

Department of Health

health

Strengthening Care Outcomes for Residents with Evidence (SCORE)

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Foreword

Strengthening Care Outcomes for Residents with Evidence (SCORE) is an initiative commissioned to support Victorian Health Services operating residential aged care services to provide high quality care to residents. SCORE focussed on identifying clinical risk in the residential aged care setting and developed and implemented evidence-based standardised care processes to manage some of these, where evidence-based guidelines were available.

SCORE has two phases.

Phase one consists of three main stages.

Stage 1: Scoping and development of standardised care processes.

Stage 2: Piloting and evaluation of the standardised care processes.

Stage 3: Final evaluation and consideration of the broader implementation.

The Australian Centre for Evidence Based Aged Care (ACEBAC) was engaged to develop and implement phase one of SCORE. Professor Rhonda Nay, Director of ACEBAC, and her team, in consultation with the department, worked with participating Health Services.

Stage 1 identified the following categories of clinical risks through SCORE:

Abuse	Infections
Constipation	Medication management
Delirium	Oral and dental hygiene
Diabetes management	Pain
Depression	Palliative care
Falls	Skin integrity
Functional decline	Sleep management
Hydration and Nutrition	Swallowing disorders
Incontinence	Unmet needs behaviours

The following ten areas of risk were prioritised and draft evidence based standardised care processes were developed and for each risk.

Constipation	Polypharmacy
Alternatives to physical restraint	Response to a hypoglycaemic episode
Unplanned weight loss	Depression
Responding to a choking episode	Delirium
Oral and dental hygiene	Dehydration

Stage 2 saw the piloting and evaluation of the implementation of up to four of the care processes in each of six pilot sites.

Phase two will involve the broader development and implementation of the care processes and tools across Public sector residential aged care services. The following is a summary evaluation report of Stage 2. The care processes have been reviewed against the evidence and updated accordingly, and these can be found at www.health.vic.gov.au/agedcare.

Why the project was undertaken

There are 194 Public Sector Residential Aged Care Services (PSRACS) in Victoria, providing care to around 6,400 vulnerable older Victorians. The Victorian Government Department of Health (the department) recognised the importance of consistently providing evidence-based, person-centred care to those people living in PSRACS. The department also recognised the need to support services to identify and manage those clinical risks that PSRACS residents can be exposed to.

The main aims were to identify major clinical risks and develop and pilot a set of 10 Standardised Care Processes (SCPs)

What was required

To address these priorities, the department commissioned a team from La Trobe University, Australian Centre for Evidence Based Aged Care (ACEBAC) and the Lincoln Centre for Research on Ageing (LCRA) to:

- identify significant clinical risks
- develop evidence-based standardised care processes (SCPs) to reduce these clinical risks
- implement and evaluate the SCPs.

The approach involved use of literature, stakeholders and experts to define and agree clinical risks

The approach taken

To achieve the outcomes required by the department, the team:

- undertook a comprehensive review of the literature
- consulted with stakeholders, experts in the clinical risks chosen for SCP development and experts in clinical risk mitigation
- identified ten clinical risks (see below) and the development of SCPs to mitigate the risks

Choking	Constipation	Dehydration	Delirium	Depression
Hypoglycaemia	Oral and dental hygiene	Physical restraint	Polypharmacy	Unplanned weight loss

- piloted the SCPs across the six Victorian Department of Health regions using a modified action research methodology: Translating Evidence into Aged care Methodology (TEAM)
- implemented a two-pronged approach to evaluation: (1) evaluation of the SCP uptake and (2) evaluation of the implementation process.

10 clinical risks were chosen for the pilot and SCPs developed

Major findings

The major findings of the study are summarised under four main areas: identifying clinical risk; relationships and communication; PSRACS/workforce readiness; and future implementation.

Identifying clinical risk

1. There being no definition of clinical risk identified from the literature search, a definition was developed from the literature and through stakeholder consultation:

Clinical risk is where action or inaction on the part of the organisation results in potential or actual adverse health impact on consumers of health care.¹

SCPs were developed from the evidence

Relationships/communication

2. Successful implementation resulted from:
 - a. good relationships between all stakeholders and the leadership and support of the executive sponsors
 - b. clear information exchange between the project team and staff involved in implementation.

PSRACS/Workforce readiness

3. Organisational readiness for change is integral to implementing new practices. There are valid and reliable tools that can be used to self-assess this attribute.
4. To successfully implement evidence-based aged care, staff need to be educationally prepared and trained to undertake comprehensive health assessment.
5. This approach would be assisted by the development of training resources and a competency framework related to comprehensive health assessment and the SCPs.

¹ Legal opinion provided by Russell Kennedy Solicitors 3 April 2009 stated that this definition would appear appropriate and caters for the focus of SCORE. The definition focuses attention upon: 1) health care – that is, the care delivered to the resident going to their state of wellbeing; 2) the consumers or residents receiving health care; 3) adverse events which may occur or have occurred; and 4) the organisation's responsibility for the happening of the adverse event.

Future implementation

6. SCORE was a huge endeavour! The SCPs were well received by staff and even in the short time of the pilot they had raised awareness and were already changing structures and processes, which is expected to translate into better resident outcomes.
7. Each site had different enablers of, and barriers to, change, which required flexibility. Implementation required flexibility to contextualise SCPs and the process of implementation. Computerised care plans need to be flexible and enable person-centred care.
8. Current literature confirms care provided in health settings is not always informed by the best available evidence and there is no reason to say that this is different in a residential aged care context.

SCPs are well received and an important tool in managing clinical risk in PSRACS

9. SCORE is consistent with building a culture where staff use their skills and are valued for their skills and knowledge. And this also improves opportunities for recruitment and retention.

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