

Best practice implementation in RACS SCORE

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What is SCORE?

SCORE - Strengthening Care Outcomes for Residents with Evidence


Victorian Department of Health funded project, the aim of which is to:

- identify areas of clinical risk in Victorian PSRACS
- develop evidence-based standardised care processes (SCPs) in ten of these identified clinical risk areas
- pilot these ten SCPs in six Victorian PSRACS
- evaluate the pilot
- consider broader statewide implementation of SCORE



Best practice synonymous with evidence-based practice.

Evidence-based practice (as encapsulated in the standardised care processes) will mitigate the risk of potential or actual adverse clinical health events for people living in residential aged care services.



How was 'clinical risk' defined & then areas of 'clinical risk' identified?

1. Advice from the expert consultants
2. Review of the literature
3. Review of databases for prevalence
4. Public consultation with stakeholders and key informants.

Results

Definition of clinical risk:

Clinical risk is where action or inaction on the part of the organisation results in a potential or actual adverse health impact on consumers of health care

(legal opinion provided)

Identified clinical risks

- Abuse
- Constipation
- Delirium
- Diabetes management
- Depression
- Falls
- Functional decline
- Hydration and Nutrition
- Incontinence
- Infections
- Medication management
- Oral and dental hygiene
- Pain
- Palliative care
- Skin integrity
- Sleep management
- Swallowing disorders
- Unmet needs behaviours

Identifying 10 clinical risks for Standardised Care Processes (SCPs)

Criteria:

- whether an evidence-based guideline existed
- whether a SCP could significantly reduce the clinical risk and improve residents' care and outcomes
- that the clinical risk was not being addressed in current large research or implementation projects
- ease of implementation

Identifying 10 clinical risks for Standardised Care Processes (SCPs)

Criteria:

- low numbers of groups or stakeholders involved in implementation thereby potentially improving manageability
- low cost of implementation and
- whether the clinical risk was linked to current processes (e.g., Quality Indicators).

SCORE clinical risks

1. Choking
2. Constipation
3. Dehydration
4. Delirium
5. Depression
6. Hypoglycaemia
7. Oral and dental hygiene
8. Alternatives to physical restraint
9. Polypharmacy
10. Unplanned weight loss

Standardised Care Processes

Do not just encompass immediate issue e.g. immediate threat of 'choking' but cover whole 'care continuum' & includes resident involvement & staff knowledge & education.

- prevention
- recognition and assessment
- interventions
- referral
- evaluation and re-assessment
- resident involvement and
- staff knowledge and education

SCPs

- the progression of the SCPs not necessarily sequential in the order in which they should be followed
- the format of the SCPs comprises:
 - delineation of the topic, the objectives and the rationale behind the SCP, the definitions used, the key stakeholders and the evidence on which the SCP has been based
 - a brief version of the SCP
 - the full version of the SCP



**SCORE Stage 1 Summary Report and the
10 SCPs can be found at:**

<http://www.health.vic.gov.au/agedcare/services/score.htm>



Pilot sites

- One in each Victorian DHS region (one health service site has two of its PSRACS participating)
- Key site staff
 - Executive Sponsor
 - SCORE ACEBAC Fellow
 - SCORE Liaison Officer/s
- Five internal facilitation models
- One external facilitation model (2 Exec Sponsors, 1 Fellow)
- Each site to implement four SCPs with one facility implementing three SCPs

Education of SCORE key players

Education of SCORE ACEBAC Fellows

- Two day workshop encompassing:
 - SCORE project background, roles and responsibilities of facility and ACEBAC staff, and the process of evaluation.
 - The importance and relevance of evidence-based practice
 - How to get from research evidence to practice
 - Strategies to facilitate learning and how to be a mentor
 - What are the SCORE SCPs?
 - How to design clinical audit tools specifically for the SCPs

Education of SCORE key players

Health assessment education of clinical staff at pilot sites encompassing:

- Introduction to health assessment
- Assessment of the mouth and abdomen including nutritional status
- Respiratory Assessment
- Cardiovascular Assessment
- Assessment of skin, hair and nails
- Assessment of the eyes and ears and
- Musculo skeletal assessment

ACEBAC support and contact with pilot sites

- Regular site visits
- Email and phone communication
- Regularly scheduled teleconferences between Director of ACEBAC and site Executive Sponsors

Evaluation of SCORE implementation

1. To determine the level of adherence to evidence-based practice as encapsulated in the SCPs before and after the SCORE intervention (SCPs and education/training/support of staff).
2. To evaluate the process of SCORE implementation in each of the pilot PSRACS.

Evaluation 1. Determining adherence to evidence-based practice

- achieved by undertaking an audit of current practice (i.e. BEFORE the implementation of SCPs) and then three months AFTER implementation of SCPs

Audit of clinical practice

1. From each evidence-based statement in the SCPs indicators have been developed
2. Structure, process & outcome criteria developed for each indicator
 - **Structure** criteria (what you need) – resources in the system that are necessary for the successful achievement of the indicator
 - **Process** criteria (what you do) refer to the actions and decisions taken by staff in conjunction with residents in order to achieve the specified indicator.
 - **Outcome** criteria (what you expect) describe the desired results from the perspective of the resident or the staff.

Indicator 2: On admission the resident's oral health is assessed with the Oral Health Assessment Tool

Structure	Process	Outcome
<p>The Oral Health Assessment Tool (OHAT) is available in the aged care facility.</p> <p>Education is provided, and competencies are in place, in the facility about how to use the Oral Health Assessment Tool (OHAT).</p>	<p>Relevant staff use the Oral Health Assessment Tool (OHAT) to assess the resident's oral health.</p> <p>Relevant staff attend education and demonstrate their competency in how to use the Oral Health Assessment Tool (OHAT).</p>	<p>On admission 100% of residents have their oral health assessed using the Oral Health Assessment Tool (OHAT).</p> <p>100% of relevant staff have attended education sessions and demonstrated their competency in how to use the Oral Health Assessment Tool (OHAT).</p>

Site audits

- Desk audits of structure criteria
- Where structures have been identified as being in place audit of process criteria undertaken
- Identify gaps and develop action plan for each site to be instigated with the implementation of the SCPs

Evaluation 2. The process of the SCORE implementation in each pilot site

Information to be collected (using questionnaires, interviews/focus groups and diaries) from stakeholders/key informants (before and after implementation of SCORE) who include:

- staff working in the PSRACS including those staff who have specific SCORE roles
- people living in the pilot PSRACS (residents)
- families/carers of people living in the pilot PSRACS
- general practitioners who treat the people who live in the pilot PSRACS and
- ACEBAC research staff.

Potential outcomes of SCORE identified in baseline interviews

- better care or outcomes for residents
- improved staff knowledge, skills, behaviour
- understanding by staff of the value of EBP
- recognition as leaders in the field
- more consistent, formalised approach to care
- confirmation that facility practice is best practice
- improvement in facilities or resources

Potential outcomes of SCORE identified in baseline interviews (cont)

- sites taking ownership of the project
- action taken on audits
- increased staff confidence
- improvement to doctors' practice
- more time available (by adopting best practice)
- benchmarking/sharing information with other sites

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THANK YOU

