

Frontline

Naomi Myers helping resident Barbara Vracar use the Ascom Myco 2 smart device



Improving collection of key information

More efficient methods of collecting data for mandatory reporting are giving aged care staff more time to focus on residents, writes SANDY CHEU.

Since AnglicareSA implemented a new clinical care platform at two aged care facilities, the provider has improved call bell response times by 30 percent and residents' overall satisfaction about their care by 20 per cent.

AnglicareSA implemented Ascom Healthcare Platform at its Grange and Brompton facilities at the end of last year. The system, which includes a nurse call system, software and mobile devices, aims to support residents' independence and a streamlined workflow for staff.

Registered nurses, enrolled nurses and personal care workers carry a Myco 2 smartphone that alerts them to residents' calls and their location while residents wear a watch-like device on their wrist or a pendant around their neck.



Jacinta Robertson



Irene Mooney

Jacinta Robertson, head of residential aged care at AnglicareSA, says staff are responding to residents more quickly and they are more productive.

"Responsiveness in the delivery of care is clear. If somebody needs to go to the bathroom, we're getting to them sooner," Robertson tells *Australian Ageing Agenda*. "We can now see where our staff are needed and at what times so we can be more responsive. Productivity in the system is efficient, easy to work and reliable."

The personal device worn by residents allows the wearer the freedom to be anywhere in the facility including the outdoor areas and get support if they need it, she says.

"If the resident pushes the button, the staff can see where they are and they're not restricted to the old-fashioned call bell >

system attached to a wall. Staff can see that Mrs Smith is in the garden, the café or her room and therefore they can respond to her,” Robertson says.

When a staff member is busy with another resident, they can click a button on their device to send the call to another staff member, Robertson says. AnglicareSA is also using the system to measure response times, increase accountability, and provide feedback to staff and customers, she says.

“If we get a complaint, for example, that someone said ‘my mum’s call bell wasn’t answered’ we can dive into see how long it took, what the response times were and we can manage feedback from our customers and families with live data. It allows us to have both qualitative and quantitative data to make a business decision.”

A key benefit for staff is that the system improves teamwork and workflow, Robertson says.

“They know if they push a button they can call for other staff and that they don’t have to leave the resident to get another person to assist them. That back up is there.”

Robertson says they focused strongly on how they could give residents the best experience possible when they were looking at which platform to implement. AnglicareSA looked at models designed to increase the staff response times while providing residents independence to go wherever they want to.

“We are focused on the customer experience and it’s about how we can make their days the best it can be and those are our main drives with everything we do within our business,” she says.

And residents are receiving a better customer experience because they know staff are there for them every day all day, Robertson says.

“We know that the sooner we get to someone, the sooner we provide the support they need. That has a huge impact on residents’ clinical needs, wellbeing and their sense of comfort and trust in the service and the staff who are providing that care,” she says.

AnglicareSA is in the process of rolling out the system in another four of its aged care facilities.

Streamlining reports

West Australian aged care provider MYVISTA has also recently rolled out a clinical software application to achieve productivity gains. The provider has been using QPS Benchmarking’s new National Quality Indicator App since June 2019 to streamline its reporting of aged care quality indicators.

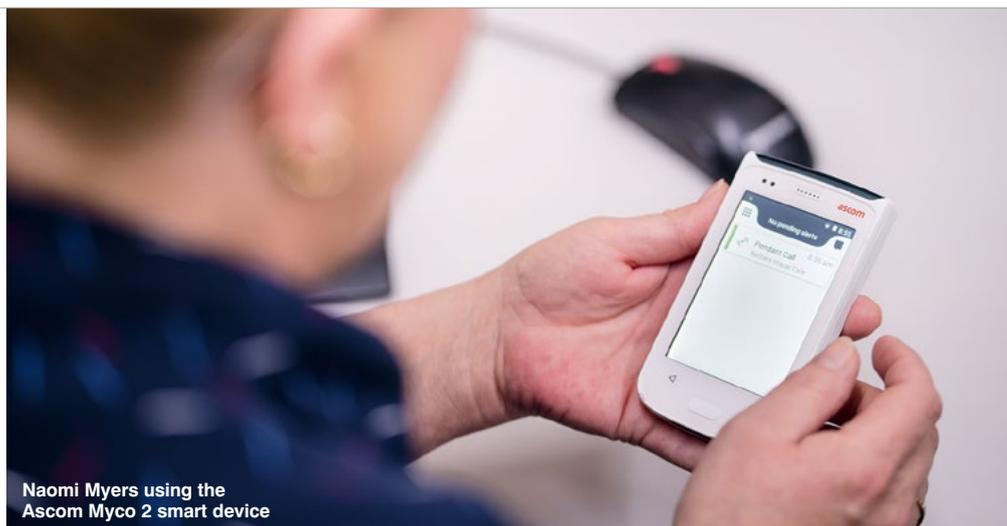
The app aims to support providers to efficiently collect, record and submit data for the National Aged Care Quality Indicator Program, which became mandatory on 1 July. Providers must collect and report data on pressure injuries, use of physical restraint and unplanned weight loss.

The app has made collecting data easier and improved staff productivity, says Irene Mooney, CEO of MYVISTA.

“It’s easy. It defines all of the indicators, tells you what you’re required to collect and what you’re required to report,” Mooney tells AAA.

The data rolls over each month, eliminating the need to unnecessarily enter historical information again and reducing errors, she says.

“If nothing changes with our 102 residents – so we don’t lose anyone or there are no new admissions at the end of one quarter to the beginning of another – you can see that data from the previous quarter and the residents’ names. You’re not constantly re-inputting names and data, which is time consuming and where errors occur,” Mooney says.



Naomi Myers using the Ascom Myco 2 smart device

The app also helps to give staff peace of mind that the data entered is correct, she says.

“Before it is submitted to QPS, you can check it. A staff member can put the data in and then another staff member comes along and checks it just to make sure there are no gaps,” Mooney says.

When MYVISTA submits the data, representatives at QPS Benchmarking can also view the data and check if it has been reported accurately, she says. When it’s ready QPS software auto transfers the data to the MyAgedCare portal every quarter.

MYVISTA previously used the QPS Aged Care Service to collect data on restraints, weight loss as they occurred and pressure injuries when noticed by staff.

“If a staff noticed a pressure injury, it would be reported and that would go into the system to review. We would look at trends. Every month you would put it into QPS data and you’d get a report back about how you’re going and against all the other people in the benchmarking system.

“You then look at how you’re tracking and what you need to be doing and make those changes, improvements or reviews,” Mooney says.

The new app uses a similar process, which has made the transition to using the platform easy. However, it is necessary to collect extra data under the new standards, she says.

“This is no longer done for only reported incidents. Everybody gets reviewed and everybody gets weighed. You go on particular days and check everybody, which is a slightly different way of collecting the data than we’ve traditionally all collected the data,” she says.

The extra data collections are having an impact on resources but that should improve, Mooney says.

“It’s been about the allocation of the resources and getting ourselves familiar with what’s expected, what that means and having everyone across this interpretation,” she says.

To address these challenges, MYVISTA has provided training and information to staff to raise awareness about the new process and its requirement to meet compliance, she says.

Tool helps track medication goals

Software can also help residential aged care staff establish medication goals and preferences with residents, which is required under the new quality standards, says Dr Mouna Sawan, a researcher at University of Sydney’s Cognitive Decline Partnership Centre.

“It is now part of the Aged Care Quality Standards that the residents’ goals be identified, documented and communicated to the team and this includes use of medications,” Sawan tells AAA.

“There is also increasing recognition of the need to deprescribe medications where the risk outweighs the benefit in an older adult,” says Sawan. “To arrive at a shared decision on deprescribing it is important to establish goals and preferences with residents and their representatives.”

To support residential care staff to implement the quality standards around identification and documentation of resident goals for medication, Sawan recommends providers:

- integrate a computerised clinical decision support system (CCDSS) into practice to facilitate involvement of facility staff in discussions with the resident and their representatives
- endorse and promote responsibility in identifying and documenting resident medication goals
- train staff to identify resident medication goals and concerns; and
- update policy and procedures to support changes in accreditation.

Sawan’s recent study shows a CCDSS is a useful tool in facilitating medication discussions. Her research, which was published in the *Australasian Journal on Ageing* in August, investigated aged care staff members’ views of using a CCDSS with validated goal-directed deprescribing tools and guides to identify residents’ medication goals.

The study involved four residential aged care facilities and 19 clinical and care staff including managers, registered nurses, nursing assistants, nurse practitioners and a clinical educator. It found the tool helps staff engage with residents, including those with dementia, and their representative’s to collect detailed information about the residents’ goals and medication concerns.

“Residential aged care facility staff noted that a computerised clinical decision support system can be integrated in the medication management care plan at the time of admission to document resident medication goals that are accessible to all facility staff and other members of the care team,” Sawan says.

“This information can be used by pharmacists or general practitioners to guide the management of medications for people with and without dementia, for example to help identify medicines that can be withdrawn.

“Also, facility staff found that the use of a CCDSS would



MYVISTA clinical nurse managers Kathlyn Vallecera and Malou Abrio use the National Quality Indicator App to streamline reporting.

improve communication and teamwork among staff and other health care professionals.”

Even without a CCDSS, Sawan says residential care staff can play an important role in identifying the medication goals and preferences of all residents, including people with dementia.

She says the study showed that staff discuss medication administration, such as whether residents like to have their medications crushed or whole, during care planning at the time of admission.

“We propose that the discussion with the resident and their representatives can be extended further to include their medication goals and preferences. It can be as easy as asking the resident ‘what matters most to you with respect to your medications?’

“The information can then be relayed to the GP so that medications can be prescribed according to what is most important to the resident and inform the review of medications,” Sawan says. ■

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