

Crisis Summit - Success - Where to from here?

by Neil Baron

A big thank you to all who were instrumental in making this day a success, not just by attending but by starting to develop a firm voice that will carry into the future.

A voice for all staff that labour so tirelessly to provide positive outcomes in residential aged care and more often than not receive little recognition or praise but are first in line to cop the criticism.

If that notion sounds a bit cynical perhaps it is to be expected. While most staff work very hard to ensure good resident outcomes, it is the senior staff that have the ability to make or break the place. Often they receive little support from the approved provider but a quick rebuke if things go pear shaped.

The day was structured so that presenters briefly introduced topic areas with good opportunity for discussion and comments from those attending.

Lee Thomas, State Secretary of the Australian Nursing Federation (ANF) discussed the support that is available to nursing staff and in particular DONs if it is required.

If you are a nurse and have an issue as an employee then the ANF will assist you, if you are a member but she did point out that if the DON is acting as a representative of the employer or as an employer then other avenues are available and should be

used. This is a key issue and although it has been around for a long time, the clarification was timely.

Doug Strain, CEO of Masonic Homes Inc. and a Director of the Aged Care Standards and Accreditation Agency Ltd. next

discussed issues regarding aged care in transition, including the growing gap between supply and demand of nurses and a bleak graph of this area developing into a chasm.

His message was simple, innovate, innovate, innovate. It was a pleasure to have Doug present these matters but also to front up.

Many attendees were questioning the lack of approved providers who chose not to avail themselves of the many messages that were being presented. In addition to Doug there was only one other CEO, one CEO/proprietor and one board member. While we did extend an invitation to Angela Halsey, she indicated that she was interstate on that date. An interesting comment heard at morning tea in regards to Doug, "I wish my CEO was more like him" says a lot.

Next up were Helen Malandris and Tanya Smith from the South Australian Police Records Release Unit who explained the ins and

outs of police checks and provided some very insightful details about not

only what these checks would tell us but more worrying, what they don't tell.

Demon or angel was the next discussion

over the provision of staff from a Nursing Agency. This area provided some interesting discussion with a growing sympathy for people who choose to align themselves with a nursing agency rather than to stay with one facility. Many were quietly saying that maybe working for an agency and having a life was not such a bad idea.

Michael Hegarty spoke about the vexed issue of professional integrity. It seems that just because a 'higher authority' expects certain behaviour from us, we are not exonerated legally or ethically.

His advice, do what is best for your resident and follow your conscience.

Robert Godden, Human Resource Specialist and, by previous feedback, a favourite speaker, discussed notions around the value of a DON. While speaking to the converted, he presented some practical suggestions on retaining this lynch pin of any aged care facility.

There was

considerable discussion about the growing chasm between the industry expectations of Certificate III care staff and the actual product.

While many elements were explored and debated, the major area of agreement seemed to be that knowledge and skill counts for very little if the student (aka carer) does not have the right attitude and that very few RTOs who offer Aged Care certificates screen for attitude.

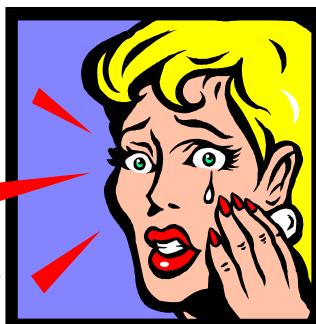
Neil Pahuja is a 'hands on' CEO/proprietor who gave an entertaining and useful presentation about how smaller organisations manage.

His message: recruit well then look after your staff. But further, Neil indicated that the industry should and could be doing more to address the concerns we hold in common.

Lee Martin ended the day on a positive note that in many ways reinforced the underlying message of many speakers.

Lee had volunteered to present a model that worked and that model was 'loyalty' as a leadership tool and suggested that if you are loyal to yourself, your beliefs and goals and to your staff and residents, you will have a model that really gets results.

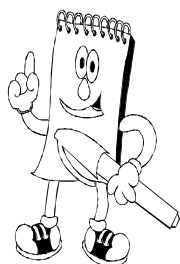
Feedback from the summit was highly positive and we look forward to facilitating more opportunities for industry discussion at this level.



Finding, Hiring and Keeping Staff

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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The biggest cost factor, the biggest problem area and the biggest user of time of anyone managing residential aged care is staff. So do you know enough about handling this most important issue?

If you answer very confidentially yes, or if it is not a concern then go on to the next page. If not, read on.

It would be folly for anyone to suggest that they have all the answers, wow, if they did they could bottle the formula and retire to a tropical island or maybe buy a penthouse in the Adelaide CBD. But there are strategies that may assist you in making the pain a little less severe and easier to take.

Firstly money is the main factor, if you are willing to spend enough you can get just about anything done or attract the right people. Doubt that, well put it to the test. Advertise that you are will to pay \$150 p/h for an RN and see if it improves your strike

rate. Still not getting what you want then increase it to \$200



p/h.

You will eventually get what you require and then all of your problems are solved bar one, how to pay for this newly found talent.

Money is a limited commodity in aged care yet we repeatedly see generous amounts being wasted through silly advertisements, poor staff selection and retention and little things like forgetting to properly check references. "Oh I was going to but I got busy."

Money is important but so is time, indeed there is an old adage that 'Time is Money.' Yet there is a tremendous amount of lost time due to managing staff

issues. If you have any involvement with the area of HR with your organisation it might benefit you to attend this day.

Remember no one will ever thank you for doing a bad, incomplete or incompetent job, even if you have saved a few dollars in the process.

If you are unsure of how to do something then it is incumbent on you to learn how to it correctly. This rule applies at all levels of life and is not restricted to work only situations. Don't guess or assume, get some sound advice from someone who knows.

I must confess to not being a good gardener, my recycle bin can bear testament to some of my less successful attempts.

I find discussing what best to do with people with knowledge at the local nursery a great boost to having a garden I am happy with and plants that are happy with me.

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Is an Action Group Required?

Is there a need for some form of representative voice and positive promotion for senior facility staff of residential aged care facilities?

A relevant resource that would assist, clarify and provide Residential Care Managers (under whatever title) with a common reference point.

An area that would assist future growth in an industry where key staff are ageing and struggling to

provide well trained and knowledgeable staff at all levels.

This is what a lot of people were indicating privately as a result of discussion following the Breaking Point Summit; during the sessions some were indicating that current bodies appear to represent more the CEO, proprietor and boards than they do the senior facility workers.

Yet it is this group that must ensure that everything

moves smoothly; they are the ones that cop the negative publicity and are often questioned over their ability to successfully perform their tasks.

We would be most interested in hearing your views over this issue and what aspect you would like to get involved in.

SCREENING THE SCREENING TOOL

by Julie Dundon - Accredited Practising Dietitian

Does this sound familiar?

A nutrition-screening tool is put into use at an aged care facility. The Registered Nurse assesses all the residents to find approximately 40% are at risk of malnourishment.

Six months later during an audit it is discovered that:

- The nutrition-screening tool is rarely completely adequate.
- An overweight resident is receiving a high calorie supplement.
- The residents previously identified as being at risk of malnutrition remain at risk and continue to lose weight.
- Wounds and poor skin integrity amongst the 'at risk' residents has increased.
- The account for commercial supplements has doubled since the implementation of the screening tool.

What's going on here?

A nutrition-screening tool is a vital part of malnutrition management. However as we can see with

the example above, having a screening tool on hand does not guarantee effectiveness.

When using a nutrition-screening tool for your aged care facility the following factors should be considered:

How long does it take to complete an assessment?

Time efficiency is a priority in aged care and staff members are often pressed for time. The less time required, the more regularly the screening tool is likely to be used. Always check how long it will take to complete an assessment using the nutrition screening tool.

Are staff able to take measurements accurately?

Some tools use Body Mass Index (BMI) as a measure of nutritional status. Obtaining an accurate BMI relies on determining a correct height measurement.

This can be difficult with residents who are unable to stand or for people with stooped postures. Knee or ulna length can be used to

determine height however not all staff may be skilled in obtaining measurements in this manner.

Consider the average level of skill your staff members may have.

Is the screening tool relevant to your resident population (age and nationality)?

BMI varies with age. A BMI of 20 is healthy for a person under 65 years of age but is underweight for a person who is older. BMI also varies with nationality, i.e. a healthy BMI for an Asian person is lower than for an Australian.

If your facility is using a tool that incorporates BMI check that the figures are relevant to your resident population. You may need to use more than one set of BMI figures if your facility has residents from other cultures.

Is there an action plan?

Once malnutrition has been identified, a plan corresponding to the level of risk-assessed needs to be

actioned. Weekly weighs, food diaries, nourishing fluids and high energy, high protein diets are all strategies that should be initiated prior to commercial supplements.

Check what strategies are recommended by the nutrition-screening tool. Think about consulting with a dietitian to develop a flow chart of strategies for your facility that staff can initiate as soon as malnutrition risk has been identified.

Nutrition screening tools offer the first step in malnutrition management, however no one benefits from even the best nutrition-screening tool when it is not used in conjunction with an action plan.

By ensuring the nutrition screening tool used is simple, time effective, relevant and combined with suitable strategies, both the residents and the facility can benefit from effective nutrition management.

Julie may be contacted on 8227 1000 or mobile 0419834181 for further information.

And Not Just Nutrition

by Carla Baron

Although Julie has discussed issues pertinent to nutrition, it is important to realise that they are not unique to nutrition.

Time and again both Neil and I see people who are using screening tools or other validated documentation formats incorrectly. We have seen Mini Mentals that have shown that residents have improved over a twelve-month period when clinical indicators show clear decline.

We were also involved in a situation where a 'Diversional Therapist' (Certificate III, same level as your care staff) had advised families of the depression she had identified using a Depression Scale.

It is absolutely essential that facilities decide upon which assessments and screenings will be used and by which staff. It is equally important that the facility ensures that their staff understand that they cannot

independently introduce or implement a new form without informing management and following facility procedures.

We applaud the move towards the use of validated forms, screenings and assessment systems BUT it is not enough to put a new form out with an accompanying memo.

I n f o r m a t i o n, education and support must be provided to ensure that staff are using the tool

correctly; it cannot be assumed that every RN, for example has proficiency in the use of any tool.

And finally, findings must be actioned and/or followed up.

As Julie indicated, these formats are a first step; without analysis and action, the resident cannot benefit.

Unannounced Visits - Are You Ready?

An unannounced visit may include assessment using an assessment module, or a combination of modules, and consider information from previous visits, and may also include assessment against other specific expected outcomes. These assessment modules will also be used in relation to the conduct of announced visits.

<http://www.accreditation.org.au/AssessmentModules>

Your facility should be able to pass inspection at any time day or night, weekday or weekend, whether senior staff are on site or away. Recent changes by the Minister in response to public pressure have resulted in the formulation of twelve modules that will be used in conjunction with unannounced visits.

When we asked this question recently at our Crisis Summit, many people initially felt confident about the visits, seeing them the same as support visits that had previously happened.

Since then we have

had increasing comments and enquiries from people who believed that because they had had a visit nine months ago that they were aware of how they would be conducted and were now uncertain. Or, people asking about the modules.

Until now, it has been a bit of a moveable feast.

When Minister, Santo Santoro indicated his directive that every aged care facility should have a minimum of one announced visit a year,

work began in earnest and the visits began but without a clear direction, framework or, indeed legislative backing.

Well now, we have these underpinnings but do you understand them?

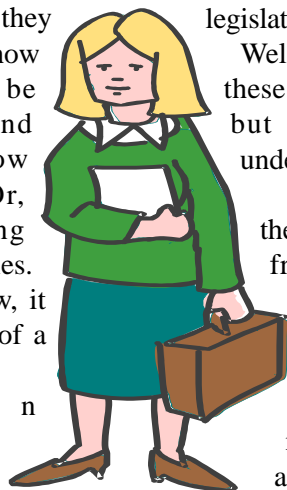
How do these visits differ from traditional Accreditation and Support visits? Do you know what the requirements are regarding unannounced visits? What are your rights? What if you and/or your proprietor or senior

staff are not present when the visit occurs?

Are you fully aware of the twelve assessment modules that may be used for the visits? Who or what decides what module might be used?

On Thursday 29th March, N & C Baron & associates will hold an education session to answer these questions for you and, more importantly to provide you with a strategy and framework to prepare your facility for your visit.

Because, ready or not, you will get an unannounced visit; be smart – be ready!



Survey Results with Minister - WA findings similar

by Neil Baron

Results of the post accreditation survey that many of you participated in are now with the Minister and I am awaiting a reply.

As promised the full report is on our website www.ncbaron.com under What's New and will give you an opportunity to examine how others went and their comments.

I strongly suggest that you take the time to read it, see how it relates to your experience and if you have any comments regarding the ability to carry out your duties to your residents please send them to the Minister or your

federal local Member of Parliament.

Remember this year Australia will have an election; this is a time when politicians become extremely interested in community views and issues. Silence may well be golden but it also means that if you don't say it then nobody will hear it.

I was very pleased to receive a request from Aged and Community Services Western Australia to use our survey form for their members.

They surveyed their members and had a response rate over 40% with results

very similar and therefore validating those of South Australia. This has to start to have alarm bells ringing as to how the system is being administered to cause these Accreditation process inconsistencies.

Maybe it is the fault of those facilities that are doing something wrong; in that case there is an urgent need to ensure that those in charge are doing the right thing. Conversely perhaps if there were a situation where everyone knows what was clearly expected then many of these problems would no longer exist.

For some accreditation is like a visit by the three bears and their comments on the temperature of the porridge." Oh mine is too hot", "Oh mine is too cold," "Ah mine is just right." Perhaps if we had a food thermometer and everyone knew that the right temperature was xx degrees then everyone would know if they are close to the mark.

The accreditation process should be the tool to ensure that facilities are providing quality care for their residents and an achievable goal without causing stress to the point of people wanting to leave the industry.