Living Well in Multipurpose Services

not hospital, but home …

ACI RICH Forum, 20 March 2018

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Jessica Drysdale | Implementation Team
Megan James | Implementation Team
“It is actually making a difference that I only ever really dreamed about!”
Staff member
60+ Multipurpose Services across NSW
Australian Commission on Safety and Quality in Healthcare mapped the two standards 2014 and identified **gaps**

- Homelike environment
- Leisure activities and lifestyle
- Person-centred care
- Hydration and nutrition
- Cognitive impairment

NSQHS accreditation - not Aged Care Standards
8 Principles of Care for living well in MPS

- Respect for rights as an individual
- Informed and involved
- Participates in assessment and care planning
- Lives in a homelike environment
- Access to meaningful recreational activities
- A positive dining experience
- Access to multidisciplinary services
- Expertise in aged care
Living Well in MPS Toolkit

To enhance quality of life, lifestyle and wellbeing for people living in MPS
To support staff capability in providing individualised care and a person-centred culture for residents
Living Well in MPS Collaboration sites
A collaborative is a process to spread and adapt existing knowledge to multiple settings to achieve a common aim. Sites leverage off each other’s learning to achieve a greater collective level of improvement.

**Expression of Interest Process**

**Learning Set One**
- Feb

**Action Period One**
- (3 months)
- Communities of Practice
- Web-based PDSA Sharing
- Bi Monthly Reporting
- Weekly site support calls
- Remedial site visits

**Learning Set Two**
- May

**Action Period Two**
- (3 months)

**Learning Set Three**
- Aug

**Action Period Three**
- (3 months)

- Celebration of success event
- Evaluation
- Nov
- Write up successful strategies

25 sites recruited
Action Periods: the PDSA cycle
I think [Skype] is absolutely wonderful. I’d like to do it again. 94-year-old resident
PDSA Portal: sharing and spreading ideas
## Small changes making a big difference

<table>
<thead>
<tr>
<th>Principles</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect for Rights as an individual</td>
<td>31</td>
</tr>
<tr>
<td>Informed and Involved</td>
<td>39</td>
</tr>
<tr>
<td>Assessment and Care Planning</td>
<td>24</td>
</tr>
<tr>
<td>Homelike Environment</td>
<td>54</td>
</tr>
<tr>
<td>Recreation and Leisure Activities</td>
<td>116</td>
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<tr>
<td>Positive Dining Experience</td>
<td>60</td>
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<tr>
<td>Multidisciplinary Services</td>
<td>10</td>
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<tr>
<td>Expertise in Aged Care</td>
<td>25</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>359</strong></td>
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Harnessing local communities
FACT SHEET - BACKYARD CHICKENS

Keeping chickens in the backyards of aged care facilities can provide many benefits for both residents and employees. This factsheet provides a summary of guidelines and information for any facilities interested in keeping chickens in their backyards.

**Chickens**
- Maximum 10 chickens
- Do not keep roosters as they can be very loud
- If chickens are sick, separate them from other birds (and don’t use their eggs)

**The Chicken Coop**
- 1 per facility
- Floor area = 15 m² (maximum)
- Height = 3 m (maximum)
- Must be 4.5 m away from dwelling
- Do not set up the chicken coop near areas that food is prepared, eaten or stored
- Supply one nest for every 4-5 hens. Ensure the nest is clean, dry and free of manure
- The chicken coop should be safe from predators but easily accessible

**Responsibilities**
- Staff should be in charge of the chickens but residents should be encouraged to participate in looking after them, such as feeding them, cleaning the coop or collecting the eggs
- Ensure there is a sufficient number of volunteers or staff who are willing to look after the chickens
- Chickens can make a lot of mess if left to roam freely! If you have a herb or vegetable garden it is recommended to keep chickens as far away from them as possible. Maintaining an adequate chicken coop should provide the chickens with enough space to live happily
We have seen a change here which makes my father happy
Family
A comprehensive evaluation and measurement plan

- How will we know that we have changed things?
- How will we know that this is an improvement?

<table>
<thead>
<tr>
<th>Method</th>
<th>Measuring</th>
<th>Key Stakeholders</th>
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<tbody>
<tr>
<td>Checklists</td>
<td>Processes</td>
<td>Resident</td>
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<td>Carer/family</td>
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<td>Organisation</td>
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<td>Surveys</td>
<td>Outcomes (Quality of Life)</td>
<td>Resident</td>
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<td></td>
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<td>Staff</td>
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<tr>
<td>Audits</td>
<td>Compliance</td>
<td>Staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resident</td>
</tr>
</tbody>
</table>
Achievement of the 8 Living Well in MPS Principles NSW Aggregate – staff review

### Principle Change in % achievement

<table>
<thead>
<tr>
<th>Principle</th>
<th>Change in % achievement</th>
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</thead>
<tbody>
<tr>
<td>Respecting rights of the individual</td>
<td>24% ↑</td>
</tr>
<tr>
<td>Informed and involved</td>
<td>18% ↑</td>
</tr>
<tr>
<td>Care planning and assessment</td>
<td>20% ↑</td>
</tr>
<tr>
<td>Home environment</td>
<td>21% ↑</td>
</tr>
<tr>
<td>Recreation and Leisure</td>
<td>39% ↑</td>
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<tr>
<td>Positive dining experience</td>
<td>19% ↑</td>
</tr>
<tr>
<td>Access to multidisciplinary services</td>
<td>27% ↑</td>
</tr>
<tr>
<td>Expertise in aged care</td>
<td>38% ↑</td>
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</tbody>
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Residents quality of life outcome measures

Quality of residents' everyday life (given their current stage of life and circumstances)

Baseline: Resident reported 7.27, Staff reported 7.17
Final: Resident reported 7.79, Staff reported 7.79
Next steps

- Evaluation
- Sustainability and spread
- Communication and presentations
- Furthering partnerships

NSQHS Standards

A better way to care
“Our Residents do not live in our Workplace. We work in their Home...”