National Aged Care Quality Indicator Programme – Residential Care Pilot Outcomes

Departmental response and next steps

Last year, the Department of Health engaged with KPMG to conduct the pilot for the QI Programme in residential aged care. The pilot focussed on the collection and transmission of data for three identified quality indicators (QIs); pressure injuries, unplanned weight loss and physical restraint, over two data collection cycles.

The Department and the Minister have both acknowledged the commitment of the sector and have thanked pilot participants for their contribution and assistance in shaping the QI Programme going forward.

The outcomes from the pilot were considered by the National Aged Care Alliance (NACA) Quality Indicators Reference Group (QIRG) and have been summarised in the Residential Care Pilot Outcomes Report. For more information on the outcomes of the pilot please refer to the About the National Aged Care Quality Indicator Programme web page.

KPMG also held consultation forums with providers and consumers in October last year to hear more about services' experiences in the pilot, and what is important to expand and develop the national QI programme.

This document outlines how the programme has incorporated feedback from the pilot and provides information on future programme activities, including further co-design with the sector.

Responding to the feedback

In the interests of building on the momentum generated by the pilot, the national QI programme started in January 2016. The important information from the pilot and consultations has been used to develop the national QI Programme. Some of the key feedback and how the Department is addressing the feedback is included in the following sections.

Pilot requirements relative to existing arrangements

Key themes emerging from the service provider consultation process include the following:

- *Facilities advised that RACFs were already collecting some, if not all, data around weight loss, pressure injuries or restraint.*
- *Facilities noted the definitions and collection requirements for pressure injuries were over and above their usual practice.*
- *Participants were generally split in regards to the difficulty of data collection. Some participants said that data collection was resource and time intensive whilst others reported that the RACF already collect quality indicator data, hence, the collation and submission process was not considered onerous.*

- *Facilities stated that if data collection is integrated into existing processes and systems, it will make it easier for providers to collect and collate data and would also ensure that the duplication of data is avoided.*

Response

The QI Programme is at an early stage of development and will require time to reach a level of maturity and gain the full confidence of the sector and consumers. This is the first time in Australia that data for these QIs has been collected using consistent processes in a concurrent timeframe. For this to occur, it has been necessary to balance the need to achieve a contemporary, evidence based national system with the large variety of processes currently in use by providers for quality measurement.

The data definitions and collection processes are specific and precise so that what is measured is based on activity and outcomes that are known to contribute to quality care outcomes. As with any new programme, it takes time to become familiar with the detail.

Keeping duplication of processes to a minimum for the sector is a goal for the Department. It is acknowledged that there may be differences in the approach to collecting the quality indicator data for the QI programme to those employed at the local level. Investigating opportunities to streamline reporting of quality indicators will be an ongoing consideration in the evolution of the programme.

Quality indicator definitions and methodology

- *Participants expressed interest in expanding the suite of quality indicators. Potential quality indicators included falls, infections and use of chemical restraint.*
- *Participants agreed that there needs to be clear and consistent understanding of the quality indicator definitions, and application within the clinical context. Clearer advice on the application of the physical restraint definitions in the clinical context would be helpful in order to avoid misinterpretation. These were considered key to sustaining involvement.*
- *Some facilities stated there needs to be consideration around the challenges of staff turnover and staff resourcing in general. These factors will impact the level of consistency of data collections.*

Response

The QI Programme has commenced with three initial clinical indicators. These cover a limited number of areas which are recognised internationally as relevant to providing quality care to people living in residential facilities.

The three indicators chosen for the initial implementation are important measures that have a broad impact across a number of other areas of care. These QIs relate to areas where services provide care and are consistent with areas covered by the regulatory framework for residential aged care.

There are many other important areas of risk such as constipation, pain, falls, use of medicines, depression, delirium and palliative care that facilities monitor through other programs.

The QI Programme will expand over time to include more QIs and measures of consumer experience and quality of life.

The Technical Advisory Panel will review the QIs to ensure they are consistent with clinical evidence and practice, and provide advice about further indicators for the programme.

In terms of clearer advice on the programme and definitions, the Department conducted a webinar on 22 March 2016 and will soon release three videos on each of the quality indicators that provide information on the collection of quality indicator data. The webinar is available at http://livestream.ssc.gov.au/health/21march2016/

The Programme does not specify which staff within a facility should be undertaking data collection. Facilities are already required to have staff with the qualifications and experience to provide services. The resource manual for residential aged care facilities identifies the data and method of collection and is a helpful document for providers in implementing the programme within their facility. The manual along with other materials is available at guidance for participating residential aged care facilities.

Quality indicator information

- *There is value in building the capacity to enable providers to examine results relative to comparable peers. This means that the there is a need to develop a clear and consistent way to classify facilities. Benchmarking is vital, but only if it is against similar facilities.*
- *For consumers accessing publically reported quality indicator information, the data should acknowledge the differences between facilities, so that users are able to view the results with adequate context.*
- *There is a need to emphasise the use of the data for the purposes of local quality improvement. This should involve clear identification and communication of the benefits for participation. It is not advisable to assume that facilities will know how to use the data.*
- *Some providers expressed that participating in the programme could be used to better promote and market services to consumers. This is a good and important aspect of this voluntary initiative.*

Response

The publication of meaningful data to inform consumers is a key priority for the programme and the Department is undertaking work to ensure that when the QI data is considered sufficiently robust to be published, it will be presented in a format that is accessible and useful to consumers.

From April 2016, residential facilities choosing to participate in the QI Programme will be identified on their facility page on the My Aged Care website. An icon will appear after a residential facility has submitted their first quarter of QI data and will disappear if no data is submitted for two consecutive quarters. This will display for all services active in the programme.

In the future, in addition to the QI participation icon, QI results will be published on the My Aged Care website. Before this occurs, the Department will be undertaking extensive work through co-design with the key stakeholders to develop protocols for publication.

Key stakeholders include consumer groups and providers represented on the QIRG, and the Quality Indicator Technical Advisory Panel (TAP), which includes representation from NACA. The TAP has recently been established to provide advice about technical matters, clinical issues and data analysis. It is also proposed to establish a User Group, to ensure that the information is both meaningful for consumers and contributes to quality improvement.

Quality information based on program results will be published. However, before this publication occurs, the department will be undertaking a full analysis and validation of results utilising a minimum of 12 months of data. The results of this analysis will undergo further consultation with the sector as to what should be published.

Pilot coaching, support and resources

- *Participants commented on the helpful nature of the pilot hotline and email address. The ability for providers to raise questions and receive prompt responses using a reassuring nature of the coaches greatly assisted in the pilot.*
- *Participants from the roundtables indicated a strong preference to receive emails outlining key updates with direct links to the information that needs to be accessed.*

Response

One of the things that pilot participants found was that being able to talk to someone about what the definitions mean in practice was useful. A range of support materials are available on the QI Programme website page. The Resource Manual provides detailed information about each of the three quality indicators and examples of how to undertake the measures and to provide more tools and templates for services to use.

Further resources and information are being developed including a webinar and videos on each of the three clinical QIs which are planned to be uploaded to the website during May 2016. You can access the programme resources at guidance for participating residential aged care facilities.

If after reviewing the programme materials and talking to colleagues, participants still have questions, the My Aged Care provider and assessor helpline can help to resolve questions about the programme processes or refer clinical quality indicator questions to clinical specialists.

The QI Programme will utilise the 'Information for Aged Care Providers newsletter' and the Bulk Information Distribution System to provide participants with news and updates on the programme.

Pilot and Programme participation

- *There were a number of facilities where participation was driven by the CEO. As such, at the staff level there is a need to ensure there is value in data.*
- *Some participants noted that there is a perception that participating in the programme is seen as a burden. In addition, a lack of time or resources may have potentially prevented participation. This needs to be carefully communicated and strategies for minimising the perceived burden for RACFs.*

Response

The QI programme is voluntary. The resources and QI application in the My Aged Care Provider Portal are free to use and available to all residential aged care providers.

It is expected that the initial burden of implementing the measures will be reduced as providers become more familiar with the detail of the measures and the relevant processes, and streamline them into their existing systems. It is further anticipated that the quality improvements that will result from implementation of the programme will ultimately reduce the costs of providing care.

It is expected that analysis of the data, once a data set is achieved, will enable more sophisticated reports to be available to providers. Similarly, changes in quality at the system level will only be evident once data is available for analysis.

Conclusion

Some of the longer term issues identified during the pilot have been deferred for detailed discussion with the QIRG. These outstanding issues, and any emerging issues, will be resolved through consultation and co-design with the sector and experts.

As mentioned earlier in this document users of the QI programme will also be able to contribute to discussions about the programme through a QI User Group that will be established in coming months to provide advice on programme matters from the user perspective and to facilitate the development of a community of practice. The Department will distribute an invitation for interest to participants later this year.

The Department would again like to thank the 2015 residential care pilot participants that volunteered their time and resources to test the collection and reporting of the three initial QIs and provided feedback on their experiences in the pilot.