

Mapping Quality Care Definitions – towards a common definition of quality aged care.

Please find mapping between the Draft Quality Standards and Aged Care Act definitions of quality care - and the current quality indicators - in the table below.

The rationale for a simple, point of care-oriented and shared definition is underpinned by evidence, research and experience of what works (and learning from the acute sector re what does not work) to support consistently high quality care in human services. Can provide academic references as required.

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Benefits of a common definition and characteristics of quality care

The core purpose of both the standards and the Act is that, ultimately, aged care consumers experience care, services and lifestyle that support the best possible quality of life and health. Pointing the sector at a simple, common definition of the characteristics of quality care and services (expressed as quality care goals to achieve) will enhance sector understanding and support implementation of both the standards and the Act with clearer intent. Benefits of a common and simple definition of quality care and services include:

- **A shared understanding** that can be cultivated and embedded across the sector and at all levels of aged care organisations. The simplicity of four quality goals, to be achieved with consumers in everyday work, makes it easier for managers and staff to understand and embrace a meaningful purpose for the clinical governance activity they are obliged to participate in, and is more likely to translate to better decisions and actions at point of care.
- **Solves problems associated with different and complex definitions** that scatter effort and reduce understanding. Lack of clear and shared purpose for compliance and clinical governance leads to activities, such as standards' implementation and quality indicator reporting, becoming ends in themselves, which reduces their potency and results in activity without achievement. Compliance, rather than care and service improvement, becomes the goal.
- **Momentum across the sector to achieve sustainable change.** A common definition enables the sector to share lessons learned and successes in achieving the goals, as all are striving for the same point of care outcomes.
- Funded initiatives, training, systems improvement and clinical governance development can be targeted at supporting providers to achieve the four quality goals with consumers, focusing effort, improving systems design and accelerating progress.
- Measures can be developed to track progress with the quality goals. The current crop of quality indicators already measure many of the components of the 'safe' goal (preventable harm) and the 'person-centred' goal; and some of the newer indicators help us measure the 'effective' goal – see below. Indicators should drive and monitor care quality improvement; being clear about the quality goals to be achieved will guide more meaningful data collection and targeted indicator

development. As more national and provider-developed indicators emerge, they will help the sector develop a more balanced picture of care and service quality. This reinforces quality data as a driver for improvement to achieve specific goals for care quality, not as an end in itself.

MAPPING

The daily quality of care is largely determined by the decisions and actions of provider managers and staff. Different definitions in the Act and the Standards, and not relating the QIs to how they inform progress, will sustain the current lack of shared purpose and meaning for compliance and improvement activities. This perpetuates a focus on process with no clear outcome to aim for, or to judge the effectiveness of compliance processes against, leading to much activity with little point of care achievement.

It's important to separate the 'what quality care is' from the 'how we achieve it', to position quality care as something concrete that can be created in everyday work, rather than a series of processes. My recommendation is that the Aged Care Standards definition of quality care is used as it encompasses the Act definition but in simpler form. I further recommend that the Standards' definition have goal 'labels' attached to highlight that these are the characteristics of good care that we strive for every day – supported by robust governance, leadership and operations. If quality care isn't positioned in this way, 'continuous improvement' and standards' compliance defaults to a process, rather than outcome, orientation, and cannot fulfil its potential.

Aged Care Standards Quality Care Definition Quality Care and Services: (note my ' quality goal labels ' in brackets and suggested clarification words highlighted)	Aged Care Act Quality Care Definition the delivery of aged care services to a person in a way that prioritises:	Measuring goal achievement via current Quality Indicators
(are SAFE) <ul style="list-style-type: none"> • keep older people safe from preventable harm 	<ul style="list-style-type: none"> • <i>Note that there's nothing here about keeping people safe from preventable harm, which is a core component of providing quality care</i> 	<ul style="list-style-type: none"> • Pls • Restraint • Unplanned weight loss • Falls • Medication Mx
(are PERSON-CENTRED) <ul style="list-style-type: none"> • are provided with kindness and compassion • respond to the holistic needs of the older person 	<ul style="list-style-type: none"> • compassion and respect for the individuality, self-determination and dignity of a person accessing care, and their quality of life 	<ul style="list-style-type: none"> • Consumer experience • Quality of life • Activities of daily living

<p>and aiming to improve their wellbeing</p> <ul style="list-style-type: none"> are inclusive, culturally safe, trauma aware and healing informed 	<ul style="list-style-type: none"> responding to the person’s expressed personal needs, aspirations, and their preferences about the way services are delivered to them 	
<p>(are EFFECTIVE or RIGHT)</p> <ul style="list-style-type: none"> provide the right care to meet the older person’s needs, goals and preferences (with the best possible quality of life and health outcomes) 	<ul style="list-style-type: none"> supporting the person to improve their physical and cognitive capacities and mental health where possible facilitating regular clinical reviews to ensure that the services delivered continue to reflect their individual needs <p>(note that clinical review is not a description of quality care, but part of the ‘how’ high quality care is achieved. It fits in the ‘Improvement System’ Clinical Governance System Pillar – see below).</p>	<ul style="list-style-type: none"> Hospitalisation Continence care <p><i>Note that the ‘workforce’ QI measures system effectiveness, not care quality effectiveness – it’s part of the ‘how’ quality care is delivered, not ‘what’ quality care is – see under ‘People and Practice System’ CG pillar below.)</i></p>
<p>(are CONNECTED)</p> <ul style="list-style-type: none"> are smoothly coordinated when care is provided by the workforce, health professionals and external providers 	<ul style="list-style-type: none"> supporting the person to participate in cultural, recreational and social activities, and remain connected to their community. 	<p>Nil as at Feb 2024</p>

Quality goal achievement is supported by clinical governance systems, effectively implemented.

Staff are supported to pursue and achieve the four goals in their daily work via effective clinical governance systems within clinical governance pillars – these are the systems required to support consistently good care in human services. This positions clinical governance as a means to an end, not an end in itself. Although there are many iterations of CG structures and frameworks, four generic CG system ‘pillars’ are:

1. Systems to cultivate the required **Planning, Leadership and Culture**
 - Achieving quality care is led as a strategic and operational priority, supported by the right leadership and culture

2. Systems to support **Consumer Partnerships**
 - Consumers participate in both their care and service improvement more broadly

3. Systems to support **Positive People and Practice**
 - Staff are clear about their specific role in achieving the quality goals (which varies, depending on where they sit in the organisation)
 - Staff are supported to develop the right skills, knowledge and information to enact their role in providing or supporting quality care
 - Standards, policy, procedure and protocols are implemented to guide staff to achieve the quality goals
 - Managers are developed to manage their services to achieve consistently good care
 - Staff and consumer satisfaction are pursued in tandem

(This is where the ‘workforce’ Quality Indicator sits as ‘workforce’ is part of the ‘how’ quality care is achieved, it’s not part of the definition of quality care.)

4. Systems to **Monitor and Improve Care Quality and Pursue High Performance**
 - A quality management system supports staff to continually improve care quality to achieve the quality goals (using improvement science) and CG systems improvement to provide better support
 - A clinical risk management system support staff to effectively identify, reduce and manage clinical risk
 - A measurement system, supported by various forms of data collection, providing valid and reliable information on care quality progress and outcomes, which informs decision making to improve systems and staff support to progress towards quality care with every person.

(This is where ‘facilitating regular clinical reviews to ensure that the services delivered continue to reflect their individual needs’ fits, from the Aged Care Act definition; clinical review is part of the ‘how’ – it is part of one of the CG systems (monitoring and reporting) required to support quality care and services; it’s not a characteristic of what quality care is.)



Integrated Quality and Clinical Governance System
