

Consultation on National Aged Care Mandatory Quality Indicator Program 2024 - Response to online survey questions



Priority Quality Indicators

Based on an evaluation of the types of Quality Indicators (QIs) identified through an evidence review, it is proposed that QIs be developed and prioritised in the following seven key areas of care:

- **Consumer experience:** The perspective of the person receiving care on the quality of care and services they receive.
- **Quality of life:** How satisfied a person is with their life, including emotional, physical, material, and social wellbeing.
- **Function:** A person's ability to perform basic daily activities and how it changes over time.
- **Service delivery/care planning:** Whether care is planned and individualised for each aged care recipient.
- **Workforce:** The staffing levels, skill mix and training of aged care workers.
- **Weight loss/nutrition:** Unintended weight loss and malnutrition in older adults, which can lead to poor health outcomes.
- **Falls/fractures/injury:** The occurrence and prevention of falls, fractures, and injuries in older people.

9. Do you agree that QIs focusing on these seven areas should be given the highest priority for development and implementation?

- Yes
- No
- Not applicable

(Optional) Are there any other critical areas of care that you believe should be prioritised for quality indicator development that are not covered by the seven areas listed above? *There is a limit of 1000 characters.*

We strongly support the establishment of this Program. Importantly however, well beyond their discharge from hospital, many survivors of stroke have yet to make a full recovery and continue to experience a wide range of post-stroke disabilities. As such, we believe that the 'Function' area of care should be broadened beyond physical functioning required to perform basic activities of daily living, in order to better cover the complex care needs of older Australians with significant disability, including survivors of stroke. In Australia, informal carers provide more than 39 million hours of care to survivors of stroke each year; however, this support can come at a significant personal cost, and carers of survivors of stroke commonly experience a decline in their own physical and mental health and a reduced quality of life. Therefore, we believe that the 'Consumer experience' area of care should include a Quality Indicator (QI) that focuses on the needs and experiences of carers.

10. Considering a staged implementation of the QI Program, please rank the following areas in order of priority, with 1 being the highest priority and 7 being the lowest priority.

- Consumer experience (7)

- Quality of life (6)
- Function (3)
- Service delivery/care planning (2)
- Workforce (1)
- Weight loss/nutrition (5)
- Falls/fractures/injury (4)

(Optional) Please provide any additional comments or rationale for your ranking, particularly for the areas you ranked as the highest and lowest priorities. *There is a limit of 1000 characters.*

Each of the 7 areas of care identified for inclusion in the Program are critical; however, given the staged implementation approach, with no more than 3 QIs to be rolled-out at the Program's commencement, we have ranked 'Workforce', 'Service delivery/care planning' and 'Function' as the highest priority areas of care.

For older Australians with complex care needs, including survivors of stroke, access to aged care workers with the right mix of skills and training, including allied health professionals, is critical to optimising their function and independence.

Every stroke is different and every survivor of stroke will have unique needs. Recovery from stroke is a non-linear, dynamic process, and fluctuations across needs are assured. The importance an individual survivor places on different needs may also change over the course of their recovery journey. As such, measuring whether care is planned and individualised for each recipient, is a high priority.

11. Based on the interviews, focus groups, and evidence review conducted in preparation for this public consultation, in-home care participants, providers, advocacy groups, professional bodies, and peak bodies have emphasised the importance of consumer experience.

To what extent do you agree that consumer experience should be a priority area for quality indicator development and implementation?

Please select only one item

- **Agree**
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Not applicable

(Optional) Please provide further comments about your response. *There is a limit of 1000 characters.*

Patient insights on the quality of care and services received can help to identify specific areas for improvement and uncover poor or unsafe practices. Importantly, one in 3 survivors of stroke will experience difficulties with communication, which can make it challenging for them to connect with the people around them, communicate how they are feeling, provide information to the health professionals treating them, and ask questions. For older people with communication difficulties, measuring their consumer experience may be challenging. In order to accurately capture their perspective on the quality of care and services they receive, it is critical that a validated tool that accommodates their communication needs is used. Ideally, the assessment of consumer experience should be undertaken by the older person themselves. Where this is not

possible, a proxy assessment by a carer or family member with a good understanding of their care experience should be undertaken.

Person-centred care is fundamental to a positive consumer experience and is central to the strengthened Aged Care Quality Standards.

A consumer experience quality indicator will need to align to and reinforce the principles of person-centred care outlined in the strengthened Aged Care Quality Standards. This includes factors such as supporting older people to exercise choice and make decisions about their care and services, providing timely and accessible information, promoting autonomy and quality of life, and monitoring and responding to changes in the older person's well-being.

While there are many factors that can influence consumer experience and the delivery of person-centred care, some are likely to be more important than others. By identifying and prioritising these critical factors, we can ensure that the consumer experience quality indicator is focused, relevant, actionable, and consistent with the principles of person-centred care as outlined in the strengthened Aged Care Quality Standards.

12. How important are the following factors in shaping a positive consumer experience and delivering person-centred care? Please rank the following factors in order of priority, with 1 being the highest priority and 13 being the lowest priority.

- Understanding and valuing the older person's identity, culture, abilities, diversity, beliefs, and life experiences. (12)
- Empathy and respect shown by care or service delivery staff. (11)
- Continuity of care (e.g. having the same care staff over time). (5)
- Supporting older people to exercise choice and make decisions about their care and services, with support when needed. (7)
- Emotional and social support provided by care staff. (13)
- Tailoring care and services to the older person's needs, goals, and preferences. (3)
- Timeliness and reliability of services. (2)
- Providing timely, accurate, and accessible information to enable informed decision-making. (9)
- Involvement of participants in decision-making about their care. (8)
- Promoting the older person's autonomy and quality of life through positive risk-taking. (14)
- Communication and information sharing with participants and families. (10)
- Monitoring and responding to changes in the older person's quality of life. (6)
- Coordination and integration of care services. (4)
- Competency and skill of care and service delivery staff. (1)

(Optional) Please provide any additional comments or rationale for your ranking, particularly for the factors you ranked as the highest and lowest priorities. *There is a limit of 1000 characters.*

All 13 factors are critical in shaping a positive consumer experience, but the top 5 were chosen because they are of importance and relevance to survivors of stroke.

Competency and skill of care and service delivery staff

It is critical all health professionals working with older survivors have sufficient background knowledge of, and experience with, stroke and stroke-related disability.

Timeliness and reliability of services

Many older survivors have significant disability and complex care needs, and rely on assistance for activities like cleaning and bathing, and therapeutic services delivered by allied health professionals to

help optimise their function. Feedback from Stroke Foundation's helpline, *StrokeLine*, indicates that for some older survivors, there are problems with the timeliness and reliability of the services they receive, e.g. workers scheduling appointments for toileting and bathing late in the afternoon, or not organising for a replacement when they go on leave.

Summary

20. (Optional) Please provide any additional comments or feedback you feel is important for consideration in the development and implementation of a QI Program for in-home aged care services. *There is a limit of 1000 characters.*

Q12 cont.

Tailoring care and services to the older person's needs, goals, and preferences.

Each stroke is different and each survivor has unique needs, requiring a clinical assessment to determine the type of allied health services required and a discipline-specific assessment to determine which therapies they need, and the specific dosage (frequency, intensity, duration, and timing) of these therapies.

Coordination and integration of care services

To facilitate the multidisciplinary, team-based care we know improves recovery for survivors, their single service provider in the new Support at Home Program will need to play a key role in the coordination of these services.

Continuity of care (e.g. having the same care staff over time)

For older survivors with significant disability and complex needs, having the same care staff over time, who understand stroke, stroke-related disability and their specific needs, is key in order to achieve the best possible recovery outcomes.