

Aged Care Accreditation Standards

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1. Brief overview of Aged Care Accreditation Process
2. The Standards: Old and New
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4. Issues and Challenges



Overview of Aged Care Accreditation Process

- Aged Care Act 1997 and related Quality of Care Principles
- Providers are required to comply with legislated Accreditation Standards
- Accreditation status must be maintained to receive Commonwealth Government funding
- The Aged Care Quality Agency has been appointed as the independent accreditation body to assess a homes' performance against Accreditation Standards.
- The main elements of the accreditation process are:
 - Initial Accreditation and Reaccreditation process – usually every 3 years
 - self-assessment by the home against the Accreditation Standards
 - submission of an application for re-accreditation and fee
 - assessment by a team of registered aged care quality assessors at a site audit
 - a decision about the home's accreditation by a decision-maker (not part of the assessment team)
 - issue of an accreditation certificate
 - publication of the decision on Agency website
 - unannounced assessment contact visits to monitor homes' on-going performance
- Announced vs Unannounced Reaccreditation



OLD:

- In place until end June 2019
- Focus on results and outcomes for residents
- 4 Standards, 44 Expected Outcomes
 1. Management Systems, staffing and organisational development
 2. Health and personal care
 3. Care recipient lifestyle
 4. Physical Environment and safe systems*
- Requirement of Accreditation Standard 4, Expected Outcome 4.7 - Infection Control is to have an *“Effective Infection Control Program”* .

This can be demonstrated by:

- Plans, procedures, practices, equipment
 - “Practice is consistent with Aust Gov IC Guidelines”
- Evidence of Identification, Prevention and Containing of infection
- Infection data
- Food safety program



OLD (cont): Questions that must be considered by the surveyor

- Is there a central point of responsibility for the infection control program?
- Does the home have contingency plans for an outbreak (such as pandemic influenza or epidemic gastroenteritis)?
- How does the home access information on current community outbreaks and on how to control the spread of specific infections?
- How does the home ensure the effectiveness of risk assessments to identify potential sources of infection/cross infection?
- How does the home ensure the effectiveness of prevention strategies to minimise the incidence of infection in all areas of the home, including processes and facilities for the implementation of standard precautions such as:
 - processes and facilities for hand hygiene and use of personal protective equipment
 - processes and facilities for the provision of health and personal care services
 - a food safety program
 - processes and facilities for cleaning, disinfecting equipment and laundry items
 - pest control measures
 - vaccination programs for care recipients and staff
 - the containment of sharps, contaminated waste and blood spills



OLD (cont): Questions that must be considered by the surveyor;

- How does the home ensure identification and management of each care recipient's specific infections? This includes assessment of care recipients' individual needs including their susceptibility to infections and evaluation of management strategies.
- How does the home provide appropriate induction and ongoing training for staff about the principles and practices of infection control?
- How does the home regularly monitor and review the effectiveness of its infection control program? For example, does the program include:
 - infection surveillance which includes the collection and analysis of care recipient infection information
 - monitoring and review of staff practices including in relation to the use of assessment tools, equipment, and methods of facilitating an effective infection control program
 - identification of infection control issues
 - implementation of improved practices, processes or facilities
 - auditing of the food safety program
- Links to other expected outcomes



NEW:

- Commence July 2019
- Focus on “Consumer” Consumer Outcome statements, Organisation Statement ,
- 8 Standards and 40 Requirements, still being trialled and in draft:
 1. Consumer Dignity and Choice (6 Requirements)
 2. Ongoing Assessment and Planning with Consumers (5 Requirements)
 3. Personal Care and Clinical Care (7 Requirements)*
 4. Services and Supports for Daily Living (7 Requirements)
 5. Organisation’s Service Environment (3 Requirements)
 6. Feedback and Complaints (4 Requirements)
 7. Human Resources (5 Requirements)
 8. Organisational Governance (3 Requirements)



NEW (cont):

Standard 3 - Personal Care and Clinical Care

3.7. "Minimisation of infection-related risks through implementing:

- a. standard and transmission-based precautions to prevent and control infection*
- b. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. "*

No further detail available as yet!



- Infection Prevention and Control are important aspects in the Accreditation process
- Aged Care Sites need a strong IC Program and be able to demonstrate it is effective.
- All staff need to be aware of IC risks and prevention strategies, so high quality training is important



Eldercare Issues and Challenges

- Not all Aged Care sites have staff qualified to coordinate an IC program
- Individual Quality Agency staff have a varied expertise and knowledge of Infection prevention and control principles
- Demonstrating compliance can be problematic
- Lack of automated data collection and recording systems, making timely analysis of data very difficult
- Recent Survey conducted by the Quality Agency focussed on Outbreak Management
- AMS soon to become a focus
- Infections are not the biggest issues aged care providers face



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Questions/Discussion

