

REVIEW OF THE AGED CARE ACCREDITATION STANDARDS AND PROCESSES

Response from Alzheimer's Australia

Thank you for giving Alzheimer's Australia the opportunity to comment on the *Draft Aged Care Accreditation Standards* and the proposed changes to the *Accreditation Grant Principles*. We commend the inclusion of a number of proposals aimed at enhancing consumer engagement. For example, we are pleased to see proposals around increasing the confidentiality of consumer input into accreditation and enhancing the information provided to consumers about the accreditation process. We hope that these proposals will be progressed and would be happy to work with the committee towards greater consumer engagement in the accreditation process.

We are, however, disappointed with the overall approach to the Aged Care Accreditation Standards.

As we indicated in previous submissions (Ageing Consultative Committee on the Review of the Accreditation Process July 2009), the current accreditation process does not provide an indication of outcomes being achieved and as a consequence consumers have little information about how services are operating beyond minimum standards. Unfortunately, the proposed draft standards do not address this concern.

The draft standards and principles continue to focus on the processes occurring in the facility instead of outcomes. We would argue that it makes more sense to first examine outcomes, and then consider how processes might be changed to improve these outcomes. For example, in the draft standards, **Principle 2.8 Falls prevention and management**, is measured by whether or not a proactive approach taken to the risk of falls for residents. We would advocate that the more important aspect of fall prevention is whether or not this approach is working which can be measured by the number of falls which occur in a facility.

The assessment process in the US provides a good example of how outcome measurement can be used to provide consumers with information about the quality of facilities. Information on measurable outcomes for each facility is made publically available through a website and each facility is given a 5 star rating based on their performance in health, staffing, and quality measures. This system provides consumers with important information beyond whether a facility meets a minimum level of service and also provides incentives for facilities to provide higher levels of care.

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We need a new approach to the assessment of aged care in Australia that gives consumers greater input into the process and results in outcomes that can then be reported to consumers in an accessible form. We should strive for an accreditation system that focuses not only on identifying facilities that have fallen below minimum standards, but also a system that provides incentives for continuous quality improvement and results in better quality of life for residents.

As many as 73% of permanent residents in aged care facilities are estimated to have possible or probable dementia (AIHW, 2004). Therefore in the accreditation process of aged care facilities it is important to consider how cognitive impairment impacts different aspects of care. In performance statement 2.9 the draft standards assess the promotion of cognitive and mental health. There is, however, no acknowledgement in the draft standards of the multifaceted ways in which cognitive impairment can impact on care needs. With respect to the following performance statements, the particular needs of individuals with dementia should be addressed:

- 1.5 Promoting communication
- 1.6 Promoting social and leisure activities
- 1.8 Promoting quality living environment
- 2.10 Behaviour management
- 2.11 Pain management
- 2.17 Advanced care planning
- 2.18 End of life care

I would be happy to meet with members of the Ageing Consultative Committee or the Aged Care Standards and Accreditation Agency to discuss any of these concerns in more detail.

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