Safe and high-quality health care for older people



The Australian **Commission on Safety** and Quality in Health Care acknowledges the Kaurna people of the Adelaide Plains and pays respect to Elders past and present.

Commission's purpose



Better health outcomes and experiences for all patients and consumers



Lead and coordinate national improvements in the safety and quality of health care

The Commission sets standards for healthcare safety and quality

Standards include

National Safety and Quality Health Service Standards



Find out more about:





AUSTRALIAN COMMISSION ON SAFETYAND QUALITY IN HEALTH CARE





Clinical Governance Standard



<u>Partnering with Consumers</u> Standard



<u>Preventing and Controlling</u> Infections Standard



Medication Safety Standard



Comprehensive Care Standard



<u>Communicating for Safety</u> Standard



Blood Management Standard



Recognising and Responding to
Acute Deterioration Standard

Find out more about:





AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE





National Safety and Quality Health Service Standards

Aged care module and **User Guide for Multi-Purpose Services**

Update coming soon.....

Supports eligible Multi-Purpose

Services to meet their NSQHS

Standards accreditation obligations

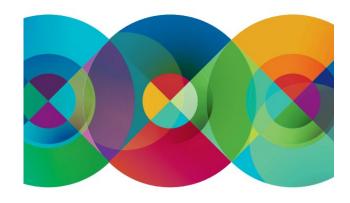
February 2021

AUSTRALIAN COMMISSION ON SAFETYAND QUALITY IN HEALTH CARE

Find out more about:

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE





National Safety and Quality Health Service Standards

Aged care module and User Guide for Multi-Purpose Services

6

February 2021



Standards include

Clinical Care Standards



Find out more about:

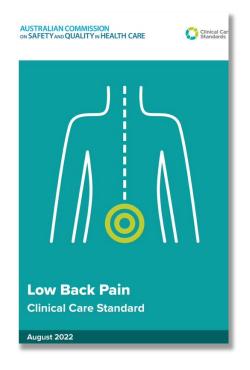




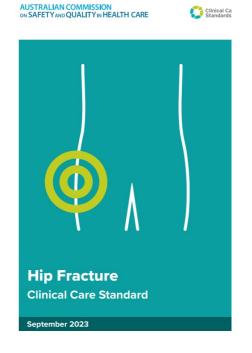
AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE













USTRALIAN COMMISSION

Find out more about:





Standards include

Aged Care Quality Standards





Standard 5: Clinical care

Find out more about:



Strengthened Quality Standards - Provider
Guidance | Aged Care Quality and Safety
Commission

AUSTRALIAN COMMISSION ON SAFETYAND QUALITY IN HEALTH CARE

Standard 5: Clinical Care



Outcome 5.1 Clinical Governance

The governing body meets its **duty of care to older people** and **continuously improves** the safety and quality of the provider's clinical care.

The provider integrates clinical governance into corporate governance to actively manage and improve the safety and quality of clinical care for older people.

Outcome 5.2 Preventing and controlling infections in clinical care

Older people, workers, health professionals and others are encouraged and supported to **use antimicrobials appropriately** to reduce risks of increasing resistance.

Infection risks are minimised and, if they occur, are managed effectively.

Outcome 5.3: Safe and quality use of medicines

Older people, workers and health professionals are encouraged and supported to use medicines in a way that maximises benefits and minimises the risks of harm.

Medicines are appropriately and safely prescribed, administered, monitored and reviewed by qualified health professionals, considering the clinical needs and informed decisions of the older person.

Medicines-related adverse events are monitored, reported and used to inform safety and quality improvement.

Outcome 5.4 Comprehensive care

Older people receive **comprehensive**, **safe and quality clinical** care that is evidence-based, person-centred and delivered by qualified health professionals.

Clinical care encompasses clinical assessment, prevention, planning, treatment, management and review, minimising harm and optimising quality of life, reablement and maintenance of function.

Outcome 5.5 Clinical safety

Providers identify, monitor and manage high impact and high prevalence clinical care risks to ensure safe, quality clinical care and to reduce the risk of harm to older people.

Outcome 5.6 Cognitive impairment

Older people who experience cognitive impairment whether acute, chronic or transitory receive **comprehensive care that optimises clinical outcomes** and is aligned with their needs, goals and preferences.

Situations and events that may lead to changes in behaviours are identified and understood.

Outcome 5.7: Palliative care and end-of-life care

The older person's needs, goals and preferences for palliative care and end-of-life care are recognised and addressed and their **dignity is preserved**.

The older person's pain and symptoms are actively managed with access to specialist palliative and end-of-life care when required, and their family and carers are informed and supported, including during the last days of life.

Support for development and implementation of:

Standard 5: Clinical care



Evidence on

safe and quality care for older Aboriginal and Torres Strait Islander people

March 2024

Clinical care for Aboriginal and Torres Strait Islander peoples using aged care services

A rapid review



Dr Louise Lavrencic, Mr Rhys Mantell, Dr Adrienne Withall, Ms Dianne Baldock, Mrs Gail Daylight, Mr Terrence Donovan, Ms Sharon Wall, Dr Thi-Yen Hill, and Dr Kylie Radford from the University of New South Wales and NeuRA have prepared this report on behalf of the Australian Commission on Safety and Quality in Health Care



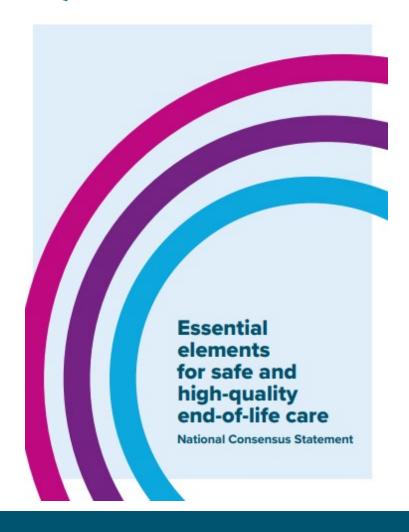


Evidence on

safe and quality care for older Aboriginal and Torres Strait Islander people



AUSTRALIAN COMMISSION ON SAFETYAND QUALITY IN HEALTH CARE



Guidance on

safe and highquality end-oflife care



Guidance on

safe and highquality end-oflife care

AUSTRALIAN COMMISSION ON SAFETYAND QUALITY IN HEALTH CARE

Data on

antimicrobial use and resistance

AURA 2023 Highlights

Aged care



The Fifth Australian report on antimicrobial use and resistance in human health (AURA 2023) includes data analyses from the Antimicrobial Use and Resistance in Australia Surveillance System (AURA). AURA 2023 data shows that antimicrobials continue to be prescribed at high rates in Australia, including in aged care.

This resource highlights key findings from AURA 2023 and priorities for action to support aged care services and clinicians.

Key findings

Antimicrobial use

The 2021 <u>Aged Care National Antimicrobial Prescribing Survey</u> data showed that on the survey day, 14% of residents were receiving antimicrobials. There was a steady increase from 2017 (9%) to 2021.

The survey showed that antimicrobials were often prescribed inappropriately, with results including:

- Antimicrobials were used for prolonged durations (more than six months) for 42% of prescriptions, which is rarely recommended
- Just over one-third (35%) of antimicrobials prescribed were for PRN (as required) administration, which is inconsistent with guidelines, and these were frequently topical antimicrobials
- Just over one-fifth (22%) of all antimicrobials prescribed were for prophylactic use
- Antimicrobials were frequently prescribed for skin, soft tissue or unspecified mucosal indications or cystitis that can often be effectively prevented through hydration management and adherence to infection prevention and control guidelines.

Antimicrobial resistance and infection

While the overall number of antimicrobial resistant (AMR) infections reported in aged care homes was low, AMR rates were as high as, or higher than, rates in hospitals for *Enterobacterales* and methicillin-resistant *Staphylococcus aureus* (MRSA).

Data on

antimicrobial use and resistance



AUSTRALIAN COMMISSION ON SAFETYAND QUALITY IN HEALTH CARE



Principles for

safe and highquality transitions of care



Principles for

safe and highquality transitions of care



Safetyandquality.gov.au



Twitter.com/ACSQHC



Youtube.com/user/ACSQHC



