

Round Three is Coming, Ready or Not

Boxing is seen by some as a brutal activity; by others as 'a gentlemanly sport' and while we wish to use a boxing reference to score a punch we do not wish to imply that we would relish a knockout.

In boxing, the bell rings and the round begins. The combatants know the rules and the referee is there to ensure they are followed. The judges sit at ring side and evaluate the performance of each hit, miss and feint in order to determine the winner.

Tension is in the air, everyone knows that the clock is ticking and there is really only one of two possible outcomes for their favourite, victory or defeat. Performance is being judged, with a wide range of spectators intently interested in the outcome.

Now what has that to do with aged care? Well lots really.

Firstly the clock has been ticking since the first round and with every tick the end of the next round comes closer. The initial jitters should be over and an understanding of how the game is played should be clearly understood. If you do enough of the right things you will finish the round by 'winning it' and hopefully you will not be too disheveled in the process.

Shouldn't the rounds be easier as we go along? In fact the answer is no.

The rules are the same, the outcomes are the same and the fact that you have survived up to now should mean that you know what is happening. Allowance for jitters and getting to know the environment in the early rounds are seen as natural; later as a show of ineptitude.

Sometimes people or organisations delude themselves that because they achieved all expected outcomes on the last round and successfully survived support visits, that they are 'doing just fine, thank you'.

The concept of continuous improvement means that what was acceptable on the last round will not necessarily be suitable two or three years later.

The rate of change in some areas is phenomenal and will depend on what new research and issues have changed the landscape.

It is important to understand the method of aged care accreditation auditing. While the Accreditation audit may seem rigorous, it is really just a cursory glance. In less than two full days, auditors gather information about 44 expected outcomes through a 'sampling' process of approximately 10%. That means that more can be missed than what is found and just because the process finds compliance does not mean that everything is 'okay' or 'right'.

Also, what if you haven't kept up with your training like you should have?

Skip a session here and there, eat a little extra cake, forget the road work. Nobody will ever know, or will they? Yes they will.

Almost daily we hear people excuse non-performance with the notion that, "we don't have that done yet, but we will have it by accreditation," What a silly notion.

Accreditation is not

just about the visit by auditors; it is meant to be about outcomes for residents. If you are not performing to expected standards, in most cases residents are suffering.

Say what you like about the Accreditation processes and the poor or ambiguous wording of some of the expected outcomes, few would argue that these are minimum standards of community expectations.

Would anyone in the community find it acceptable that residents were NOT adequately nourished and hydrated or that they did NOT receive appropriate clinical care?

You are obliged to care for residents whether or not someone is looking over your shoulder. To use our analogy, the spectators would be enraged at such poor and unethical performance.

And, speaking of training and performance, how many sports people achieve success without the benefit of a coach who watches their performance, tells them honestly where they are going wrong and where they are not using a strength to full advantage?

There are some who misunderstand the concept of self-assessment thinking that it means that they must do everything on their own and to seek assistance is a sign of weakness or even failure.

It only makes sense to get an honest objective opinion of your facility's performance. To do so actually shows a real commitment to success.

Recently, we saw in the news those students who had achieved exceptional results in their year twelve exams. "How do they do it?" some say wistfully. "If only I was that smart."

But what do we mean by smart? Is it just superior knowledge of the subject or is it additional knowledge of how to play the game and understanding what is expected?

Many have been tutored about how to write exams, what examiners are looking for and how to focus on the key issues.

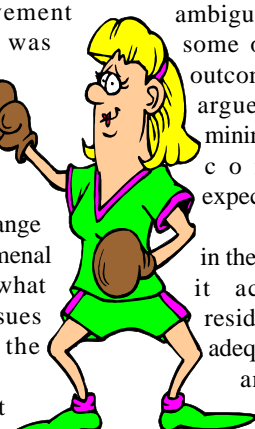
Often they will have studied and written previous examination papers to 'get a feel' for the process.

So what has this got to do with you? A good sportsman knows his game, knows the rules, knows his opponent and knows his own strengths and weaknesses having gained this knowledge with the help of others.

Most of you are six to nine months away from Accreditation.

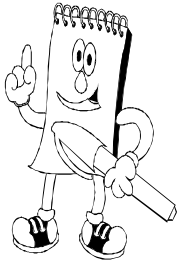
In preparation we suggest that you:

- ◆ review Accreditation and standards requirements,
- ◆ review reports and outcomes of other facilities,
- ◆ seek competent assistance well in advance of your deadlines
- ◆ consider what auditors will be looking for and finally,
- ◆ get an objective opinion on your facility's strength and weaknesses.



Does your Approved Provider know what is required?

Would you like to have something you have written or said published? Simply mail, fax or e-mail us a copy with your details and we will try to make it happen.



N & C Baron & Associates

ABN 35 041 713 303

PO Box 687
Mitcham SA 5062

Ph. (08) 8276 9763
Fax. (08) 8277 0300

www.ncbaron.com

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While on the surface the title appears to be a silly question, of course the Approved Provider would know what is required, it appears that it may not always be the case.

This issue was examined at length during the *Legal Issues in Aged Care Workshop* and it was an eye opener for many.

Perhaps the question should be do you and your approved provider know what is required? Do you understand both their responsibilities and your own in keeping them informed.

It is not unusual for us to find that senior nursing and business managers have not kept their proprietor or Board adequately informed because they believe that they either would not understand or that they would unnecessarily interfere.

The relationship can be strained at times but it is important that everyone clearly understands the requirements for acceptable business practice and those specified under the Aged Care Act 1997.

The board or proprietor is 'the approved proprietor' and as such, is accountable for the effective running of the facility/organisation and compliance with legislative requirements including

The latest addition to the successful series of self learning packages is about to be released.

Presented in a clear and easy to understand style by psychologist and sleep researcher Dr Kurt Lushington, the

Accreditation.

As Michael Hegarty noted "The Board is ultimately responsible and accountable for the operation



and outcomes ... which simply means ensuring that all key aspects of the running of the organisation are approved and monitored by the Board."

"Managers are accountable for implementation of ... plans approved by the Board and for promptly and accurately reporting progress and outcomes to the Board."

This makes for an intricate, and at times, difficult relationship between senior management and their Board or proprietor.

It can mean that the manager (who is often more likely to receive relevant, current information) must often explain or educate the Board about requirements before then asking permission to proceed with a required action.

Conversely, Boards or proprietors may wish to have a closer look at the functioning of an organisation leaving the manager feeling that their

integrity is under question.

Both sides must be prepared to work together if the desired outcomes are to be achieved.

Managers should feel confident and free to offer information to the governing body and have a right to expect to be adequately resourced IF they put forward a cogent proposal for the effective running of the business (in this case, the business of looking after residents in accordance with Aged Care Act requirements).

Boards and proprietors are legally responsible and should not be afraid of requiring their managers to provide evidence of current practices and compliance with standards, including seeking an objective opinion from time to time.

For Boards, proprietors and managers of facilities, the Aged Care principles provide the framework of requirements.

All parties should have a copy of this document and should use it frequently as a reference.

It certainly is not the only legal document relating to aged care provision but a good knowledge of this document will give governing bodies and individuals a solid basis for the achievement of expectations.

Exploring the Myths of Sleep in Aged Care

package covers many of the myths and uncertainties of sleep.

Essential training for all staff members to ensure that they have knowledge on this important aged care issue.



See the enclosed brochure or our web site www.ncbaron.com for full details.

2005 – The Year of Opportunities

Opportunity 1: MEASURE UP 2005: Annual care staff benchmarking

Over the past two years, N & C Baron & Associates have collected, collated and summarised data on staffing issues to enable facilities to measure their staffing against established benchmarks and other participating facilities. Last year over sixty South Australian facilities participated.

Smart operators used the data to either validate their own staffing practice or to support adjustments to their staffing matrix. Many reported that the data was an excellent way to inform their Boards or proprietors of their staffing needs. Others said that the analysis of the data was invaluable in driving improvements that became the focus of their CQI program.

As yet no definitive guidelines for best practice staffing methodology exist, so we will continue to use the ANF benchmarks, which in many cases have been incorporated into your Enterprise Bargaining agreements. Additionally we gather further anecdotal evidence that may be significant to staffing levels.

For example, in our ongoing work, when reviewing facilities that have had difficulties meeting expected requirements, we consistently found that they were either well below ANF-SA benchmarks OR, that the ratio of nursing to care staff was less than 1/3. In other words, it is not just how many 'hands on deck' but how much direction and supervision is available to ensure acceptable levels of practice. This year we will graphically represent that information for you.

Issues between staffing numbers and funding exist and many argue that decreased staffing means poor paperwork that further reduces the funding level. There are always debates about what level of RCS funding should be allocated to staffing and we have included that question in this year's data collection.

We are specifying a period of time (or roster closest to that time) in an effort to increase accuracy. We have chosen a fortnight that had neither school nor public holidays.

The time and economic costs to participate in this exercise are minimal when weighed against the benefit of the knowledge you can elicit from the data.

Don't miss out! (See enclosed application brochure).

Opportunity 2: PRACTICAL One-day workshop: FOCUS ON THE FUTURE: Running your facility more effectively.

This very practical workshop presented by N & C Baron & Associates and SMC Pathways Pty Ltd has been designed specifically in response to questions that we are frequently asked about models of care and how to more effectively link funding, accreditation and positive resident outcomes.

Residential Aged Care is an intricate and challenging blend of nursing, care and lifestyle. Managers and Directors of Care oversee multi-million dollar businesses delivering, not just care, but accommodation, hotel and lifestyle services to a rapidly changing client population. Managers come from varied backgrounds such as acute care nursing, management and lifestyle. Some hold Masters degrees, some certificates in nursing, lifestyle or related disciplines.

This is an opportunity not to be missed if you want to keep up with contemporary practice and deliver high quality service within existing financial constraints.

(See enclosed registration brochure).

Opportunity 3: FIVE DAY AGED CARE QUALITY ASSESSOR COURSE February 7-11 inclusive

A limited opportunity exists for South Australians to participate in this course without travelling interstate and incurring all the associated costs. Course content is structured around the processes used by the Aged Care Standards and Accreditation Agency and gives an opportunity to consider accreditation audits from the other side of the desk.

Brian Sharp of The Systems 3 Group has trained literally hundreds of aged care auditors across Australia and has worked tirelessly with the Agency to revise the course to meet contemporary standards.

Those who wish to explore the option of becoming an auditor with the Agency should contact them BEFORE enrolling to familiarise themselves with their requirements.

The course is not limited only to those aspiring to become an assessor, but provides knowledge and confidence for:

- ◆ Internal preparation for the ongoing accreditation process.
- ◆ Internal self-assessments
- ◆ Development and implementation of management systems in aged care facilities

Positive responses from graduates have convinced us that every facility should have at least one staff member who holds this valuable knowledge.

Acceptance will be strictly on a "first come - first served" basis and not all interested applicants may be accommodated.

Contact Carla or Neil on 8276 9763 for further information and registration forms.

Consultants - Good or Bad?

Consultants at times are viewed as pseudo-experts who charge huge amounts of money to deliver dubious results.

Before the last SA State election much was made of high priced consultants and their effect on the budget. A promise was made that if elected the use of such consultants would not continue. And the government has been as good as its word. It does not use 'consultants' but now enlists the help of external 'advisors'.

Why do people choose to use consultants or advisors? Would or could such a service help you in your facility? What would it cost? And finally, how would you go about choosing one?

A consultant is an advisor; someone who brings to their client experience of a number of different approaches. Someone who can view their client's problems, challenges and accomplishments in an

objective manner uninhibited by the internal culture and pressures that often cloud perceptions.

They can fill gaps in knowledge and experience that in-house personnel may not possess. They may validate processes or bring a fresh approach that can invigorate the manager and team.

A good consultant has specialist knowledge but also knows what they don't know. They will know when something is beyond their scope or brief and steer you to another appropriate person who may assist.

Could you use a consultant?

A consultant can take on many roles. It may be that you require specialist information or skill that you do not have on staff (i.e. continence education) or you may have a specific project of which you want to maintain control but do not

have the time or expertise (ie. building extensions).

Possibly you want someone to cast an objective eye over one or all of your systems (external auditor). Or, you may want an advisor with specialist knowledge to work with you in completing a specific task (ie grant application).

Cost/Benefit Analysis

No one can assert that use of a consultant is either beneficial or wasteful as a general statement. Each facility, situation or project can only be assessed on its own merits.

The best way to determine whether use of an advisor is a good option is to list on one side of a page all the costs (including financial, time and human) and on the other side all of the benefits and let that guide you in your decision-making.

Select the best possible person on performance, not just price.

Would you look to find a cut price surgeon, if you required an operation, or one that will be able to do the job to your satisfaction?

How to Choose a Consultant

1. Know what you want: project management, advice, auditing, expert assistance.
2. Look for someone with the knowledge and scope befitting the job you have
3. Recruit effectively:
 - * interview potential consultants yourself
 - you need to be comfortable to work with this person
 - * check their history
 - what is their track record?
 - ask for and check references
4. Clearly outline what the terms of your agreement are: single project or ongoing advice, price, timeframes, etc.



We wish you the best of wishes for the year ahead.

If at any time we can be of help, please do not hesitate to give us a call.

We do care.

The Barons

Important Dates 2005

Carers Conference: Monday 9th May

- NOTE CHANGE OF DATE

In response to requests by carers

Leisure Conference: Thursday 5th May

Thorny Issues VI: Thursday 18th August

All three events will be held at the:

Education Development Centre
Milner Street
Hindmarsh