



ACCPA QUEENSLAND CONFERENCE

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*FROM VISION TO REALITY:
AGED CARE'S JOURNEY FORWARD*



Improving Clinical Governance is a journey

Why providers need to shift from reactive review models to proactive quality systems



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CLINICAL GOVERNANCE – DRIVING FACTORS



Outside forces have dictated how aged care approaches quality assurance.



Residential aged care and home care not on the same trajectory.



Most influential force **driving clinical governance is** regulatory requirements.



Mergers and acquisitions – along with the proliferation of different IT solutions and quality management software system (QMS) landscape.

REGULATORY LANDSCAPE



- **85%** of Residential Aged Care Services (RACS) audited were fully compliant
- **1 in 7** RACS did not meet all requirements
- **66%** of Home Care Services (HCS) audited were fully compliant
- **1 in 3** HCS did not meet all requirements

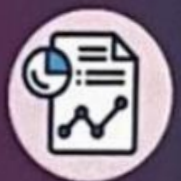
WHERE ARE WE NOW AS A RESULT?

Overcomplicated
requirements

Over-engineered,
often manual
systems

Reactive
processes and
systems that slow
down the business
and increase cost.

ACQSC'S SUPERVISION APPROACH



Surveillance

Providers who only require surveillance represent the lowest risk cohort.



Targeted supervision

Targeted supervision in most circumstances will involve the Commission taking regulatory action to manage specific events or issues.



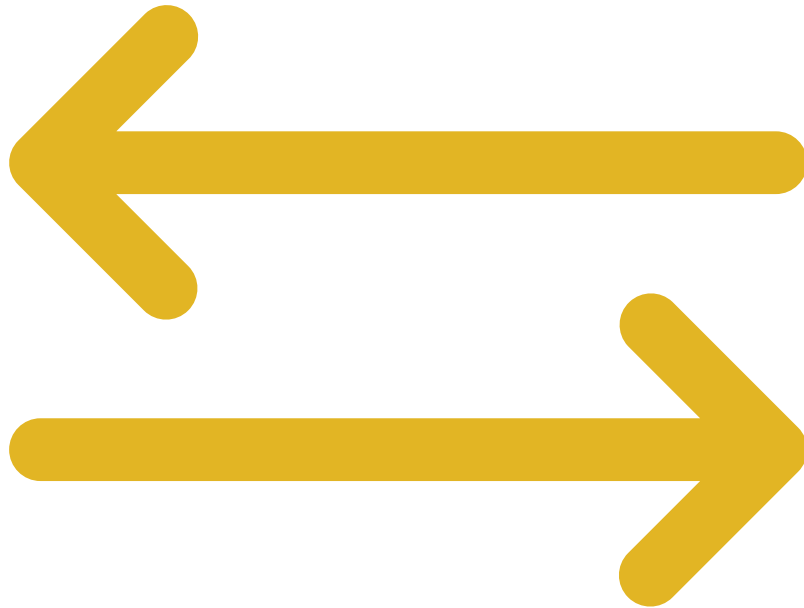
Active supervision

Providers are assigned an active supervision status where high-level risks are identified that are most effectively dealt with at a provider level.



Heightened supervision

Only a small number of providers will be assigned into heightened supervision, representing a cohort that is the highest risk caseload and one the Commission has most concern over.



MINDSET SHIFT

RESTORE AND PREVENT



Providers understand and fix what went wrong

Remedy



Providers listen to and partner with older people to restore their trust in care

Restore



Providers take action to prevent the issue from happening again

Prevent

CHARACTERISTICS OF REACTIVE vs PROACTIVE MODELS

Reflective Question:
Which sounds more familiar to you?

REACTIVE	PROACTIVE
Manages issues that have surfaced	Efforts placed on foresight, planning, and anticipation
Focuses on containment	Focuses on refinement
Responsibility is narrowed to individuals	Responsibility is shared across the organisation
Urgent , high pressure demands	More balanced and strategic workload

EXAMPLES OF REACTIVE vs PROACTIVE MANAGEMENT MODELS

Reflective Question:
Which approach do you prefer?

	REACTIVE	PROACTIVE
Complaints Handling	Resolve issues as they are recorded. Keep putting out fires.	Quality investigation (Root Cause Analysis), resolution, and continuous improvement
Managing Non-compliances	Respond to non-compliances in isolation Focus on overturning now and less on sustainability	Supplement internal quality functions (e.g. independent audit, gap analysis), predictive analyses

GOALS OF CLINICAL GOVERNANCE

Driver of value and source of competitive advantage while being fully aligned with regulatory expectations.

Generate returns in providing safe quality and effective care.

Equally significant – improvements in customer satisfaction and employee engagement.

Reductions in compliance risk.



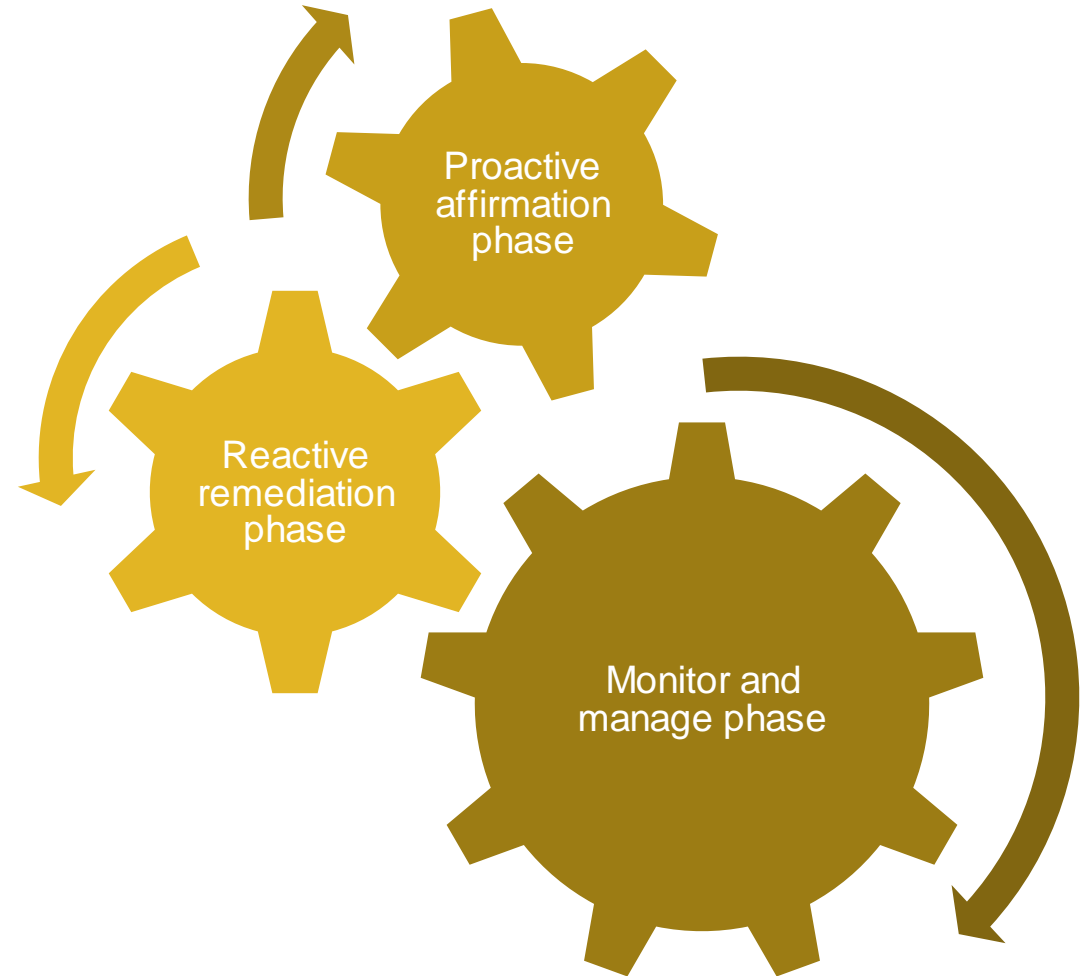
CASE STUDY

LEAD AND LAG INDICATORS

NACMIP is a lag indicator

LEAD	LAG
Staff training completion rates	Infection rates
Consumer satisfaction surveys	SIRS
Near miss reporting	Non-reportable critical incidents
Care plan completion rate	Complaints
Case conference completion	Psychotropic usage rate

STRATEGIC SHIFT IN RISK MITIGATION



KEY TAKEAWAYS

- Quality of Care and Services is built on **trust**.
- **Move to proactive mindset** - understanding, interpreting, and addressing complex and interrelated trends to reduce risks associated with quality and compliance.
- Measure the **true cost of quality** (e.g. decrease in compliance burden).
- Have the **Trust and Verify** mindset.
- **Undertake an Independent Health Check on Clinical Governance Framework**. This can be done by engaging an expert for an independent audit of clinical management systems.



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