



Meaningful Ageing
AUSTRALIA

**Recommendations regarding
'Measuring Quality and Consumer Choice in
Aged Care – Survey to Service Providers'**

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(amended)

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Thank you for this opportunity to provide comments on aged care quality indicators for quality of care and quality of life. We are available to provide further information as required: admin@meaningfulage.org.au 03 8387 2274.

1. Background

Meaningful Ageing Australia is the Australian national peak body for spiritual care and ageing. We are a membership based not-for-profit incorporated association, supporting organisations to respond to the pastoral and spiritual needs of older people, their significant others, and their carers. We are not a faith-based organisation, but rather work with a broad understanding of spiritual care.

We began in 2013 with sponsorship funding from 22 aged care organisations/peak bodies with an interest in aged care, before implementing the membership model in July 2015. In the last 20 months we have steadily grown, and at the time of writing have 73 members. Our membership list current at the time of writing is in Appendix I and the live list is available on our website <https://meaningfulageing.org.au/about/our-members/>. Our members support thousands of older people across Australia. We are at an innovative edge for the sector as we enable organisations to engage with simultaneously ancient and new ideas – that spirituality is essential for quality of life and death, religious or otherwise.

Our main activities are:

- the creation of practical resources and delivery of education to build capability amongst our members and others
- promotion with government and key agencies to understand the contribution of spiritual care and importance of spirituality for older people to live and die well.

The word ‘spirituality’ is often misunderstood and because of this misunderstanding, it is often sidelined or ignored. It can be explained as “the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred”.¹ For some people this has a religious expression, and for others it does not. Understanding someone’s spirituality means understanding the person in their context, including all aspects of what makes them who they are (to the extent that they wish to share this). Spirituality is not confined to a private idea but rather is formed and expressed through relationship.²

The importance of spirituality for older people from a wide range of backgrounds has been identified in numerous places,³ including the publication of federally funded Australian *National Guidelines for Spiritual Care in Aged Care* that were launched in August 2016.⁴ There is a growing body of evidence that engagement with spirituality in health and aged care increases resilience, reduces depression and reduces anxiety. People’s beliefs, which are integral to their spirituality, also drive their ‘health behaviour’. Each person’s beliefs are the place from which decisions are made about compliance and engagement with the healthcare or any helping system, including, for example, advance care

¹ Puchalski, Christina, Robert Vitillo, Sharon Hull, Nancy Reller. “Improving the spiritual dimension of whole person care: Reaching national and international consensus”. *Journal of Palliative Medicine*, 17, no. 6 (2012): 642-656.

² Swinton, John. *Spirituality and Mental Healthcare*. (London: Jessica Kingsley, 2001).

³ See for example Kidd, Jeremy, Tarryn Whitten. “Understanding Spirituality and Religiosity in the Transgender Community: Implications for Aging”. *Journal of Religion, Spirituality & Aging* Vol. 20 , Iss. 1-2 (2008): 29-62; Kanitsaki, O. “Mental Health, Culture and Spirituality: Implications for the Effective Psychotherapeutic Care of Australia’s Ageing Migrant Populations” *Journal of Religious Gerontology* 13, Iss. 3-4 (2003): 17-37; MacKinlay, Elizabeth, ed., *Ageing and Spirituality Across Faiths and Cultures*. (London: Jessica Kingsley, 2010)

⁴ Meaningful Ageing Australia, *National Guidelines for Spiritual Care in Aged Care*. (Parkville: Meaningful Ageing Australia, 2016) Available from <http://meaningfulageing.org.au/national-guidelines-for-spiritual-care-in-aged-care-documents/>

planning. There is also evidence that spiritual care improves ‘customer experience’ as well as the experience of the workforce themselves.⁵

2. The COTA Survey

As we provide services to aged care organisations, rather than directly to residents/clients, we contacted COTA about making a separate submission. Please see our comments below. The question numbers relate to your aged care services survey.

2.1 Question 4

Does your organisation use a software program to collect/manage clinical or care data (e.g. weight observations, medication dispensing etc)?

In relation to software to collect or manage care data, we are aware via our member organisations that:

- Spiritual screening and assessment is usually integrated into existing software
- Those organisation that have spiritual care practitioners usually have KPIs that relate to quality of care and these are usually integrated into an electronic system.

2.2 Question 5

Quality of Life is a broad term that encompasses many life dimensions such as physical, psychological, social, economic and spiritual well-being. Does your organisation use any system / tool to collect ‘quality of life’ metrics?

It is encouraging to see that spiritual wellbeing has been included here. We are very interested to hear the results of your survey, particularly regarding spiritual well-being metrics.

The *National Guidelines for Spiritual Care in Aged Care* are being used as a benchmark by some organisations for quality spiritual care

2.3 Question 6

Consumer Experience can be defined as how people experience a service - it could be about whether people feel listened to, it could be about whether people feel that staff respond to their issues or concerns. Does your organisation measure ‘Consumer Experience’?

We understand that some of our member organisations use the Net Promoter Score to measure consumer experience.

2.4 Question 7

Does your organisation collect any other information that may help consumers in choosing an aged care provider?

Membership with Meaningful Ageing Australia is an indication that the organisation is on a journey to deeply understand and respond to the spiritual needs of older people in the broadest sense. This means that the organisation takes the time to get to know the older person, learning about what is most important to them, and discovering how best to support their flourishing.

⁵ See for example the summary of research accessible from <https://meaningfulageing.org.au/other-resources/>

2.5 Question 10

Please read the following statements and tick the response that most closely reflects your view [on reporting requirements]

In our view, transparency is important, as is consistency in measurement. We need to encourage a culture of service improvement, rather than promoting a culture that expects perfection. It is important to have measures that are meaningful and encompass experiences beyond the clinical.

2.6 Question 13

Do you believe the current suite of Quality Indicators (QIs) that comprise the voluntary National Aged Care Quality Indicator Program (QI Program) are adequate?

We don't believe the current suite of Quality Indicators are adequate. These are too narrow and do not currently reflect older people's needs for meaning, purpose and connectedness with self, others, creativity, nature, and something bigger/God.

The current indicators also do not reflect the centrality of relationships and the importance of maintaining each person's identity, and encouraging their personal growth in life and a good death. We believe that additional indicators are necessary.

2.7 Questions 14-16

Quality information can include quality of care (eg pressure injuries, falls), quality of life and consumer experience. Please tick whether your organisation believes this information should be collected on a mandatory or voluntary basis and publicly reported in RACF/HCP/CHSP.

In general, we feel that information should be collected on a mandatory basis across residential aged care, home care, and CHSP. However, we are also aware that there is a significant administrative burden in collecting this information. Indicators need to be prioritized and should be made up of the most challenging areas clinically and the most important relationally. In doing so, the centrality of good relationships between the older person and staff as well as, in residential aged care, resident to resident, is given its rightful place in the 'quality story' for that service.

2.8 Question 17

Which quality of care indicators in residential care and in-home support or community care should be reported on?

A range of indicators are being developed by La Trobe University for the Victorian Department of Health and Human Services, who are writing a guide to excellence in residential aged care facilities for those run by the health services.

We are curious about how the indicators listed relate to the new AACQA single aged care quality standards. Below, we draw upon the guidance material we submitted for the development of the new standards with the following suggested indicators:

Suggestions aligned with the new Quality Standards

2.8.1 Standard One - Consumer dignity, autonomy and choice

1. How is 'dignity' understood by the organisation and expressed by staff?
2. How is each individual's dignity understood?
3. Are staff recruited based on their ability to build empathetic, trusting relationships with each older person?

4. Are staff trained to have exploratory conversations with the older person?
5. How do staff build and maintain trust with each older person?
6. What process or processes do we have in place to have a shared understanding of the person's identity?
7. How does the organisation know what is most meaningful for the older person?
8. How does the organisation understand the person's sense of purpose?
9. How does the organisation know which connections are important for the older person?
10. How do all these understandings of the person influence their care planning?
11. How is this understanding reviewed/updated?
12. Does the older person feel valued? What is the evidence of this?
13. What processes are in place if it is discovered that the person's identity clashes with the organisation's values?
14. If dependence increases, does the person still feel valued by the organisation's staff? What is the evidence of this?

2.8.2 Standard Two - Ongoing assessment and planning with consumers

1. Do our assessments include the older person's needs for meaning, purpose and connectedness with self, others, creativity, nature and Something Bigger (such as God/the transcendent/sacred) (spirituality)?
2. How is the older person's spirituality understood? How does it influence care planning?
3. Do we have evidence of building a shared understanding with the older person – both about what is important to him/her and what our care services will focus on?
4. How are reviews managed – how often, who is involved, how is the care plan updated?

2.8.3 Standard Three - Delivering personal care and/or clinical care

1. How does personal and clinical care reflect what is known about the person's identity?
2. How are end of life care conversations approached (by who, how often, how are staff trained, at what stage in engagement with the older person)?
3. How is the agreed understanding of the person's identity used as the foundation for conversations about their preferences for end of life care?
4. How are loved ones included in these processes?
5. How is family conflict dealt with?

2.8.4 Standard Four - Delivering lifestyle services and supports

1. How does the understanding of the older person from Standard One inform the kind of supports that are put in place for the older person?
2. What is the evidence that staff are working out ways to keep the older person connected with what is most important for him/her, even as physical limitations impinge on desires?
3. How is the older person enabled to participate in meaningful activities?
4. What are the opportunities for the older person to reflect on, and develop a durable narrative about, their life?
5. How do staff demonstrate that they value supported reflection as equivalent to 'doing' activities?
6. How are loved ones included in these processes?

2.8.5 Standard Five - Service environment

1. What is the evidence that each person's broad wellbeing needs influence the environment(s) we provide?
2. How is staff wellbeing supported by the physical environment (eg. Work and rest areas with external views)?
3. How flexible is the physical environment so that it can be modified to fit with each person's needs (eg. Windows that can be opened)?
4. How are end of life care needs reflected in the physical environment?
5. How are opportunities to reflect and connect with spirituality facilitated by the environment (such as a dedicated reflective space, access to nature, etc)?
6. How do staff understand their role in creating an emotionally safe environment that supports each person's wellbeing?

7. How person-centered are the provisions for the setting up of rooms for residents in aged care facilities?
8. Are environmental choices discussed and respected in end of life care?

2.8.6 Standard Seven - Human resources

1. How are staff being selected for their warmth, capacity for empathy and genuine interest in older people?
2. How do position descriptions reflect relational expectations?
3. What measures are in place to ensure staff are assessed on relational measures?

2.8.7 Standard Eight - Organisational governance

1. How does the organisation demonstrate that relationships (with staff and staff-consumer) are important?
2. How does the organisation monitor consumer wellbeing?
3. How does the organisation monitor quality of life for consumers?
4. What are the pathways for consumers to be heard at local and whole of organisation levels?
5. How are consumers supported and enabled to participate in the organisation's decision-making?
6. Do the organisation's governance policies and procedures demonstrate a commitment to care that includes all aspects of a person's wellbeing, including physical, mental, psychosocial and spiritual needs?
7. What is the evidence that staff are empowered to act in the best interests of the older person?

2.9 Question 20

If your organisation were looking to publicly report on quality of life indicators and/or use them for continuous quality improvement, which indicators would your organisation use?

Yes, maintaining and supporting spiritual, cultural, sexual and religious identities is important, and in addition, we offer below a number of quality of life indicators:

- Resident/client indicates they feel connected to what matters most to them
- Resident/client indicates they feel understood by staff
- Resident/client is supported to live a meaningful life
- Resident/client is supported with their life purpose (whatever this means to them)

2.10 Question 22

Should providers be encouraged to deliver services that are higher quality than the minimum mandated national standards?

Yes, we believe providers should be encouraged to deliver services at a higher quality than the minimum standards.

2.11 Question 23

If it were mandatory for all providers to publicly report on quality information of care and/or quality of life indicators, where should this information be published?

Quality information should be published on the 'My Aged Care' website, and on the aged care provider's website.