

Current information
for the Aged Care
Industry

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staff

Measure Up is Back

Summer 2010

The Baron Report

After a year off to give everyone a chance to stabilise with ACFI, N & C Baron & Associates are pleased to again offer the Measure Up program in 2010.

Regular readers of *The Baron Report* will be well aware of the Measure-Up program, many having participated over the past five years.

Measure Up is a way to assist facilities to compare their staffing levels and ratios against those of other facilities. Participants provide basic staffing and ACFI claims information and in return get comparisons (where they can look for similarities in size and locations) as well as against ANF benchmarks by hours per resident per day and resident to staff ratios on early, late and night shifts.

Additionally, from information about your ACFI profile, we are able to provide an indication of funded hours as a guideline for you. From this program, participants receive a large amount of data that may be used in numerous ways:

- this information can assist organisations in ascertaining compliance with the Expected Outcome 1.6 - Human Resource Management.
- evaluation of this data has helped facilities to demonstrate to Agency assessors how staff are being deployed
- it assists managers as a valuable resource when looking at staffing issues in various departments or in ascertaining whether compromised resident outcomes may be related to staffing levels.
- this information provides a quick reference of the ACFI funding of staff
- some managers have found it useful to explain to their senior managers or Boards why they need more staff

Those facilities interested in participating need only submit the enclosed Measure Up registration form by Friday 12th March 2010. Forms and instructions will then be sent out for completion.

Whinging or a genuine problem?

N & C Baron & Associates has always been at the forefront in providing support to facilities on a wide range of issues. We know first hand how difficult it is to maintain compliance, meet the needs of a myriad of masters and to still maintain your sanity. To this end we take what people say seriously and are willing to stick our necks out to assist.

Over the years we continually hear from many facilities, usually from staff, what they perceive as situations that are unjust, unfair or unproductive. Sadly, it would appear that those in control do not always agree with their staff.

The question is, are these people just ventilating and having a whinge or are they serious? If they are serious, do they have the full support of their CEOs, Boards or Proprietors? Often we receive requests for quotes on a range of services only to hear later that the request has been rejected by a proprietor or board. Finding out at a later date that the facility has been found non-compliant and that staff are totally demoralised seems a very high price to pay for not providing the necessary tools to allow proactive rather than reactive solutions.

As a professional do not be put in a position where you have to compromise your intergrity. if something is an issue make sure that you get the necessary tools to do the job.

Money Matters

I had a Grandmother, much like other Grandmothers, I suspect; who was very fussy about stuff – stuff like socks, for example. My dad claims he never had any socks as a boy, but he's prone to exaggeration and his depression-era tales of deprivation are a little suspicious considering he grew up in the '50's.

When shopping for socks for my Dad, my Grandmother would buy only socks and nothing else.

She started looking when it was clear he'd need them shortly, but not at the last minute. After all, she'd had to budget for the purchase. If she couldn't find the right socks, she didn't buy gloves, a scarf or even the latest Elvis 45. No socks, no purchase. And she only bought socks that were going to do the job, do it right, and would last. There was no point in buying anything but stout woollen socks; a little prickly but very functional. She always found them in the end.

And she treated them well – washed them carefully and I suspect, even ironed them.

When they started to fray, she mended them straight away, so as not to let a big hole develop. If they ripped, she'd pull out the big darning needle and some yarn, and carefully undertake the mending job with all due diligence.

This wasn't a plan or procedure that my Grandmother had written down; she just knew it was how things were done. Treat stuff right, look after it, and you will get the most out of it.

It's amazing how well this blueprint for stuff works for staff. Start by only hiring the right staff. If the attitude is wrong; or the references patchy; then don't do it. Look for all of the personality that you need and most of the experience and training. It's easier to train people than change their personalities.

Then, look after them. Just like the socks that kept their shape and form with a careful wash and iron; your staff will benefit from regular attention. Don't just 'set and forget'.

And when you are paying attention, you'll see when small problems – fraying around the edges – start to develop. And if you see it, you can take action.

Sometimes there's a major crisis, and the repair has to be comprehensive, diligent and appropriate. Do it right, and your staff can continue to function. Do it wrong and well, you'll end up where my Grandmother never was.

She never had to panic-buy unsuitable, unbudgeted socks. To do so would be a silly, expensive, avoidable waste of money.

In short, my Grandmother would never have made the sort of mistakes that we see happen fairly routinely in the workplace. Panic appointments; no regular staff maintenance, ignoring staff issues in the hope that they'll go away (the problems, not the staff) and back to the panic when someone leaves.

Written HR procedures and policies are very important in the accreditation process, but in real life, whether written or otherwise, it's the attitude, culture and importance behind your HR policies that are going to determine whether you get it right, or not.

And getting it wrong is not really an option.

Robert Godden is Principal Consultant at People Magic; a specialised Human Resources consultancy. He is a regular presenter at NC Baron events and is the author of three books on HR.



BUZZ

Visit our website:

www.ncbaron.com

for online current and past editions of *The Baron Report*, information of our range of self learning packages and lots more.

Mark your diary for Thorny issues 11 which will be held on Thursday August 26th 2010 at the Education Development Centre, Milner St. Hindmarsh.

On The Move

Lesley Seymour has been appointed as Clinical Nurse Advisor - Continence for Lil Healthcare. She can be contacted on 0421055019.

Smile of Confidence



Pictured are Ros Wright, Jenny Deer, Michelle Allen and Karyna Heales. Unable to attend were Deb Curyer, Desiree May, Marjo Smith, Ros Trott, Elizabeth Veitch and Louise Wadsworth.

It was an enormous pleasure to once again see the smiles of confidence on participants who received their certificates at a graduation ceremony at the Nursing and Midwifery Skills Centre on February 18th 2010. The only downside was that not all graduates were able to attend due to distance and work commitments.

If a person has a good knowledge of an area it follows that they will have a high level of confidence. Confidence is a funny creature, hard at times to capture and hold, yet it can fly out the door at a seconds notice. Once out the door it is very difficult to capture.

The secret is having enough repeated positive exposures in order to be able to quickly capture, hold on and display the results. The positive attitude comes with having good knowledge and understanding of what is required.

The growth of confidence was the single most evident feature of the participants. And it was visible. It grew from session to session and was marvellous to watch.

Let's face it, most of us do not like to have to fake an aspect of behaviour or try and paint a picture of knowledge and confidence when inwardly we are sweating buckets hoping that no one will find out. Yet we know this is happening on a daily basis in many facilities, with people either telling 'porkies' or trying to avoid the issue altogether. They are hoping that nobody will find the faults and lay the blame on them, often spending endless hours doing no productive work but rather muddling through because they are unsure of what to do and where to get the knowledge.

Ironically a good observer of body language can spot these ploys in a moment, but can sometime misread them for snobbery or arrogance. Snubbed people then impose their own coping mechanisms and the problem grows and grows, often coming to a head only when the facility falls over, never a pretty sight.

The three factors necessary for success in any area of employment are knowledge, skill and attitude. N & C Baron and Associates are proud to be able to assist participants to achieve their goals.

ACFI Savings

As a mobile allied health provider our business has had the fortunate opportunity to compare a multitude of aged care providers in terms of their systems, policies, procedures, and documentation systems. The variety is huge, however (most) still achieve their goals in terms of care delivery and meeting accreditation standards. Once the facilities have achieved their score of the magical "44", it appears there is little else to compare. With one exception – funding.

Some facilities are more forthcoming than others in letting external providers have an insight into their funding categories, and the difference is astonishing! Two facilities may be providing exactly the same level of care to their residents, but some are getting rewarded while others are really struggling. The difference in some cases is in excess of \$10K per year per resident; when you're considering a facility with 50 residents, this is really a substantial amount of money. And what makes this difference? It's often a case of accountability, documentation standards, and an understanding of the business rules associated with the Aged Care Funding Instrument (ACFI).

Some may criticise the old Residential Classification Scale (RCS), but one of its benefits in comparison to this 'new' funding tool is that the RCS made facilities look at the funding for every resident every year. Recently, while doing an analysis of a site's current ACFI situation, there were 20 out of 45 residents whose clinical situation meant that they could have already had a reappraisal submitted, some of these for three or four category shifts. At the same time, this site had a collection tin on their front counter for people to donate 20-cent pieces!

Some aged care facilities are failing to consider they're running a business, and not harnessing their main source of income. The old adage "you've got to spend money to make money" is especially true in the case of the ACFI. The site above had a single person spending one day a week on the entire ACFI process; when our analysis showed them how they had close to \$200K sitting there waiting to be re-submitted the initial response was that the site couldn't afford for them to spend any more time on the ACFI! They could have paid her \$100K per year and still been better off!

Allied Health is another example of potentially achieving a significant return on investment. The 'Complex Health Care' domain is rated according to the frequency and complexity of the interventions, with some being more time and cost effective in their delivery. A detailed analysis of residents' current ACFI situation and their diagnostic profiles has in some of our sites lead to an average increase in funding of over several thousand dollars per resident.

In summary, Aged Care Facilities are in the business of caring for residents; however the business side of things is often forgotten. Saving money on services such as ACFI documentation or Allied Health is often not saving money, but losing money. Spreading key clinical staff too thin not only affects resident outcomes, but financial outcomes.

To find out how Wellness & Lifestyles Australia can help you with your ACFI funding call (08) 8331 3000 or visit www.wellnesslifestyles.com.au Michael Peachey Therapy Services Manager

Rods for our backs

Recently we have had a number of occasions where facilities through lack of knowledge or planning have been making extra work and, in some cases, causing their own non-compliances in audits.

Most external audit programs require an organisation to work in accordance with its own policy & procedures or directives and failure to do so results in non-compliance even if the facility directive was not required by any regulation.

For example, we need to comply with new food hygiene legislation which may be vague. The SA Department of Health Food Safety Program template states: **“Food safety programs are individual to the business: it is your organisation’s operations, and resulting food safety hazards, that will ultimately determine its content.”**

Food Safety Standard 3.2.1 requires businesses to identify and control potential food safety hazards but does not specify how.

For example, there is a requirement that staff **“... take all reasonable measures to handle food and food contact surfaces and equipment in a way that will not compromise the safety and suitability of food and that they wash their hands with soap and warm running water ...”** in all of the usual circumstances as part of any infection control program. There is no requirement to wear gloves for food handling or serving. If you have made that decision and it is part of your food safety plan and staff are not wearing gloves as you directed, you may be found non-compliant. If you have no such requirement but follow good hand washing practices, you will be compliant.

Cast your mind back to early Accreditation self-assessment prompts: “What do we say we do?” and “What do we do?” Ensuring that these two match, you will safeguard compliance.

Why require something that isn’t directed by regulation if it only makes more work and may increase a possible safety risk? The use of gloves when cooking may increase the severity of damage should a burn occur.

Cultivate the habit of constantly questioning your sources – where is that written or required?

I recently learned that there is no regulatory requirement for telephone orders to be signed within 24 – 48 hours except in the case of DDAs where the requirement is clearly within 24 hours (Provision 61- Drugs of Dependence (General) Regulations.)

What a difference that information makes! - Not just to our practice but to relationships with medical officers. By getting rid of this unnecessary policy (that most facilities hold), life is easier for everyone and we free up time and energy for those activities that really are required and/or make a difference to our residents.

Quit making rods for your own back and start including research into requirements as part of your planning (or review) process.

Carla Baron



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Aged Care Management Course

Moving from strength to strength, planning is underway to upgrade the successful Certificate IV: Service Coordination (Ageing & Disability) to diploma level.

N & C Baron & Associates is working closely with the Nursing & Midwifery Skills Centre to have the course approved at a national level. As yet approval is still underway, but we will be entertaining expressions of interest. (See attached form).

What we can do is assure you that this will be a step up for the Aged Care Management Course making it even more relevant and useful to aged care clinical and business staff in management positions.

The new course has been designed using our experience in the industry combined with feedback from participants in the Certificate IV course and reviews by an industry committee.

Like our previous courses, a major goal is to enable participants to successfully complete the course material and assignments in a practical manner that uses opportunities presented in the workplace setting and minimizes additional workload and stress that external study can place on employees in positions of responsibility.

To this end, although much of the delivery is designated ‘Classroom’, the classroom will primarily be used to introduce topics, expose participants to a wide range of guest speakers and allow interaction and information between participants who, it is believed, will hold much knowledge from their own employment experience. Much of the study will be self-directed through readings as provided or directed by facilitators or through student research.

It is our intention if all goes to plan, to commence the one-year course in July 2010. If you are interested or want to keep up with developments, complete and return the enclosed Expressions of Interest form and we will certainly provide you details at the earliest possible opportunity.