

The Baron Report

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Benchmarking Not for the Faint Hearted

by Neil Baron

Much discussion has ensued on the topic of benchmarking. Effectively most facilities are being told that some aspect of benchmarking is essential for their future development. The questions it appears are “what exactly is benchmarking?” and “what is it going to do for us”?

Definitions for benchmarking abound, from the simple to the complex. The historic definition, again this varies from source to source, was a mark originally used in surveying or in the manufacture of jewelry.

It was some manner of mark that was used to measure each additional product or distance against to ensure continuity. More modern definitions emphasise the notions of: comparison; best practice; continuous and systemic process to determine how a business can be the best at what it is doing. Confused? Well you're not alone.

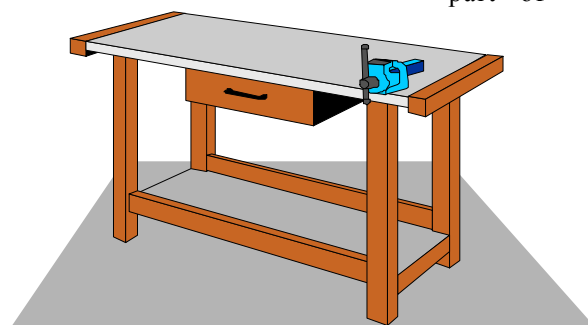
Leaving aside the controversy of what it is let us move on to the area of what is benchmarking going to do for us? If someone says “they are doing a good job”, how do we know that is so? What references are they measuring against? It is very much like asking a child if their room is clean; to them it is, to you it is a tip. How would their room measure up to best practice?

If we all could point to a clean room that is seen best practice we then can compare our thoughts to the model. The child could see what is expected, as could we. The example has many holes in it, but it is helpful to understand.

So why is benchmarking not for the

Chief Executive Officer (CEO) provides the necessary resources and takes a leadership role in supporting the efforts being made. In such cases the benefits have certainly outweighed the costs.

In other words there must be a strong will on the part of the



fainthearted?

Firstly because it does cost in terms of time, money and commitment. It is not an easy fix or band-aid measure. It is not something that you can grab, copy and make work in your facility. It is a long-term commitment that requires dedication and determination.

The Executive Summary of the AusIndustry Benchmarking Self Help Manual explains that:

The most successful organisations are those which adopt benchmarking as an integral part of a broader improvement program, centered on strategic concerns of the organisation, and whose

organisation to go the distance. Cost is mentioned and it is a serious factor. Benchmarking is not cheap. But the cost should be seen as an investment.

N & C Baron & Associates has spent endless hours over the better part of the last year researching and evaluating how best to implement a benchmarking system that is relevant to aged care facilities, that will provide results and that will be affordable. Suffice to say the task was a demanding one, but we are pleased to say that we believe that we now have a program that will benefit all those involved.

We see the process as one that is ongoing with a

high degree of staff interaction.

As part of the process N & C Baron & Associates will act as facilitators providing comprehensive audits of each facility to establish baselines along with educational days during the year. Staff will be assisted to develop Key Performance Indicators (KPIs) as appropriate to their facility.

Data will be crunched, compiled and made available to those participating in the program.

Strict confidentiality will be maintained with unique identifier numbers provided to each participant.

Participants in the program, it is strongly believed, will have an advantage over their competitors by having a coordinated program designed specifically for Aged Care which is relevant to their facility.

While costs have been noted as perhaps the biggest drawback to any benchmarking program, every effort has been made to ensure they are kept to a minimum. The program will cost less than \$100.00 per week on average.

If interested, see attached interest form or contact Neil on 8276 9763.

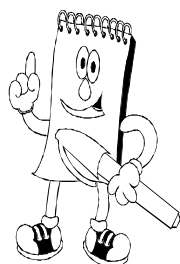
Current information for the Aged Care Industry

Meeting Educational Needs A Case of Chalk and Cheese

by Neil Baron

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.



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Recent examinations and research on various strategies implemented by Aged Care Facilities to provide ongoing educational opportunities has shown wide variations. Chalk and cheese really.

The biggest reason for these differences appears to be in the understanding of what role education plays in the process.

Many people in the community still hold the view that education is something we gain at an early age and then move on to doing what we do. This concept was prevalent in times past but is certainly not the case today. Education is associated with school and all that that entailed. Often experiences of early education have left deep scars and a reluctance to engage in anything to do with this form of learning. Early hurts and disappointments are not easily forgotten.

Today, however, it is necessary to be continually revisiting areas of education to keep current on new issues and initiatives. Miss out and you find will find yourself lost on many major concepts and strategies. The secret is in developing and implementing a successful strategy that will allow you to meet these demands.

The concept of education can take many guises; individual – group, internal - external, one off - ongoing, formal – informal to name but a few.

Yet many places, while paying lip service to education needs, apply an ad hoc strategy for themselves and for their staff.

A lack of coordination exists between 'what do we need' and 'what are we getting?' Little time is spent on budgeting for education, in terms of both money and time.

Indeed it appears that facilities with sound budgetary strategies are in



the minority.

Does your facility have a budget component that addresses your annual education needs?

There also appears to be a lack of will by many DOC's to forcefully lobby either their boards or proprietors for funds to implement any budget strategies. It appears that the cap in hand approach is still in use in some facilities.

This notion needs to change and change quickly. Education must be seen as a benefit not a cost, as an investment not a burden. A make do strategy will most likely end up in a make do result. Not a good outcome for your staff, your budget or for your resident.

After all the whole premise of education is to be able to provide staff that are capable of providing the best, most current service delivery available. If they are using outdated or substandard

tools they will not be able to gain the necessary result.

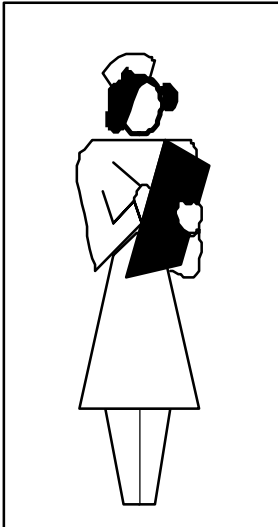
The questions that must be answered are:

1. What educational training do we need to have to ensure good customer service delivery?
2. What is required in terms of time and money to meet those needs?
3. What will be the best method of facilitating those needs?
4. Are all relevant stakeholders, from proprietor or board members through to all staff seen as part of the picture?
5. As the person responsible, are you ensuring that all educational needs will be met?

A comprehensive range of educational programs that are specifically designed for Aged Care facilities are run by N & C Baron & Associates throughout the year either on your site or at a central location.

In acknowledging that it is difficult to be all things to all people, a wide range of Associates who are well versed in their respective areas are available to assist in your educational needs.

Please do not hesitate to give us a call for further information on any aspect of your educational program.



Aged care facilities provide the care for five to seven percent of the frail elderly in our community.

Of those admitted to residential aged care, 43% will die in the first year and a staggering 31% within six months of admission. Gone are the days of booking yourself in when it got a bit hard at home!

Hospitals are discharging patients earlier and sicker. Not all can be expected to return home.

The practicalities of health care economics dictate that palliative care services are unable to provide care and support to everyone with a terminal illness.

Hospices are changing their admission policies leading to more of a focus on symptom management and terminal care.

THE CLINICIAN'S CORNER

Why Should Aged Care Embrace Palliative Care?

by Peter Jenkin

Jenkin & McLeod - Palliative Care Educators & Consultants

Inpatient respite and long stays during a gradual decline are rare now. More and more we see aged care facilities challenged to accept the dying, often at an advanced stage of their illness.

Hence there has been a growing distinction between specialist palliative care and a palliative care approach. At the same time, we see an increasing promotion of palliative care for diseases other than cancer. This has broadened to consider palliative care of older people generally.

What are the Challenges?

Consider for a moment the issues and differences you face providing palliative care for your residents compared to the younger elderly cancer patient.

The trajectory of decline is complex, erratic, slower and less predictable compared to the cancer patient. Not uncommon are many 'terminal events' with subsequent 'bounce backs'!

Different symptoms, most commonly confusion, incontinence, dizziness, sight and hearing deficits are evident.

The residents functional

abilities are likely to be reduced prior to the diagnosis of the terminal illness.

There are likely to be multiple pathologies and symptoms from other disorders to confuse the clinical picture. Poly-pharmacy is common.

Cognitive impairments make assessment of symptoms and communication problematic.

There is an inability of cognitively impaired residents to make use of advance directives unless prepared prior to their deterioration.

The elderly often assume suffering is part of getting old. Perhaps we do too sometimes.

Aged Care facilities require a different skill mix and availability of staff compared to a hospice. The average in a hospice is 43 average hours/week, primarily by RN's.

Funding for care is focused on supportive and rehabilitative care to maintain function with perhaps an organisational culture to match.

Commonly, aged care providers have turned to specialist palliative care services for education and training to

equip them with the knowledge and skills to care for their dying residents but, how often is training provided that still focuses on the patient with cancer with little recognition of the points above.

I often argue the point that having the knowledge and skills for a task is not enough.

Consider the management of severe pain for one of your residents. I may know all about the pharmacokinetics of opioid medications, the best ways to administer them and can set up a graseby infusion pump in my sleep BUT, if I still think that morphine hastens death, or that the resident will get addicted, then it is unlikely that the residents pain will be relieved.

Finally, how often is the substantial collective expertise of aged care nurses recognised? Palliative care specialists don't have all the answers... There needs to be a mutual recognition of what each brings to the care of the dying elderly in residential aged care.

Come visit us at www.jenkinmcleod.com.au

MEDICATION CREDENTIALLING

Update

Last month's article on medication credentialling was positively received with additional information being sought.

Enrolled Nurses (EN) and Personal Carers (PC) have for some time been administering medication in the hostel setting.

With the current RN shortage likely to be long lasting,

the delegation of medication administration is also beginning to occur in nursing homes.

Many have questions and reservations about this practice being legal.

At the Thorny Issues Conference in November last year, the Nurses Board of South Australia CEO/Registrar, Helen Tolstoshev and Australian Nursing Federation

Senior Industrial Officer, Rob Bonner agreed that delegation was possible.

The important issue is that delegation is managed correctly and responsibly to meet duty of care requirements to both the resident and delegated ENs and PCs.

By credentialling you are meeting your duty of care through responsible delegation

with training, skill demonstration and ongoing audits to ensure safety and security of all concerned.

N & C Baron & Associates would be happy to assist you in this vital area.

Please call for further information and appreciate that time is always a limiting factor in planning for 'quick' results.

Ring, Ring Telephone Ring

by Neil Baron

Are you starting to sing the words to that wonderful song of the sixties? See you can still remember past events, but can you handle present ones?

The inability of Aged Care Facilities (or as Ms Bishop is now telling us not to use the F word) Homes to understand modern communication techniques beggars belief. No I am not talking computers and e-mail but rather the humble telephone.

I can probably count on two hands the number of facilities, (oops) homes, that handle the answering of phones correctly. Most of these places are ones that have dedicated reception staff and when they are on the system works well. Evenings and weekends can be another matter.

It appears that for most places the phone is a petty annoyance that must be put up with.

Staff are NOT trained

to use the device properly. Management have not developed strategies to have messages received when everyone is busy. Time and money is being wasted on a daily basis.

A standard procedure for answering the phone must be implemented to ensure that continuity is maintained. Remember for many people the first contact with your organisation is by telephone. Develop a spiel that everyone uses : Good Morning (afternoon, evening) Hazy Days Leisure Resort so and so speaking, may I help you. This area is full of variation, often with interesting comments

coming forth. One example being of the person not covering the mouthpiece and asking the DON if she was in, to be told that she was busting and going to the loo. The fact that the receptionist came back to say the DON was busy was amusing to say the least.

Remember that a lot of new phones are very sound sensitive.

If the person is not available, set up a procedure for taking messages and what information you require. Having a staff member tell you that someone phoned without a name and particularly without a number is pretty useless. Make it easy by outlining exactly what information you require for

someone phoning in.

If for any reason the telephone is unattended then ensure that an answering system is in place with an appropriate message. I know we all dislike these things but they do work. (usually).

If I call and receive no answer, I immediately start to speculate on what might be wrong. It allows for a lot of needless confusion and uncertainty.

Remember, please attempt to return calls as soon as possible. Phoning back to a facility to be told that you can leave a message after you have done this really does give a bad impression.

Finally, please let us apologise for any problems that we may have caused you in attempting to contact us. We do try hard but we all make mistakes.

Upcoming Dates & Events

Successful Documentation & RCS Update

Hobart Monday March 26th

Launceston Wednesday March 28th

Devonport Friday March 30th

The Next Step - Demonstrating Continuous Improvement for Round Two

Devonport Monday April 2nd

Launceston Wednesday April 4th

Hobart Friday April 6th

The Next Step - Demonstrating Continuous Improvement for Round Two

Wednesday April 18th

Balyana Conference Centre

46 Strathcona Ave

Clapham

ADELAIDE

Networking Group

Is growing and prospering with great interaction and sharing of ideas. If you are not attending you are probably missing out on current info. To find out about the next time and place call Neil on 8276 9763.



WARNING!

Gremlins at work throughout this paper, changing words and causing mistakes. Please report any sightings for a reward.

Call Neil on 8276

Empty the gold from your purse into your mind and your mind will fill your purse with gold.

Benjamin Franklin

