

## QUALITY INDICATORS ADVISORY GROUP MEETING

March 2013

# COMMUNIQUE

*This document reflects ongoing discussion and debate regarding the implementation of the LLLB aged care reforms. It is an interim information document that represents discussion at this point in time and is not reflective of either NACA or DHA advice, position, or recommendations.*

The LLLB reforms include the development of Quality Indicators to be published on the *Myagedcare* website. These are to be designed to provide consumers with meaningful information about services and assist them to make choices.

The Quality Indicators (QI) Advisory Group met for the first time on Friday 15<sup>h</sup> March 2013 to:

- Scope the Group's future work and timelines;
- Discuss some existing QI frameworks; and
- Workshop some potential domains for the new QI system.

The focus of the Group is on quality indicators for residential care.

### Purpose of QIs

The Group discussed what the purposes of the QIs would be in the aged care system and identified the following:

*For consumers:*

- Provision of transparent, accurate and accessible information;
- Meaningful information that reflects what consumers value; and
- Information from consumers currently in the system to inform those about to enter the system.

*For providers:*

- A workable framework that compliments existing frameworks, including the Accreditation Standards; and
- Benchmarks to help providers to build communities of best practice and better meet consumers' needs.

### QI Format and Style

The QIs need to reflect the information that consumers value in a format that is meaningful and accessible to them. This may have implications for data collection systems.

There was significant discussion about the use of consumer satisfaction surveys. Satisfaction is not always the right measure. Some providers have trialled happiness and/or services experience surveys and have found them more useful. For example, a reframing of 'satisfaction' to 'happiness' may allow older people to give honest feedback without being seen to be 'complaining', which may alter feedback substantially.



## **Development Process**

The Group discussed using an evolutionary approach to the QI system development that allows QIs to continue to expand and improve past the 1 July 2014 launch date.

## **Possible Domains/indicators**

The Group felt that it will be important to have a mix of clinical and quality of life indicators (traditionally, there has been a focus on clinical care indicator). It was recognised that some indicators may span both categories and that they are not mutually exclusive.

A brainstorming session identified a range of areas for consideration:

- Cultural change and development within organisations (including lower staffing turnover, greater satisfaction, better communication, positive attitudes towards carers, and resident engagement in planning and service delivery, including advocacy etc.);
- Pain, perception of pain, and pain management;
- Perception of control (including being allowed to take a risk);
- Respectful treatment of residents, carers and families;
- Physical and medical restraint;
- Independence and wellness/reablement approaches;
- Physical and environmental indicators;
- Richness of the social environment and activities;
- Experience of special needs groups – outcomes should be the same, but structures and process may need to differ to ensure this equity of outcomes;
- Rates of depression (straddles clinical and quality of life category);
- Community connections;
- Clinical and health conditions;
- Feeling safe;
- Avoidable hospital admissions;
- Time frame for response to call buttons; and
- Timely access to specialists and specialist care.

Having a manageable number of indicators that impart meaningful information for consumers was also highlighted. The above suggestions will be refined down to the most important and meaningful at a workshop in April.

## **Further Work**

A two day workshop and will be held in April and include:

- Further discussion of possible indicator domains;
- Consideration of the QIs' link with existing reporting and compliance systems;
- Matching aspirations with what is practically achievable;
- The process by which these can be achieved; and
- The involvement if possible of someone closely involved in the Campbell report.

*If you have any queries or comments on the considerations of the Advisory Group please do not hesitate to contact your member representative or email*