion by staff member incidents were rated by the provider as having nil impact, either physical or psychological.

- Staff need to think carefully about getting all the information together to inform the report. It may also be necessary to make a follow-up report.

Serious incidents require a detailed, considered and empathetic response

- Achieving a culture of care that is feelings-based and person-centred is the overall aim. Staff need to be engaged with care and work from a place of empathy and respect. They should consider how they would have been impacted had the incident happened to them.

- It takes time, detailed thought and reflection to complete a report of a serious incident. Complex human situations can't be put on a page with a few dot points.

- The person lodging the notification is often not the person making the report. This can make it difficult to get the background of what happened, and difficult to assess the impact. There's a description of what happened, but not how, why, minimisation strategies, and what impact it had. It's therefore important to think broadly about the possible impacts on the individual person, noting that some impacts may take time to show.

- Detailed education and support for staff is necessary to support their understanding and reporting of serious incidents.

Resources

- Learn more about SIRS.

- Take a deep dive into SIRS notifications by reading our Insights reports.

- 'All serious Incidents have an impact' will be converted into a learning package for the sector and the tool will also be attached to the Serious Incident Response Scheme Decision Support Tool.

Turning data into insights

Facilitator: Lisa Peterson PSM, Deputy Commissioner, Sector Capability and Regulatory Strategy, ACQSC

Panellists:

Filomena Ciavarella, Executive General Manager, Strategy, Quality and Improvement, Regis Aged Care

Tim O'Mahony, Senior Director, Intelligence and Analysis, ACQSC

Tim Yap, Director, Sector Performance and Improvement, ACQSC

Key takeaways

- Data is available from multiple sources – you can use this to understand where to focus your efforts.
- Data should support actions and recommendations and not just be collected for collection's sake.
- We provide you with data that you can use to better understand your performance.
- You should also use your own data sources to understand your performance.

Discussion

Using data wisely

- The Commission uses data for insights, risk management and continuous improvement.
- Providers already collect data that is reported to government, such as through SIRS and Quality Indicator reporting.
- Not all data is quantitative, it's important to also look at qualitative data such as care notes.

- You need to carefully consider what data is useful – data should drive towards an action or a recommendation.

Sector Performance Report

- We publish a quarterly Sector Performance Report, which has recently had some changes to make the data in this report more actionable.
- The data is chunked by provider size and uses rates as well as raw numbers. Providers can use this data to compare themselves against peers. But remember, the report only includes data held by the Commission.
- You can also export the data in Excel to do your own data analysis.
- Providers noted that it would be useful to have more detailed information for NATSIFAC services in the Sector Performance Report. We'd like to hear from home services and NATSIFAC providers to understand your data needs.

How Regis Aged Care uses data

- Filomena Ciavarella, Executive General Manager of Strategy, Quality and Improvement at Regis Aged Care, outlined her organisation's approach to data.
- Regis has been on a 4-year data journey. They began by starting at the top: understanding what the Board needed for effective governance and then redesigning the reporting framework around this. The Board also had specific education on data interpretation and the sorts of questions they should be asking of management.
- Regis defined what was important and worked with older people to develop 4 care goals:
  — person-centred care
  — safe care
  — effective care
  — integrated care.

- These goals are more meaningful than focusing only on the Quality Standards, as the Standards are the minimum requirements and will change over time. The goals always seek to push beyond the Standards. Data was then mapped against the 4 care goals.

- Regis worked to have a common way and language, re-designing performance dashboards using statistical process control to look at variation across time and data sets.

- Regis used a 'between the flags' approach to data reporting to account for normal variation.

- Regis uses their understanding of the data lifecycle to ensure that data exists to provide a recommendation or an action. If too much time is spent on collecting and analysing data, the organisation can be paralysed. You can become stuck by simply collecting and reporting data continuously and then not doing anything with it.

- Some people may think there are barriers to doing this work, as they don't have sophisticated tools or IT systems. All of this can be done in Excel, learning through self-help (YouTube) videos. You can do some very clever automated and integrated data reporting through Excel.

- Data should share a story to help turn information into insights. It's important to design data collection to optimise human interaction, for example by highlighting what's important. It's also important to show the older person's experience in the data that you report.

- Providers should use benchmarking data to see how they are tracking. The Commission and the Department share useful data sets that can be used for benchmarking.

- Reports can never provide all the information you need – it's better to have one or 2 hot topics to explore in a deep dive before moving on. For example, Regis ran a deep dive where they analysed data, conducted clinical reviews and interviewed residents and staff about falls. They took these learnings and created

characteristics of residents most likely to fall, which they can now flag and put preventors in place and make recommendations for improvement.

Introduction to risk modelling

- We use data and analysis to understand risk in the sector – for specific providers, and for specific themes (such as infection prevention and control, or food, nutrition and dining). This is done through our risk models, which combine data from different sources. These sources include data reported by providers (such as Quarterly Financial Reports and Quality Indicators) and data we collect (such as complaints and SIRS data).

- We then use this understanding of risk to target our activities, including education and site visits.

- Risk isn't necessarily bad. Some providers may have a higher level of risk because of matters outside their control. For example, providers with services in remote areas serving older people with higher care needs have higher relative risks but are still providing essential services.

Resources

- Take a deep dive with our Sector Performance Report.

Shifting the regulatory gaze from services to providers

Facilitator: Peter Edwards, Executive Director, Compliance Management ACQSC

Panellists:

Emma Jobson, Executive Director, Regulatory Policy and Intelligence, ACQSC

Anthony Speed, Executive Director, Quality Assessment and Monitoring, ACQSC

Key takeaways

- We are shifting our regulatory approach to engage with providers to achieve improved outcomes for older people, moving away from a transactional approach to compliance.

- Providers are keen for us to share the information we collect from surveillance activities and to share these learnings with the rest of sector, so they can apply them in their own services.

Discussion

The Commission's regulatory approach and strategy

- Our regulatory approach places an increased focus on the provider's responsibilities around service-level risks. This approach is focused on ensuring that we intervene in the right way at the right time.

- Finding balance in our approach is key to building trust with the regulatory community. We need to get the mix of preventive and responsive activity right, shifting our posture to proactive rather than reactive.

- All providers are under surveillance, and we use the data and information that we gather to identify patterns and trends. We outlined our shift to a more provider-centric approach, with increased reliance on detecting risk by drawing on the data we collect.

- Our supervision strategy escalates from surveillance to targeted, active and heightened supervision. Where we see compliance issues causing high levels of risk, we hold providers to account to rectify those issues in a timely manner through directing more of our time and resources towards the supervision of those providers. It's the foundation of proportionate risk-based regulation, as the intensity of our regulatory activities are increasingly concentrated on a decreasing volume of providers.

- The group discussed the expectation on providers to remedy problems and to prevent them from happening again as important means of restoring the trust and confidence in the aged care sector.

- The regulatory diamond shows how the Commission works with providers by using both preventative and reactive regulatory strategies.

- Providers may run many services, but the approved provider is responsible for:

  — governance

  — systems

  — frameworks

  — risk management.

- We want to engage with providers around systems of control and governance, because these things control risk and, if absent, lead to harm of older people.

Reasons for breadth and depth of Commission powers

- Panellists discussed the intense public interest in the protection of older people. The community want a regulatory process that prevents harm to older people.

- The detection and management of risk requires the regulator to have access to a full range of provider operational information because we manage risks that can impact vulnerable people.

- The provider-centric approach assists with managing risk across the sector and encourages the development of robust systems and processes that are less person dependent at a service level.

- The regulatory tools we use depends on the level of engagement and commitment by the provider to address compliance issues and continuously improve. Most providers want and do engage with us on issues without the Commission using formal powers to direct or compel action.

- When providers have reaccreditation for one service, their view isn't just the single service. They look at the results of the audit at the service level and consider how they can apply the learnings across all services.

- Providers reported recently experiencing a positive shift in collaboration with the Commission on identified issues.

This partnering approach encourages providers to undertake continuous improvement without the fear of reprisal.

Practical application of supervision, from provider approach to monitoring

- Participants discussed how causes of risk and issues identified at a service level are often better understood when looked at through a provider lens.

- As we move to a provider approach, we are aware that staff at the service level, who have traditionally been the engagement point for the Commission, may feel a loss of control. We're interested in how we can manage the transition in a way that manages potential sensitivities of operational staff.

- We're excited about the new audit methodology and giving providers an opportunity to showcase good practice.

Resources

- Learn about the draft Regulatory framework.

Making it real
– culturally safe care for every older Australian

Facilitator: Lisa Peterson PSM, Deputy Commissioner, Sector Capability and Regulatory Strategy, ACQSC

Panellists:

Nicky Bath, Chief Executive Officer, LGBTIQ+ Health Australia

Andrea Kelly, Interim First Nations Aged Care Commissioner

Mary Patetsos AM, Hon. President, FECCA

Dr Kate Smith, Research fellow, University of Western Australia

Key takeaways

- Kindness and curiosity are key.
- We need to humanise diversity.
- Trauma-informed care is crucial to culturally safe care.
- Everyone has a role in culturally safe care – from front line workers to executive and boards.

Discussion

Kindness and curiosity are key

- Systems and the requirement to check boxes don't necessarily result in culturally safe care.
- Conversations around difference and trauma need kindness and curiosity.
- Yarning is an important tool – it focuses on narrative and provides insights to a person's care needs.

- Only an individual knows when they feel safe. Don't assume that one approach will work – be curious and provide choice.

We need to humanise diversity

- We need to find out people's stories to understand what they need.
- We need to all be responsible for a humanist approach. We need to move beyond addressing one diverse group at a time and learn together.
- Diversity as 'other' means looking at things as if they are unique.
- Ways to recognise and respect diversity are common across diversity groups.
- Person-centred care is not a cookie cutter approach – you cannot treat everyone the same.
- Systems are designed to suit the dominant culture. This should inform how we support people from other cultures.
- The consequences of culturally unsafe care are enormous. Place yourself in the shoes of someone experiencing discomfort who has no-one they can speak to, or who can understand them.
- There are some core similar considerations in culturally safe care: giving someone choice, agency and time all help.
- There are tools available to help with learning about an individual, for example the Sunflower tool.

Trauma-informed care is crucial to culturally safe care

- Not everyone realises they have trauma in their lives or may not want to talk about it in the intake interview. Their family may not know the answers, as the person may not have shared it with their family.
- In assessment and care planning, consent needs to be sought before including cultural details in plans, as there may be past trauma.

- It takes time to build the trust required for people to share their stories with strangers.

- Strengthening partnerships is a requirement of culturally safe care. Local language and cultural centres are invaluable in helping older people feel safe.

- We're asking people to tell us about themselves without telling them anything about us. Are we listening to half the story?

Everyone has a role in culturally safe care

- Make diversity visible at a high level, for example in board membership. It's all about behaviours – how we behave, how boards behave.

- When a provider focuses solely on meeting the requirements of the regulator, they may miss the opportunity to engage in meaningful conversations.

- Sometimes only the clinical aspects are focused on when assessing risk, and we skip the intimate details that unpack preferences.

- We need management to recognise diversity and create inclusion in the workplace. We need goals, mission and values set up to support processes.

- Flags and artwork are important but largely symbolic – action and engagement are more important.

- Acknowledge that staff come into the agency with their own history. We need to hold staff to account when behaviour does not meet expectations.

- Some very basic things don't get done when diversity is seen as an extra. It isn't an extra, it's a basic right.

The Commission and Department have work to do in developing culturally safe care practices

- Aged care assessments need to be culturally safe. Assessors need to understand and be sensitive to the people they are talking to.

- The assessment process can't take a 'one-size-fits-all' approach.

- We have been challenged to use the language of yarning in resources and guidance.

- We're thinking about how we collect data and what we ask. We need to make sure that asking the question isn't itself culturally unsafe.

Resources

- Learn about Good Spirit Good Life.
- Learn about the Sunflower tool.
- Learn about the benefits of yarning.

Hearing the voice of older people

Facilitator: Janet Anderson PSM, Aged Care Quality and Safety Commissioner

Panellists:

Anne Burgess AM, Chair, Council of Elders

Bryan Lipmann AM, Chief Executive Officer, Wintringham

Louise Macleod, Complaints Commissioner, ACQSC

Ann Wunsch, Executive Director, Approvals and Serious Incident Notifications, ACQSC

Key takeaways

- Walk in the shoes of those receiving care – know them so that you can deliver an experience of care that they need.

- Engage in regular conversation with older people to understand their changing needs, not just at the start of service.

- Assumptions are dangerous. Each older person will want to engage differently and won't want to be told how to feel.

- Complaints are gold. Shake the fear factor of complaints, they are an opportunity for learning and provide a chance to resolve problems before they get worse.

- Actions speak louder than words. Show the pathway from 'you said' to 'we did'.

- Consider the power differential and even out the power relationship between the provider and older person so that they have agency.

- Consumer advisory bodies need to operate in a way that privileges the voice of the older person.

Discussion

Delivering customised care

- The Sunflower tool is a helpful resource to assist in providing care that is centred on the older person.

- Hearing the voice of older people doesn't mean everything must be delivered in a completely bespoke way. It means you show that you understand the person you are providing care for.

- People make assumptions that older people are lucky to be receiving support, but this is a dangerous assumption. Older people don't want to be told how to feel. We need to be hearing the person's wishes and preferences on an ongoing basis, not just on day one. It's important to cut out assumptions and noise around the person from family, and others.

- Complaints allow you to reflect on your service and why the person receiving care feels that way. Respond quickly to complaints and show that they result in action.

How Wintringham works with older people

- Bryan Lipmann AM, Chief Executive Officer of Wintringham, shared his experiences as a provider of aged care services to older people who are homeless or at risk of homelessness.

- A life of powerlessness is the reality for many older people who are homeless. Their past experiences of making a complaint often discourage them from speaking up.

- Importance of creating communities – a key part of that is recreation. At Wintringham, a recreation worker will meet a new client and set up an individualised plan.

- Quality of life should be the main focus, not just quality of care. One is part of the other.

- The Commission noted the quality of life and quality of care distinction. We see risk through the prism of quality and safety but are increasingly looking at concepts of wellbeing and quality of life.

Embracing complaints

- We are trying, through complaints handling, to move away from just focusing on quality of care to broader concerns brought to light by older people and their families.

- We need to change the perspective of complaints as a negative, punitive thing, towards something to embrace. Complaints are part of providing a service. They provide an opportunity to resolve things before they get worse.

- Complaints are an important part of hearing the voice of the older person. It's important that we listen from a place of empathy.

- Encouragement for everyone to reference Bill Eddy, from the High Conflict Institute in the US. Eddy talks about always engaging with people with Empathy, Attention and Respect (EAR). This takes practise and it needs to be done in person, by pausing, listening and realising it's about the person showing courage and stating that something isn't working for them.

Resources

- Learn about the Sunflower tool.
- Learn more about EAR.

Connecting the dots
– governance, financial management and quality of care

Facilitator: Peter Edwards, Executive Director, Compliance Management, ACQSC

Panellists:

Sara Blunt, Chief Executive Officer, Kalyra

Sally Evans, Non-Executive Director, Ingenia Communities, Oceania Healthcare and Rest Super

Anthony Speed, Executive Director, Quality Assessment and Monitoring, ACQSC

Key takeaways

- Board members need a good understanding of their responsibilities in terms of their legislative requirements.
- The management of aged care services is complex and requires careful coordination between a large range of inputs.
- Good financial management and governance are crucial to delivering quality care.

Discussion

Responsibility of boards

- We have a shared primary interest in getting the best outcomes for older people, and it's through this lens that we all value strong financial governance, and the need for it to be supported by good reporting to boards and disclosure to the older people in their care.

- To drive positive culture, boards need to be accountable and transparent to their staff and the older people in their care on how their financial decisions align to strategy and commitments.

- Board members need to understand their responsibilities, under both the Aged Care Act and other legislation, and to take responsibility for making sure that they question management and are receiving answers that they understand.

- There was good discussion about the importance of understanding the different but complementary roles of board members and executive staff. There was agreement that board members must be curious and push to make sure their questions are being answered through the reporting they receive.

Importance of alignment

- Participants agreed that management of aged care services is complex. It requires careful coordination across a whole range of inputs that support delivery of safe, quality care.

- There is a strong recognition that doing that well does not happen by accident and requires good alignment between financial and operational strategies. Participants recognised poor alignment made it difficult to maintain consistency of care at the point of service.

- Building balanced score cards is considered a good way of avoiding the trap of financial information being isolated from general operational oversight. Participants provided several good examples of how their organisations were looking to do that well.

Actions for providers

- Providers can build connections by bringing together reporting in a way that it leads to better questions, particularly around the board table.

- Providers need to have a dynamic view of risk, where they consider the benefit of specialised sub-committees to manage current or emerging risks. These may need to be stood up or stood down when the nature of the risk changes.

- Educate and be transparent at all levels of the organisation.

- Communicate what's important to staff and the people in your care and show that importance by allocating funding to it.

Resources

- Read the latest Compliance Management Insights.

- Learn about the Financial and Prudential Standards.

Acknowledgements

We extend our sincere thanks to our guest panellists for joining us to share their experiences and expertise. Thank you for giving your time to support providers and the Commission as we continue our reform journey.

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The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.

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