

Living well in Multipurpose Services

Principles in practice



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Executive summary

Multipurpose Services (MPS) are unique rural health care facilities that provide a combination of health services to meet the needs of the local community. The services provided include:

- acute care
- sub-acute care (including respite and palliative care)
- emergency care
- allied health care
- primary health care
- residential aged care.

At the time of this report, there were 64 MPS across rural NSW, with more in the planning stage.

In addition to providing limited hospital services for local communities, MPS facilities are also home to hundreds of older people. In NSW, MPS have more beds allocated to residential aged care than hospital inpatient care. Residents living in MPS residential aged care are not patients; they are people residing in their home. Providing a homelike environment with a focus on lifestyle, leisure and activity options, nutrition, independence, choice and control, contributes to wellness in older people.

One of the challenges facing MPS is their dual role. It can be challenging for staff to provide care for aged care residents based on lifestyle and enablement while simultaneously providing care for inpatients based on clinical need.

The needs of both patient groups must be addressed in compliance with current NSW guidelines, policies and procedures. MPS approved providers are expected to deliver a level of quality residential services in a way that is consistent with their Resident Agreement.¹ They must also meet the *National Safety and Quality Health Care (NSQHC) Standards* prescribed by the Australian Commission on Safety and Quality in Healthcare (ACSQHC).²

Although MPS are not required to meet Commonwealth's Aged Care Quality Standard³ (as is the case with Commonwealth-funded residential aged care facilities), the Commonwealth expects MPS to provide a level of care consistent with the spirit and intent of these standards where appropriate.⁴

In 2014, the ACSQHC identified existing gaps between the NSQHC and the Aged Care Standards. The ACSQHC's findings informed the development of the Living Well in MPS Principles of Care. The eight principles of care, together with the Living Well in MPS Toolkit, provide staff with tools to adopt person-centred residential aged care approaches. See: www.aci.health.nsw.gov.au/resources/rural-health/multipurpose-service-model-of-care-project/mps-collaborative

Figure 1: MPS Principles of Care



-  **Respect for rights as an individual**
-  **Informed and involved**
-  **Comprehensive assessment and care planning**
-  **Homelike environment**
-  **Recreational and leisure activities**
-  **Positive dining experience**
-  **Multidisciplinary services**
-  **Expertise in aged care**

The MPS Collaborative

The Living Well in MPS Collaborative (2016-17) supported staff to implement the MPS Principles of Care across 25 sites in NSW. The core premise is that residents are considered people living in their home, not patients in the hospital.

The ACI chose to use Collaborative methodology, developed by the Institute for Healthcare Improvement (IHI), as it is known to achieve rapid, measurable implementation of known best practice in healthcare.⁵ The methodology brings practitioners together from different organisations to target improvement in the same area. After completing learning sets (group learning sessions), representatives return to their home sites for action periods (to implement small-scale changes). A series of Plan, Do, Study, Act (PDSA) cycles enable local services to trial small changes and identify and share successful strategies over the course of the Collaborative.

Based on the ACI's extensive experience in the spread of innovation, the Collaborative methodology was enhanced to include 12 months of intensive implementation coaching and support for statewide sites, with the following additional features:

- a secure online PDSA portal to share improvement activities, resources and experiences
- weekly telephone coaching
- six-weekly communities of practice
- remedial site visits.

The ACI has called this the Collaborative Plus model.

Figure 2: Living Well in MPS – Collaborative aims



Achievements

The MPS Collaborative has driven significant improvements in the processes and experiences of care for older people, their carers, families and staff. Implementation of the principles has resulted in:

- improved satisfaction, wellbeing and experience of residents in their homes
- improved relationships between residents, staff and families
- dramatic and significant changes to the living environments for older people across MPS in NSW.

Additionally, the Living Well in MPS work has been recognised nationally, through inclusion in conference programs and citation in the *National Safety and Quality Health Service Standards Guide for Multi-purpose Services and Small Hospitals*⁶ as an implementation strategy to assist staff in meeting Standard 5, Comprehensive Care Planning. This citation reinforces the importance of this work in NSW and highlights the value of the work nationally.

Next steps

MPS across the state have embedded many of the changes introduced during the Collaborative lifespan as business as usual. Local and state based entities have formed effective partnerships and prompted initiatives which will be sustained and spread across the state.

Further improvement to MPS across NSW will be supported statewide by:

- the ACI's Living Well in MPS Toolkit
- continuation of, and access to, ACI's PDSA portal to facilitate communication and sharing across all MPS sites.

Local Health Districts (LHDs) have also committed to supporting:

- establishment of LHD MPS networks and monthly MPS managers' meetings
- local buddy systems to pair Living Well in MPS implementation sites with new MPS sites
- MPS forums and events
- embedding MPS governance and reporting in existing LHD governance structures
- organisational capability development.

There are opportunities to further drive and enact change through potential aged care policy, leveraging the work of the Collaborative sites to lead broader change across the remaining MPS sites in NSW. Evaluation of the Collaborative Plus methodology will identify its value as a means of affecting and embedding change across a large number of sites in NSW.

About this report

This report highlights the small (and larger scale) changes implemented as a result of the MPS Collaborative, with an emphasis on staff, resident, carer and family experiences. It describes specific case studies of changes implemented in MPS, highlighting achievements across NSW. The final section of the report outlines opportunities and recommendations for the future.

The report is aligned with the MPS Principles of Care, which describe priority areas for action to achieve improved quality of life and experience. All principles are closely related – improvement in one area impacts on another. Sites may prioritise different areas, based on local needs.

This document is intended for use by MPS teams, managers and change agents within LHDs and the aged care environment, to support improvements in care for older people.

Some icons are used throughout this document to assist wayfinding:



Successful strategies – a description of strategies used across the state



Quick tip – a brief example of a small-scale strategy to address one aspect of a principle of care



Achievements – outlines accomplishments of the MPS involved in the Collaborative, including process and outcome measures



Snapshot – a more detailed example of a change implemented by a MPS facility.

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MPS Collaborative highlights

Figure 3 illustrates key achievements of the MPS Collaborative from 2016-2017.

Figure 3: MPS Collaborative highlights



Respect for rights as an individual



The resident is respected as an individual with an emphasis on rights, quality of life and wellbeing, as defined by the individual and carer/family. Respect for rights includes privacy, control over life, dignity and lifestyle interests.


MPS residents receive person-centred care, which meets individual physical, psychological, cultural, spiritual, emotional and social needs, and acknowledges the residents' personal histories and preferences. Respect for the individual is demonstrated by focusing on what each resident can do, maximising independence and mobility, empowering staff to build relationships and familiarity, and responding to each resident's needs and desires.


Improvements in this area have had a strong flow-on effect across other domains of care. Repeated, small-scale changes resulted in a gradual shift in the approach of staff members towards the care of residents. This achieved cumulative, statewide large-scale transformation.

Successful strategies

Empowering residents to identify opportunities for improvement and design changes


Residents must be invited to provide solutions, not just share their preferences. Staff reported a shift in decision-making roles in services, from residents as passive recipients of care to residents empowered to make and influence decisions about daily life and the service. Increasing residents' choice and control in their home setting enabled them to begin to suggest changes and improvements, without waiting to be asked.

 When Urbenville MPS decided to replace their plastic crockery, residents selected the alternatives and were supported to place the order. They also were responsible for unpacking the new crockery when it arrived, reporting a sense of ownership and excitement.

 Braidwood MPS introduced regular resident meetings in their high-level care service every month. The meeting provides a forum for residents and staff to plan activities and outings. Residents have an opportunity to set agenda items before the meeting and raise items of interest in the meeting, encouraging open discussion between the residents and staff.

Empowering residents to identify needs and propose solutions

This strategy is related directly to residents' needs, including identifying and encouraging an individual's personal interests, and empowering and enabling residents to identify appropriate actions and solutions.

 One MPS resident, a retired school teacher, was depressed and wished to be active and have a sense of purpose. The resident worked with the staff to think of some ideas to achieve this, given his current capabilities. He began working with the local high school's mentoring program and running a study group in the school where he once taught. The resident reported he was pleased to be contributing, and felt capable, in spite of his disabilities.

Acknowledging residents' history

Acknowledging a resident's personal history is important, as it provides an opportunity for them to talk about times past and builds the staff's understanding of individual passions, interests and life events.

Talking with residents and families about their earlier lives was experienced positively, and established deep connections between staff and residents. Staff described how it shifted their perspectives and beliefs about residents, and enabled them to work more collaboratively and respectfully. Staff can also use this background information when residents need more support.

 Dorrigo MPS explored ways to personalise a resident's room and improve wayfinding. Staff worked with the resident with memory loss and her family to identify appropriate images that would be relevant and improve recognition of her room. The resident is now able to see her door from a distance, and the photos of her farmland, cattle and garden are reassuring. The images also help to build on relationships and foster new connections, as they provide a topic of conversation with visitors, residents and staff. This work has expanded to include personalisation of her bedroom, as well as personalising the doors and rooms of other residents.

⚡ Coonamble MPS took a creative approach to bringing residents' histories to life. The MPS approached a local poet to write in verse about a resident. Family members provided insights into the resident's earlier life and provided a photograph of the resident in his youth. The verse and photograph were printed, laminated and hung in the resident's room. Following overwhelmingly positive responses from residents, family and staff, the approach was expanded to include most residents in the facility with the involvement of the local poet.

One resident read his story and cried.

– Staff, Coonamble

Figure 4: Coonamble MPS resident's story in verse



G'Day – I'm Joe and proud to say, Coonamble born and bred.
I'm happy with the things I've done – the life that I have led
I've driven trucks for Matt O'Moore, worked at Wright Heaton's too
And yes I swam for Country as the cheering grew and grew.

*My feet took wings the day I ran that 35 yard sprint;
The solo try right from the scrum that made a big imprint,
And snatched the victory away from mighty rivals Gil.
I loved the game called Rugby League – the game of strength
and skill.*

*I always played as Half Backs should – they always gave their best
Directing play of every scrum soon puts a man to the test
Though sometimes I was bloodied in the rucks away back then,
But Sunday I'd trot on the field to play the game again.*

And I am proud of what I have – a loving family
Who've stood by me through thick and thin – the way loved ones
should be.

Still, sometimes in my dreams I see a footballer you know.
In Club colours of red and black – I'm proud to say, is JOE.

Favorite things: Family – Rugby League – Being a Bookmaker –
Country Music – Toohey's Beer!!

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Acknowledgement: Written by poet Helen Harvey.

Respecting culture

The residents of MPS represent a wide range of cultural and language groups across NSW. All MPS must acknowledge, accept and value resident diversity in their service.

MPS in NSW worked to understand the cultural and language backgrounds of their residents and implement strategies to make their service more inclusive. Some MPS introduced strategies to improve inclusion and respect for people from Aboriginal backgrounds.

⚡ Peak Hill MPS hosted a community consultation barbeque as part of their Aboriginal signage project. Staff invited all residents and their families to the barbeque, as well as the Peak Hill community. The proposed signs and artwork were on display and feedback was welcomed. The event was well attended by the local Aboriginal community, and included a performance by an Aboriginal dance group. The event, new signage and artwork were well received.

***I feel safe, secure, and I am treated
very well and with respect.***

– Resident

Identifying and encouraging personal interests

By better understanding residents, MPS can be transformed from a hospital-like environment into a home. Staff members need to think flexibly and creatively about identifying and encouraging residents' interests.

Interviewing residents, carers and families enables staff to identify residents' interests, dislikes and preferences. This is recorded in residents' social profiles and shared with other staff.

Social profiles can also be used to build facility activity calendars that are personalised based on individuals' interests. Staff can create opportunities for individuals to access and participate in their favourite activities (e.g. one-on-one outings), or they may gather residents together to engage in particular activities (e.g. cooking breakfast, gardening).

Remembering residents

Respecting residents in a MPS also should involve acknowledging and recognising residents who have died, and allowing friends and staff to express their grief. Some MPS introduced new processes to commemorate the lives of residents, and to ensure other residents were informed about deaths within the MPS community.

⚡ A number of MPS introduced memorial tables to remember residents who have recently died. Memorial tables generally include a photograph of the resident, candles and appropriate ornaments relevant to the resident's interests. Sympathy cards for the resident's family are available to be signed by residents and staff. The memorial table is in place from the time the resident dies until their funeral.

The memorials have been very positively received by other residents, staff, and family members.

Figure 5: Dorrigo MPS Memorial Table



⚡ Blayney MPS holds reflection and remembrance ceremonies to allow residents to remember those residents who have died. Family members of the deceased resident(s) are also invited to attend.

⚡ Lockhart MPS celebrates the lives of residents with a special event relevant to the individual resident, such as a high tea or barbeque. Events have given residents and staff an opportunity to talk about the life of the resident and reminisce together.

➤ Achievements



Staff report greater respect for the rights of residents



Residents and carers report improved relationships between residents and nursing/care staff.



Residents experience increased independence, choice and control.

15%

Increase in number of residents with social profile completed in past six months.

📷 Snapshot: Understanding residents as individuals

Peak Hill MPS staff determined that they needed a better understanding of each resident's preferences, interests and dislikes. In response, staff adapted and trialled the Sunflower Tool⁸, which is used to better understand and support people with dementia, by identifying residents' interests. This information was used to develop social profiles.

The MPS staff were first asked to trial the Sunflower Tool with colleagues. After asking the Sunflower Tool questions, staff members were challenged to identify each other based on the information gathered.

This exercise helped staff learn what information was important and how to obtain meaningful information from residents, their carers and families. Information about the residents' interests, dislikes and preferences was recorded in each resident's social profile

Social profiling provided an opportunity for staff to collaborate with residents, personalise care and lifestyle options in the MPS, and ensure facility activities addressed individual needs and preferences. Profiles were used to improve communication and continuity of care, build personalised activity calendars for the facility, and create individual opportunities to engage in residents' areas of interests.

This work led to better identification of residents' cultural backgrounds, so staff could work to ensure the MPS was appropriate for Aboriginal residents.

The use of the Sunflower Tool and social profiles was considered a successful approach, and this strategy was adopted by numerous MPS across NSW.



The resident and carer/family receive timely and appropriate information at entry to care and at regular intervals. Residents and carers/family members have the right to actively participate in decision-making about the services and care. Information management is a continuous two-way process between the MPS facility and the resident, carer and family to optimise informed decision making.

Early in the Collaborative, this principle was focused on providing residents information when they entered the MPS, and ensuring the information was consistent. However as work on this principle progressed, initiatives shifted to two-way communication, consultation and shared decision-making.

Successful strategies


Providing information

MPS developed and implemented welcome packages, orientation information and standard care processes to improve communication when new residents entered the MPS. Standardising this information improved consistency and clarified expectations for residents, their carers and families.

Learning about residents


Across the state, various initiatives and tools were used to obtain a deeper understanding of each resident through communication with residents, family and friends. For more information about this objective, see [Respect for rights as an individual](#).

Sites also focused on identifying and overcoming communication barriers. Strategies that had a significant impact on residents, such as learning the faces and names of residents and staff, were often easy to implement.

 Coonamble MPS printed staff badges listing the staff member's name and role. This helped staff members to identify themselves, and residents and family members reported that this made the MPS feel more personal.


Involvement in decision-making

Informing and involving residents and carers in decision-making has built more positive relationships between residents, carers and staff, and empowered the group to direct activities and environment in their own home. This was a shift in approach for many MPS facilities, as it gave residents and families a greater role in planning.

 MPS facilities across the state introduced strategies to improve resident, family and carer involvement in decision-making. Strategies ranged from formal (e.g. regular meetings, working groups and committees) to incidental, reflecting changes in approach. Speaking with residents about everyday choices and engaging them in decision-making). Staff members engaged residents to make choices about a range of areas, such as the plan for the day ahead, mealtimes, activities, changes to local care processes and local projects.

I like to contribute to the residents' meeting, which I think is very important.

– Resident

 The residents and families of Henty MPS had little information about the environment, lifestyle and activities. Residents and carers came together to identify potential lifestyle, environmental and social improvements to residential life in Henty MPS, and make this information available. This group of passionate residents, family members and carers was known as The Henty Heirlooms.

The Heirlooms:


- voiced preferences for recreational opportunities, such as Men's Shed visits, movies and bowls
- partnered with the community garden club to establish a sensory garden, and selected furniture for outside spaces
- highlighted the need for a new space to promote relationships within their small rural community
- established a quarterly resident newsletter.

This demonstrated their active involvement in communication and decision-making about the future.


Advance care planning

Advance care planning respects an individual's right to make informed choices and decisions about their own future care.

There have been numerous initiatives to improve this area across the state. The [Comprehensive assessment and care planning](#) section includes more examples of work in this area.

 Bombala MPS aimed to have all resident and family Not For Resuscitation (NFR) orders understood, identified, documented and respected. Importantly, they wanted to establish a system that would enable agency and locum staff to be aware of resident NFR status.


Conversations between residents, family members and staff determined NFR status. These conversations were documented by the Visiting Medical Officer (VMO) and placed in the resident's medical record. NFR status was noted in bold on the handover sheet. A photo outside of each resident's room included either a green sticker for "yes, resuscitate" or a red sticker for "no, do NOT resuscitate" on their photo. Permission to display this information is obtained from all residents and families/carers/guardians where appropriate.

 Manilla MPS introduced advance care planning as a component of entry to care documentation, so the advance care directive is discussed when new residents arrive at the MPS (the directive may not be finalised at this time). Manilla MPS also engaged in an audit of existing advance care directives or end of life plans. The results of the audit, including areas for improvement, were discussed during regular family meetings.

Communication with families

Communication with residents' families takes different forms across the state. In rural areas, communication may need to occur across significant distance. Sites including Balranald, Dorrigo, Coonamble and Urbenville publish newsletters to ensure families are aware of current initiatives, new projects and upcoming work. Some MPS use email to keep families up to date.

Some sites aim to enable two-way communication between the residents, the staff and their families.

 Urbenville MPS introduced a program to enable residents to speak with their families over distance using Skype for Business. Feedback from residents and families was overwhelmingly positive. The MPS facility is planning to regular weekly times for Skype calls, with a flexible approach to facilitate after-hours calls for family members who are not available during business hours.


I think [Skype] is absolutely wonderful. I'd like to do it again.

– 94-year-old resident

Achievements

85% Residents report feeling familiar with their MPS, as their home.

100% MPS have formal processes in place to inform and involve residents, their carers and families.

 Residents experience increased independence, choice and control.

Snapshot: Case conferencing

Manilla MPS commenced family meetings involving:

- the resident
- general practitioner
- clinical nurse specialist aged care
- family
- health service manager
- diversional therapist
- administrative staff
- carers
- nurse unit manager
- pharmacist (if available).

The agenda covered broad topics, such as what is working well and what is not working well, as well as more specific areas, such as end of life management and unintended consequences associated with greater independence (for example, residents at risk of falls).

Medical staff were very supportive of these meetings and often initiated them. The resident and carer/s had an active voice in the discussion, with the team collaborating to resolve any issues.

Subsequent regular meetings were organised as the resident's condition changed.

One of the keys to the sustainability of these meetings was the built-in administrative support. Administrative staff were responsible for scheduling the meetings, taking minutes and summarising actions. Local systems were in place to support completion of these actions.

Since commencement, residents' general practitioners attended all of the meetings. Residents also reported a greater sense of control of their own lives.



Older people living in MPS often have complex medical and care needs. Residents and carers/families must be central to ongoing assessment and care planning.


Residents participate in their own comprehensive assessment and care planning, which is reviewed regularly. Engaging the resident ensures there is a focus on activities, schedules and healthcare that is consistent with their interests. This also enables the resident to make choices about various aspects of their life in the facility.

This principle is closely related to [Respect for rights as an individual](#).

Successful strategies

Engaging residents in care planning

Respecting residents and ensuring they are involved in their care includes their participation in care planning.

 Molong, Dorrigo, Manilla and Henty MPS implemented multidisciplinary case management meetings including the resident, family and staff to identify successes and opportunities for improvement. The resident and family engage with staff to ask questions, identify priorities and design improvements on an ongoing basis. This regular process builds relationships between staff and residents, whilst also ensuring the resident's needs, desires and capabilities inform individualised care.





The whole staff is willing to talk about anything you may be worrying about.

– Resident

Team approaches to assessment and care planning

The healthcare and wellbeing of residents in MPS are reliant on a team approach to caregiving. In MPS, team approaches recognise the roles of people working in both clinical and non-clinical positions.

More information about team approaches to care, and access to clinical services, is included in [Multidisciplinary services](#).

-  Blayney MPS safety huddles were introduced to ensure that all MPS staff were aware of key issues, risks, safety issues, resident deterioration or deaths. Daily five-minute huddles covered the topics of cleaning, catering, nursing, management and medical staff.
-  Tingha MPS is often reliant on casual or agency staff to provide care to residents. Tingha added resident photographs to the clinical handover forms, to make the process simpler and more meaningful to staff.
-  Some Western NSW MPS sites have introduced interim care plans, which are completed within the first 24 hours of entry to respite care or the MPS residential aged care area, until more comprehensive care plans can be developed. A number of MPS across NSW has now adopted these interim plans.
-  The Far West LHD has improved palliative care for MPS residents by establishing an integrated palliative care team and pathway. The team connects specialist palliative care services with local MPS and establishes palliative approach leaders at local sites. This improved advance care planning, reduced unnecessary hospital admissions, enabled resident to die in their place of choice (i.e. home or the MPS) and increased timely referrals to specialist palliative care.

➤ Achievements

95% Residents and carers/families report staff understand their healthcare needs.



+20% Increase in the number of residents with a multidisciplinary care plan updated in past three months.

>85% Carers/families report staff understand the residents' end of life or advanced care preferences.

📷 Snapshot: Resident care checklist

The Dorrigo MPS team developed and trialled a checklist to ensure residents' daily living and clinical care needs were being addressed.

One or more staff members visited a resident's room, checking incidentals (e.g. toiletries, medications and clothing) and everyday care needs (e.g. nails, dentures, glasses and hearing aids). At this time, the resident was also encouraged to identify any concerns, ideas or desires.

The date for review corresponded with the resident's room number to ensure it was a monthly process (i.e. staff visited the resident in room six to complete the checklist on the sixth day of each month). The checklist processes could happen throughout the day (it was not necessarily completed at one time).

Dorrigo MPS received positive feedback from residents and families about this process. All of the carers and families and 92% of residents reported feeling that staff understood individual residents' health and support needs. Residents said spending time with the staff made them feel more engaged.

The checklist highlighted opportunities for improvement, including the need for more meal choices, podiatry services and a diversional therapy program. It would be possible to add additional items to the checklist, such as checking brakes on mobility aides.

Homelike environment



It is important for residents to live in a homelike environment and have a sense of belonging.

The MPS residential aged care section should offer a personalised, safe, clean, comfortable and pleasant environment that is as close to the environment of a private home as possible.

In Australia, a homelike environment is related to concepts such as a pleasant milieu, looking and feeling light, airy and homely; feeling unrestricted; offering freedom and choices; and being inviting for relatives, including children.⁹

This area has strong links with [Positive dining experience](#) and [Recreational and leisure activities](#).

MPS reviewed and changed to physical spaces, respecting residents' rights to make decisions and including a greater focus on recreation and leisure activities chosen by residents. There was a significant shift in staff attitudes and culture, achieved through the implementation of repeated, small principle-based changes to care.

I have independence but I'm still looked after 24 hours a day.

– Resident


Successful strategies


Promoting decision-making by the resident

MPS worked with residents to give them greater control over their daily routines, activities and interactions with home. Residents now have a greater role in decision-making, ranging from more meal choices to decorating their rooms, and working together to redesign ways of working in the MPS.

Physical layout of the facility

The layout of the facility can add to the homelike environment. MPS are often located in pre-existing hospital buildings, and changes need to be made to internal institutional fittings and features to make the environment more homely. For example, many MPS have repainted the corridors and communal spaces in soft, warm colours and hung local artwork on the walls. Efforts have been made to change private and communal spaces (both indoor and outdoor).

 Boggabri MPS used visual cues to alert staff when they were leaving an acute hospital ward and entering the residential care environment. Green tape across the floor at the border of the hospital ward and residential aged care reminded staff to adopt the appropriate approach to their practice. In the acute environment, staff are expected to provide care based on clinical need; in the residential care environment, care is focused on wellness and enablement, informed by the preferred lifestyle of the residents.

 The Dementia Enabling Environment Project (DEEP)¹⁰ provided MPS sites with prompts, resources and tools to better support people with dementia. By improving their environment, MPS can help people with dementia to maintain their abilities, reduce risks, improve independence and enable meaningful engagement. For example, Tingha MPS introduced blue toilet seats (and blue toilet aides as required), and Braidwood MPS introduced dementia clocks to support orientation to date and time.


I just love it. Being in a homey area, I treasure it.


– Resident

Personal space

Each resident should have a space that is their own, to be able to use and decorate according to their choice.


Making a space feel personal may involve the use of their own furniture, chairs for visitors, special personal possessions (such as photos and memorabilia), a telephone, and access to internet and email.

 Numerous MPS have supported residents to personalise their room and communal living spaces with photos and decorations. One site started discussions about allowing residents to paint their private rooms.

 Manilla MPS introduced large door numbers to improve orientation for residents, and to symbolise mailbox numbers, reinforcing that the room is a private space and home.


Family participation


MPS facilities should be welcoming and relaxing spaces, encouraging resident involvement and families and children visits.

 Some MPS redesigned existing spaces to identify some small, quiet, private meeting areas for residents and families. These were often unused alcoves, spaces in front of windows or spaces previously used to store equipment.

I spend as much time as I want with my husband who lives here. We are together all the time.

– Resident

 Nyngan MPS created a space where a husband and wife could have a private meal together. Staff served a choice of meals at a table set with tablecloth and flowers.

 Previously food from home was not permitted to be brought in for MPS residents, due to Australian Food Safety Standards. However, HealthShare developed fact sheets to clarify appropriate processes for families who wished to prepare and bring food. Since then, food has been allowed, which improves the dining experience for residents.

Animals in MPS

Involving pets in residential aged care has been associated with a reduction in depressive symptoms and aggression, and improved social behaviours and quality of life.¹²


MPS across NSW introduced animals (including birds and hens, cats and dogs) to their residents' homes, in accordance with the *MPS Operational Guidelines*¹. All were received extremely positively by residents, with residents naming the pet budgie or visiting dog as the best thing about home.


More information on this is available in [Recreational and leisure activities](#).

Ready access to outdoor areas

Outdoor spaces add to the homelike environment of MPS and improve residents' physical and mental health. Outdoor spaces can be designed to accommodate meeting and movement/exercise spaces, quiet time and activities and gardening.

Some MPS established new partnerships or built on existing partnerships with local community groups and Men's Sheds. This supported improvements to appropriate outdoor spaces for residents, including outdoor furniture and eating areas, planter boxes, vegetable gardens and chicken runs. Many MPS have disguised their safety fences with shrubbery and created mystery walks with artifacts (such as farm animals, ducks and garden furniture) which stimulate conversation.

 By furnishing a verandah, one MPS facility changed an unused space into an area where residents met with families, sat independently or engaged in outdoor activities.

 Gulgong MPS had an existing, unused chicken house. Hens and chicken feed were donated, and the facility worked out a detailed plan for the care of their chickens. The MPS sold the eggs, with the proceeds going toward activities for residents. Residents later decided to create a chicken run to keep the hens out of their vegetable garden.

➤ Achievements



Residents and staff report improvements in residents' mood and wellbeing.



MPS introduced gardens, barbeques, pets and excursions to increase residents' independence and quality of life.

95%

Residents report their families and friends are welcome at the MPS.

Since [the resident] moved in, I was amazed at the total transformation that had taken place... Over seven months I have witnessed changes made for the betterment of the residents.

– Carer

📷 Snapshot: Making MPS a home

Sites that were most successful in making a MPS a home implemented multiple strategies simultaneously. Urbenville MPS introduced a number of strategies to improve the homelike environment within the constraints of existing infrastructure. This involved dramatically shifting roles and relationships between residents, families and staff.

Promoting residents' decision-making

Urbenville MPS embraced the active role of residents in making choices and decisions in their own homes, asking residents about their interest in various activities, engaging regularly and meaningfully with families, and increasing opportunities for residents to have control over their environment. This approach influenced all of the work of the MPS.

Physical environment

Urbenville MPS rearranged existing lounge and dining spaces based on feedback from residents. Outside of mealtimes, the previously vacant dining space is now being used spontaneously by residents for activities (e.g. puzzles and socialising), and residents are pleased with the new, quieter lounge area.

Urbenville also undertook a significant body of work around mealtimes, introducing changing to non-plastic crockery (which the residents selected), tablecloths and condiments on the table (eliminating single serve portions). Residents can make their own breakfast and are encouraged to make choices at mealtimes.

Family participation

Previously, family communication focused on administrative aspects of care (e.g. costs) and took place via regular mail-outs. Urbenville MPS increased and improved family participation by introducing online communication with families, including emails and Skype calls to enable residents to see and regularly speak with family members.

Increasing opportunities to enjoy life

Urbenville MPS residents were supported by staff to identify areas of interest and staff worked with residents and families to plan opportunities to engage in these interests. This resulted in the establishment of a fortnightly gardening club, an art appreciation group and gallery wall, a women's washing circle (creating daily roles and social interactions) and happy hour with karaoke. This work also links strongly with [Recreational and leisure activities](#).

The *Let's get out of here* program encouraged social connections with the wider community and focused on engaging residents in after-hours activities. This included visits to neighbouring towns and hotels, attending local community events, including a dance on a Saturday evening, and visiting regional attractions.

Recreational and leisure activities



The residents can access a range of meaningful recreational and leisure activities, which helps to maintain links to the community.

Providing a diverse range of leisure and recreational activities which reflect the residents' interests and lifestyle, including outings, helps the MPS to give residents a sense of meaning and purpose. The *NSW Health and the Arts Framework*¹³ provides guidance on how to include the arts (literary, performing, visual and environmental) in care environments. The framework recognises the role of the arts in improving health and treatment outcomes and provides opportunities for inclusion in health services.

Most older people want to continue to be relevant and connected to their families and communities. Informal carers and community groups play important roles in providing social engagement, spiritual care and support which contribute to the wellbeing of older people. Rural communities are a valuable resource.

Working flexibly with existing staff and volunteers supported MPS facilities to achieve significant improvements in recreational and leisure activities. From building partnerships with local organisations to changing Assistant in Nursing (AIN) roles to provide more lifestyle and activity officer support, local MPS developed strategies to effect change and improve the lives of residents.


Successful strategies

Encouraging personal interests

MPS that identified personal interests early in the Collaborative were able to develop recreation and leisure programs based on interests of residents. By identifying and acting on residents' interests, MPS shifted away from the usual approach of developing a service-determined calendar of one-off events, to working together with residents to identify common interests and collaboratively develop a program of events.


I am encouraged to exercise as much as I can. Staff support me in my hobby of calligraphy.

– Resident

 In line with residents' interests, the Grenfell MPS Activity Officer established a 'Walk and Talk' program Monday to Thursday. However, from Friday to Sunday there was no Activity Officer on site and, as a result, few activities for residents. The MPS introduced a weekend 'Walk and Talk' program, with each resident provided 1:1 support by staff to walk (or wheel, if in a wheelchair) in and around the facility. This ensured that residents had activity options over the weekend and improved the residents' physical capacity.

One resident was so ecstatic and thrilled that he started crying.




– Carer, describing resident's response to movie night with ice cream

 To offset boredom on the weekends when the Activity Officer is not available, many MPS facilities now provide a regular Sunday afternoon movie with lemonade, chips and popcorn. This activity has been a great success, with residents enjoying the company of others and also revisiting movies of their generation and reminiscing.

Identify local opportunities for community engagement

MPS partnered with local community groups and organisations to link residents to the outside world. Residents were supported to invite families, community groups and volunteers into the residential aged care areas.

MPS across NSW often harnessed the support of local active community groups, for example, Men's Sheds to restore outdoor furniture (and engage residents in this process) and the local garden club to establish or revive gardens. MPS also identified opportunities for intergenerational programs, which are known to improve the quality of life of residents in aged care facilities.¹⁴

-  At a residents' meeting, Lockhart MPS residents identified that the limited community outings had a negative impact on local connections with the community. Residents and family members consulted with staff to determine destinations for regular outings, such as weekend drives and luncheons at the club, and these outings are now occurring. A risk assessment was undertaken to ensure safety for all attendees.
-  Boorowa MPS established a relationship with the local school. Students regularly attended the MPS to speak with residents and engage in MPS activities, such as gardening. These visits build long term relationships between residents and visitors, and also form a regular part of life at the MPS and for the students.
-  Urbenville MPS developed a relationship with the local preschool. The AIN supports MPS residents to visit the preschool once a week and support the children's activities. This project required investigation into the risk management for the residents and children. The program has been implemented successfully and is ongoing, but the MPS hopes to engage a volunteer to oversee it in the future.


Identify local opportunities for volunteer involvement

Volunteers provide invaluable support to MPS. The MPS reviewed volunteer roles and capacity, and engaged volunteers to support recreation and leisure activities.

-  Following a suggestion from a resident during his care planning meeting, Balranald MPS developed Tipple Time. This provides a monthly opportunity for residents to enjoy a drink with fellow residents, family members, carers, visitors and off-duty staff. Administration and hotel services host the afternoon, and entertainment is provided by local volunteer musicians.
-  Dorrigo's annual Folk and Bluegrass Festival was brought into the MPS and opened to the local community. Local performers volunteered their time, and a local photographer also donated time to take photos for the local newspaper. Hosting this event brought the community, music and atmosphere into the MPS, and brought the MPS into focus for the local community.
-  Manilla MPS introduced a men's group. Volunteers take 'the boys' out to the local hotel on a Saturday afternoon to watch the football. Both residents and staff have received this positively.
-  Urbenville's *Let's get out of here* program is largely supported by volunteers and relationships with local community groups and businesses. It enables access to community vehicles, allowing outings throughout the community and to local sites (e.g. waterfalls, national parks, shops, etc.).

Access local transport options

Many rural communities have access to a Commonwealth Home Support Program (CHSP) bus or Community Transport Service. Some MPS have a Service Level Agreement between the LHD and CHSP to utilise the resource on a regular basis (e.g. outings, picnics and drives in the country).

-  Some MPS facilities supported staff or volunteers to become credentialed bus drivers.

Network services

Some MPS utilised diversional therapy programs developed at a larger regional centre and delivered locally by an allied health assistant/activities officer (Certificate IV in Leisure and Health). The Certificate IV in Leisure and Health course is the minimum recognised qualification to work in the field.

Animals in MPS

A number of MPS introduced pets and animals into their services, following consultation with residents.



Several MPS facilities have pets:

- Nyngan MPS introduced Sweetie, the budgerigar
- Henty MPS has a part-time kitten visitor
- Boggabri MPS has an aviary
- Grenfell MPS has Pedro the bird
- Dorrigo MPS has a visiting cockatoo and a resident kitten, Rosie
- Urbenville introduced a 'bring your dog to work' program, with dogs rostered on for different days of the week.

Facilities reported that animals bring the residents joy and a sense of purpose, provide a topic of conversation and are a shared interest. In some cases, the presence of the animal increases verbalisations from minimally verbal residents.



HealthShare NSW developed a fact sheet about backyard chickens which provides guidelines about the number of chickens, the size of the chicken coop, care responsibilities and safe use of eggs.¹⁵ Other fact sheets were also developed, outlining safe composting for worm gardens and regular composts and use of homegrown produce to support the establishment of vegetable gardens.¹⁶

Bring him back to my room after breakfast, I'll look after him.

– Resident, about an animal visitor

➤ Achievements



Residents and staff report increases in residents' quality of life.



MPS partnerships enable a range recreational and leisure activities selected and designed by residents.



MPS across the state are bringing joy to residents through pets and pet visitors.

100%

Residents, carers, families and staff report significant improvements in recreation and leisure opportunities.



Residents and staff both report improvements in residents' usual level of physical wellbeing and comfort.



More residents report they feel at home in the MPS.

📷 Snapshot: Music and memory

The ACI and Arts Health Institute trialled the *Music and Memory* program in 21 different healthcare settings across NSW. This Australian-first trial was held in 2016 and 2017.

Music and Memory is an accredited program developed in the United States that uses digital music technology to bring personalised music into the lives of people with dementia and other cognitive and physical challenges, or people who are in pain, depressed or isolated. The program aims to improve quality of life for people with dementia and improve communication and socialisation.

Manilla, Coonamble and Braidwood MPS facilities implemented the *Music and Memory* program. The program involved training MPS staff to set up personalised music playlists on iPods and other digital devices for residents with behavioural or agitation issues. The personalised music is said to reconnect residents with deep memories.

A mixed-method design was used to evaluate the *Music and Memory* pilot across NSW. It showed that listening to personalised music improved patient experience. Staff at the three MPS facilities reported profound improvements for residents, with changes in behaviour and communication, and 97% of staff indicated they would keep using *Music and Memory*. See www.aci.health.nsw.gov.au/networks/peace

Positive dining experience



The dining experience is an opportunity for residents to experience the independence they once knew and still desire.

Mealtimes can be the highlight of the residents' day. With the appropriate meal consistencies, an optimal dining room setting, and good coordination of the healthcare team, it can be a positive experience and encourage resident socialisation. The meals are nutritious and appetising and served at dining tables in a calm, welcoming and homelike environment.

This was an active area in the collaborative, with a several MPS undertaking projects. Partnerships with HealthShare staff were critical to improving the dining experience. Strategies included introducing tablecloths, crockery and communal condiments on the table to enhance mealtime and make it about socialisation and enjoyment, rather than just food. Some MPS introduced opportunities for residents to cook or prepare food. Others worked to increase residents' appetites through food aromas in the MPS, e.g. brewing coffee and cooking fresh toast in the dining area.


Successful strategies

The best thing is... cups of tea and people to talk to.

– Resident

Homelike dining environment


Some strategies in this area were simple but had a significant and meaningful impact on residents.


 Various sites, including Coonamble and Gulgong MPS, successfully introduced condiments (e.g. sauces, spreads and salt and pepper shakers) on the dining tables. This replaced single serve condiments and enabled residents to use condiments independently. Gulgong MPS also engaged its Men's Shed members to make lazy susans for the dining tables.

Mealtimes involve more than eating

Mealtimes at home often involve meal preparation, eating the meal, talking (often with family or friends), and then cleaning up. Some MPS now have residents setting the table (with tablecloths), serving and preparing meals. Dining areas have been redesigned to encourage socialisation or activities after the meal.


Recognition of mealtimes as more than a time for eating also motivated MPS to consider meals for special occasions (e.g. birthdays, anniversaries).

 A number of MPS Hospital Auxiliaries donated barbeques to MPS. Delegate, Gundagai, and Peak Hill MPS now have regular barbeques with residents and encourage residents to eat outside together. Some sites have been able to engage additional members of staff (e.g. maintenance staff) to assist with the barbeque, with staff commenting that the residents eat everything on their plate – there is no waste.

 Lockhart MPS did not have a designated dining area and was providing meals in residents' bedrooms on a tray (usual practice in many hospitals). After converting an unused room into a dining space, residents are able to have meals there, creating a more homelike routine and improving social engagement.

Provide support at mealtimes


Some residents require assistance at mealtimes. There are a number of strategies to improve access to assistance, including rostering staff breaks after residents have finished their meals and engaging volunteers to provide mealtime assistance.


 Jerilderie MPS developed a weekend volunteer program to help feed residents. A speech pathologist conducted an initial training session to discuss feeding mechanisms and answer volunteers' questions. The volunteers notified staff of the amount of food and fluids consumed by the resident. Residents said they thoroughly enjoyed seeing new faces and conversing with volunteers.

Enable choice and control for residents

The dining experience is an opportunity for residents to exercise their independence. Flexible mealtimes and meal service choices (e.g. self-catering kitchenettes, room service) support residents to make choices, participate in food preparation where possible (and when interested) and engage in social aspects of mealtimes. Regular distribution of snacks may improve nutritional intake, for example via a snack cart.

Regular menu review and resident satisfaction surveys ensure services are maximising opportunities to improve residents' nutrition and quality of life.

 Some MPS introduced menus to enable residents to make informed choices about food based on availability. Menus improved the variety of meals and helped to focus on individual preferences.

 Urbenville MPS introduced breakfast cereals, milk jugs and condiments on the dining tables' lazy susans to enable residents to serve their own breakfast, if they chose to. Replacing single serve packaged condiments with full size jars and tubs (for instance, for butter and jam) supported residents with dementia to be more independent.

Monitor for malnutrition


Residents of MPS are at an increased risk of malnutrition due to a range of factors, including the need for feeding assistance, poor dentition or swallowing, and an impaired sense of smell and taste which impacts on appetite.¹⁷ Nutritional intake directly impacts on a person's wellbeing and physical capability. Monitoring residents for malnutrition allows early identification and interventions to promote intake.

Some MPS, such as Nyngan, introduced malnutrition and mealtime screening to identify any issues, prompt nursing staff and initiate referrals to allied health services as appropriate. See also [Multidisciplinary services](#).


Ensure food is appetising


Appetising food encourages residents to eat and stay well nourished. MPS introduced strategies to build appetite, including freshly cooking food on-site (to build the aroma), allowing residents to make their own meals, using vegetables from the garden and serving food on plates and in bowls, rather than in pre-packaged containers.


 Numerous sites introduced barbeques and themed food days/nights, such as weekend breakfasts with eggs and bacon, paddlepop Saturdays and fast food nights. Coonamble MPS invited Mr Whippy to the MPS, which also brought back memories for some of the residents.


 Gundagai MPS introduced a casserole lunch made by residents in a slow cooker. This meal introduced food aromas into the MPS and varied the range of foods offered. Residents reported feeling a sense of accomplishment from preparing the meal. Balranald MPS also used slow cookers to create aromas and build appetite. The simple addition of cooking toast fresh in the dining room and serving it hot (instead of cold in white paper bags on a tray) has improved the breakfast aromas in the dining area, leading to residents eating everything including the crust.


Achievements


 **>85%** Residents believe there are nice places to eat in their MPS facility.

 Food is seen as more than nutrition, providing opportunity for socialising, celebrating, and preparing it together.

 Residents, carers, families and staff report a 10-20% improvement in dining experience.

 Residents and staff report having choices about the foods they eat.

 Partnerships with HealthShare NSW enable statewide practice changes, fact sheet development, and local improved dining experience.

 MPS residents experience greater independence at mealtimes, wherever possible.

Snapshot: HealthShare NSW collaboration

The support of HealthShare NSW at a local and statewide level was crucial to the success of the implementation of this principle. Food and patient support services were often heavily involved in the day-to-day changes to MPS practices and saw some shift in local tasks and responsibilities. Without the support of these staff, many of the initiatives across the state would not have been possible.

HealthShare NSW worked collaboratively with the ACI and MPS sites to develop a series of fact sheets and guidelines, and to make some recommendations about care for residents, including:

- backyard chickens
- composting
- homegrown produce
- food items brought in for residents.

Fact sheets are available at www.aci.health.nsw.gov.au/resources/rural-health/multipurpose-service-model-of-care-project/living-well-in-multipurposes-collaborative

HealthShare NSW is also trialling a fact sheet on infection control for communal items (e.g., condiments) and is developing cooking-related training packages for volunteers and residents. These resources will ensure safe systems, while still allowing for residents' independence and choice.

Multidisciplinary services




The resident has access to multidisciplinary services according to his or her needs, choices and availability, to maximise functional ability and quality of life.


MPS residential aged care facilities can provide rehabilitative and restorative services, with referral networks for residents who experience high levels of chronic disease, disability and pain and who are at an increased risk of depression and falls-related injuries.¹⁸

MPS established local agreements and partnerships to share staffing and resources to improve equity of access across services and areas. This can be a complicated area to progress, and strategies across the state showed the potential for more work in this area. Telehealth also increased access to multidisciplinary services for residents and provided support to staff.

Successful strategies

MPS collaborated with local providers to identify opportunities for improved care for residents, and to design new referral pathways and processes of care.

 Jerilderie MPS formed an agreement with Murrumbidgee LHD to provide one annual dental check-up onsite for each resident. Staff participated in oral health training and the MPS facility rostered on an AIN to accompany residents to the dentist's room and answer questions about dental health. Residents were also booked in for x-rays, as required.

 Braidwood MPS established a clear pathway to escalate concerns and care if residents experienced any changes to their wellbeing. Local community health nurses visit three mornings per week to address any issues, provide wound care advice and document action plans. The nurses are also available by phone throughout the week. MPS staff escalated any out of hours concerns as they arose.


Regular support resulted in earlier intervention and referrals to general practitioners (GPs), enabling residents to remain at home wherever possible. There has been a reduction in ED presentations due to early identification of residents' urinary tract infections and commencement of antibiotics.

Nurses also facilitated referrals to other members of the community health team as appropriate – for example, physiotherapy was available for residents with altered mobility.

Access to Chronic Disease Management items

Residents of residential aged care facilities can be eligible for Chronic Disease Management (CDM) items (formerly known as Enhanced Primary Care).

CDM provides up to five Medicare funded allied health visits per year if the GP has contributed to a multidisciplinary care plan.

 Molong MPS used a private-public partnership model to improve equity of access to podiatry via CDM item numbers. MPS staff were trained by GP to lead the development of GP management plans. Residents could then attend podiatry at no cost (compared to the previous cost of three annual appointments costing \$45 each, which limited services only to those who could afford it).

The MPS also investigated opportunities to access oral health, eye health and physiotherapy. Working together in multidisciplinary teams created opportunities for staff to develop further expertise in aged care.


Molong residents noted a 30% improvement in access to multidisciplinary services. All residents stated their healthcare team worked together.


Everybody works well as a team and encourages each other to strive for the best and deliver their best.


– Staff member

Network services to increase access to multidisciplinary services

There are opportunities to improve access to multidisciplinary services in MPS by working together with local providers and service managers. 'Hub and spoke' clinic service models make the most of limited specialist resources, improve access to services (particularly in rural and remote areas) and contribute to local workforce development. Services relevant to MPS include podiatry, dietetics, oral health, physiotherapy, hearing services, social work and wound care. Multidisciplinary teams may design interventions that become part of daily care in the MPS, for example, exercise interventions that include balance and strength exercises.

 Boggabri and Manilla MPS established a relationship with Hunter New England LHD Oral Health Services. Its Resi-Dental Care program can now be delivered onsite at the MPS.

 Jerilderie MPS implemented a twice-weekly exercise program with the local physiotherapist to build strength, improve balance and prevent falls. Sessions are based on the needs of residents, which are identified via individual assessments. This program has become business as usual and will be ongoing.

 Physiotherapy assessments were trialled to develop tailored exercise programs for Batlow Adelong MPS residents. The Recreation and Activities Officer (RAO) oversees the formalised exercise program which forms a part of the activities calendar. The embedding of this strategy has been limited by the ability of the physiotherapist to attend assessments due to dependency on the acute inpatient referral load.

Achievements



Residents and staff note improvements in residents' usual levels of physical wellbeing and comfort.



Residents and carers report that healthcare team members work together to improve care.

85%

Residents feel they receive the healthcare they need.



Improvements in relationships between residents, their carers/families and all staff.



Technology promotes communication between team members, and provides educational opportunities and access to specialist services for residents.

Snapshot: Working together to improve care

In MPS, using technology can provide access to many multidisciplinary services not readily available on site. Telehealth reduces travel for residents, keeps them in a familiar environment, and builds positive relationships between services.

Nyngan MPS negotiated with their local base hospital to provide a dietetics service to residents using telehealth. A local standardised process supported staff to identify and refer appropriate residents to the dietitian. Training in the use of telehealth (e.g. wireless video conferencing) ensured staff members were prepared to use the system and troubleshoot as needed. This partnership promoted timely access to services, improved workforce capability and built relationships between Nyngan MPS and the hospital. Since the introduction of this virtual dietetic service, there has also been a noted reduction in falls.

This model is low cost and easily transferable – it could be adopted across NSW and expanded to include other allied health consultations, including occupational therapy, physiotherapy and speech pathology.

Expertise in aged care



MPS leadership can enable staff to develop expertise in aged care and the delivery of resident-centred care.

Staff must be supported to obtain aged care specific skills and create networks, to adopt a resident-centred approach and raise the profile of aged care. Consultation across 10 MPS facilities in NSW showed that nurses were finding it difficult to work across the emergency, inpatient and residential aged care sections simultaneously. Nurses reported that they were continuously shifting between a clinical model of care and a wellness/enablement model of care. Recognition of aged care as a specialty and prioritisation of capability development in aged care creates broader interest and motivation for change in MPS settings.

Successful strategies

Link MPS sites for networking and education

Through the Collaborative, MPS have been involved in learning sets and communities of practice, and have shared their experiences via the MPS PDSA portal. Sites have been supported to utilise videoconferencing and online learning, and the ACI implementation team has connected sites targeting similar issues or improvements. Additionally, MPS created a network of support between sites and LHDs, sharing learning across services and completing site visits when possible.

This is a great place to learn and lots of experienced staff and managers... it's a good skill mix.


– Staff member

Recognise aged care as a specialty in MPS and build capability

MPS have been investing in building the capability of staff and local communities to engage with the MPS. Implementation sites trialled use of the Aged Care Channel (ACC), an online platform designed to provide up to date evidence based practice, to improve the lives of older people and their carers. The ACC provides continuing professional development opportunities for aged care specific education.

Sites have also accessed the *Caring for Forgotten Australians, Former Child Migrants and Stolen Generations* booklet produced by the Department of Health.¹⁹

Some LHDs are planning strategies to transfer knowledge and skills of aged care staff into rehabilitation and other hospital areas, to share the lessons learned through the implementation of the principles for Living Well in MPS. In most cases, the clinical nurse educator associated with each MPS facility was engaged to increase the aged care specific education content on the education calendar.

 Guyra MPS has provided fortnightly access to a clinical nurse educator (CNE) who works across Hunter New England LHD. The CNE included regular aged care specific sessions into the existing education timetable and assisted with ongoing learning activities and discussions, including the ACC. The support and education provided by the CNE was well received by staff and well attended.

Achievements



Partnerships with specialist services, peak bodies and aged care project engagement to build capability.

48%

MPS staff have some form of aged care qualifications.

95%

Residents, carers and family members believe MPS staff know how to care for older people.

Snapshot: Building expertise through partnerships

Partnering with Dementia Australia

Dorrigo MPS purchased two Education Dementia Immersive Experience (EDIE) goggles from Dementia Australia.²⁰

The EDIE goggles attach to a smartphone to provide a virtual dementia experience. Using these goggles, staff can explore what it feels like to experience dementia through virtual reality.

The EDIE enables staff to see the world through the eyes of a resident with dementia, and explore how to support someone living with dementia. Staff can experience working in partnership with the person living with dementia and their carer to identify support needs and develop a support plan.

Partnering with St Vincent's Hospital

As part of the Integrated Care Strategy, the St Vincent's Hospital Psychogeriatric Mental Health Service is providing a new clinician-to-clinician telehealth outreach service, Psychogeriatric Services-on-Screen (Psychogeriatric SOS),²¹ for under-resourced and rural/remote clinicians.

Blayney MPS trialled Psychogeriatric SOS, which uses videoconferencing to provide healthcare workers with expert psychogeriatric information and guidance via discussion, education, supervision, case review and multidisciplinary case-conferencing.

Partnering with Dementia Training Australia Consortium

The Dementia Training Australia Consortium (DTA) is a federally funded service established to provide dementia specific training to healthcare professionals (including aged care), undergraduate trainees, and a range of other professionals and community service providers. Numerous MPS have engaged DTA for support with tailored dementia specific training packages for staff and consultancy on environmental design.²²

Lessons in creating change

The MPS Collaborative supported the implementation of positive strategies to improve the experience and wellbeing of people living in MPS. Widespread improvement work resulted in positive outcomes across the eight principles of care in a relatively short period.

The MPS sites achieved transformation by testing and replicating small-scale changes to everyday practice. These changes have created significant cultural shifts. A strong focus on evaluation also provided the impetus for change across the lifespan of the Collaborative.

The best part is seeing the way residents are enjoying the change. The Living Well in MPS Collaborative has been great. I love my job!

– Staff member

The ACI approach to implementation contributed to the change achieved by the MPS across the state:

- Project methodology – clear aims and objectives, baseline evaluation data and project planning
- Communications – regular targeted communication with MPS teams, executive sponsors, partners and advocates
- Capability development – initially targeting achievable change through small-scale PDSA cycles to build capability, local success and momentum, and to reduce resistance and progress to difficult areas
- Networking across sites – using digital technologies together with face to face learning sets and networking
- Sponsorship and executive engagement – engaging across all levels of the MPS, facility management and other statewide and national partners (including LHDs, Local Health Advisory Councils, HealthShare NSW, Health Infrastructure, the ACSQHC and independent practitioners).

Effective change in MPS has involved improvement work across several levels simultaneously: the resident level, healthcare organisational level, community level and policy level. This multifaceted approach is likely to support sustained improvements in care,²³ and improvements for MPS residents.

Implementing the Living Well in MPS Principles of Care across 25 sites has built a groundswell of people working to create positive change. These leaders and change champions, together with a group of engaged, advocate executive sponsors, are represented across the state.

There has been significant interest in the achievements of MPS implementation teams and momentum for widespread change. The use of structures to support implementation, such as executive sponsors, project leads and ACI coaches, facilitated the success of this project.

Likewise, the optimisation of the Collaborative methodology and PDSA portal to share ideas increased the spread of ideas and speed of adoption across the state.

Next steps

Throughout the lifespan of the Collaborative, MPS embedded changes to improve the wellbeing and experience of residents, so they became business as usual.

Effective partnerships were formed between local and state based entities, which prompted initiatives to spread across the state and be sustained.

[The Collaborative] is actually making a difference that I only ever really dreamed about!

– Staff member

The IHI framework for scaling up health improvements²⁴ includes a focus on continuous testing of changes, supported by adoption mechanisms and support systems. The use of these approaches was evident throughout the Collaborative process and is essential to the expansion of the Living Well in MPS principles and practice across NSW.

Adoption mechanisms

Leadership
Communication
Persistence
Social networks
Culture of urgency.

Support systems

Learning systems
Data systems
Infrastructure for scale-up
Human capacity for scale-up
Capability for scale-up
Sustainability

The ACI will support further improvement to MPS facilities across NSW through:

- Living Well in MPS Toolkit – provides information about the principles of care, a self-assessment tool and resource guide containing prompts for action. See the ACI Living Well in MPS webpage: www.aci.health.nsw.gov.au/resources/rural-health/multipurpose-service-model-of-care-project/living-well-in-multipurposes-collaborative
- MPS PDSA portal – accessible to all NSW MPS facilities, the portal shares the experiences and strategies of the 25 implementation sites, including learnings for future.

LHDs have committed to sustaining and extending improvements to aged care by:

- embedding MPS governance and quality reporting in existing aged care reporting forums and structures
- establishing local MPS networks
- committing to organisational capability development
- creating local buddy systems, pairing Collaborative implementation sites with MPS not involved in the Collaborative.

Implementation of the Living Well in MPS Principles of Care revealed the need for further aged care policy work in NSW. Action periods identified policy tensions impacting adversely on the ability of sites to create a homelike environment. For example, infection control policies have been designed for acute clinical environments, rather than MPS sites, and this impacts on residential dining and living environments.

HealthShare NSW has worked positively with MPS sites to develop guidelines and fact sheets to support change. This system level work is promising, however further action is required to embed clear aged care guidelines for MPS into policy. The references to the Living Well in MPS Toolkit in the National Safety and Quality Health Service Standards Guide for Multi-Purpose Services and Small Hospitals²⁵ reinforce the importance of this work in NSW and highlights the value of the initiative nationally.

The MPS Collaborative has driven significant improvements in the processes and experiences of care for older people living in residential aged care sections of MPS, and engagement with families, carers and staff. There are opportunities to further drive and enact broader change through policy, and leverage the work of the Collaborative sites across the remaining NSW MPS sites.

Further opportunities also exist for evaluation of the Collaborative methodology as a means of affecting and embedding change in NSW.

References

1. NSW Health. *Multipurpose Services - Policy and Operational Guidelines*. PD2010_049 [Internet]. North Sydney: NSW Health; 2010 [cited 2017 Dec]. Available from: www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2010_049.pdf
2. Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Health Service Standards*. 2nd ed. Sydney: ACSQHC; 2017.
3. Agency for Clinical Innovation. *Living Well in Multipurpose Services (MPS) Principles of Care*. [Internet]. Chatswood: NSW; 2016 [cited 2017 Nov]. Available from: <https://www.aci.health.nsw.gov.au/resources/rural-health/multipurpose-service-model-of-care-project/mps-collaborative>
4. Agency for Clinical Innovation. 2016. Ibid.
5. Institute for Healthcare Improvement. *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement*. IHI Innovation Series white paper. [Internet]. Boston: Institute for Healthcare Improvement; 2003. Available from: <http://www.ihl.org/resources/agesIHIWhitePapersBreakthroughSeriesIHLCollaborativeModelforAchievingBreakthroughImprovement.aspx>
6. Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Health Service Standards guide for multi-purpose services and small hospitals*. [Internet] Sydney; ACSQHC, 2017 [cited 2017 Dec]. Available from: <https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/>
7. Agency for Clinical Innovation. 2016. Ibid.
8. Agency for Clinical Innovation. *Sunflower tool*. [Internet]. Agency for Clinical Innovation, no date [cited 2017 Dec]. Available from: <https://www.aci.health.nsw.gov.au/chops/chops-key-principles/effective-communication-to-enhance-care/resources-and-useful-links>
9. Fleming R, Crookes PA & Sum S. *A review of the empirical literature on the design of physical environments for people with dementia*. Faculty of Health and Behavioural Sciences – Papers, University of Wollongong Research Online; 2008 [cited 2016 May]. Available from: <http://ro.uow.edu.au/cgi/viewcontent.cgi?article=3923&context=hbspapers>
10. <https://www.enablingenvironments.com.au/>
11. NSW HealthShare. FM Food Items Brought in for Residents. Chatswood: NSW HealthShare. November 2017. [cited 9 March 2018]. Available from: <https://www.aci.health.nsw.gov.au/data/assets/word/doc/0004/401944/FM-FOOD-ITEMS-BROUGHT-IN-FOR-RESIDENTS.docx>
12. Cherniack EP, Cherniack AR. The Benefit of Pets and Animal-Assisted Therapy to the Health of Older Individuals. *Current Gerontology and Geriatrics Research*. 2014;2014:623203. doi:10.1155/2014/623203.
13. NSW Ministry of Health. *NSW Health and The Arts Framework*. [Internet]. North Sydney: NSW Ministry of Health; 2016. [cited 2017 Nov]. Available from: <http://www.health.nsw.gov.au/arts/pages/default.aspx>
14. Agency for Clinical Innovation. 2016. Ibid.
15. NSW HealthShare. *Fact Sheet – Backyard Chickens*. Chatswood: NSW HealthShare. September 2017. [cited 9 March 2018]. Available from: https://www.aci.health.nsw.gov.au/data/assets/pdf_file/0019/401941/Factsheet-Chickens.pdf
16. NSW HealthShare. *Fact Sheet – Composting*. Chatswood: NSW HealthShare. September 2017. [cited 9 March 2018]. Available from: https://www.aci.health.nsw.gov.au/data/assets/pdf_file/0020/401942/Factsheet-Composting.pdf
17. Agency for Clinical Innovation. 2016. Ibid.
18. The Australian Ageing Agenda. *A New Call for Allied Health in Aged Care* [Internet]. Australian Ageing Agenda; 2015 February 12 [cited 2016 June]. Available from: <http://www.australianageingagenda.com.au/2015/02/12/new-call-change-allied-health-aged-care/>
19. Department of Health. *Care Leavers Resources* [Internet]. Canberra: Commonwealth of Australia; 2016 Dec 15 [cited 2017 Nov]. Available from: <https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/care-leavers-resources>
20. Dementia Australia. *EDIE – Educational dementia immersive experience* [Internet]. Dementia Australia; no date [cited 2017 Dec]. Available from: <https://www.dementia.org.au/learning/centre-for-dementia-learning/edie-educational-dementia-immersive-experience>
21. St Vincent's Hospital Sydney. Welcome to Psychogeriatric SOS [Internet]. Psychogeriatric SOS; 2016 [cited 2018 Jan]. Available from: www.psychogeriatricsos.com.au

22. Dementia Training Australia. *A National Approach to Dementia Training* [Internet]. Cited 9 March 2018. Available from: <https://www.dementiatrainingaustralia.com.au/about-dta>
23. World Health Organization. *Innovative care for chronic conditions: Building blocks for action*. [Internet]. Geneva: WHO, 2002 [cited 2017 Nov]. Available from: <http://www.who.int/chp/knowledge/publications/iccreport/en/>
24. Institute for Healthcare Improvement. *10 IHI Innovations to Improve Health and Health Care*. [Internet]. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. Available from: <http://www.ihl.org/resources/Pages/Publications/10-IHI-Innovations-to-Improve-Health-and-Health-Care.aspx>
25. Australian Commission on Safety and Quality in Health Care. 2017. Ibid.