Issue 1 January 2003

# Public sector residential aged care quality improvement newsletter

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Contributors in this issue: ACSAA, Cooinda Lodge, NARI, DHS Capital Management and Bernie McCarthy.

**The Quality Improvement Unit is situated at:**

**Level 10, 555 Collins Street Melbourne, 3000 and can be contacted on (03) 9616 6964.**

## Best wishes for 2003

Welcome to the new design of our Quality Improvement Unit Newsletter and best wishes for 2003. It is looking to be a great year with lots of exiting achievements in aged care. Keep a look out for the changing colours of each edition of the newsletter published throughout the year.

This year most services will undergo an accreditation audit by the Aged Care Standards and Accreditation Agency (ACSAA). Most by now will have submitted or be in the process of preparing the accreditation application. As some of you would be aware through the first round of accreditation prior to January 2001, and the Agency's continued monitoring of standards, the process of accreditation is not always plain sailing. It will certainly be very interesting to see the results of this second round of accreditation, now commonly included in our lexicon as 'Mark 2'. ACSAA has placed a significant focus on the training of assessors to improve audit methodology and consistency. As cited by ACSAA, Mark 2 will also have much more of a resident focus. If you try to ensure that your quality processes are robust enough to not only meet, but exceed accreditation requirements, 2003 should prove to be a good year for you and the residents residing in your services.

## Did you know?

- The first nursing home to receive a 'commendable' award and four years accreditation from ACSAA is Julia Farr Services in Adelaide. You can read their report at www.accreditation.aust.com/reports/pdfs/sa/JuliaFarrServices01.PDF and the commendable summary at www.accreditation.aust.com/reports/JuliaFarrCommendableSummary01.PDF.
- Your next audit date is not the same date as your expiry date?

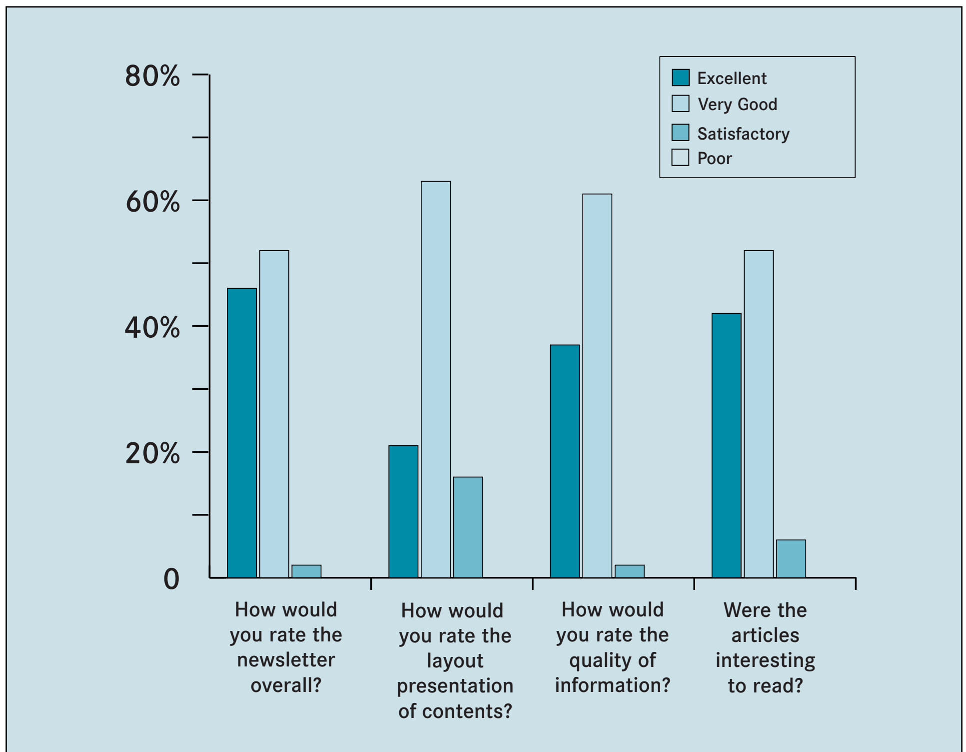
## What you thought–quality improvement newsletter survey

Thank you for your participation and response to the survey. We value and appreciate your input and will attempt to respond to the issues and requests raised. In this way we intend to keep the newsletter meaningful and useful to you our readers. Did you know you can now access the newsletter on our website at www.health.vic.gov.au/agedcare/newsletters?

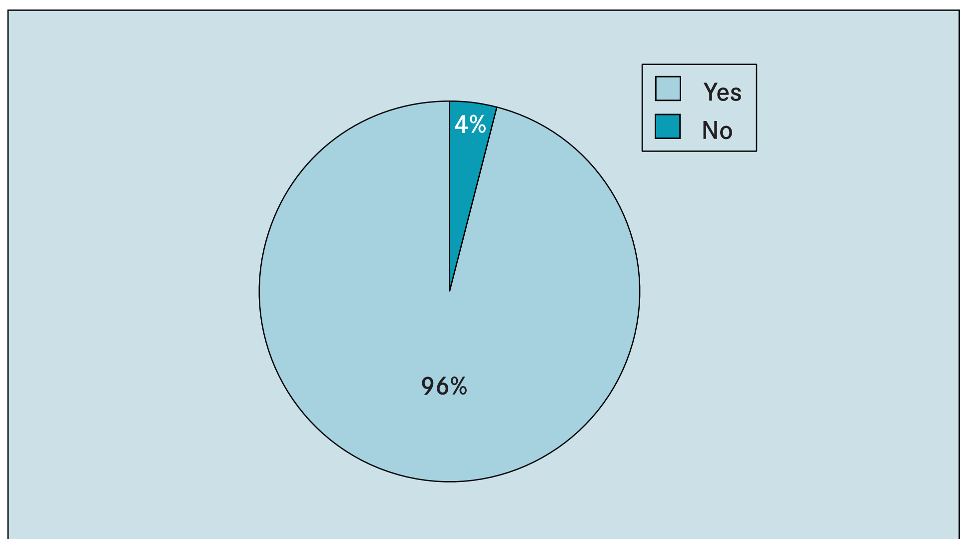
Victoria
The Place To Be

As identified in the graphed results, the overwhelming majority of readers rated the presentation and quality of information in the newsletters as very good or excellent and said that the articles were interesting to read. What is particularly pleasing and significant is that 96 per cent of respondents felt that the newsletters were relevant to all staff within services. This very positive overall result means that we will continue to publish the newsletter regularly and continue to bring you up to date information targeted across a broad range of issues relating to residential aged care.

**Evaluation quality improvement newsletter 2002**




**Do you think the newsletter is relevant to all staff within your service?**




*Source: QIU evaluation sheets*

## Resident focus and accreditation mark 2

***Victorian and Tasmanian Office Aged Care Standards and Accreditation Agency***

As a compulsory component of the application for accreditation from 1 May 2002, approved providers are now asked to provide a brief outline of the processes used to ensure resident focus (Accreditation Guide or www.accreditation.aust.com/accreditation).

**Resident focus why?**

- Having a resident focus is fundamental to having effective continuous improvement.
- It underpins the Accreditation Standards and the way Quality Assessors evaluate the services at audit.
- It ensures that resident input is part of planning and improvement.

- It keeps a service constantly in touch with the needs and expectations of their residents.

**Our obligations:**

- Resident focus recognises the residents' right to exercise a voice about the care and services that they receive.
- If your resident focus processes are working, then this will have a positive impact on many of the expected outcomes.

**Some things to consider include:**

- How are residents encouraged to participate in their care and improvement of the service?
- How are relatives and/or representatives encouraged to participate in the improvement of the service and the residents' care?
- What mechanisms are there to gather feedback and how effective are they? How does the service allay any discomfort that residents and/or representatives may have about speaking up?
- Are residents and representatives comfortable using the feedback mechanisms?
- Are these mechanisms ongoing, and do they work?

**What are some of the tools that can be used?**

- Dialogue between staff and residents, and their representatives
- Resident meetings
- Focus groups
- Interviews with residents/representatives
- Surveys
- Suggestion boxes
- Analysis of complaints/feedback
- Wish lists
- Consumer advocates.

Management must support resident focus, but it must also occur from the bottom up, with the involvement and commitment of staff across the home. In aged care, many residents cannot always articulate what matters to them, perhaps because they are cognitively impaired or have communication difficulties. Therefore services should include relatives, and representatives when they are trying to find out what matters to the residents.

## A mark 2 accreditation story

**Jan Bennett**
**Clinical Nurse Manager**
**Cooinda Lodge**

The West Gippsland Healthcare Group has managed Cooinda Lodge (60 high care places) at Warragul and Andrews House (30 Low Care places) at Trafalgar for 21 years and 4 years respectively. There is a commitment by both the management and staff to the principles of Continuous Improvement. The systems and processes that were established for Continuos Improvement have matured over the past years.

The second round of Accreditation was completed in August 2002 for both facilities. Previous articles in newsletters have indicated that the emphasis for accreditation mark 2 would be resident focus. Our recent experience supports this statement.

The resident focus statement included as part of our application was validated during the 2-day site visit by the Quality Assessors. This was achieved through:

- Checks of all relevant documentation, including policies and procedures, care plans, assessment, progress notes, complaints, minutes of meetings, memos and audit results.
- Conducting informal interviews with residents, relatives, volunteers and staff.

The quality systems and processes that had previously been established were reviewed to ensure that the continuous improvement cycle had been completed. We were required to demonstrate that feedback mechanisms were in place that ensured resident, relative and staff involvement.

In regards to clinical care, management of medications, pain relief–including alternative therapies, continence management and restraint were highlighted. All of these areas of care were linked to the residents' rights and their ability to make choices.

Records regarding staff training and competencies were validated over the two days through observation and interviews.

General comment made by the assessors included:

- The information that was provided in the application provided a clear overview of the systems and practices at each facility
- Following discussions with residents and relatives it was clear that residents were valued and the service responded to their changing needs
- The organisation demonstrates a strong commitment to the principles of continuous improvement.

**The difference between the first round and second round was that the quality assessors were looking for improvements that had occurred during the accredited period. They wanted to see that positive outcomes had been achieved for the residents. More residents, relatives and staff were interviewed. Paper trails were followed up.**

Thanks to the continued support of management and the dedication of our staff we achieved 44 compliant outcomes.

# Preventative maintenance, safety and its relationship with certification

**Capital Management Branch Department of Human Services**

The Commonwealth Department of Health and Ageing requires that every Aged Care service provider receiving Commonwealth funding is subject to both the Certification and the Accreditation processes. As such providers should be aware that there are some overlaps between Certification and Accreditation in the areas of safety, maintenance, and the like and that full preparation for the Certification process will also assist in maintenance of accreditation.

The Department of Health and Ageing has recently stated that ALL previously Certified providers remain certified, regardless of the timing of the next Accreditation assessment. Some providers have been offered a new Certification assessment inspection in order to assist facilities achieve the requirements of the 1999 Certification Instrument.

Capital Management Branch has arranged for the preparation of an Information Kit for dissemination to agencies, designed to assist in the understanding of and preparation for the Certification Assessments undertaken on behalf of the Commonwealth Department of Health and Ageing by Earth-Tech (formerly Fisher Stewart).

This Information Kit is provided to:

- Assist service providers in the understanding of the Certification Process.
- Assist in their preparation for future Certification assessments.
- Collate the necessary information required in the Certification process.
- Direct service providers in areas of regulatory compliance, related to a number of building issues.

Details for a number of activities related to the management and maintenance of the facility may also be required for certification assessment. They include:

- Providing information to designers and tradespersons associated with any upgrading of the facility.
- Information relating to the maintenance of existing systems, especially fire and safety systems.
- Assistance with the periodic Certification Assessment process.
- Assistance in Accreditation reviews.
- Conformity to requirements of the Building Act and the Building Regulations, especially relating to the maintenance of 'Essential Services' and safety equipment installed throughout the facility.
- Assisting in the creation and maintenance of procedures to be followed in emergencies.

A series of checklists have been prepared and included in the kit that lists the type of information that should be readily available to management and to the relevant trades and maintenance personnel, and to assist in Certification inspection services.

The Department, through Sinclair Knight Merz, recently conducted an awareness program with all public sector aged care providers to examine the requirements of the Certification process and the information kit. The awareness program was part of the communication strategy for the statewide certificate assessment project.

The high participation and positive feedback from participants of the awareness program for Capital Management Branch and Department of Human Services coordinators was a clear indication of the Public Sector Aged Care industry appreciation of this valuable project.

## The Well for life dissemination project

The National Ageing Research Institute (NARI) has received DHS funding to build the capacity of residential aged care staff to achieve practice change, which will increase nutrition and physical activity opportunities for older residents and enhance their social and physical health. This will be achieved through the development of a sustainable model for supporting the dissemination and use of relevant organisational resources developed by NARI and the Dieticians Association of Australia (DAA)–Victorian Branch through the *Well for life* project conducted in 2000.

The 'resource kit' includes '*Working Together for Change: Discussion Framework and Help sheets*'. This contains:

- a *Good Practice Checklist* designed as a self-assessment tool for the facility to identify key areas of nutrition and physical activity practice that could be improved
- A *Discussion guide* designed to help staff work through the process of solving relevant workplace problems;
- Evidence based guidelines for best practice in the form of thirty-two *Help sheets* covering a broad range of topics on nutrition, activity and other areas relevant to best practice.

**Supporting these resources are two education packages:**

- *Promoting Independence at mealtimes: Inservice Package*, includes a checklist, presentation resources and case studies designed to assist staff to develop assessment and management skills.
- *Physical Activity in Aged Care Facilities: Seminar Package* includes both presentation resources and case studies designed to guide staff through the research evidence on the benefits of physical activity.

The dissemination strategy will be concentrated in two DHS regions (one rural and one metropolitan). Key staff, such as unit managers, activities officers or diversional therapists from residential aged care facilities will be invited to participate in a professional development program which will equip participants with the skills to use continuous improvement processes to improve nutrition and physical activity opportunities for residents. Participants will be supplied with the Continuous Improvement Education package developed by the Aged Care Standards Agency in addition to the above-mentioned *Well for life* products.

The project will commence in selected regions in February 2003. The *Well for life* resources mentioned above will be available on the Department of Human Services Public Health Division website in early 2003.

**Further information**

Joan Nankervis, Research Officer, National Ageing Research Institute

Ph: 8387 2383, Email: j.nankervis@nari.unimelb.edu.au

# Aromatherapy in dementia agitation–a single case study

**Bernie McCarthy, MAPS,**
**Clinical Psychologist**

Disturbed behaviour is common in most people with dementia (Burgio, 1992). All too often the only approach considered is antipsychotic medication and benzodiazepines. In some people this may still be a useful step in a treatment process. However, it is only one step and other effective options are available to the management team of GP (and/or specialist) and aged care staff. Among these options are complementary therapies, including aromatherapy (Brooker, 1997).

Recent experience with Jim (identifying details have been changed), a 74-year-old gentleman with Vascular Dementia, illustrates the effectiveness of complementary therapies in the effective management of disturbed behaviour.

Jim, had been a resident of a metropolitan nursing home for about three years when I met him. He had a history of CVA in 1987 with subsequent TIAs and had a history of alcohol abuse. He had poor short-term memory and was restricted to movement on a frame between his bed and the bathroom he shared with a roommate who also had dementia. He had a MMSE of 18/30, with poor orientation and nil recall. Blood tests and MSU were all normal.

He was referred to me for advice regarding management of verbal aggression ('I can do you in'), sexually disinhibited remarks to staff ('Can you sleep with me?', 'Can I touch your boobs?') and loud calling out at night, 'waking the whole unit'. Several months prior to the referral his son had died in a motorcar accident after visiting Jim at the nursing home. After initially talking about his son's death, Jim became quiet and began scratching his body, legs and arms. When asked what happened, he said, 'A woman in the bed did it to me'. In discussion with staff we suggested grief and sadness were at the base of Jim's changed behaviour.

Jim's short-term memory loss and other cognitive problems meant he was not a good candidate for insight-oriented psychotherapy. He was not able to retain information long enough to process it and was concrete in his thinking, which prevented him from 'stepping back' and taking perspective on his actions.

An array of usual strategies was tried without much success. These included introduce self and task, negotiate times, use short simple sentences and one-step instructions, closed questions, offer reassurance, deflect sexual comments, ignore and leave the room. Medication included Neulactil 2.5mg nocte (no improvement–ceased), Sodium Valproate 50mg bd + 100mg nocte (increased to 100mg tds after one month). There was no change. Jim kept shouting at his roommate in rage, calling out to staff and abusing them at all hours and showed little self-awareness.

After interview with Jim, review of progress notes, discussion with staff and GP, it was decided to commence aromatherapy. This consisted of Lavender, 2 drops on his collar. There was no change initially. After several weeks an evening bath with Lavender was commenced. Staff began to report longer periods of sleep and no sexual comments. This did not last and after several weeks his behaviour remained disturbed. He continued to shout at staff and his sleep was broken and punctuated with loud raging outbursts. To our surprise evening staff reported they had stopped bathing him as it had become too burdensome with their already busy routine.

We held a staff meeting and encouraged the evening staff to recommence the aromatherapy baths. They did so and his behaviour settled almost immediately. He was commenced on Rescue Remedy, a homeopathic and he settled more. He began to talk about his children and gave the names of his children in order, noting correctly that his son was no longer alive. He spoke of his son: 'Killed by a motor car. You don't expect it'. Staff noted he was smiling more and spoke in a brighter voice. He talked a little about life as a young man.

At this time the unit manager went on holidays and the Rescue Remedy was not given. He returned to previous levels of behaviour and contracted a UTI. This was treated and he remained disturbed in behaviour and sleep. He began making sexual comments again, 'Are there any sexpots working here?'

Rescue Remedy was recommenced when the NUM returned from holidays and evening aromatherapy baths continued, with drops of lavender on his collar and pillow. He told staff he was 'the most bathed man in the country' and that 'I used to dream of this'. He talked about a wide range of topics including his wife and son, life in the navy, and that he loved his wife. He was settled at night and several months later he slept the entire night shift. There was no aggression.

Serum Sodium Valproate (maintained at 100mg tds) levels were taken and found to be 158 (therapeutic range 350–700). This was ceased by the GP. Jim continues to progress well with no behavioural problems 6 months later.

Jim's behaviour management program for his agitation includes evening bath with lavender, drops of lavender on his collar and pillow and the homeopathic Rescue Remedy.

Our experience provides supporting evidence of the effectiveness of aromatherapy for the management of agitated behaviour in dementia. This is a single-case study and is consistent with published studies of clinical situations in which aromatherapy has been used effectively in the management of dementia agitation (Brooker, 1997). It is difficult to structure a care routine and obtain the numbers of residents for a controlled trial. That is the necessary next step in validating a therapy for which there is a growing amount of single-case studies in support. It is also important to clarify whether the means of delivering the aromatherapy, i.e., the evening bath and associated human contact, have therapeutic effect without the aromatherapy. These approaches are not effective for every person with dementia agitation (Brooker, 1997). Further studies need to clarify who will benefit most from complementary therapies such as aromatherapy and homeopathy.

Behaviour management is plagued with the usual systemic problems of maintaining the commitment of staff to new and different or 'extra' strategies. It requires vigilance in the initial stages to provide evidence that if they will stick to it long enough they will find agitation will decrease and as a side effect their workload will also improve. Staff generally need only to be encouraged to 'give it a go'.

Jim continues to be the most bathed man in the country.

# Behaviour management

**Quality improvement unit**

Although not a normal part of the ageing process, the likelihood of developing some form of dementia increases significantly with age. There may be many changes in the behaviour of the person as dementia progresses and one of the greatest issues confronting those working in Residential Aged Care is, and will continue to be the effective management of residents with difficult or disturbed behaviours.

We all know that some behaviours of the person with dementia are difficult to manage. Often a solution that works for one person won't work for others and a strategy that works today may not work next week. It must be realised that 'difficult' behaviour may not only place the person at risk but also reduce their quality of life.

Points to consider when assessing a resident's behaviour may include:

- Communication difficulties–As the dementia progresses the person may communicate their needs increasingly through their behaviour. Understanding what the person is trying to say with this behaviour may prevent some difficult behaviour from developing.
- What is the state of the resident's physical and emotional health–is it possible that a change in behaviour may be the result of a physical or emotional cause rather than as a direct result of progressing dementia. These causes may include the effect of medication, chronic or acute illness, pain, constipation, dehydration, fatigue or depression.
- Is it possible that an environmental issue is impacting on the resident's behaviour?
- Does the resident's personal history give us any insight into understanding their current behaviours?
- Is the behaviour associated with any tasks or activities–are the tasks too complicated or unfamiliar?

When addressing behaviour issues a problem solving approach should always be taken to ensure effective management. The following steps may be useful:

- Identify the problem–What exactly is the problem is a question that needs to be carefully considered?
- Get information–what is known about the cause of the behaviour?
- Identify the possible solutions–and remember that sometimes there is more than one possible solution. This should be a team effort with the involvement of the care and medical staff and family.
- Choose the best solution–develop a plan of action and document it clearly to ensure a consistent approach amongst staff.
- Ensure that the plan is regularly reviewed.

Effective behaviour management requires careful and detailed assessment to determine triggers to behaviours as well as comprehensive, individualised management strategies that are regularly reviewed. One place to access advice, counseling, education, information, library and support groups is through the Alzheimer's Association, www.alzheimers.org.au

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## Residential Aged Care Quality Improvement Unit

10/555 Collins Street
Melbourne 3000

**Phone:** (03) 9616 6964
**Fax:** (03) 9616 8682
**Email:** deborah.sykes@dhs.vic.gov.au

State Government Victoria
Department of Human Services