

Continuous Improvement in Aged Care:

A Journey with Lots of Roundabouts

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The journey of continuous quality improvement in aged care has many roundabouts. To achieve core concepts of continuous improvement, the organisations must implement appropriate adequate systems and processes. This requires a great deal of knowledge and skills at all levels. The best way to achieve desired results and sustain the viability of the system is to ensure management develop their organisation as learning organisations.

The aged care industry is at a roundabout; trying to find the right exit so they can create their organisation as a learning organisation.

'Real learning gets to the heart of what it means to be human. Through learning we re-create ourselves. Through learning we become able to do something we never were able to do. Through learning we explore the world and we extend our capacity to create.... By learning the principles of the disciplines, teams begin to understand how they can think and inquire, so they can collaborate in discussions and in working together create the results that matter (to them)' (Wikipedia 2007).

Continuous Improvement is not a difficult task once the organisation develops a learning culture. Table 1 indicates the core concepts and core steps of implementing continuous improvement to apply to any industry and it is no different to aged care. Understanding who the customers are and meeting and/or exceeding the expectation of customer needs are the most important components of continuous improvement. Currently, most of the aged care providers concentrate on monitoring delivery quality (through audits) and put most of their efforts on correcting processes. There is no doubt that overall, customers in aged care (residents) receive better care. Some may exceed their customers' (residents') expectations. The distinctive thing about continuous



improvement in aged care is that staff must learn about customer's individual needs and make every effort to meet those needs.

Table 1 illustrates the core concepts of continuous improvement and the steps required to implement continuous improvement. These core concepts are not well conversed in aged care, let alone the implementation of continuous improvement appropriately and adequately. In aged care, continuous improvement has not become a natural part of everyday work nor has the matter of identifying variation in processes or applying the scientific method to test and refine changes. Aged care continuous improvement will not go forward without having an understanding, and knowledge, of application of these core concepts.

Despite the fact that continuous improvement was introduced to the aged care sector 10 years ago (1997), the aged care organisations still find difficulty in forming a team to participate in quality activities. Many aged care providers, managers and authorities are concerned about the lack of involvement of employees in quality efforts, despite the fact that many aged care organisations have facilitated opportunities for employees to participate in such activities. Several factors cause this lack of participation.

During the last 10 years, the aged care industry has developed an endless auditing culture. This culture needs to be changed.

TABLE 1

Core concepts of continuous improvement

- Quality is defined as meeting and/or exceeding the expectations of our customers (residents).
- Success is achieved through meeting the needs of those we serve.
- Most problems are found in processes, not in people. CQI does not seek to blame, but rather to improve processes.
- Variation in processes can lead to unwanted variation in outcomes.
- It is possible to achieve continual improvement through small, incremental changes using the scientific method.
- Continuous improvement is most effective when it becomes a natural part of the way everyday work is done.

Core Steps of implementing continuous improvement

- Form a team that has knowledge of the system needing improvement.
- Define a clear aim.
- Understand the needs of the people who are served by the system.
- Identify and define measures of success.
- Brainstorm potential change strategies for producing improvement.
- Plan, collect, and use data for facilitating effective decision making.
- Apply the scientific method to test and refine changes.

(Iowa State University)

While gathering information from employees in a number of aged care organisations it became clear that general understanding of continuous improvement is alarmingly low. Most employees perceive continuous improvement in aged care as:

- extra work,
- requires extra time in order to improve the quality of life of their customers (residents),
- is providing compassion and tender loving care which they have been providing to their customers,
- is for the accreditation purposes only as some of their customer's (residents) quality of life cannot be improved due to many medical (end of life) problems,
- is not necessary as they are already doing a great job and provide high standard care and services,
- believe that industry as a whole has done very little to improve their work life,
- could not necessarily improve because their roles are task oriented rather than person and process oriented,
- will not improve efficiency as they believe that getting work done as quickly as possible is efficiency.

It has been stated in the literature (Bruce 1990; Downey, T E, 2000; The Johns Hopkins School of Public Health 1998) that the staff members' knowledge and experience are among an organisation's most important resources and the employees who perform a task daily know best what may go wrong and why. They also may have the most practical ideas about how to improve the process. To improve quality, top managers must recognise and value the knowledge and experience of staff members at every level. They must give staff members the authority and responsibility to improve quality (Jaques, E, 1992). Thus empowered, staff members often can solve problems and improve quality quickly and effectively.

Human resources and continuous improvement theorists jointly advocate that workers, who participate in decision-making, typically feel committed to making the proposed course of action work. Participation generates enthusiasm and increases workers' motivation. Solving problems, even small or simple problems, gives staff members a sense of achievement and boosts their self-confidence.

So where are we going wrong in this journey?

What are we doing wrong in this process?

Continuous Improvement is not a difficult task once the organisation develops a learning culture.

Many people see in-service training as the remedy for many quality problems. Education and training can improve staff performance and the quality of care by building skills and improving knowledge. The Author also believes strongly, and advocates that in order to improve quality in care and service delivery in aged care facilities, that employee's education and training must be the first priority. No amount of audits and surveys will

substitute staff knowledge and skills. Count et al (1994) conducted a study to measure the attitudinal effects of variable levels of participation in TQM initiatives among a large group of staff nurses. The working hypothesis was that increased exposure

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to TQM activities would enhance job satisfaction and related work attitudes across different types of staff nurses. The study partially supports an affirmative response.

However, one school of thought stated that formal training, in which staff members attend an in-service workshop or course, might not be the best option for many employees. Formal training is essential when workers lack some necessary skill or knowledge that no one on-site can teach them. To be effective, formal training must address the specific requirements of the job. However, many formal training programs fail to change trainees' everyday practices.

This is due to many factors. Some of the education and training provided in aged care is not job specific and lacks practicality. Presently, there are large numbers of direct care workers in aged care who lack English proficiency. While they can manage day-to-day conversational English, they may find it difficult to comprehend the contents of the subject being delivered, let alone transfer the skills and concepts learned and putting them into practice; if the education and training is purely based on theory and no practical examples.

Transferring knowledge to skill requires some level of experience. Employees who are unable to transfer their knowledge to skills may need extensive mentoring or support from employees who have knowledge and experience. Literature reveals that competency based training, where the participant must demonstrate mastery of the skills and knowledge that they will use on the job before being certified, are more effective in transferring knowledge into practice.

The Institute for Healthcare Improvement (2007) professes to provide continuous skill-oriented interactive training programs for all staff to update their knowledge of current guidelines. The Institute will:

- evaluate the educational needs of staff,
- schedule in-service routinely,
- use expert, mentor, or specialists for education,
- consider using care management conferences to encourage guideline-based practice,
- identify resources for obtaining emerging or updated information and ensure that staff has easy access.

Effective, less expensive, and less disruptive alternatives to formal training are supportive supervision, informal on-the-job training, coaching, and job aids such as flowcharts, wall charts, flip charts, and checklists. When supervisors or co-workers instruct staff (especially for personal care workers) on the job, they can tailor their advice to the individual needs of each staff member and to the setting, and they can offer immediate feedback. On-the-job training is a common way to refresh, update, and expand staff knowledge and skills; it will also increase the education provider's knowledge and skills.

It has been also stated (Rudy, S Sep 2, 1998) that before turning to extensive training programs, managers should analyse the causes of poor staff performance, which often lie with systems that discourage providers from applying their knowledge and skills effectively. Common obstacles to good performance include inadequate equipment and supplies, little supervisory support, few rewards, inappropriate evaluation, limited opportunities to practice skills, flawed recruitment or job assignments and shortage of qualified and, in some cases, unqualified staff.

During the last 10 years, the aged care industry has developed an endless auditing culture. This culture needs to be changed. Aged care needs to look into creating learning organisations to broaden the staff knowledge and skills. The staff knowledge and skill is fundamental to any type of improvement. Sustainability of the system and processes is dependant on staff knowledge and understanding of the system. Staff must understand why, where, what and how the systems and processes work. Without converting aged care organisations into learning organisations and continuously providing knowledge of the core concepts of continuous improvement, no amount of audits or surveys will improve continuous quality improvement in aged care.

No amount of audits and surveys will substitute staff knowledge and skills.

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