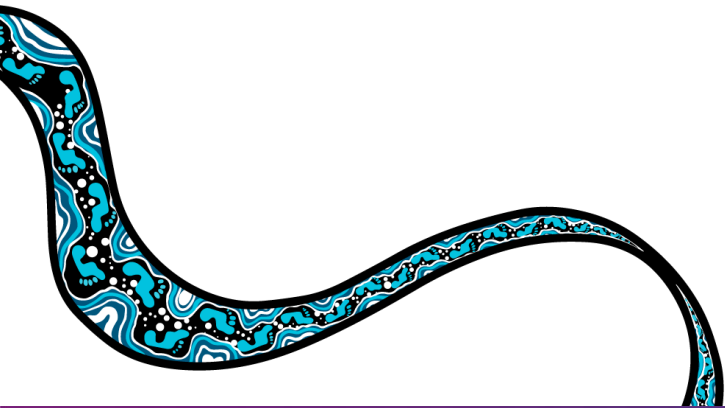




Australian Government
Aged Care Quality and Safety Commission

Acknowledgement of Country

Artwork by Chern'ee Sutton





Australian Government

Aged Care Quality and Safety Commission

The proposed new Strengthened Standards and IPC

Anita Francis BNg, GradDipNg, MNg

Senior Director, Chief Clinical Advisor Group

Aged Care Quality and Safety Commission

Date: November 2024

DISCLOSURES: Nil

Getting ready for new legislative provisions

The Commission is supporting sector readiness for the new Aged Care Act, new strengthened Aged Care Quality Standards and new regulatory framework.

For older people

to understand what to expect from their care and how the Commission can help when their aged care experience falls short



For providers

to understand their obligations, what we expect to see in the delivery of care, how we will assess performance and how we will regulate



For workers

to understand their obligations, what is important in delivering quality safe care and how the Commission can help them to raise concerns



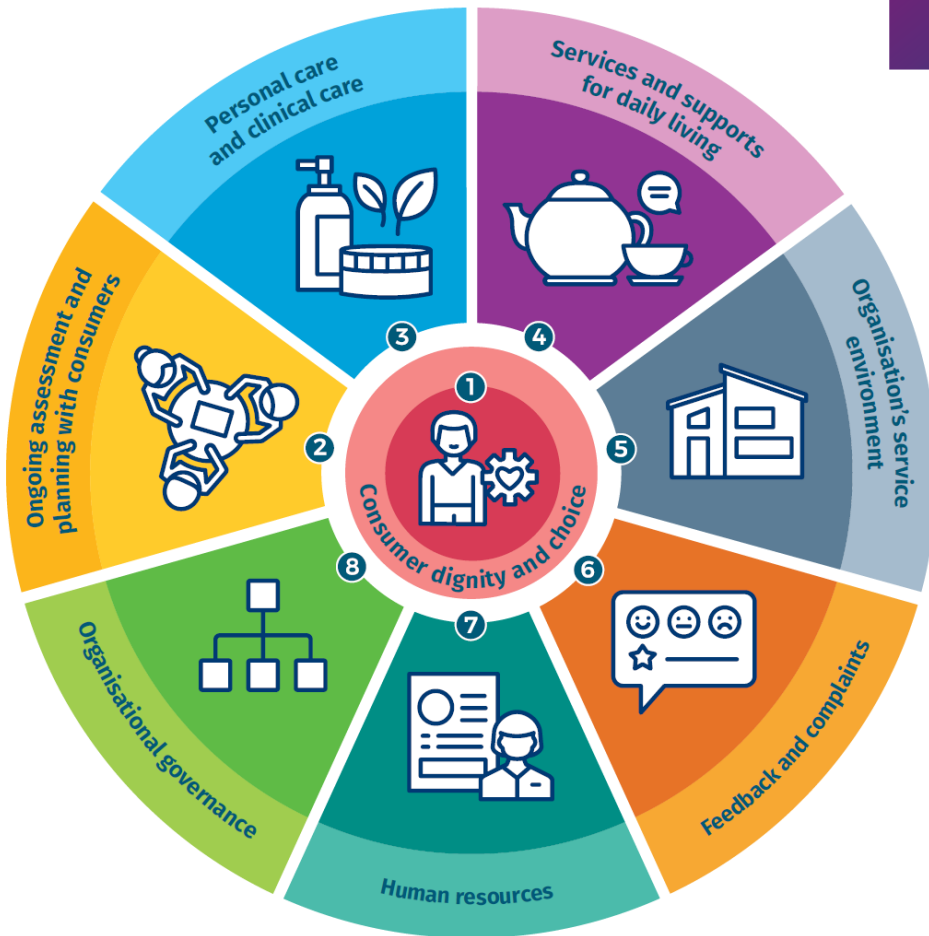
Proposed registration categories (draft)

Category	Description	Service Types
1	Home and community services	<ul style="list-style-type: none"> • Domestic assistance • Home maintenance and repairs • Meals and nutrition • Transport
2	Assistive technology and home modifications	<ul style="list-style-type: none"> • Goods, equipment and assistive technologies (non-digital) • Home modifications
3	Advisory services	<ul style="list-style-type: none"> • Care management (basic) • Assistance with care and housing • Specialised supports
4	Personal and Social care in the home or community (including respite)	<ul style="list-style-type: none"> • Transition care services • Allied health • Personal care • Social support and community engagement • Flexible, Centre-based and cottage respite
5	Nursing and complex care management	<ul style="list-style-type: none"> • Nursing • Care management (complex)
6	Residential care	<ul style="list-style-type: none"> • Accommodation Services • Care and services • Residential respite

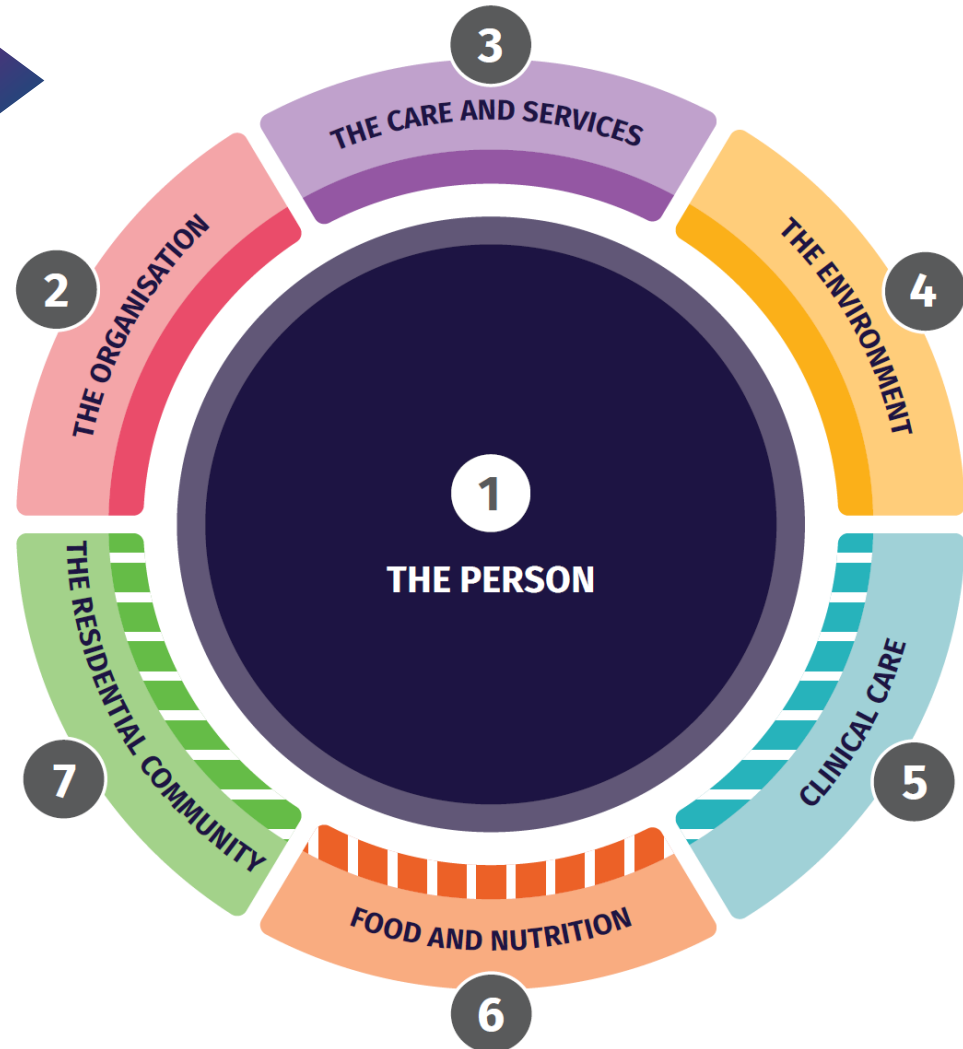
Audits and Quality Standards by registration category

Provider Types	Audit arrangements	Which Aged Care Quality Standards apply?
Type A - Category 1-3 (home or community based)	No audit	No standards
Type B - Category 1, 2, 3 and 4 (home and community based)	One provider level audit for service types in Category 4	Standards 1-4 (Category 4 only)
Type C - Category 1, 2, 3, 4 and 5 (home or community based)	One provider level audit across service types in Categories 4 and 5	Standards 1-5 (Categories 4 and 5 only)
Type D - Category 1, 2, 3, 4, 5 and 6 (home or community based and residential care)	One provider level audit across service types in Categories 4 and 5 and one audit for each Residential Care Home	All Standards (Categories 4, 5 and 6 only)
Type E - Category 6 (residential care)	One audit for each Residential Care Home	All Standards

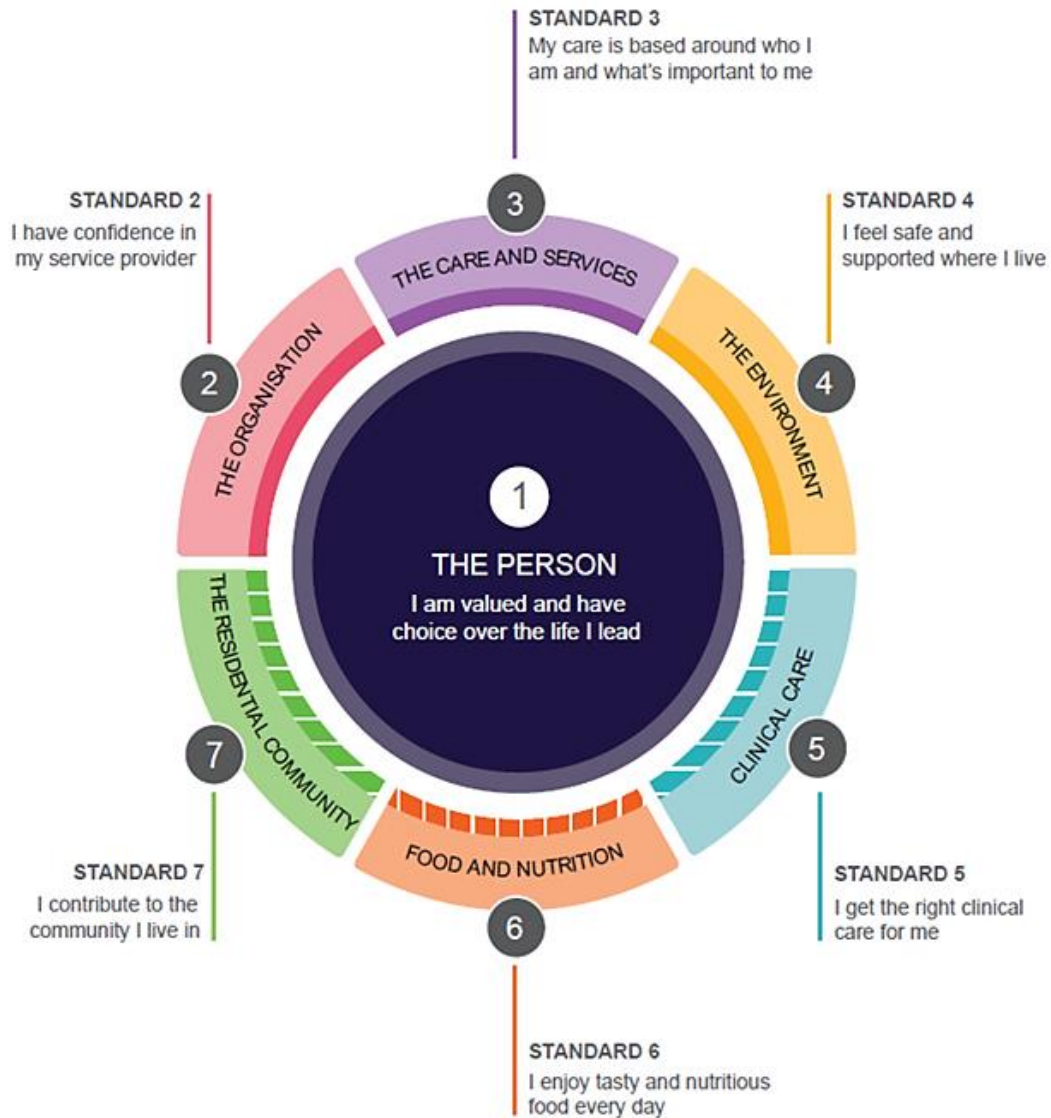
Current Aged Care Quality Standards



Strengthened Aged Care Quality Standards (under new Aged Care Act)



Strengthened Aged Care Quality Standards



- **Simplified, comprehensive, measurable**
 - from 8 to **7 standards**
 - from 42 requirements to 33 outcomes with **146 supporting actions**
- Strengthened **focus areas**
- Each standard has:
 - **intent** and **expectation statement**
 - **outcomes** and **actions**



Standard 1

The person

Person-centred care, dignity, respect, privacy, choice, independence and QoL



Outcome 1:1 The provider understands that the safety, health, wellbeing and quality of life is the primary consideration in the delivery of care and services.



Standard 2

The organisation



Outcomes: 2.4 and 2.5: Risk and incident management



Outcome 2.8 Workforce



Standard 3

Care and services



Outcome 3.1: Assessment and Planning



Outcome: 3.2: Delivery of care and services





Standard 4

The environment

Outcome: Mitigate environmental risks, and safe equipment that meet needs of older people.



4.2 Infection Prevention and Control



Standard 5

Clinical care



5.1 Clinical Governance

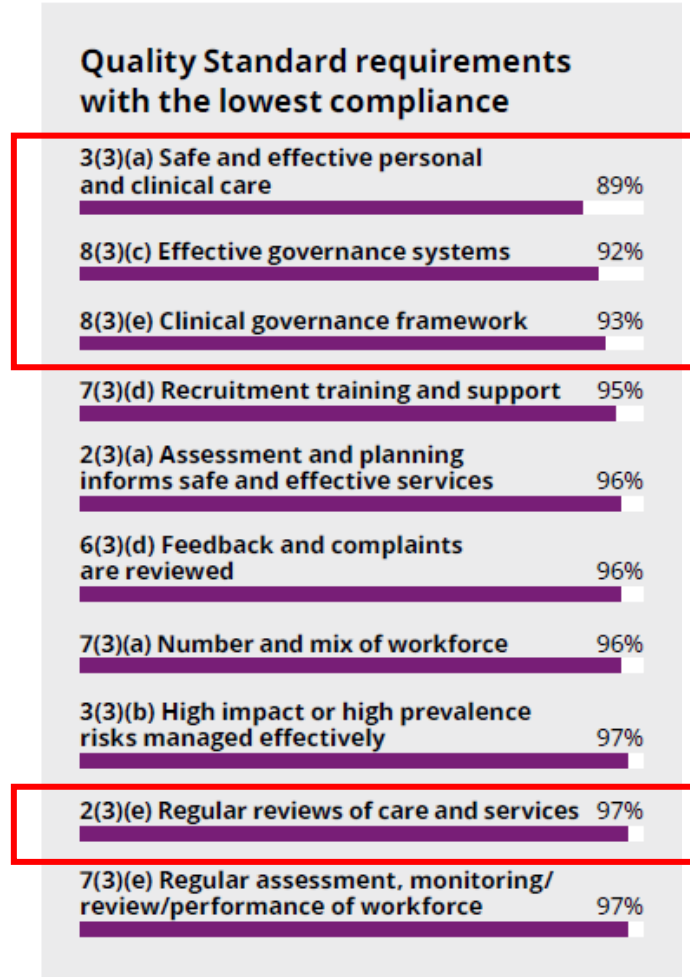


5.2 Preventing and controlling infections in clinical care (IPC & AMS)

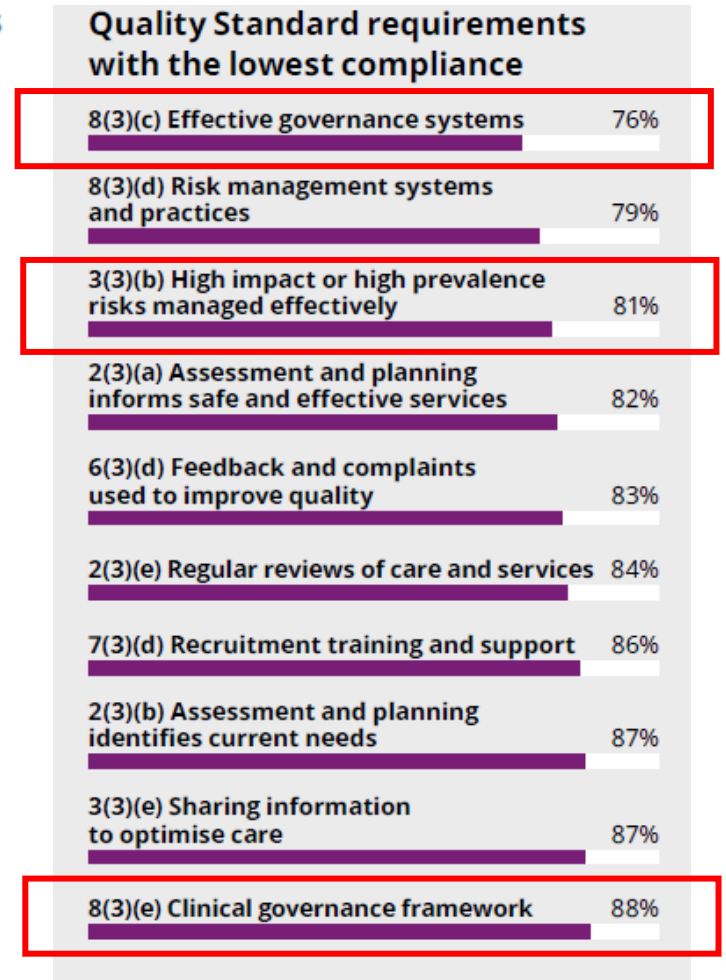


Quality Standard 3 compliance – Q4 Sector Performance

Residential care



Home services



Standard 6

Food and nutrition



Food and drinks are nutritious, appetising and safe.



Outcome 6:3 Provision of Food and Drink (prepared and served safely)





Standard 7

The residential community

Outcome 7.1: Daily Living.



Outcome 7.2: Transitions.



Evidence Mapping Framework

Evidence categories

- Documents and records
- Governing body feedback
- Management feedback
- Worker feedback
- Third party feedback
- **Experience of older people**
- Observations and
- Care outcomes

Examples of evidence		
Evidence category	Provider-level	Service-level
Documents and records	<p>Category 4, 5 & 6</p> <ul style="list-style-type: none"> • Policies and processes for infection prevention and control aligned with contemporary evidence-based practice, addressing: <ul style="list-style-type: none"> – Standard and transmission-based infection prevent and control precautions, appropriate for setting. – Processes for managing invasive devices – Precautions for novel viruses and outbreaks. – Communication and management of risk to older people, family, carers, and workers. – Risk-based vaccine-preventable disease screening and immunisation for older people, workers and visitors (as relevant). – Roles and responsibilities for management and workers. – Processes for monitoring and reviewing effectiveness. • Policies, processes, strategies for antimicrobial stewardship aligned with contemporary evidence-based practice. • Policies and processes for procurement, ordering, monitoring of PPE and requirements for selection, use and maintenance of PPE. • Policies and processes related to outbreak management at the provider-level. • Evidence of monitoring of infection data and effectiveness of the infection prevent and control processes. • Evidence of monitoring of the effectiveness of the antimicrobial stewardship system across the provider. • Plans for continuous improvement or similar for improving infection prevent and control and antimicrobial stewardship processes. • Meeting minutes or similar indicating provider management monitor and discuss infection prevention and control processes, including improvements required. 	<p>Category 4, 5 & 6</p> <ul style="list-style-type: none"> • Evidence of an outbreak management plan, such as for COVID-19, gastroenteritis or influenza, that explains how the service will prepare for, identify and manage any outbreaks. • Evidence of cleaning and disinfection schedules (Category 5 (service environment) and 6 only). • Sample of care plans that identify older person infections and any transmission-based precautions implemented. • Sample of vaccination / immunisation records demonstrate up to date vaccinations / immunisations (where relevant) for older people, workers, and visitors. • Emails, meeting minutes or similar indicating discussion of infection prevention and control processes, including potential outbreaks and actions for improving IPC. • Reports or data that is used to monitor infections and the effectiveness of the infection prevention and control program. • Plans for continuous improvement or similar for improving infection prevent and control and antimicrobial stewardship processes. • Sample of communication with workforce and older people about infectious agents and measures that can be taken to reduce risks (this may include posters and flyers). • Training content or guidance/information for infection prevention and control, antimicrobial stewardship and use of PPE. • Evidence to demonstrate an onsite IPC lead is appointed and has completed or is enrolled to complete the relevant IPC training in line with legislative requirements (Category 6 only).

Example – how providers demonstrate they are assessing and managing IPC risk

In the Strengthened Standards, Standard 5 Clinical care,

Outcome 5.6 Cognitive impairment, Action:5.6.1:

The provider identifies and responds to the complex clinical care needs of people with delirium, dementia and other forms of cognitive impairment by:

- identifying and mitigating clinical risks
- delivering increased care requirements
- being alert to deterioration and underlying contributing clinical factors.

The Guide:

- supports the understanding of the basic principles of IPC and how to apply these principles using a risk-based approach to minimise infection-related risk, including where older people are living with a cognitive impairment or dementia and may be unable to adhere to IPC practices
- recognises that it may not be possible to eliminate all infection-related risks associated with providing care and that some interventions can result in prolonged restrictions
- uses the term “risk-based isolation” to support providers and workers to understand the benefits of isolation strategies and also the risks
- promotes a systematic risk assessment approach to inform appropriate management. It recognises that Interventions must be informed by consideration of risks and benefits for older persons and workers and the overall aim is to make risk as low as possible
- provides a guide on how to assess infection risk in the care environment – separates residential aged care settings with home/community-based settings to identify higher risk situations for transmission of infections
- provides suggestions on approaches to mitigate infection risks.

Provider Audit **Graded Assessment**



Conformance



**Minor non-
conformance**



**Major non-
conformance**

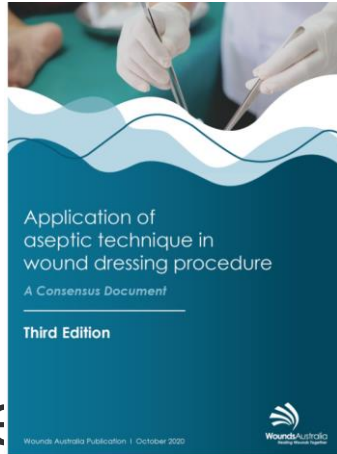


Exceeding



Resources & Guidelines

- ACQSC
- ACIPC
- ACSQHC
- Peak Bodies



AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Infection control monitoring checklist

Date of assessment contact: [Date of assessment contact]
 Entry time: [Entry time] Exit time: [Exit time]
 Names of regulatory officials: [Regulatory officials]
 Service name: [Service name]
 Commission ID (RACS): [Commission ID]
 Name of person in charge of service: [Name of person in charge of service]
 Number of older people currently at the service: [Number of older people currently at the service]
 Service arrangements: [Room arrangements]

SCREENING ON ENTRY	Yes/No
Question 1 to 2 completed based on observations when entering the service and of all other admission points to the service	
1 The following screening procedures are in place at the service:	
Sign in register for all visitors, agency staff, transportation staff and other contacts who enter the service	Yes/No
Pre-entry screening questions/expectations of visitors clear	Yes/No
Alcohol-based hand sanitiser	Yes/No
Sanitiser wipes available at staff or visitor electronic sign in	Yes/No
Direction on PPE required to enter the service	Yes/No
Other, [Direction]	Yes/No
2 Are signs located at all admission points to the service to enter if they have had a recent infection?	
If no to any of the above [Screening on entry - Procedure]	
3 Action was taken during the screening process.	
If yes, note what was observed.	

Infection Control Monitoring Checklist
 Service name: [Service name]
 Page 1 of 9

Infection prevention and control (IPC) operational readiness self-assessment checklist

Does your service have the following to support your Infection Prevention and Control program:

- Plans: Management, IPC, Risk Management, Outbreak etc.
- Workplace policies, procedures and written operational documents
- Information and planning to support and facilitate access to vaccinations for older people (including boosters)
- Record keeping and reporting protocols (including vaccination records)
- Compliance and quality measures
- Plans for continuous improvement around IPC and risk-management
- Staff have ready access to information on IPC that is current
- Staff, visitor and volunteer communication processes
- Qualified and trained aged care workers proficient in IPC practices (for example: do you have a system of competency?)

Continuing professional opportunities for trained IPC staff
 Measures for rapid access to and use of oral antiviral treatments

How does your service communicate about changes in your IPC program with your workers, students, volunteers and visitors?
 For example: communiques, training/learning, policies, posters, meetings.

The Aged Care Infection Prevention and Control Guide

A supplementary resource for the Australian Guidelines for the Prevention and Control of Infection in Healthcare for aged care settings

IPC online tools



IPC location-based guidance

Select the most relevant state or territory below to find links to commonwealth and state or territory aged care specific IPC guidance.

[Return to IPC online tools menu](#)

- Australian Capital Territory
- New South Wales
- Northern Territory
- South Australia
- Tasmania
- Queensland
- Victoria
- Western Australia
- Commonwealth guidance



Where to from here



Digital tool



Learning modules



Posters



Videos



Infographics



Toolbox talk kits



Presentations



Workshops



Further information



Stronger Standards, Better Aged Care Program

www.agedcarequality.gov.au/providers/quality-standards/stronger-standards-better-aged-care-program



Get involved

www.agedcarequality.gov.au/get-involved.au/get-involved

Outcome 5:2

Action 5.2.2 b)

Using, managing and reviewing invasive devices including urinary catheters

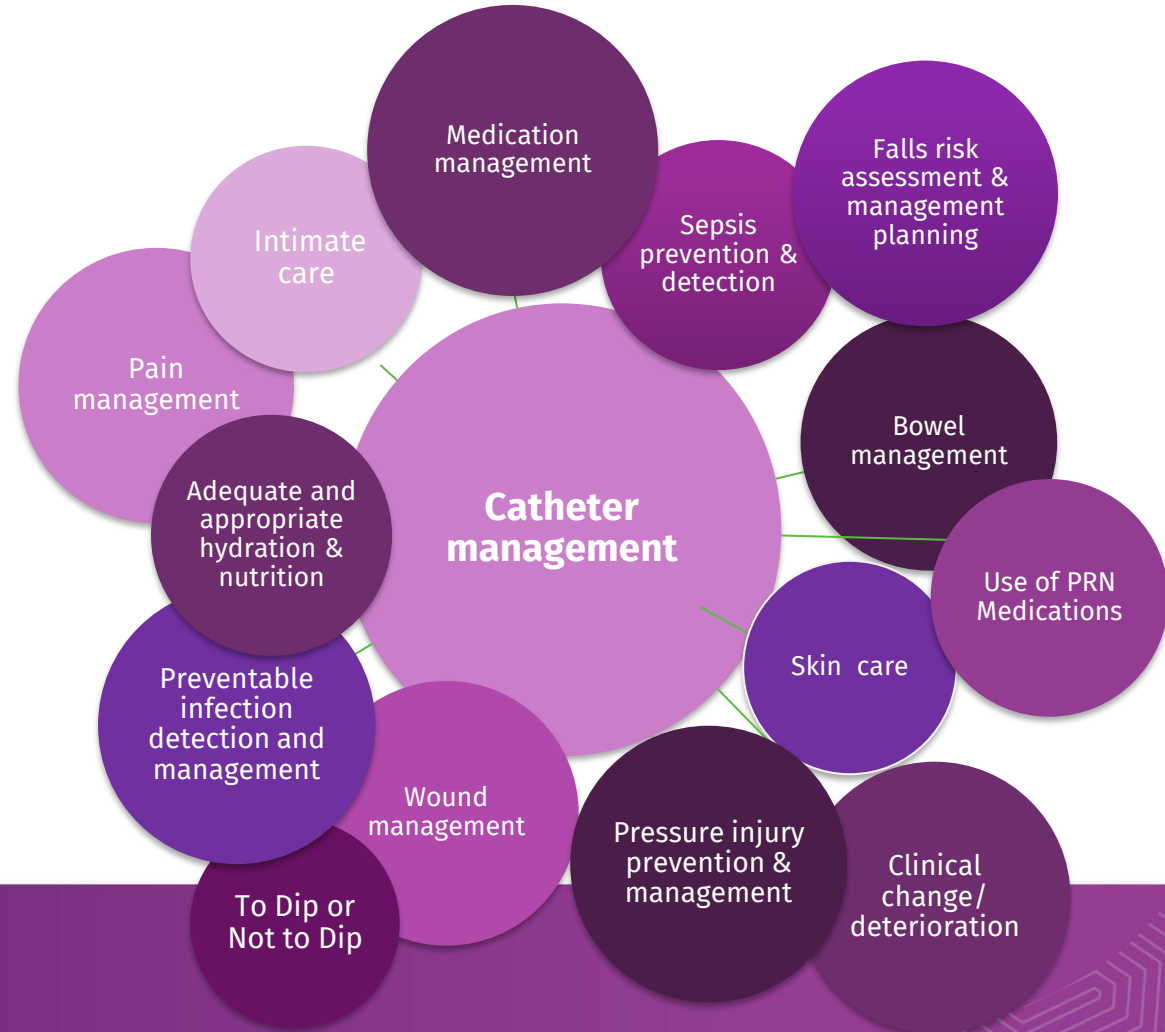


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Top Clinical Advice Issues- Clinical Unit

Clinical Deterioration
Falls management
Pain Management
Medication management
Wound management
Behaviour Support
Catheter Management
Nutrition
Hydration
Palliative and end of life care



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Trends in Catheter Management

- Poor troubleshooting catheter issues
- Trauma (urethral)
- Failure to have correct and sufficient stock
- Monitoring
- Staffing capability – catheter changes (male, SPC)
- Assessment and care planning
- Hydration
- Skin assessment and care
- Constipation

Top 10 complaint issues



Take Home Messages

More than 4.2 and 5.2

An effective infection prevention and control system is more than just Standard 4.2 and 5.2. All Standards interrelate with each other and IPC.



Context!

Know your registration category, know which Standards will apply to your service and consider your context.



Back to basics

Don't forget the fundamentals in clinical care provision.

