Department of Health

health

Systems for managing quality in Victorian public sector residential aged care services

A literature overview

A Victorian Government Project

State Government Victoria

Acknowledgement

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1. Developing effective quality systems

1.1 Introduction

This literature overview of systems for managing quality in Victorian public sector residential aged care services explores current knowledge about key generic components of quality systems that stimulate and sustain high quality care.

The literature defines quality systems, and leadership of quality systems, in many different ways, and considers many aspects of each. Many of these definitions emanate from the acute care sector. This literature overview identifies those key generic components of effective quality systems, as applicable to Victorian public sector residential aged care services (PSRACS).

For the purposes of this overview, a generic definition of quality systems in aged care has been developed:

> 'systematic governance, leadership, planning, tools, methods, measurement, evaluation and action, for the purpose of ensuring consistently safe and high quality care and services for residents'.

1.2 Context

The importance of the operational context of PSRACS across Commonwealth and State jurisdictions cannot be overstated, as it impacts on the approaches adopted by health services operating PSRACS in driving safety and quality.

Residential aged care service provision in Australia is primarily funded and regulated by the Commonwealth Government under the *Aged Care Act 1997* (the Act). The *Quality of Care Principles 1997* under the Act identifies provider responsibilities for quality of care. As a condition of recurrent Commonwealth funding, all residential aged care services must achieve Commonwealth aged care accreditation. Aged care accreditation emanates from a regulatory model, legislated through the Act, and has been mandated in all residential aged care services in Australia since 2000.

Aged care accreditation is assessed against Commonwealth legislated accreditation standards by the Aged Care Standards and Accreditation Agency, an independent entity established by the Commonwealth. Its functions include managing aged care accreditation and promoting high quality care and services.

A defining feature of residential aged care in Victoria is that 24 per cent of all services are operated by public sector providers. This equates to over 6400 places in 194 PSRACS. Over 80 per cent of PSRACS are governed by health care organisations which also operate acute health services. The majority of health services operating PSRACS are located in rural areas, with the residential aged care service often co-located with the hospital. Within this operating context, the board and executive management of all health services need to have regard for residential aged care services, as part of their overall

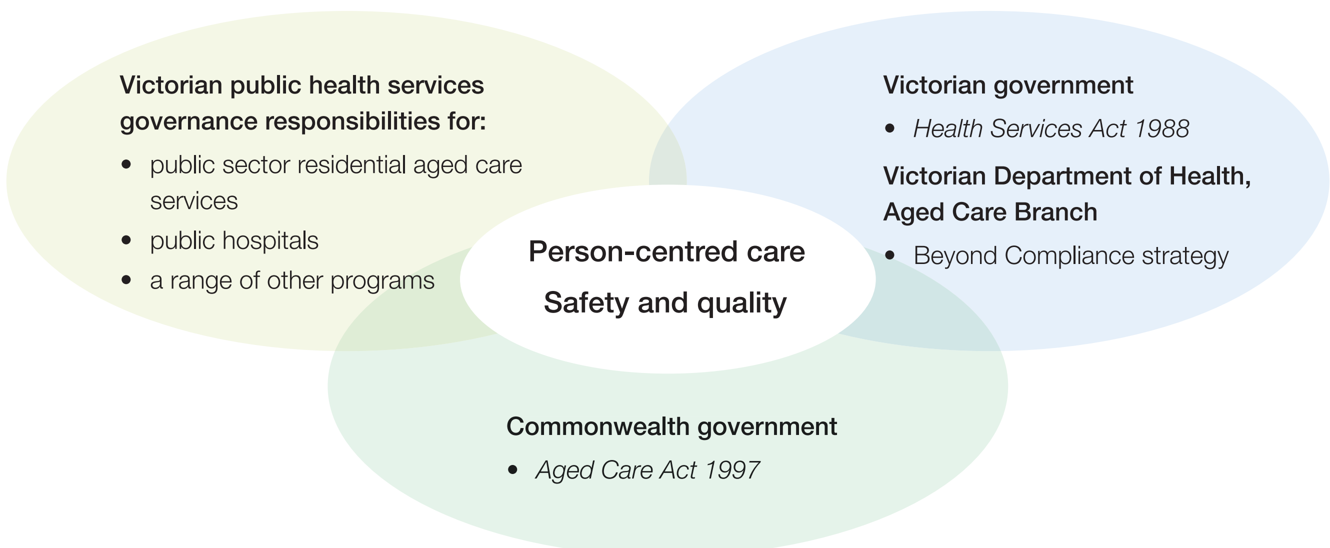

Figure 1 Governance context of public sector residential aged care services (Department of Health).

governance responsibilities set out in the Victorian *Health Services Act 1988*.[6]

While PSRACS are predominately Commonwealth funded and regulated, the State confirmed its role in residential aged care through the Victorian Government residential aged care policy, 2009. A number of initiatives within this policy, combined with the 'Beyond Compliance' strategy, support health services operating PSRACS in building rigorous aged care safety and quality programs.[4,11,12]

1.3 Issues

There is a growing body of aged care quality systems-related literature. The focus on promoting evidence-based safe and high quality aged care is driven by many factors – an ageing population, increasing consumer and community awareness of care requirements for the aged, growing demands to demonstrate quality services, the aged care accreditation system and media scrutiny.

The aged care accreditation system is a key driver for quality systems development and practice, as it is a legislated framework that is linked to funding, and includes a requirement for a continuous quality improvement (CQI) program across each of its standards.

The acute health sector has experienced a similar focus on ensuring safe and high quality care over the past decade, initiated in part by the first national study of patient adverse events (The Quality in Australian Healthcare Study) and various public inquiries.[1] Public sector healthcare has responded with a range of initiatives at state and national levels, designed to increase patient safety and support health services to better govern, monitor and improve the quality of their care and services. Many of these activities are transferable to aged care, although their implementation has so far been limited.

1.4 Quality systems issues

Aged care quality systems have evolved differently from their acute counterparts, and do not appear to have evolved to the same extent. Health services operating PSRACS may establish separate quality systems in their acute and aged sectors, in response to different accreditation requirements.[5] There are many reasons for this. Although the systems currently in place for quality improvement in Australian residential aged care services are largely adapted from the acute health sector, their implementation is driven by aged care accreditation, which demands a different approach.[2,3,4,5]

The aged care accreditation standards framework is currently the only consistent mechanism for measuring quality in residential aged care services. Aged care accreditation has a number of strengths, such as the capacity to establish compliance with minimum standards, identify suboptimal performers, improve quality across the sector and promote a focus towards CQI. The findings of the 2008 *'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'* report *(Evaluation of Aged Care Accreditation Report*) support the view that aged care accreditation has been the main factor contributing to care improvement across the sector.[2,5,6,7]

Despite this, results of aged care accreditation indicate that the CQI requirement is not always complied with across the residential aged care industry. Additionally, the capacity of aged care accreditation to provide a sensitive measure of quality improvement appears limited. Accreditation standards represent minimum (rather than optimal) standards of quality, and the accreditation assessment process includes a strong focus on documentation review. This can result in a largely audit-driven approach to quality monitoring and improvement. Approaches to quality can often be reactive, evolving around the perceived requirements of aged care accreditation and reporting obligations, rather than part of an integrated approach to quality service provision.

The aged care accreditation standards do not currently require collection or benchmarking of basic measurable care outcomes (such as the number of in-house acquired pressure ulcers, the percentage of residents with urinary tract infections or the rate of falls). This lack of timely, sensitive measures of performance as a basis of the measurement of continuous improvement means that while quality performance can be promoted, it is not always measured and monitored in a systematic way that informs performance and provides feedback into the process of continuous improvement.[2,5,7]

Similarly, failure to comply with the requirements of aged care accreditation may not always drive organisations

towards sustainable and strategic continuous improvement. It can be difficult for organisations to develop an approach flexible enough to manage the risk inherent in the dynamic and complex aged care environment. Achievement of the open and transparent approach necessary for effective continuous improvement may be incompatible with a funding system based on compliance with minimum standards of safety and quality.

There are inherent tensions in a regulatory scheme with the dual objectives of stimulating CQI and assuring compliance with minimum standards. These could be proving a barrier to developing the type of strategic, open and governance-based approach now taken by hospitals.[2, 5, 7]

1.5 Driving high quality care

The acute care sector now operates on the premise that intelligence, training, effort and good intentions, whilst important, are not enough to guarantee safe and high quality care. Systems for monitoring and improving the quality of care – and corresponding public reports on patient safety, quality and accreditation results – are encouraged and supported at local, state and national levels.

These advances have involved significant effort and resources, and a culture shift that enables honest appraisal of, and learning from, adverse events and negative outcomes. Even so, there is much to be done before all patients can be assured of safe and high quality care, and acute care completes the transition from ‘folk’ models of ‘common sense’ and custom, to evidence-based care.[25] The evolution of acute care quality systems is also underpinned in Victoria by the Health Services Act (1988), and corresponding departmental policies, which require health services to implement a number of structures and processes (such as a board-level quality committee, and a risk management system), and inclusion of a number of quality of care measures in the ‘Statement of Priorities’ (metropolitan and regional), which are the key reporting mechanisms from Boards to the Minister for Health.[3,9,10]

Developing and implementing these systems in aged care requires moving beyond compliance to a just culture and a strategic approach tailored to addressing the organisational complexity and ongoing risks inherent in aged care. Commonwealth and state governments are attempting to cross this divide. Nationally, the Office of Aged Care Quality and Compliance, located within the Australian Government Department of Health and Ageing, is responsible for ensuring the quality and accountability of Australian Government subsidised aged care services. It does this through national programs that seek to:

- ensure the safety and security of people in aged care services
- promote good practice in delivery of aged care
- enhance the skills and availability of the aged care workforce; and
- ensure the financial security of aged care residents.

Beyond Compliance Strategy

At the state level, the Victorian Government Department of Health (the department) has implemented the Beyond Compliance Strategy for improving quality and safety in PSRACS. This strategy has a framework targeting governance, risk management, performance improvement and opportunities for comparison and benchmarking between organisations, via quality indicators.[4] It also focuses on training, standards and guidelines, practice development projects and measurement systems in an environment that aligns policy, regulatory and incentive related factors.[4,22] Beyond Compliance supports an environment that aligns policy, regulatory and incentive related factors, an approach recommended by the NHS in their review of effective quality improvement practice.[4,37]

The focus activities of Beyond Compliance are designed to support the requirements of aged care accreditation and also to encourage further development of quality systems, within the context of an overall aged care quality systems framework that is integrated with quality systems across health services. To be successful, these initiatives also require a foundation of governance at health service level, and a corresponding culture that cements effective improvement systems in core organisational processes.[2,4,5,8,10]

2. Key elements of quality frameworks

There is no all-encompassing improvement framework or system applicable to all sectors. In the acute health setting, various frameworks for guiding comprehensive and effective quality programs have been developed. All are based on research, experience and expert opinion and share common characteristics that are readily adapted to aged care organisations, particularly:

a) improvement priorities for high quality acute care (safe, effective, appropriate, accessible, continuous, person centered and efficient)[13,16,17]
b) organisational support elements for high quality care (governance, leadership, strategic approach to quality and systems design, integrated teams and services, sound measurement, training, patient focus and patient participation).[11,12,13, 23, 24]

2.1 Aged care quality system components overview

In residential aged care services, organisational elements and relevant parameters for quality of care may differ from the acute sector. However, the concept of a definable framework to support a systematic approach to improvement is the same.

Quality of care can be a difficult concept to measure within the context of residential aged care, because quality of life issues are as important as healthcare issues. The Evaluation of Aged Care Accreditation Report[2] identifies a number of core aged care health and quality of life issues. An Aged Care Accreditation and Standards Agency workshop on strategic CQI in 2007 defined the components of high quality aged care, supported by the accreditation outcomes, and then outlined an aged care strategic quality framework.

1. Strategic goals, priorities and targets are set for each component of high quality aged care:
    - clinically safe
    - environmentally safe and homelike
    - person focused
    - interactive and social
    - service-oriented.
2. A governance structure supports achievement of these goals.
3. There is a strategic quality plan in place.
4. There are sound measurement, action and feedback systems.
5. Evaluation of the quality program.[2,14]

2.2 Drivers and barriers to effective quality systems

The literature discusses many generic aspects of the successful implementation of quality improvement, with the impact of two key areas – organisational context and leadership – on the ability of quality systems to support high quality care consistently noted as key to success. Quality systems are unlikely to improve quality of care without a commensurate fit with an organisation's financial and strategic imperatives. This is where effective clinical governance can potentially transform traditional quality programs, by underpinning them with an accountability framework, improvement goals, risk management and valid data.[15,16,17]

The information flow required for clinical governance and high quality care should ensure that the governing body, managers and committees receive regular reports on relevant issues – and that these are analysed and acted upon, with corresponding feedback. Any gap in this cycle creates barriers to quality system effectiveness. Senior management play a crucial role; research demonstrates that leaders' actions that do not support staff ownership of quality systems can be associated with harm to patients and poor quality care.[17,18,19,20,21]

The role of Federal and State Governments in supporting high quality care is also critical to developing effective quality systems through:

- linking quality to funding arrangements
- setting and supporting standards and guidelines
- supporting accreditation
- practice development projects
- developing and supporting data collection and feedback systems
- training and professional development in quality tools, skills and knowledge
- developing policy to support effective practice.[11,12,21]

Consumers also have a pivotal role to play in driving high quality care. The Department of Health's Consumer Participation Policy describes a continuum of information,

consultation, participation, delegation and control. This applies across every activity: planning, policy development, training programs and guidelines and information development. Consumers and the community should partner with health services to drive safety and quality improvement, through the planning, delivery and evaluation of the health service.[26]

3. Conclusion and model components

Whilst there are a number of differences between aged and acute care quality systems, in terms of drivers, focus, regulation and accreditation, there are also many similarities. Achieving consistently high quality care requires the same organisational and governance elements to be in place in both the aged and acute sectors. This means clear goals and targets, strong governance, a culture that supports continuous improvement, a strategic quality plan, valid and reliable measurement, improvement tools and methods and quality system evaluation. The dimensions of high quality care and the measures required to monitor and improve may differ, but the fundamental quality system elements remain the same.

From the literature, key interdependent quality system components for residential aged care were developed, against which gaps and drivers in current aged care programs could be identified (see Figure 2 below).

The literature strongly supports the need for clear strategic direction and measurable goals, to define and decide the quality of care provided by any facility. Achieving this must be supported by governance and leadership informed by data, driven by intelligent and focused action and evaluated to inform new goals and targets for continuous improvement.

Removal of current barriers identified and presented in this literature overview including; reliance on compliance and audit and lack of rigorous data and improvement methods needs careful consideration. As this literature overview has highlighted, many positive advances have been occurring to lead safety, quality and excellence in PSRACS. Continuing this approach to support Victorian health services to develop effective, integrated aged care quality systems will require an increased understanding and application of leadership, governance and improvement science within the complex PSRACS environment.

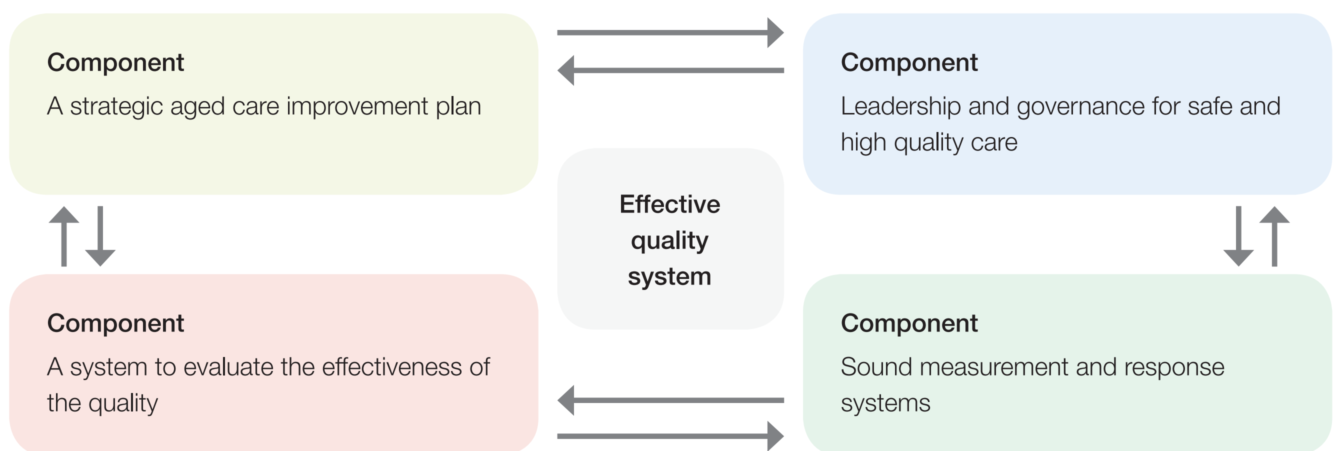

Figure 2 Key components of effective quality systems

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