

CONTINUOUS IMPROVEMENT IN AGED CARE SERVICES

First Edition

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Management System for Aged Care Services

Leslie Gevers and Marise Goddard-Jones have developed a simple and easy to implement management system for aged care services based on the principles and systems described in this handbook.

Our management system provides the framework for a comprehensive system for managing the operations of your service. It clarifies the roles of key players, establishes the links between players, provides the mechanisms for collecting and using information and includes examples of policy, procedures and forms.

Our Management System is based on four key policy and procedures files plus related documents. The key files are:

- | | |
|---|--|
| 1. Management and Administration Manual | 6. Staff Handbook |
| 2. Staff Management Manual | 7. Resident Handbook |
| 3. Resident Care Manual | 8. Quality Plan |
| 4. Safety, Security, Cleaning, Laundry and Catering | 9. Plan for Continuous Improvement and |
| 5. Original Forms File | 10. Audit Plan |

The strengths of our management system are:

- it is organised in functional areas;
- it is written in plain English;
- it is very readable;
- it includes simple visual flow charts when appropriate;
- it does not include any information which does not help the reader to do their job;
- it has document control built in;
- it has one major point of entry which directs people to where they want to go.

We can provide you with a complete copy of our system in Word 97 ready for you to use as a framework for your service. Alternatively, we can help to document your system for you.

We also provide a consultancy service to review your system, help plan future improvements and provide ongoing support for the development of your system.

Our management system framework includes:

- Word 97 copies of our Example Policies and Procedures Manuals which includes fully developed examples of policy and procedures which conform to the practice requirements of the Accreditation Standards;
- examples of many of the forms a service requires with additional examples being provided as they are developed;
- examples of key documents including a quality plan, a staff handbook and a resident's handbook; and
- file covers and spines.

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Preface

This handbook has been developed in response to requests from aged care service providers for easy to understand information on the continuous improvement process that can be used for staff training and for informing management.

The accreditation standards and process have ensured that all aged care services have now embarked on a continuous improvement process.

This handbook provides a practical guide and tools for implementing a continuous improvement approach to service management within aged care services and will assist services to go further with the process including the collation and analysis of data.

Whilst the focus of the handbook is on aged care service providers, the material is also applicable to other service providers in the human services industry.

This is the first edition of the handbook. We are keen to receive feedback from people using the handbook to ensure that it meets service's needs. Suggestions will be incorporated in future editions – a continuous improvement process.

Thanks are given to the many service providers whose ideas and suggestions have formed the catalyst for this book. Special thanks go to Shirley Tuffley for her work in typesetting and producing the book.

Leslie Gevers
Marise Goddard-Jones

TABLE OF CONTENTS

Section 1: Key Concepts	1
Management System Approach	1
<i>Figure 1.1: Management System Components</i>	2
Continuous Improvement	2
Evaluation	3
Best Practice	4
Standards or Practice Principles	4
<i>Minimum Standards and Best Practice</i>	6
Quality	6
<i>Figure 1.2: Factors Influencing Quality</i>	7
Stakeholders/Customers	8
Resident Focus	8
Performance Information	9
Action Research	9
Qualitative and Quantitative Evaluation	9
Outputs and Outcomes	10
<i>Examples of Outputs and Outcomes for Different Services</i>	10
Section 2: Continuous Improvement	11
Understanding Continuous Improvement	11
Continuous Improvement is Proactive	12
<i>Figure 2.1: Reactive and Proactive Management</i>	12
Continuous Improvement is Flexible	13
<i>An Example of Flexible Thinking</i>	13
<i>Figure 2.2: Continuous Improvement is Flexible</i>	14
The Continuous Improvement Process	14
<i>Figure 2.3: The Continuous Improvement Process</i>	15
1. Clarifying What We Want To Know	15
<i>An Example of Assessing Effectiveness</i>	17
2. Collecting Information	21
3. Assessing the Information	22
4. Planning For Action	23
5. Taking Action	23
6. Evaluating Our Action	24
Section 3: Implementing Continuous Improvement	25
Let Management Lead	25
Work in Partnership With the Manager	26
Define Quality	27
Involve Staff	28
Staff Training and Development	28
Involve Residents/Representatives	29
Involve Other Key Stakeholders	29
Community Groups	29
Government Funders	29
Establish a Quality Committee	30
<i>Checklist: Setting Up a Quality Committee</i>	30
<i>The Quality Committee and the Manager</i>	31

Develop a Feedback and Reporting System.....	33
<i>Figure 3.1: Example Feedback and Reporting System</i>	33
Reference Numbers.....	34
Document Policy and Procedures.....	35
Paper.....	35
Involve Staff.....	36
A Policy and Procedures Manual.....	36
Indexing Your Policy and Procedures.....	37
<i>An Example of an Index</i>	37
<i>Figure 3.2: Aged Care Services – Key Documents</i>	
Schema.....	38
Management System Framework.....	39
Develop a Culture of Continuous Improvement.....	39
Enthusiasm.....	40
Imagination.....	40
Maximisation.....	41
Consultation.....	41
Pride.....	41
Develop an Audit Plan.....	41
<i>Audit and Reviews</i>	43
Develop a Plan for Continuous Improvement.....	43
<i>Example Plan for Continuous Improvement</i>	45
<i>Figure 3.3: An Example of Continuous Improvement</i>	
<i>in Action</i>	46
<i>What Questions Do We Ask? What Information</i>	
<i>Do We Need?</i>	47
<i>Checklist: Implementing a Continuous Improvement</i>	
<i>Approach to Service Management</i>	48
Section 4: Audits and Surveys	51
The Importance of Sampling.....	51
Audits.....	52
In a Nutshell.....	53
<i>An Example of an Audit</i>	53
Error Reporting.....	53
Developing Audit Tools.....	54
Areas of Audits.....	55
Surveys.....	55
<i>Beware of Over-Auditing/Over-Surveying</i>	56
<i>Survey/Audit Report</i>	57
<i>An Example Audit Plan</i>	58
Section 5: Questionnaires	59
Response Rate.....	59
Questionnaire Design.....	60
Likert Scales.....	62
Feedback Sheets.....	62

Section 6: Resident/Representative Feedback	63
Anecdotal Information	63
<i>Areas for Feedback</i>	64
Complaints/Suggestions.....	64
Questionnaires	65
Resident/Representative Interviews.....	66
Critical Reference Group	66
Group Feedback	66
Section 7: Staff and Management Feedback	67
<i>Don't Forget Management</i>	67
Informal Feedback	68
Staff Assessments of Resident Progress	68
<i>Case Management</i>	69
Case Audits.....	71
Reflective Practice.....	71
Supervision	72
Care Planning Review	72
Staff Development and Training	72
Staff Meetings	73
Quality Committee	73
Section 8: Group Feedback	75
Facilitator.....	76
Brainstorming.....	76
Rules for Brainstorming	77
<i>Facilitator Tips for Brainstorming</i>	77
Staff Meetings	78
Section 9: Other Tools	79
Demographic Data	79
Library/Literature Searches.....	79
The Internet.....	80
<i>Journal Articles</i>	80
Input From Other Agencies	81
Standards	81
Unit Costs	81
Staff Reports.....	82
<i>Example of a Monthly Performance Report</i>	82
Cause and Effect Diagram	83
<i>Figure 9.1: Cause and Effect Diagram</i>	84
<i>Figure 9.2: Cause and Effect Diagram Using the 4 P's</i> ..	85
Section 10: Assessing Information	87
<i>What We Do With Our Forms</i>	87
Aggregating Data	88
Summary Sheets	89
<i>An Example Using Questionnaire Data</i>	90

Presenting Data	91
Charts/Graphs	91
Cross Tabulations	91
<i>Resident's Level of Satisfaction by Age</i>	91
Interpreting Your Data	92
Target Setting	93
Staff Sickness	93
Client Satisfaction	93
Benchmarking/Networking.....	94
Trend Analysis	94
<i>Incidents and Accidents by Month and Location</i>	96
<i>Graphing Your Data</i>	97
Reporting Your Findings	97
An Evaluation Report.....	97
<i>Survey/Audit Report</i>	98
<i>Acorn Aged Care Services: Example Survey/Audit Report</i>	99
Section 11: Implementing Change	101
Deciding Changes	101
<i>Look Outside the Box</i>	102
Implementing Change	102
<i>Don't Forget Residents/Representatives</i>	103
Section 12: A Case Study	105
Management System Example.....	105
More On Audits.....	109
Clinical Focus Example	110
<i>Acorn Aged Care Services: Audit and Improvement Plan for 2001-2002</i>	112
<i>Where to From Here</i>	115
Section 13: Examples of Tools for Continuous Improvement	117
<i>Tell Us What You Think!</i>	119
<i>Resident Complaint Form</i>	121
<i>Resident/Visitor Accident/Incident Report</i>	123
<i>Staff Accident/Incident Report</i>	125
<i>Hazard and Maintenance Report</i>	129
<i>Medication Incident Report</i>	131
<i>Infection/Rash Report</i>	133
<i>Survey/Audit Report</i>	135
<i>Improvement Project Log</i>	137
<i>Tell Us What You Think: Monthly Summary Sheet</i>	139
<i>Tell Us What You Think: Yearly Summary Sheet</i>	141

TABLE OF CONTENTS

Safety and Housekeeping Audit..... 143
Resident Survey: Quality of Service..... 149
Relative’s Survey 151
Resident’s Survey: Meals 153
Resident Survey: The Assessment Process..... 155
Management Committee Assessment Form 157
Feedback Sheet for a Training Course 161
Community Groups Questionnaire 163

ATTACHMENTS

Attachment 1: Bibliography 169

KEY CONCEPTS

The area of continuous improvement is characterised by many terms and concepts that can be complex and confusing and that discourage service providers from adopting a continuous improvement approach to service management.

In this section we will clarify the terms and concepts important to continuous improvement in aged care organisations.

MANAGEMENT SYSTEM APPROACH

The importance of a management system approach to your service delivery cannot be understated. Typically this involves the development of policies and procedures that reflect current practice and meet applicable legislative requirements.

Staff following policies, procedures and processes, and receiving ongoing education and training encourages consistency of practice.

Supporting documentation such as records, forms, external documents, audits and surveys provide evidence of improvement activity and useful data to assess the effectiveness of service delivery.

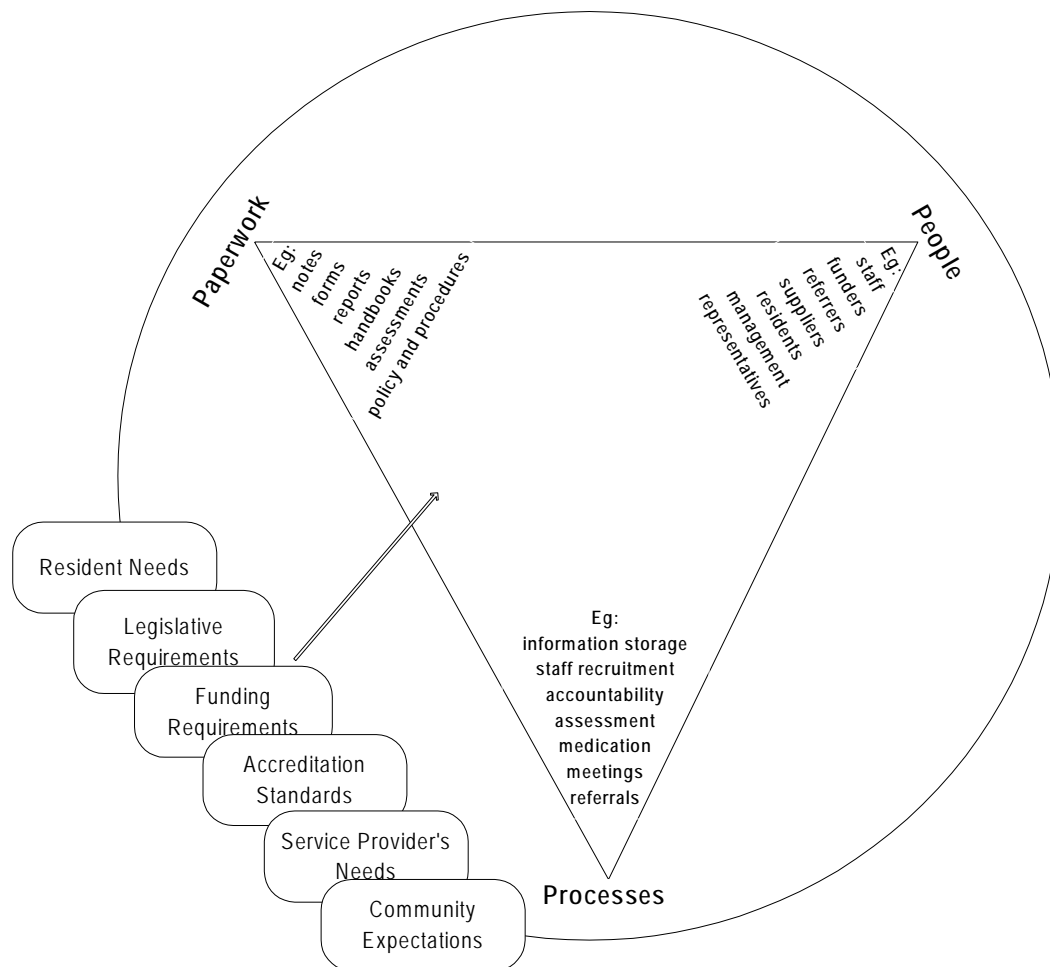
Policies, procedures, processes, people and paperwork provide the framework for the management system approach to service delivery. Within this framework continuous improvement is built into the processes and procedures of an organisation.

The characteristics of an effective management system are:

- it is structured;
- it is planned;
- it is simple;
- it is accessible;
- it reflects the vision and values of an organisation;
- it is communicated to everyone throughout the organisation;
- it includes processes and procedures for continuous improvement.

Figure 1.1 below shows diagrammatically the components of a management system. Note the range of factors interacting with the management system.

**Figure 1.1:
Management System Components**



CONTINUOUS IMPROVEMENT

Continuous improvement is an approach to service management which emphasises an ongoing or continual process of evaluation and improvement. This process involves:

- collecting information;
- assessing the information;
- planning;
- taking action; and
- evaluating the action.

In a nutshell, continuous improvement involves continually monitoring all aspects of a service's operations (including the continuous improvement process and strategies) and taking action as a result of the information gathered from the monitoring and evaluating the action taken.

Continuous improvement is rooted in the culture of an organisation. It is an integral part of the organisation and is reflected in a commitment from the management and staff of an organisation to be involved in continually improving all aspects of the organisation's operations. In this way a commitment to continuous improvement brings to a service a flexibility and vibrancy which lifts the morale of all players and delivers improved outcomes.

EVALUATION

Evaluation is a process we use to check if what we are doing is achieving the results we want.

Within an aged care service, we generally review our work with residents/families as we go along, and monitor the operations of the service on an ongoing basis. However, these reviews are often informal, the results not recorded and changes not implemented. Evaluation is most effective when implemented within a formalised approach to continuous improvement.

Examples of Evaluation

Evaluations are conducted in many different ways, and for many different reasons. For example:

- a funding body may evaluate a service to decide whether or not to continue funding (termed a review);
- a registered nurse/carer may arrange a case conference to evaluate services to a resident and to decide on a plan;
- a registered nurse/carer and resident/representative may sit down together and discuss the resident's outcomes and responses to services provided;
- a group facilitator may run a feedback session with residents to gather feedback from them about particular aspects of the service;
- an external consultant may be asked to review the management of a service and make recommendations on how it can be improved.

In all, evaluation is a tool we use for stepping back and checking that we as a service provider or a practitioner are doing things well. It is about obtaining concrete information on what we want to achieve, what we are achieving and how effectively and efficiently we are achieving it. Evaluation provides us with the information to improve what we are doing.

BEST PRACTICE

‘Best practice’ is the optimum or highest level of service that could be provided. As there is always room for improvement, ‘best practice’ will never be reached. Some people, therefore, prefer to use the term ‘good practice’.

‘Best practice’, or ‘good practice’ is defined in terms of a set of industry standards or ‘best practice principles’ and over the last few years there has been an increasing emphasis on best practice across the aged care industry. This has involved:

- the development of benchmarks or industry standards;
- evaluation against the benchmarks or standards;
- the documentation of good practice policy and procedures;
- the introduction of accreditation;
- the development of staff competency standards;
- an emphasis on continuous improvement.

These strategies are all designed to ensure that services meet a minimum set of standards and have procedures in place to evaluate and continuously improve services.

These changes have often been driven by government and funding bodies but have been embraced by the aged care sector as they have led to the sector receiving recognition for providing a professional level of service.

STANDARDS OR PRACTICE PRINCIPLES

Increasingly human service organisations have a set of standards or practice principles that guide their work. In many cases standards have been developed for groups of like services and meeting these standards may be a condition for funding or accreditation.

Standards vary from industry to industry but generally cover similar areas including:

- access to services;
- user rights;
- affordability;
- meeting care needs;
- cultural appropriateness;
- non-discrimination;
- safety;
- timeliness;

- quality.

The aged care sector is now required to meet the Accreditation Standards. These comprise 44 outcomes arranged under four standards as follows:

Standard 1: Management Systems, Staffing and Organisational Development

- 1.1 Continuous Improvement
- 1.2 Regulatory Compliance
- 1.3 Education and Staff Development
- 1.4 Comments and Complaints
- 1.5 Planning and Leadership
- 1.6 Human Resource Management
- 1.7 Inventory and Equipment
- 1.8 Information Systems
- 1.9 External Services

Standard 2: Health and Personal Care

- 2.1 Continuous Improvement
- 2.2 Regulatory Compliance
- 2.3 Education and Staff Development
- 2.4 Clinical Care
- 2.5 Specialised Nursing Care Needs
- 2.6 Other Health and Related Services
- 2.7 Medication Management
- 2.8 Pain Management
- 2.9 Palliative Care
- 2.10 Nutrition and Hydration
- 2.11 Skin Care
- 2.12 Continence Management
- 2.13 Behavioural Management
- 2.14 Mobility, Dexterity and Rehabilitation

- 2.15 Oral and Dental Care
- 2.16 Sensory Loss
- 2.17 Sleep

Standard 3: Resident Lifestyle

- 3.1 Continuous Improvement
- 3.2 Regulatory Compliance
- 3.3 Education and Staff Development
- 3.4 Emotional Support
- 3.5 Independence
- 3.6 Privacy and Dignity
- 3.7 Leisure Interests and Activities
- 3.8 Cultural and Spiritual Life
- 3.9 Choice and Decision-Making
- 3.10 Resident Security of Tenure and Responsibilities

Standard 4: Physical Environment and Safe Systems

- 4.1 Continuous Improvement
- 4.2 Regulatory Compliance
- 4.3 Education and Staff Development
- 4.4 Living Environment
- 4.5 Occupational Health and Safety
- 4.6 Fire, Security and Other Emergencies
- 4.7 Infection Control
- 4.8 Catering, Cleaning and Laundry Services



MINIMUM STANDARDS AND BEST PRACTICE

The Accreditation Standards outline several ratings – Commendable, Satisfactory, Unacceptable and Critical. As a minimum, services are striving for Satisfactory across the 44 outcomes. Best practice may be reflected in a commendable rating.

Continuous improvement linked with effective evaluation, innovation and creativity will assist services to achieve commendable outcomes.

QUALITY

Quality is an important concept as the aim of continuous improvement is to develop an increasingly high quality of service.

Quality is, however, a very difficult term to define as it varies with people's expectations and involves many factors. Alan Lawrie (1995) defines a quality service as one that:

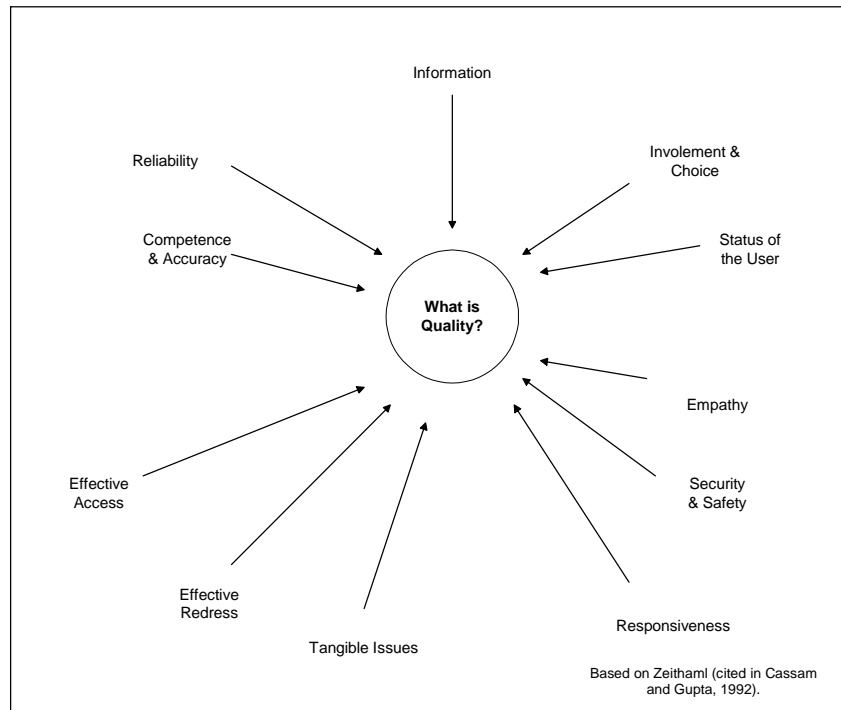
- is consistently fit for its stated purpose;
- performs to agreed standards;
- is responsive to the needs of the user.

Lawrie also defines a range of factors impacting on quality (Lawrie, 1995, p56). These are shown graphically in Figure 1.2 below.

Quality is based on resident's expectations, and these will change over time. For example, a few years ago people's expectations of a motel room were that it was clean, secure and had a comfortable bed. Nowadays people also expect a television set, telephone, ensuite bathroom etc.

We therefore need to continuously re-assess what 'quality' means for a service.

**Figure 1.2:
Factors Influencing Quality**



In their research into quality services, Zeithaml et al. (1990) conducted extensive interviews with consumers. They identified five major quality factors:

1. Reliability - the ability to provide the product or service in a dependable and consistent manner with minimal variation over time.
2. Responsiveness - the timeliness of employees in providing products and services.
3. Assurance - the staff are friendly, polite, considerate and knowledgeable.
4. Empathy - staff demonstrate an understanding of and provide individualised attention to customers.
5. Tangibles - the physical appearance of facilities, equipment, personnel and published materials.

In the human services, additional 'quality factors' that are often identified are:

- ✧ Access - services are accessible to all people in the target group irrespective of ethnicity, culture, family status and ability to pay.

- ☒ Resident rights - resident's rights and grievance procedures are clearly stated and are respected.

Service standards in the human services generally focus on the quality of service rather than on effectiveness or efficiency factors per se. However, there is an assumption that many of the factors that define a 'good quality' service, will also lead to a service being effective and efficient. The application of the continuous improvement approach assists in measuring and evaluating the effectiveness of the quality of the service provided.

STAKEHOLDERS/CUSTOMERS

The stakeholders in the continuous improvement process are the people affected by the service or the people who have an interest in the outcomes being achieved by the service. Sometimes stakeholders are also referred to as customers.

The stakeholders/customers for an aged care service will include:

- the owners/board of management;
- residents;
- other significant people in the resident's life - e.g. relative or representative, friend;
- other professionals who are working with the resident;
- the staff who provide direct services;
- other staff who work at the service;
- key organisations such as referral agencies;
- funding bodies;
- contractors and suppliers.

RESIDENT FOCUS

Residents and their representatives are key stakeholders in the continuous improvement process.

In a resident focussed service, staff and management have an appreciation of and respect for the needs of the resident and put those needs first. It is a recognition that the primary purpose of a service is to deliver a service to residents.

Residents are listened to and are involved in setting the directions and operations of a service. In particular, residents need to be involved in defining what a quality service is for them, and then consulted on an ongoing basis as their needs change.

PERFORMANCE INFORMATION

Performance information is the information that we need to collect, in order to answer our questions and identify areas where improvements can be made.

Performance information can include information about outputs and outcomes as well as information about resident's needs and the quality of service.

Sources of information can include resident notes, informal feedback from staff, residents, representatives and other organisations, and records such as financial records, staff records and resident data.

ACTION RESEARCH

Action research is the way most of us approach our work. It is a dynamic process involving looking at the situation, taking action and making changes as you go along.

We try something out, assess how it works, modify it or try something else, testing the results as we go.

Participatory action research means that the people who are being researched – usually the residents and/or staff of the service – are involved in developing and conducting the research.

Working towards continuous improvement in organisations requires an action research approach.

QUALITATIVE AND QUANTITATIVE INFORMATION

Often people talk about the importance of qualitative information versus quantitative information.

Qualitative information looks at things such as:

- resident's perceptions of the service;
- resident's perceptions of the outcomes achieved;
- worker's perceptions of achievements;
- assessments against standards;
- the nature of complaints.

Quantitative evaluation looks at things that can be counted. For example:

- how many residents received a service;
- how much service was provided;

- the cost per unit of service;
- the number of complaints;
- the number of hazards reported.

In practice it is important to look at both qualitative and quantitative information when assessing or evaluating. One without the other weakens an evaluation, however, it is emphasised that in the aged care sector quantitative information can be difficult to obtain.

OUTPUTS AND OUTCOMES

Confusion often arises about the difference between outputs and outcomes.

Outputs look at how much service is provided. This can be measured in hours, numbers of residents, number of staff etc. Outcomes look at the effects of the service, and the difference it has made for the resident. The difference between outputs and outcomes is further explained in the box below.



EXAMPLES OF OUTPUTS AND OUTCOMES FOR DIFFERENT SERVICES

<u>Outputs</u>	<u>Outcomes</u>
<i>Usually tangible factors What was produced/delivered</i>	<i>Changes, benefits, learning or prevention</i>
Training Centre	
Numbers attending an activity session	New skills learnt – learning objectives met
Numbers completing the course	Award of qualification/job success
Feedback reviews about the delivery of the course itself	New opportunities as a result of the course
Questions About Outputs	Questions About Outcomes
Is performance on target?	What difference did the service make?
Is the quantity right and on time?	What has been the benefit of an activity?
Is the service what was asked for?	What have been the side effects of this work?
Was it worth the input?	What can we learn as a result of this work?
Do people like it?	
Did it meet the specifications?	

(Based on Lawrie, 1995)