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Royal Australian College *of* General Practitioners

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14 December 2018

Senator Rachel Siewert
Chair, Senate Standing Committees on Community Affairs – References Committee
PO Box 6100
Parliament House
Canberra
Australian Capital Territory 2600

E: community.affairs.sen@aph.gov.au

Dear Senator Siewert,

Re: Effectiveness of the Aged Care Quality Assessment and Accreditation Framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback and comment to the Select Committee. The RACGP has a strong interest in the care of residents in residential aged care facilities, and publishes *Medical care of older persons in residential aged care facilities* (Silver Book), one of the RACGP's flagship clinical publications.

The care of residents in residential aged care facilities is complex, and the important role of general practitioners (GPs) is often overlooked. GPs face significant barriers in the provision of care to these residents, including their role as a patient's nominated GP not being properly recognised, inadequate support (eg lack of access to well-informed staff, private consulting/examination room, urgent medications, patient charts, digital communication), clinical complexity, time pressures, workforce issues and lack of infrastructure and support structures. Suitably qualified and appropriately trained staff in residential aged care facilities is also essential to the quality of care that is provided to residents.

The fundamental concepts of a quality system in residential aged care facilities should comprise:

- quality assurance
- quality improvement and
- innovation.

A significant challenge to the quality system is the disproportionate emphasis on quality assurance. While quality assurance is a vital component of a quality system, if done poorly it can lead to a culture of compliance rather than commitment. This was evident in the interim report (addressing the framework and released in February 2018), which found that 'safety Learning System data was treated "as a chore" rather than as a tool for learning and change'. This has the potential to create 'tick-box' approaches, where the purpose of quality assurance is merely to satisfy requirements.

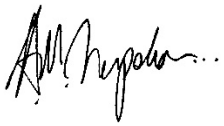
The RACGP's recommendations for improvement in residential aged care facilities include:

- Establishing a set of common principles for residential aged care facilities based on shared purpose and meeting the needs of residents and carers, with an understanding of the particular needs of some population cohorts, and include principles that consider cultural needs and practices.
- Establishing a minimum data set of key indicators that is publicly available. The key indicators should include resident-reported, family-reported and staff-reported measures.
  – These indicators should reflect a holistic understanding of health and wellbeing,
  – These indicators should be in addition to process or structure indicators that organisations use internally for improvement purposes.
- Introducing incentives to support and encourage capability building
  – This needs to include leadership development, and quality improvement skills for clinical and care staff, including culturally responsive leadership and capability development. This recommendation is needed to successfully implement recommendations such as a specialised contemporary model of care (ie it needs a distributed leadership model where everyone's job is to improve).
- Creating a roadmap that shifts the system from a strong emphasis on quality assurance to one that is more balanced between the three elements of improvement (ie quality assurance, quality improvement and innovation).
- Ensuring the governance arrangements focus on the creation of a learning system, specifically one that reflects on how we learn in the first place (eg triple-loop learning).
  – The learning system should include a balanced scorecard aligned with principles of quadruple aim contextualised for the sector, and an incident management system. The quadruple aim includes:
    - Patient experience – Improving the patient experience of care (including quality and satisfaction)
    - Population health – Improving the health of populations
    - Cost of care – Reducing the per capita cost of health care
    - Provider wellbeing – Improving the work life of health care providers, clinicians and staff
  – The structure of governance should be flexible; however, it should be based on a set of principles, and take into account clinical and care aspects. Importantly, it should be:
    - integrated (ie clinical with financial)
    - skills-based
    - multi-disciplinary (ie includes general practitioners)
    - based on principles of a learning system.
- Creating a system that facilitates and encourages peer organisational review.
  – The current system creates competition in the sector, which can be a driver for quality improvement but can also be a barrier to collaboration and communities of interest.
  – Much of the funding for residents ultimately comes from taxpayers. Therefore, despite the competitive element, there needs to be a demonstration of public value. The system needs to be nudged towards a networked governance arrangement.

  - Learning from organisations with specialist expertise in delivering holistic and culturally sensitive healthcare, for example from Aboriginal Community Controlled Health Organisations.
- Focusing on issues like training and staffing levels through approaches such as training needs analysis, audit against self-determined minimum staffing levels.
  - The RACGP's submission to the Inquiry into Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018 supports mandated staffing levels linked to complexity of resident needs. This ensures residential aged care facilities do not inflate the complexity of resident needs by increasing staffing levels to acquire additional income.
  - Appropriate clinical governance, especially appropriately clinically staffed residential aged care facilities, has the potential to reduce negative health outcomes by focusing on prevention and management rather than escalation to acute settings.

We look forward to hearing about this Committee's progress and outcomes. For queries on this submission, please contact Mr Stephan Groombridge, Manager, eHealth and Quality Care on 03 8699 0544 or at stephan.groombridge@racgp.org.au

Yours sincerely



Dr Harry Nespolon
President