Improving Outcomes
in Age Residential Care

Report prepared for the Ministry of Health

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Executive Summary

Results show stakeholders hold positive attitudes toward the integrated audit process. These positive attitudes are evidenced by an increased number of facilities achieving 4-year certification, effective facility manager leadership embedding quality systems in day-to-day operations, and organisational commitments to building a quality improvement culture. However, age residential care (ARC) facility managers consider the audit methods to be predominantly process-focused.

The online publication of audit reports are used by potential consumers and their families/significant others to assess the quality of ARC facilities; by facility managers to examine how others are performing, and benchmark performance against like organisations; and reportedly, by job seekers to determine organisational standards prior to employment application. Ministry of Health website access statistics remained fairly static over the period under examination, with the exception of two spikes which correlate to specific media activities.

Certification and unannounced audit results are used to inform quality initiatives. Generally, ARC facilities evaluated the addition of unannounced audits to the audit process as positively influencing the daily consistency of quality systems; and as enhancing the establishment of continuous quality improvement initiatives, with some aiming to attain continuous improvement status. Facility managers, and reportedly facility staff, hold longer certification periods in high regard, and interpret them as representing the organisations' commitment to quality and, therefore, improved outcomes for residents. Audit data evidence show an increased number of ARC facilities were awarded a 4-year certification period in 2015, compared to 2009, along with lower numbers of partially attained (PA) criterion scores.

The weight of evidence, across all data sources, supports the audit process changes as beneficial to quality of care and improved outcomes for residents. Auditors believed the Tracer Methodology[1] is an effective tool to support ARC facilities' to develop rigorous care processes, and robust organisational systems. Audit results highlight trends occurring across the sector, which inform the development of ARC staff continuing education programmes, and quality initiatives. The Ministry of Health publication of the Medicines Care Guides for Residential Aged

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[1] Tracer methodology is a technique used for auditing to follow the actual care experienced by the consumer at the time of the audit. It shows the how the providers systems and processes support the care received. The process involves interviews with the consumer, family and staff involved in their care, a review of the clinical file and observations during the audit.

Care (2011) translated into more facilities being awarded fully attained status of the medication standard. Stakeholders identified the audit results as effecting improvements in areas such as medication, as well potential improvements in pressure injury management, leading to improved outcomes for ARC residents.

District Health Board (DHB) portfolio managers reported the integrated audit process has improved the support offered to ARC facilities. Some DHB portfolio managers (N=3) utilise Gerontology Nurse Specialists (GNS) to work with facilities to improve residents' quality of care, to provide staff continuing education, and to engage with clinical staff. Such initiatives were identified as contributing to improved outcomes for residents.

Critical success factors are when:

- Stakeholder collaboration and communication can significantly improve the audit process when quality improvement is the focus;
- Quality processes are embedded in day-to-day ARC facility operations, with managers and staff being 'audit-ready' every day;
- Stakeholders value the focus on continuous quality improvement initiatives;
- Mandatory ARC facility staff training curricula (e.g. medication and pressure injuries) are routinized into everyday practice;
- The focus of the audit is on discerning outcomes for residents;
- The online publication of audit reports and summaries highlight positive results influencing outcomes for aged care residents through their accessibility, and usefulness across the aged care sector; and when
- Recommended improvements are translated into practice, in collaboration with aged care residents and their families/significant others, with a focus on residents' enhanced well-being and quality of life.

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Introduction

1. Background

In 2002, the Ministry of Health introduced an audit process of certification of ARC facilities, as set out in the *Health and Disability Services Standards*. In 2009, a review undertaken by the Office of the Auditor General of New Zealand (OAG) identified that the Ministry of Health certification process of ARC facilities had not fully implemented all of the 2002 changes to the audit process (Office of the Auditor General, 2009).

Following the 2009 report findings, the Ministry of Health made changes to the certification and monitoring of ARC facilities that included:

- the introduction of an integrated audit approach;
- the introduction of 'spot' or unannounced audits;
- ensuring agencies undertaking audits are accredited by a third-party; and
- shifting the focus of audits from being process to outcome driven. For example, the introduction of tracer audit methodology as integral to the audit process.

In 2012, the Office of the Auditor General undertook a further review and identified that the Ministry of Health had appropriately addressed the recommendations outlined in the 2009 report (Office of the Auditor General, 2012, p. 5). However, the 2012 report identified further work that the Ministry of Health could undertake to bring together information gathered from clinical and audit data to ensure the provision of high quality care to people living in ARC facilities including:

- better assessment of the quality of care being provided to rest home residents;
- making ongoing improvements to the Standards that rest homes must meet to provide ARC services to people living in ARC; and
- continuing to enhance the effectiveness and efficiency of auditing by providing assurance that the Standards are being met (Office of the Auditor General, 2012).

Auckland University of Technology was contracted by the Ministry of Health (HealthCERT) to evaluate whether changes made to the auditing processes have translated into improved outcomes for people living in ARC facilities. The evaluation was conducted from December 2015 to June 2016 and utilised a variety of data sources.

There were two phases to this evaluation. Phase one involved the analysis of existing audit data (N=1758) provided by the Ministry of Health, Ministry of Health website usage, and complaint data lodged with Healthcert (including referred Health and Disability Commissioner complaints) for the period 1 July 2009 and 31 December 2015. Phase two

comprised of qualitative interviews undertaken with a stratified, random selection of ARC facilities, older persons' advocacy groups, DHB Portfolio Managers, audit companies, the Office of the Auditor General, and Ministry of Health HealthCERT staff (N=57).

2. Methodology

2.1 Overview

2.1.1   The focus of this evaluation was to establish whether changes to auditing processes has translated into improved outcomes for people living in ARC facilities. Analysis of existing audit and other data provided, demonstrated that facilities are required to have quality processes in place, and that these processes are an integral part of service provision on a daily basis.   In addition, these data sets guided the development of the qualitative interviews questions. The strength of this evaluation is the triangulation of data sets which include collective reporting of the audit and other data, in combination with the interview responses.

2.1.2 Evaluation questions

- To what extent have attitudes changed in relation to the benefits of ARC certification audits (includes the integrated process)?
- How useful are published ARC audit reports?
- To what extent have unannounced audits impacted on ARC facilities maintaining quality systems?
- How effective have audit results been in informing improvement initiatives?
- To what extent has audit information (individual and collective) been used to improve care for residents?
- Have satisfaction rates improved since changes have been made to audit/regulatory process?
- Are residents in ARC benefiting from changes to the certification audit process?
- To what extent has information provided through the certification audit process impacted on training topics?
- To what extent has the integration of audits lead to improved DHB education and support for ARC staff?
- To what extent have integrated audits met the audit needs of DHBs?

2.1.3 Evaluation process

The evaluation compromised of two phases:

Analysis of existing data provided by the Ministry of Health and other sources; and

Key informant interviews with stakeholders.

2.1.3.1 Analysis of existing data

The Ministry of Health provided selected certification and unannounced audit report data (N=1758 individual standard and criterion data sets), as well as examples of Tracer Methodology data related to the evaluation questions from ARC facilities meeting the inclusion criteria. The data provided originated from the Health & Disability Services (Core) standards and criterion (2008).

2.1.3.2 Interviews with stakeholders

Qualitative interviews were held with key stakeholders to obtain information relevant to the evaluation questions. These interviews were with:

Stakeholder group	Number of participants
ARC facilities	>80 beds (7) 50-79 beds (7) <50 beds (7)
Advocacy Groups e.g. Aged Care Association, Grey Power, Age Concern	14
DHB Portfolio Managers	14
Audit companies	4
Office of the Auditor-General	2
Ministry of Health HealthCERT staff	2

A total of 57 interviews were undertaken.

2.1.3.3 Analysis of interview data

The interviews were recorded and transcribed verbatim. The general inductive analysis approach focussed on data that were relevant to the evaluation questions. All transcripts were read, discussed and analysed by members of the evaluation team. Core categories, or themes, were developed, agreed on and linked to the evaluation questions by the investigators. Closer investigation of the categories revealed similarities as well as differences which are presented in the findings.

2.2 Ethical approval

This evaluation project was reviewed and approved by the Auckland University of Technology Ethics Committee (AUTEC) on 10 February 2016; approval number: AUTEC 16/20 Evaluating outcomes in aged care. All respondents gave informed consent.

3. Results

3.1 Overview

3.1.1 This evaluation identified the positive impact of the integrated audit at all levels of the ARC sector. There is strong evidence to suggest that these changes are, in general, now well embedded within ARC facilities and provide a robust platform to positively influencing outcomes for people living in ARC. The findings from this evaluation demonstrate that stakeholders are committed to the provision of safe and high quality care to those living in ARC facilities. However, a small number of respondents (N=10) commented there were still opportunities for improvements to occur in relation to the audit process. This feedback supported the continuing move away from process driven to consumer outcome focussed auditing.

3.2 Theme 1: User attitudes

3.2.1 Interview results indicated an overall positive attitude in relation to the introduction of the integrated audit process. These positive attitudes were influenced by improved audit outcomes resulting in organisational pride, as well as effective leadership from facility managers. This was supported by advocacy groups who highlighted the contribution effective leadership had in promoting quality care for residents. The importance of organisational commitment and culture was evident across the data. Many ARC facilities identified that quality systems were more embedded, than had previously occurred, in the day-to-day running of their organisations. A reduction in negative attitudes was noted and this is associated with staff becoming more familiar with auditing processes.

3.2.2 A longer certification period was held in high regard by ARC facilities and was generally considered to represent an organisation's commitment to quality and therefore improved outcomes for people living in ARC.

    3.2.2.1 Facility managers play a significant role in setting the attitudinal culture toward ARC audit

    3.2.2.2 When the auditor focuses on a quality improvement approach to the audit, this has a positive impact on staff attitude

    3.2.2.3 There is an aspirational attitudinal shift to achieving longer certification periods for a facility.

3.3 Theme 2: Usefulness of online reports

3.3.1 The majority of stakeholders found the online reports useful and referred consumers to the Ministry of Health website. The publication of online audit reports had a variety of uses, including, some ARC facilities reading other facility reports to gain information on how others were performing and would use the reports for benchmarking, and to improve their own processes. Job seekers used these reports to determine whether a particular facility might be a place they would like to work in.

    3.3.1.1 Making audit reports publically available serves a variety of purposes, all of which promote transparency, support the ongoing development of quality processes and could be linked to improving outcomes for people living in ARC facilities. Open accessibility to reports encourages facilities to benchmark with other similar facilities.

    3.3.1.2 Benchmarking is used by some to set higher goals and standards for subsequent audits and improved practices within a facility.

3.4 Theme 3: Improving care for residents

3.4.1 Stakeholders used audit results to highlight trends across the sector and to plan quality initiatives. An example highlighted by participants was the publication of the Medicines Care Guides for Residential Aged Care in 2011. This guide was developed in response to poor audit results in the medication management standard. Following this Ministry of Health publication and promotion of the Medicines Care Guides for Residential Aged Care, DHBs had seen an upward trend in fully attained status related to the medication standard. Stakeholders identified that these results have led to improved medication management, safety and therefore improved outcomes for residents. A further example was the current Ministry of Health work programme focussed on supporting improvements in pressure injury management in people living in ARC facilities.

3.4.2 There was no direct relationship found between satisfaction rates and the changes made to the audit processes. Satisfaction surveys are regularly carried out by ARC facilities and results were collated within the organisation.

3.4.3 Stakeholders from DHBs and advocacy groups reported a downward trend in complaints from consumers. It was suggested that an attitudinal change from ARC facilities toward receiving complaints might have contributed to this downward trend.   ARC facilities were more receptive to complaints, had more effective complaints procedures in place and were more responsive resulting in improved

service provision and care provided to consumers. In addition, consumers were more empowered to access and engage in available complaints procedure processes.

3.4.4 There was some evidence in the data that changes to the audit processes had resulted in benefits to residents. This was considered to be associated with more outcome focused audit processes. For example, Tracer Methodology was viewed as an effective tool to support the development of rigorous care processes and enable auditors to commend the robust organisational systems embedded within the day-to-day running of a facility. The inclusion of Tracer Methodology into the audit process is also used as an indicator of improved/positive outcomes for people living in ARC facilities.

3.4.5 The introduction of integrated audits requires ARC facilities to include regular mandatory training on specific topics to meet their contractual obligations to the Ministry of Health. Findings identified that mandatory training topics supported the development of education programmes offered by facilities. Other sources of training topics culminated from internal and external audit results, often arising from identified corrective actions. Audit result trends assisted DHBs to plan future education programmes that are then offered to ARC facilities.

3.4.6 Findings from the interviews identified that the integrated audit process had resulted in improved support offered by the DHBs to ARC facilities. For example, some DHBs utilise Gerontology Nurse Specialists (GNS) to work with facilities to improve the quality of care provided to people living in ARC. GNSs may work with facilities to provide education, as well as clinically with staff. Initiatives such as these were identified as contributing to improved outcomes for residents.

3.4.7 Changes to the audit process, including the introduction of integrated audits, have led to improved communication between stakeholders. In particular, DHBs reported being more engaged in the audit process and as a result felt there was a more cohesive and co-ordinated approach in their engagement with other stakeholders. Facility managers felt greater gains were made for resident outcomes when auditors approached the process as a collaborative, quality-focused conversation, rather than a data-focused examination. Open communication between stakeholders promotes transparency and ongoing dialogue, a key ingredient in the provision of quality care.

3.4.8 Many stakeholders expressed the belief that a robust sustainable quality programme translates into improved care for residents. Audit data showed an increased number of ARC facilities being awarded a 4-year certification period between 2009 and 2015, along with low numbers of partial achievement scores.

Key points:

3.4.8.1 A focus on continual quality improvement was evident

3.4.8.2 Improved continuing staff education was evident in facilities, with some DHBs providing education programmes to complement ARC staff in-service programmes, and clinical support from GNSs.

3.4.8.3 Some facility managers (N=8) indicated that they could not identify the direct relationship between the audit changes and improved resident outcomes.

3.5 Theme 4: Audit processes

3.5.1 Unannounced audits were also generally viewed positively. The additional tier of monitoring ensured ARC facilities consistently maintained quality systems. Several ARC facilities expressed the view that once an effective quality programme was embedded, unannounced audits became less threatening. Further, unannounced audits were identified as informative and enhanced the maintenance and further development of quality initiatives. It was evident across the entire data sets that certification and unannounced audit results have been used to inform quality initiatives.

3.5.2 Findings from audit results highlighted gaps in quality systems and identified key areas for improvement. Several stakeholders identified how ARC facilities have evolved from merely meeting the standards to focusing on continuous quality improvement.

3.5.2.1 Many facility managers indicated that the audit process was focused on policy, protocols, and documentation, which missed some quality activities occurring within the facilities.

3.5.2.2 The amount of documentation required to complete the audit process impacted negatively on staff time with residents.

Recommendations

Critical success factors

Critical success factors are when:

- Stakeholder collaboration and communication can significantly improve the audit process when quality improvement is the focus;
- quality processes are embedded in day-to-day ARC facility operations, with managers and staff being 'audit-ready' every day;
- stakeholders value the focus on continuous quality improvement initiatives;
- mandatory ARC staff training curricula (e.g. medication and pressure injuries) are routinised into everyday practice;

- the focus of the audit is on discerning outcomes for residents;
- the online publication of audit reports and summaries highlight positive results and this influences outcomes for ARC residents through their accessibility, and usefulness across the aged care sector; and when
- recommended improvements are translated into practice, in collaboration with ARC residents and their families/significant others, with a focus on residents' enhanced well-being and quality of life.

Suggestions for improvement

- Continue to strengthen relationships between key stakeholders
- Support the ongoing development of leadership within ARC facilities
- Continue to strengthen the quality of the published audit reports
- Undertake further research with people living in ARC facilities and their family/significant others to determine whether care provided promotes well-being and improves outcomes
- Broaden the audit process to include innovate quality care practices not captured by the existing data or audit focus
- Explore online / electronic audit tools to reduce the onus on a paper based audit.

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