Collective learning: Quality improvement in aged residential care

Background

The Health Quality & Safety Commission is partnering with the aged residential care (ARC) sector to develop a quality improvement programme. We will support the sector to build a culture of continuous learning and development, and ultimately improve residents' experience of care.

We wanted to understand how quality improvement works in an aged residential care setting, including the availability of data, how staff culture and leadership worked and their quality improvement capability.

We selected four facilities for small-scale 90-day quality improvement projects. This provided the opportunity to test and understand how the ARC environment is set up to run quality improvement initiatives.

Pictured: The project team at Radius Waipuna with a resident.

Test sites

Four ARC facilities were selected for the project. There was a mixture of independent and corporate organisations, all with unique quality improvement project needs.

Facility	Project focus
Radius Waipuna	Reducing falls
Glenbrook Rest Home	Reducing medication related incidents
Pinehaven Cottage	Effective and efficient handovers
CHT Amberlea Home and Hospital	Reducing skin tears

Methodology

- Improvement science principles were used to guide the project.
- Care staff at each site were invited to be part of their project working group, including residents and whānau.
- Staff were supported to develop skills and knowledge in improvement science through training sessions and project meetings.
- Staff were given support and time to complete the project.
- Data was analysed to establish a baseline and track improvement.
- Teams identified the cause of incidents using a fishbone analysis.
- Care staff were also asked their opinion on the reasons for incidents during staff meetings and through questionnaires.

- Teams tested change ideas using a plan-do-study-act (PDSA) cycle and discussed these in their team meetings.

Challenges

Pictured: The project team at Glenbrook rest home.

- Short lead-time to analyse and scope the projects, and a short project duration.
- Some teams didn't have the capacity to undertake regular data collection and dedicate time to the project.
- There were some challenges with access to data and undertaking the required analysis.
- Bringing the project team members together for regular meetings due to shift work.
- Changes in team leadership impacted the continuity of projects for two facilities.
- Changing team cultures to promote learning and improvement.
- Many staff were new to quality improvement methodology.

Key insights

- There is a variation in quality improvement culture based on the size and type of teams. In small teams, interpersonal relationships are a key factor for the success of the project.
- Some providers may need more support to:
    - collect, analyse and report data
    - resource their project teams
    - be available for weekly project meetings.
- Utilising existing training opportunities and project meetings on-site during work time was the most effective way to increase quality improvement knowledge for all staff.
- More quality improvement expertise is needed. This could be supported by providers strengthening partnerships with district health boards, primary health organisations or other providers within the ARC network.


Pictured: The project team at Pinehaven Cottage.

- Involving residents in project work can be a key resource in co-design, testing and implementation of interventions.
- Simplifying project documentation to enable staff to complete it.
- To improve the outcome and experience for residents, the project ideas need to be tested in various conditions.
- There are handover challenges regardless of the facility size or whether care documentation is electronic or paper-based. Getting to know each residents' needs well can be difficult due to barriers to accessing documentation and an emphasis on tasks during handover.

- Providing a project pathway, associated tasks and time required before the start of the project can be helpful for facility managers and clinical leads, to manage rosters accordingly.
- The traditional approaches used by the Commission, where all the teams come together to attend class-based learning sessions to build capability, may not be suitable for this sector. These often involve travel and extended periods off work.
- New ways to build capability in improvement science for both regulated staff and the kaiāwhina workforce need to be explored, for example, online learning packages.

Conclusion

The project provided valuable insights into planning quality improvement projects in aged residential care for both the Commission and the teams that participated. Our learnings will inform the design and structure of our quality improvement programme.

Thank you to all those that gave their time so willingly to work with us.

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