PricewaterhouseCoopers

Expanding the National Aged Care Quality Indicators for Residential Care

Occupational Therapy Australia submission

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Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to provide a written submission to PricewaterhouseCoopers (PwC) regarding the proposal for the expanding of Quality Indicators (QIs) in residential aged care facilities (RACFs).

OTA is the professional association and peak representative body for occupational therapists in Australia. As of September 2021, there were more than 25,300 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable participants to engage in meaningful and productive activities.

Occupational therapists work with older people with age-related conditions such as poor balance and coordination, memory loss and confusion, and vision and hearing loss, which often lead to changes in their ability to participate in the meaningful activities of everyday life. Occupational therapists provide services such as physical and mental health therapy, vocational rehabilitation, chronic disease management, assessments for assistive technology, and the assessment of environment and safety risks. Thus, occupational therapists can enable meaningful engagement by RACF residents, providing these people with an enhanced sense of identity, greater purpose and improved wellbeing.

Primary Considerations

OTA endorses each of the proposed domains as important indicators of best practice, and safe and effective client centred care. We note the importance of capturing activity, participation and quality of life in all core quality indicators, and ensuring indicators take into account the complex, multifaceted, and interrelated nature of disability and comorbidities associated with older age. We also note the importance of indicators being used within a quality improvement framework that captures and addresses adverse events, and in which quality improvement measures are implemented and evaluated.

OTA strongly recommends that these quality indicators are used by providers with the capacity to use the funding allocated to each resident through the Australian National Aged Care Classification (AN-ACC) mechanism. This will ensure residents have access to relevant occupational therapy services to minimise risk, improve functional outcomes, and reach their full potential for meaningful activity, participation and quality of life. We also believe consumers would substantially benefit from having access to information about which facilities provide services to improve the quality of life in each of these domains.

Activities of daily life

OTA stresses the importance of having Activities of Daily Life (ADLs) as a key quality indicator in a residential care setting. We are concerned that there is general acceptance in the sector that decline in functioning and independence is a normal aspect of ageing. This attitude does a disservice to residents and is not supported by occupational therapy practice. While it is possible for people who have low levels of functioning and independence to still have quality of life, it is far more common for an older person's quality of life to decline along

with their functioning. This is especially true when their independence is integral to their identity. OTA strongly believes, therefore, that aged care services should have quality indicators that focus on supporting residents to maintain and improve their functioning and ADLs.

Occupational therapists are highly skilled at enabling older people to improve and maintain their functional capacity and independence. Denmark, for example, has offered reablement services that enable participants to maintain and improve the functioning of home care participants since 2010. Moreover, Winkel et. al. (2015) demonstrates that occupational therapy can aid older people in maintaining and improving their capacity even if they are already receiving care. The degree of functional mobility a resident has is a key marker of capacity because it impacts many other aspects of daily life. Indeed, in a consultation with almost 5000 participants, the Commissioner for Senior Victorians found that 92% of them rated personal mobility as critical to health, social wellbeing and independence (Mansour, 2021, p. 8).

OTA emphasise the importance of using quality indicators to ensure residents have the equipment and services they need to fully participate in meaningful activities of daily living.

Assessment tools like the Assessment of Motor Processing (AMPS) or the suite of assessments under the Model of Human Occupations (MOHO) would enable the comprehensive evaluation of factors that impact a person's ability to participate in daily living activities. These are reliable and valid tools specifically used by occupational therapists to determine functional capacity and, most importantly, guide interventions to improve functional capacity.

Depression

OTA stresses the importance of including depression as a key quality indicator in residential aged care. Often the cause of a participant's decline in functioning and independence, depression impacts on various other aspects of participant centred care, such as quality of life, participation and medications. There should be a focus on the reduction of symptoms of depression. This would be in the best interests of participants as it would incentivise high quality care and highlight the value of non-medical approaches. Importantly, we do not consider the prescription of anti-depressants to be sufficient on its own, as this maintains a medicalised view of mental health care, rather than a recovery oriented approach which is holistic, person centred and individualised.

The MOHO is used by mental health occupational therapists to assess a person's functional skills to help manage depression, while the recovery star is an assessment used by larger mental health services to measure a person's recovery in various areas.

Measuring the reduction of symptoms of depression would highlight the success of those facilities that provide services to aid participants living with depression. Moreover, the success of these facilities and the accessibility of mental health services would be valuable information for participants entering RACFs.

Medications

OTA endorses the proposal of measuring quality indicators for medication and having a specific focus on reducing antianxiety and antipsychotic medications. This should be integral to quality care, since overuse of medication impacts several other aspects of participant centred care such as participation, quality of life and mobility. Therefore, we believe that 'residents who received an antianxiety or hypnotic medication (data collected six monthly)' would be a valuable QI to measure (PwC, 2021, p. 8).

Residential aged care providers can reduce overuse of medications by providing a variety of truly participant-centred services that can decrease depression, anxiety and adverse symptoms of behaviour. One way of reducing anxiety without the use of medication would be the use of the MOHO, since it recognises and addresses the intersection between a participant's mental and cognitive factors and their physical capabilities.

A decline in independence and functioning can often increase anxiety, as it involves a loss of control over oneself and one's surroundings. For example, a decrease in mobility can heighten the fear of falling, and the fear that one won't be able to get help if it is needed. By addressing this interaction between the physical and the mental aspects of care, providers can reduce symptoms of anxiety without the use of medication.

Moreover, providers can reduce the need for antipsychotic medication by using non-medical approaches to addressing behavioural symptoms.

Behavioural symptoms

OTA endorses the importance of this quality indicator and highlights the need for it to encompass medical and non-medical approaches to the management of behavioural symptoms.

Behavioural symptoms can be especially complex since there is a tension between the need to simultaneously protect the resident and people around them, and to recognise and support the dignity of the resident with behavioural symptoms. Residents with behavioural symptoms can indeed pose a real threat to themselves and the people around them through uncharacteristic bouts of anger, or by absconding from the facility and going missing. Meanwhile, residents and their families may feel that labelling their behaviour as "behavioural symptoms" can undermine their dignity and trivialise their preferences and interests.

However, providers can address behavioural symptoms in a way that reconciles these two contradictory aspects of care by making occupational therapy available to their participants. Occupational therapy recognises the risk participants with behavioural symptoms can pose to themselves and others, while also recognising them as individuals with interests and preferences and the need for positive stimulation through occupations that interest them.

Occupational therapists can use interest and role checklists to identify ways to develop stimulating, personalised occupational engagement and minimise wandering; these come under the MOHO suite of tools. Moreover, sensory profile assessments can be used by occupational therapists to identify various triggers behind adverse behavioural symptoms

and support the development of environments that minimise sensory overload and minimise the risk of distress.

Measuring the improvement of behavioural symptoms would improve quality of care and could be a key consideration for participants choosing a residential facility.

Continence

OTA recognises the importance of having continence as a key quality indicator, and highlights the importance of setting criteria that take into account all contributing factors and all management strategies. Continence is a private and often embarrassing topic for many to discuss. However, the consequence of poor management can be significant, including infection, pressure and skin damage and loss of dignity. Measuring the prevalence and frequency of incontinence would enable providers to put measures in place which improve continence. This may include practical strategies such as improving mobility or adapting the environment to enable participants to perform their own continence care.

With a focus on occupational engagement in daily living activities, occupational therapists support individuals in ensuring they can maintain their personal care, including toileting and continence. This may be through the design of occupationally conducive environments that enable safe access to bathroom facilities such as toileting aids and equipment like commodes and over toilet frames. Equally, the design of dementia friendly spaces through lighting and highlighted toileting equipment (coloured toilet seats and grabrails) can support people living with cognitive deficits to still engage in their personal care.

Occupational therapists can also support the review of functional mobility and safety for specific activities. Tasks like dressing and undressing, essential in the occupation of toileting and use of continence aids, are regularly undertaken by occupational therapists and can support the development of care plans and treatment strategies for the management of continence. Equally, reviewing a participant's personal functional mobility and transfers, like bed and toilet transfers, can allow an occupational therapist to support staff and individuals in designing strategies to support ongoing engagement and management of continence.

Infection Control

OTA believes infection control should be a key quality indicator in residential aged care. We support the implementation of strict regulatory infection prevention processes to educate staff, residents, and visitors, and support the monitoring and auditing of compliance rates in line with best practice infection prevention.

Infection control intersects with both ADLs and the health of participants. Enabling and educating participants to manage their own continence care can reduce infection risk which can, in turn, reduce health risks to participants. Occupational therapists have a role in supporting the infection control practices of both staff and residents through the establishment of conducive environments, providing education, and supporting resident engagement, particularly for those with diminished physical or cognitive capacity through occupational performance assessments and reviews.

Occupational therapists can design techniques and environments that facilitate the engagement of residents and their care teams in ensuring optimal personal care and health. Approaches like these can substantially reduce the risk of secondary infections like urinary tract infections and cellulitis, often a common consequence of poorly managed age related issues like continence and lower limb oedema. By adopting strategies outlined in the previous section on continence, or by considering the postural support needs of an individual prone to lower limb oedema, occupational therapists have a direct role in infection prevention.

Developing environments conducive to infection control should include designated cleaners and easy access to disinfectant hand gel. At the height of the COVID-19 pandemic in 2020 there were accounts of nurses at RACFs needing to clean and disinfect their facilities on top of their already heavy workloads. There must be a team of designated cleaners at every RACF to minimise infection risk without taking clinical care time away from residents. Likewise, every facility should be funded to provide disinfectant hand-gel within easy reach of the door to every room, to enable visitors and care staff to wash their hands immediately before entering and after leaving.

Measuring the instances of infection in the resident population will reveal the benefits of implementing strategies designed to enhance infection control.

Pain

OTA supports the inclusion of pain as a quality indicator, especially since it can impact other domains such as ADLs, depression, participation and quality of life. OTA advocates for routine assessment and close monitoring of a resident's experience of pain to ensure management strategies are identified early, and appropriate referrals are made for medical and non-medical approaches to pain management.

Occupational therapists are trained in the assessment and management of pain as part of undergraduate and graduate entry curricula. The occupational therapy management of pain may use modalities common to other disciplines such as relaxation, massage, time management, energy conservation, cognitive strategies and environmental adaptation. However, the unique contribution of occupational therapy to pain management is the occupational analysis and occupational adaptation approach. It is a person-centred evaluation of goals, tasks or occupations, and environments, with judicious use of a range of modalities to work towards occupational engagement. Additionally, pain in older people, particularly those with dementia, is complex to assess and treat, and requires a multidisciplinary and multifaceted response.

Quite often, residents do not display overt signs of pain. In situations such as these, the skillset of an occupational therapist may be required to assess their care needs. This can reduce both the likelihood of chronic pain and hospital readmissions. Moreover, participants should have access to geriatrician reviews to support holistic and comprehensive assessment of pain and to optimise their analgesia regime.

Participants entering the residential system will benefit from having information on facilities that have low levels of pain through the implementation of effective pain management strategies.

Hospitalisations

OTA recognises the importance of having hospitalisation as a key quality indicator in residential aged care. Preventable hospitalisations can result from poor management in other domains such as ADLs, behavioural symptoms, infection control, medications and pain. Therefore, we recommend using QI for hospitalisations for medication related events, unplanned hospital admissions and hospitalisation for dementia.

Residential aged care services can reduce the incidence of hospitalisations through improvement in the other domains. They can, for example, provide services which enable participants to maintain and improve their mobility and reduce the risk of injurious falls; provide non-medicinal services to reduce pain, behavioural symptoms and depression; and take steps to reduce infection risk through supporting and educating participants in their own continence management and make the residential care environment more conducive to infection control.

Consumer experience and quality of life

OTA endorses the inclusion of consumer experience and quality of life in the QI program. Moreover, we recommend that providers use Care Page to monitor this domain as it is mapped to the Aged Care Quality Standards (Quality Standards). The Quality Standards consider the participant's goals and interests, and recognise the person's social and environmental needs as well as their clinical ones, requiring them to be enabled to do things that interest them and to have access to the community.

Opportunities to engage in meaningful activities is a crucial aspect of quality of life, as they not only support the retention of physical and cognitive capacity, they ensure people are living a quality of life that fulfills their social and emotional wellbeing needs.

Occupational therapists are skilled in assessing and designing opportunities for people to engage in meaningful activities that speak to their quality of life goals and interests. Additionally, they have the capacity to help monitor and evaluate the shifting functional and cognitive needs of individuals to ensure engagement opportunities evolve to facilitate ongoing engagement.

Participants choosing a facility will be interested in the general quality of life of the existing residents and in the availability of opportunities to engage in meaningful activities specifically. Hefele et al. (2016) interviewed 105 family members of residents in RACFs and 24 of the respondents cited the presence of a leisure and recreation programme as a deciding factor for choosing an RACF (p. 1173). Family members also criticised RACFs where residents were 'just sitting there all day' and 'staring off into space' (Andrews and Everts 2020, 24). It was also mentioned that the variety of engagement opportunities was important because not everyone enjoyed the same thing (Andrews and Everts 2020, 25).

Therefore, every RACF should outline the variety of ways they can support their residents to participate in meaningful activities both onsite and in the community.

Conclusion

OTA thanks PwC for the opportunity to comment on its proposal for the further development of the QI system for RACFs. Please note that representatives of OTA would gladly meet with PwC to expand on any of the matters raised in this submission.

References

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