

064: Let's Measure and Risk manage Aged Care Outcomes before introducing Benchmarking?

Ranasinghe D., Miller P.

Objective:

- To develop a valid and reliable measurement instrument such as an indicator method to monitor and measure the impact of continuous quality improvement processes of the Australian Aged Care Outcomes.
- Application of Donabedian theory (Structure, Process, Outcome) in risk management in health care.
- Provide insight into measurement and monitoring tools and techniques in continuous improvement.
- Risk control techniques and monitoring system

Method:

Action Research

The key to organisational prosperity in any industry is having an effective continuous quality improvement program. Without any reservations we all agree that the care and service delivery has improved since the introduction of continuous quality improvement into the aged care industry. However, the misconception of continuous quality improvement is still that the industry authorities, employers and employees believe in numbers and numbers must be of a higher percentage if compliance is to be achieved. Therefore, data collection tools (questions) are aimed at receiving higher percentage to demonstrate the higher compliance. Unfortunately, Deming's 11th principle; 'learn the capabilities of processes, how to improve them' has been ignored.

Without measurements we cannot learn the capabilities of processes. In other words, continuous quality improvement cannot be done without measurements. The most important part of the measurement system is the use of the Statistical Process Control (SPC) tools to identify the variation in processes. The level of variations can only be identified through the use of indicators. The authorities, employers and employees of the aged care industry are still not clear about appropriate use of the statistical process control tools in the continuous quality improvement process in aged care. The bar charts, pie charts and check lists are used to display results but data are not always collected through indicators that identify the level of variations.

In spite of this, benchmarking is the 'buzz' word used in the aged care industry today. Could we really benchmark the care delivery? There are variables which cannot be controlled. The care delivery has intangible factors which cannot be measured. The processes and systems which are in place to meet aged care standards are varying from one organisation to the other. The needs and expectations of customers are different and depend on the physical and mental (medical) conditions of the person.

Thus, risk is high in care delivery and we need to manage this adequately in order to receive better outcomes. What's more, there is no standard measurement and monitoring tool for aged care outcomes.

This paper presents the findings of 'Action Research' which has been conducted for a Doctor of Business Administration degree at Southern Cross University, New South Wales. The '**Improvement Indicators**' for aged care outcomes may be one of ways of providing objective measures of continuous quality improvement in aged care. However, this theory can be applied to any industry standard where it may be deemed necessary to do so to have an objective measurement tool for continuous quality improvement.

Conclusion:

Improvement Indicators:

- Demonstrate the variations (changes) in the process of care delivery.
- Monitor and measure the outcomes
- Provide a series of valid and reliable data over a period of time
- Monitor risks in input and process of care delivery
- It is a research based system
- It meets international indicator criteria
- Provides the aged care organisation with a cutting edge