RSL LifeCare
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UNIVERSITY AFFILIATED CENTRE FOR SENIOR LIVING

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lee total care

Implementing technology-based care and management systems for effective aged care outcomes

Presenters:

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Drivers for change:

- Evidence-based practice
- Evidence-based management
- E-Commerce (2004)
- Government “one off” IT funding
- Increasingly complex data on care, treatment, support and protection
- Need for efficiency in information management (storage and retrieval)

Our challenge:

- Implement contemporary systems of information technology (IT) to the aged care context at RSL LifeCare ANZAC Village, Narrabeen
- Identify factors that influence staff uptake of IT and the development of IT proficiency
- Use approaches to overcome IT resistance by staff and enhance their IT proficiency

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System design

- **Workflow issues**
  - Systems of client care, treatment and management
  - Continuity of records in transferring from paper to IT system
  - Regulatory requirements

Australian government regulatory compliance

- New funding model, the Aged Care Funding Instrument (ACFI) introduced March 2008
- Resident Classification Scale (RCS) replaced after 10 years
- Accreditation under the Aged Care Act 1997 and Quality Principles requiring evidence of care and management outcomes – triangulated within records systems.

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Systematic approach

- **Staff 'computer knowledge' survey**
  - Information on the change and reasons for it
  - Introduction to the new computer system
  - Identifies the type, content and frequency of training needed

Survey results

- Stages 1 & 2 involved 125 staff (40%) in low care hostels
- 17.6% no computer knowledge
- 36% claimed a basic understanding
- 46.4% good working knowledge of computers and could use them

- Subsequent surveys revealed similar results patterns in the spread of staff skills

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Staff training

- **Proficiency streaming based on IT skill levels and work role requirements**
- **Total = 1,147 hrs (av. 3.7 hrs per person)**
- **Program:**
  - Introduction (1.5 Hrs) for staff with no computer experience
  - Introduction to Lee Total Care system (3 hours) for staff with needing refresher training
  - Lee Total Care for registered and enrolled nurses (6 hrs) to focus on usage proficiency

Going 'live'

- All staff (310) were assessed as competent before their area went 'live'
- As staff achieved competence they were issued with a username and password

Accepting changes to work practices

- Nurses and care staff were required to undertake the same training and complete the same online tasks in their roles

Ongoing user support

- Two trainers (400 hours for set up and training + 150 hours for ongoing assistance and support
- 40 hours of IT technical support via the LTC Training Environment on computers in their workplaces
- Staff were encouraged to 'play around' with the computers and the system

Some staff even came in on their days off to practice!

Responses to change

- **Culture**
  - Carer Services
    - Nursing staff mix, RNs, EENs
    - Certificate III, AINs
- **Willingness to change**
  - Power shifts, 'keepers' of information
  - Safety
  - Confidence

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- **The new system**
  - Admissions Assessment *
    - Customize
    - Sequence
  - Care Planning
    - ICD 10
    - Nursing Diagnoses
    - Gordon's Functional Health Patterns
  - Monitoring quality

Industry and organisational relevance is essential

Some Lee Total Care (LTC) examples may help to explain:

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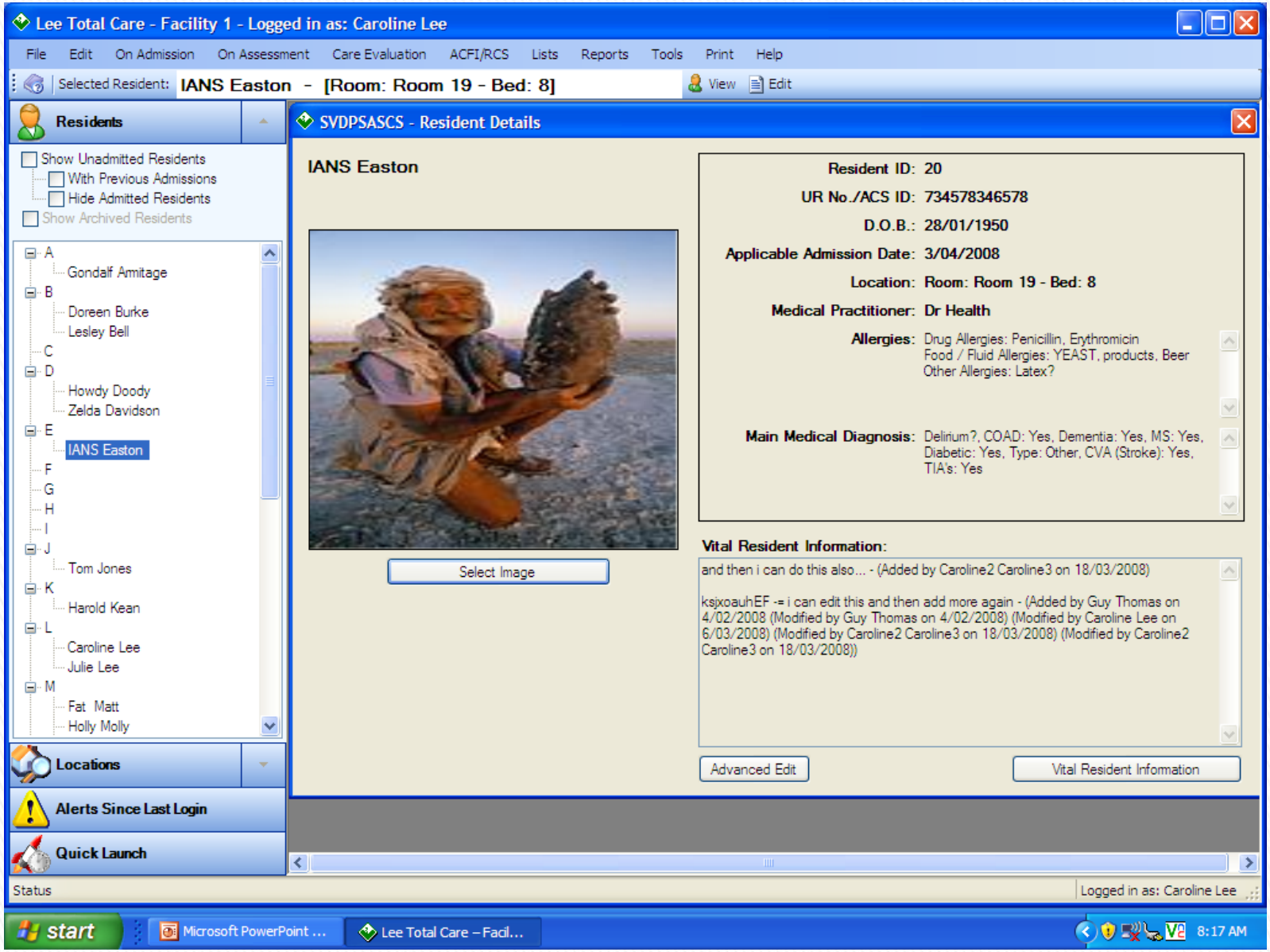

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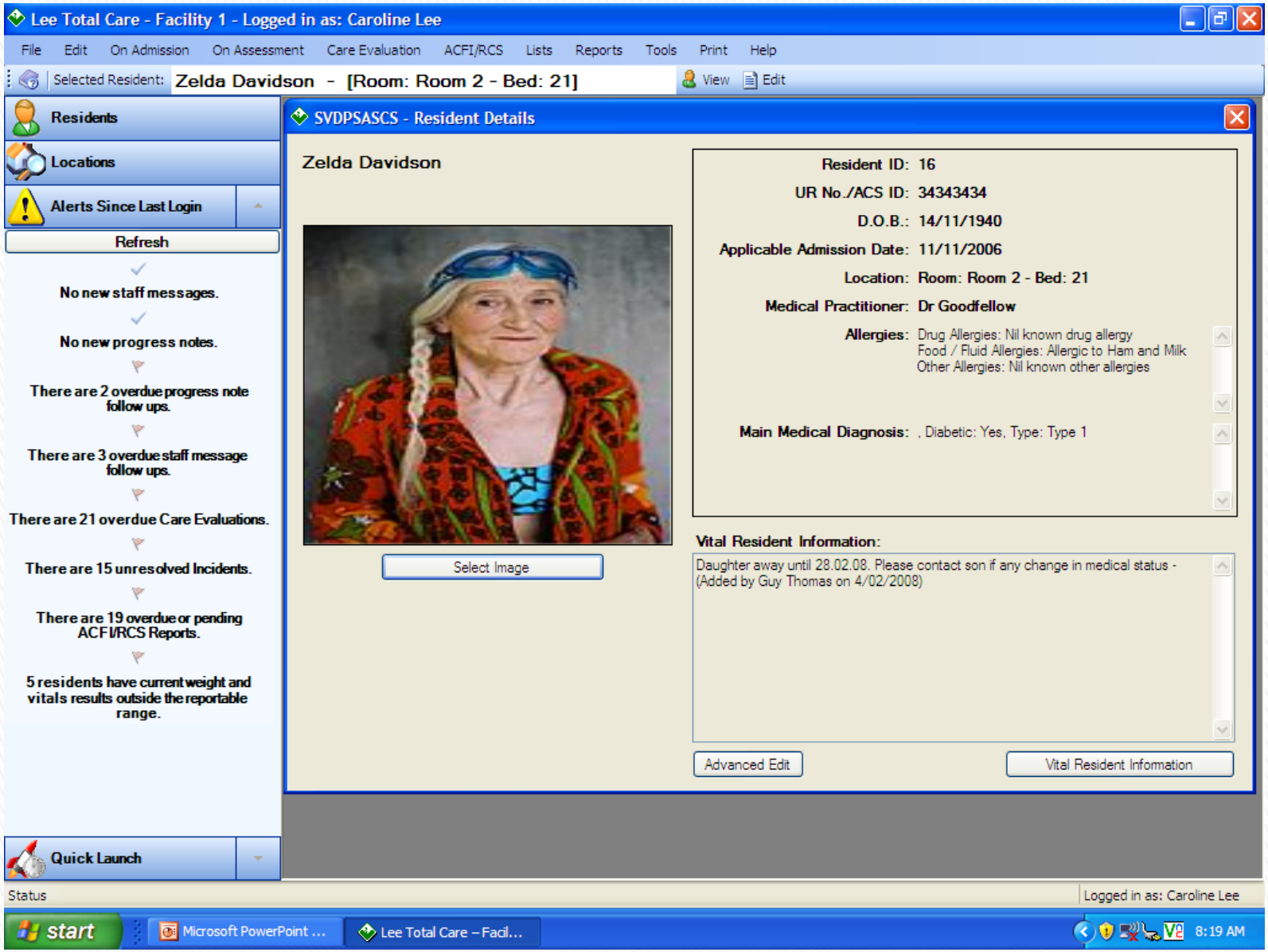

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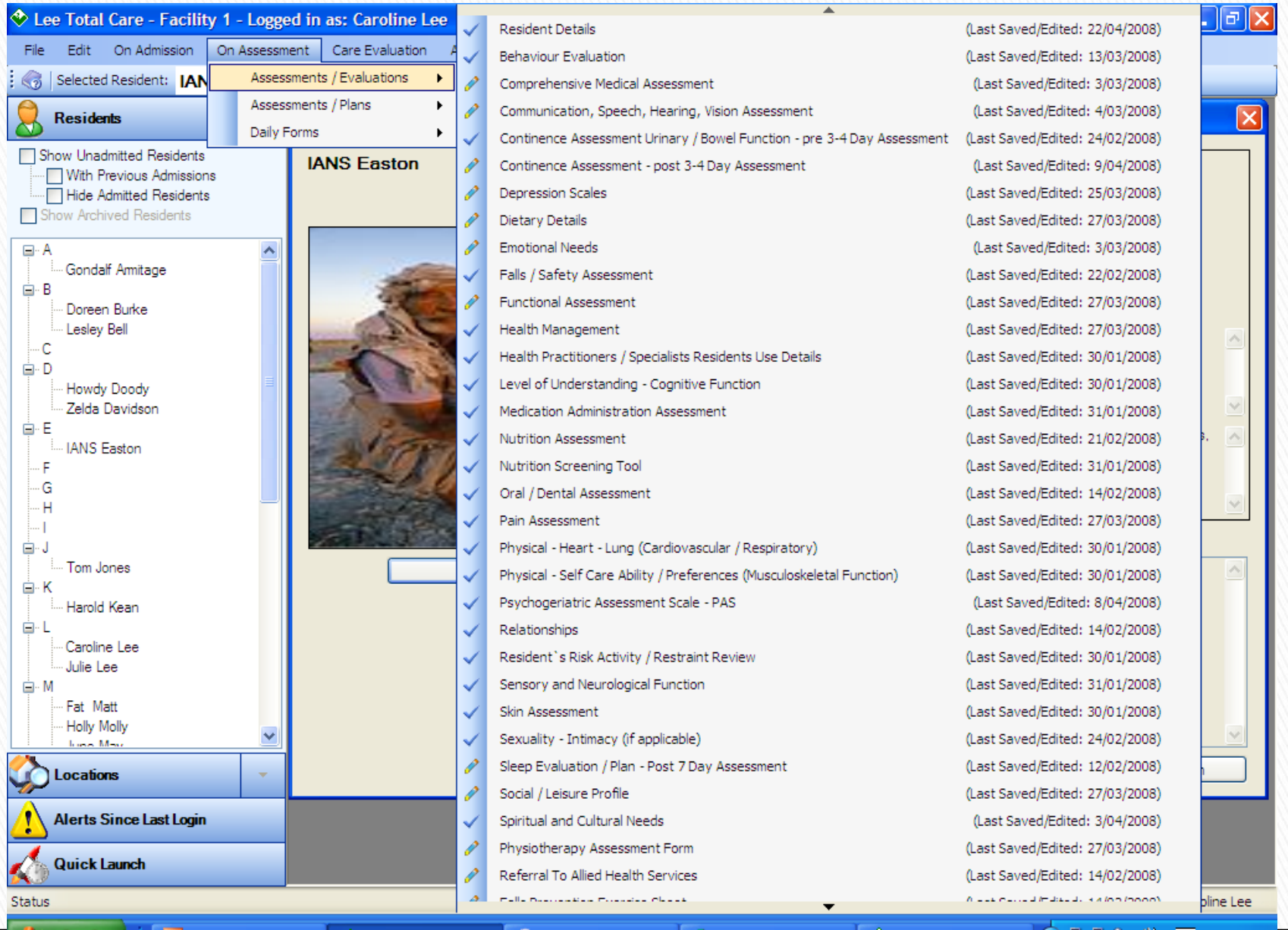

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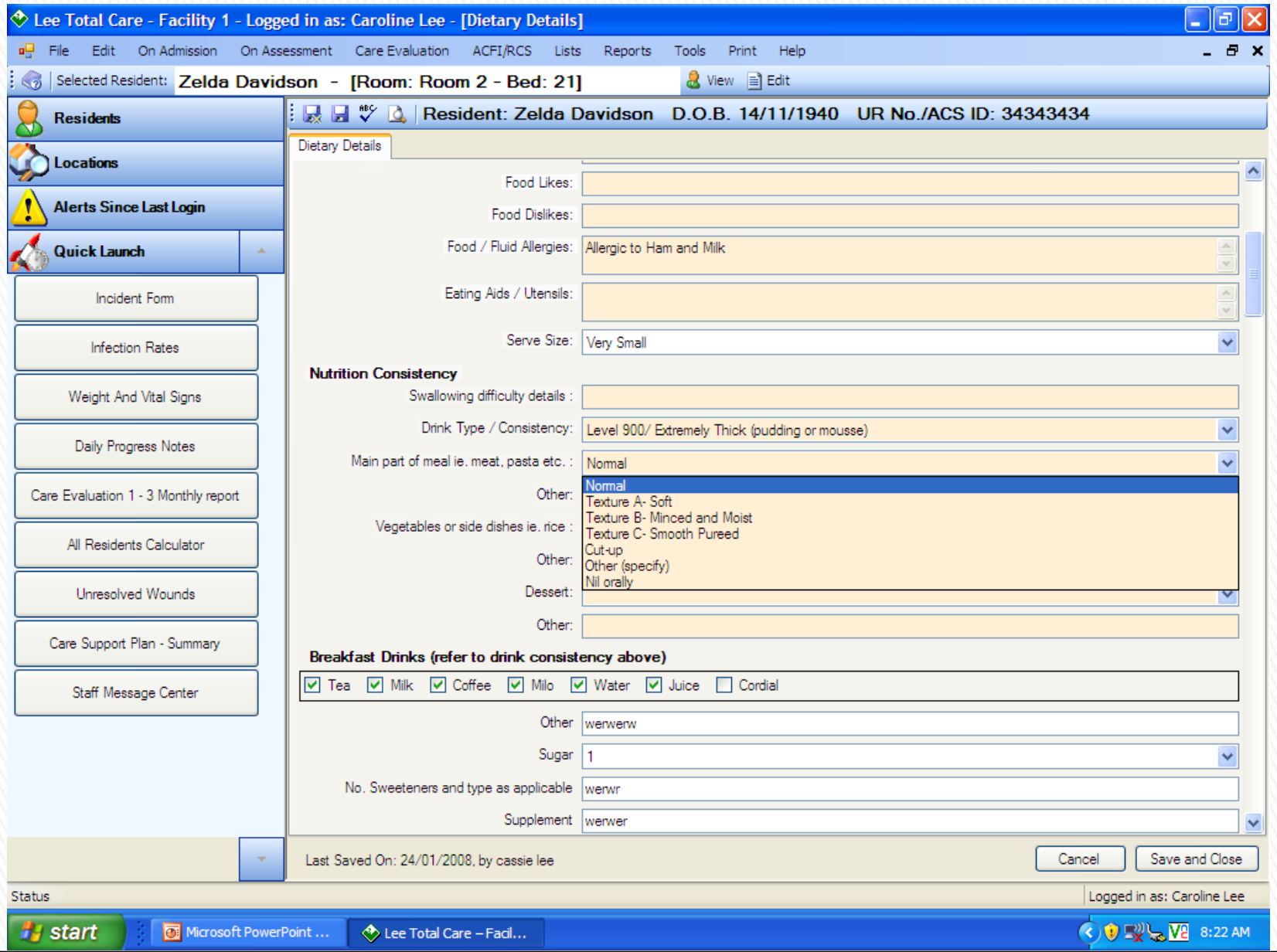

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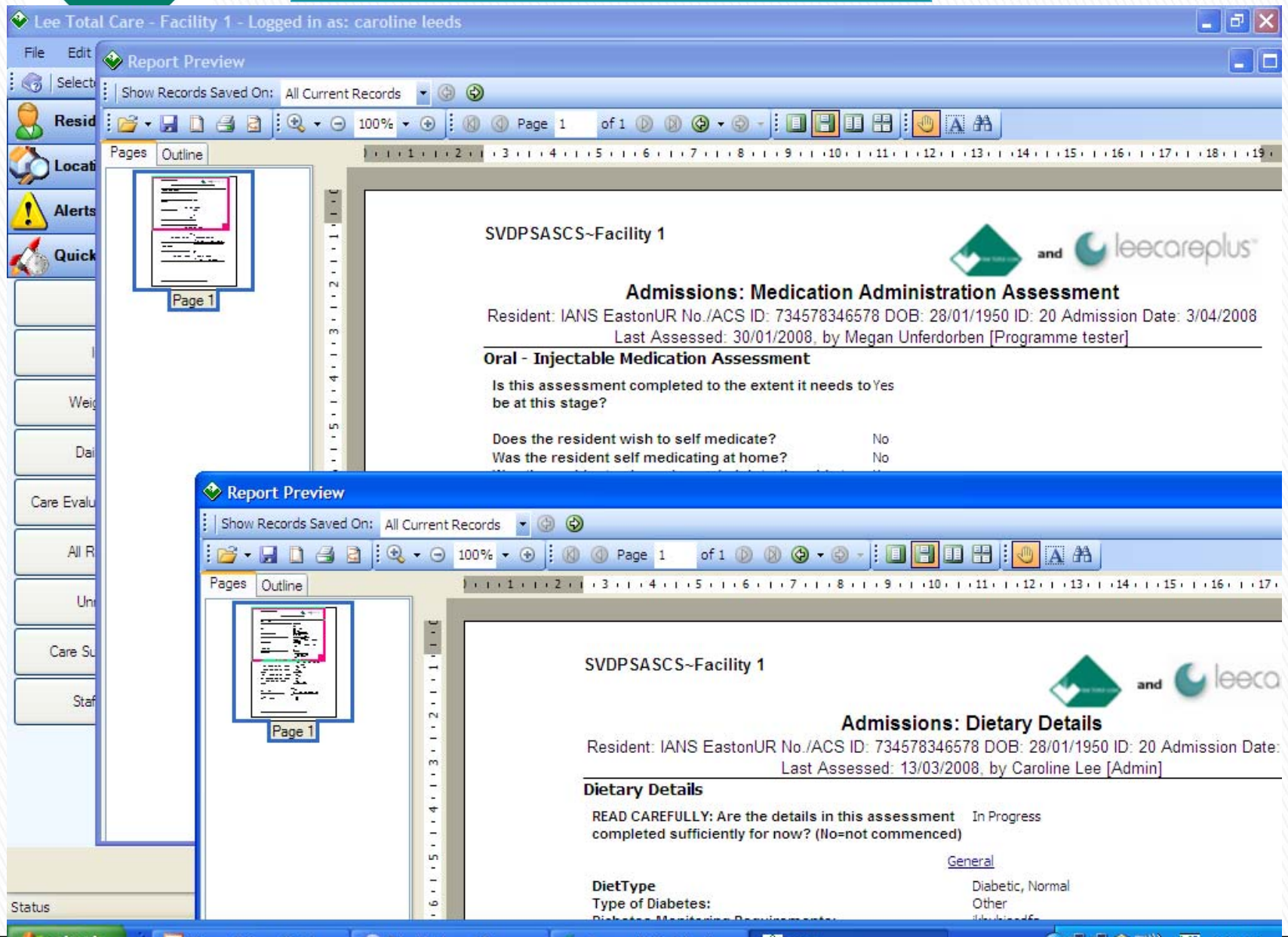

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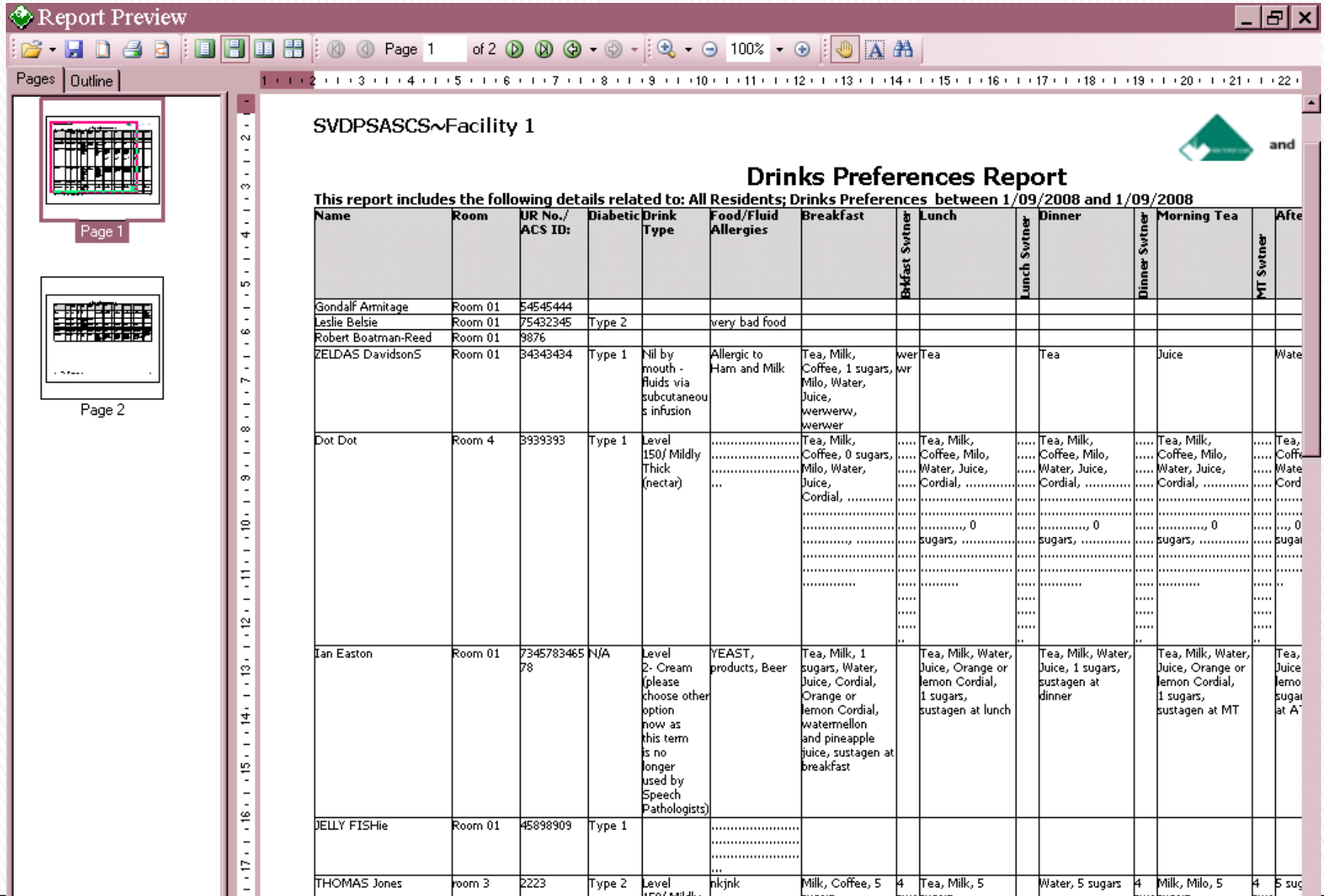

Drinks Preferences Report

This report includes the following details related to: All Residents; Drinks Preferences between 1/09/2008 and 1/09/2008

Name	Room	UR No./ ACS ID:	Diabetic	Drink Type	Food/Fluid Allergies	Breakfast	Bkfast Svtner	Lunch	Lunch Svtner	Dinner	Dinner Svtner	Morning Tea	MT Svtner	Afte
Gondalf Armitage	Room 01	54545444												
Leslie Belsie	Room 01	75432345	Type 2		very bad food									
Robert Boatman-Reed	Room 01	9876												
ZELDAS DavidsonS	Room 01	34343434	Type 1	Nil by mouth - fluids via subcutaneous infusion	Allergic to Ham and Milk	Tea, Milk, Coffee, 1 sugars, Milo, Water, Juice, werwerw, werwer	wer wr	Tea		Tea		Juice		Wate
Dot Dot	Room 4	3939393	Type 1	Level 150/ Mildly Thick (nectar)	....	Tea, Milk, Coffee, 0 sugars, Milo, Water, Juice, Cordial, ...	....

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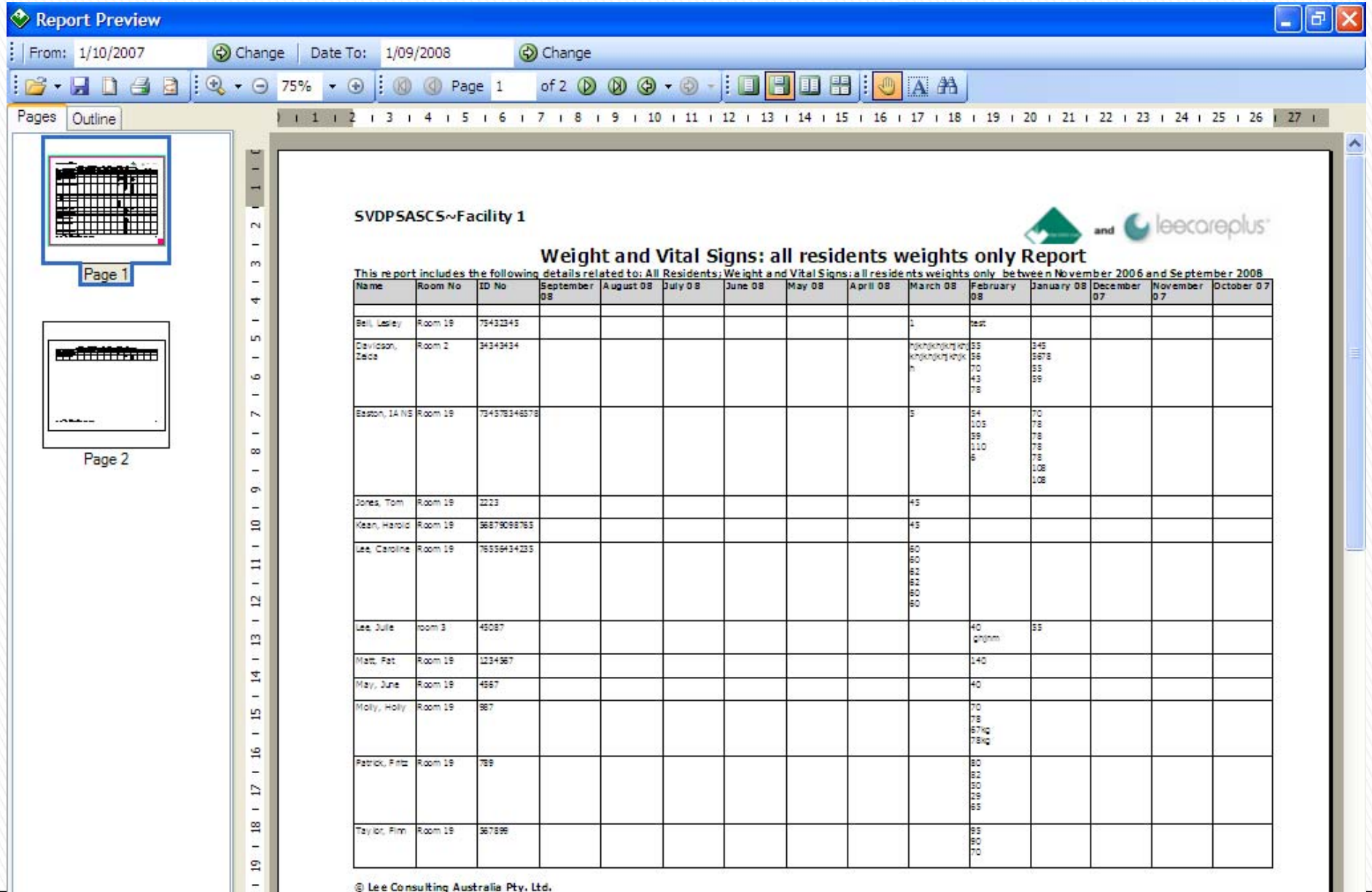

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Report Preview

From: 1/03/2008 Change Date To: 1/09/2008 Change

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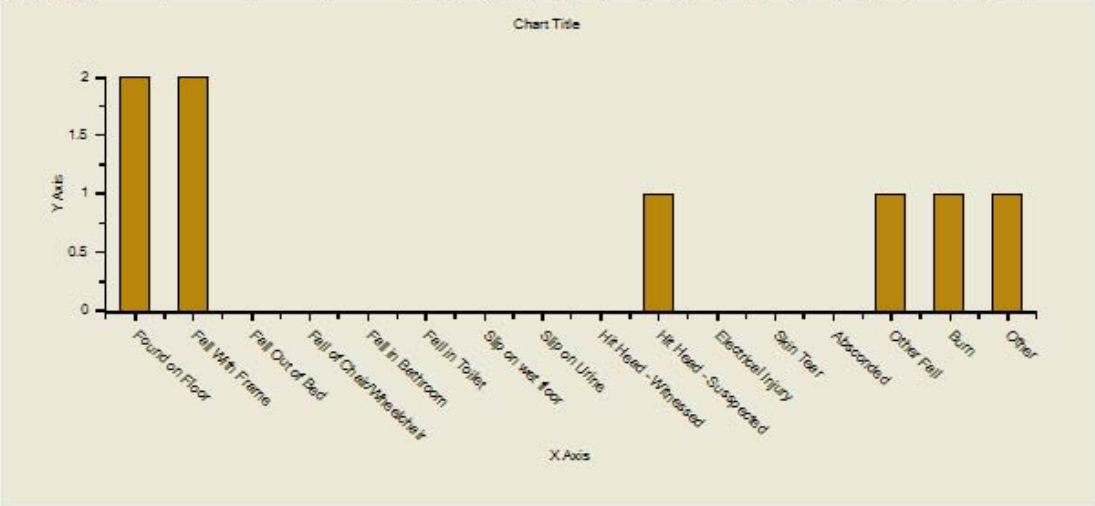
SVDPSASCS~Facility 1

and leecareplus

General Incidents Analysis: dates and times Report

This report includes the following details related to: All Residents; General Incidents Analysis: dates and times between 1/03/2008 and 1/09/2008

Resident Name	Room No	ID No	D.O.B.	Found on Floor	Fell With Frame	Fell Out of Bed	Fell of Chair/Wheelchair	Fell in Bathroom	Fell in Toilet	Slip on wet floor	Slip on Urine	Hit Head - Witnessed	Hit Head - Suspected	Electrical Injury	Skin Tear	Absconded	Other Fall	Burn	Other	Detail of other Incidents	Date/s and Time/s
Lesley Bell	Room 19	73432343	1/03/1920	1																	13/03/2008
IANS Easton	Room 19	7345783465 7 8	28/01/1950	1	1								1				1	1	1	test	3/03/2008, 2300, 3/03/2008, [illegible]
Resident Totals:				1	1	0	0	0	0	0	0	0	1	0	0	0	1	1	1		



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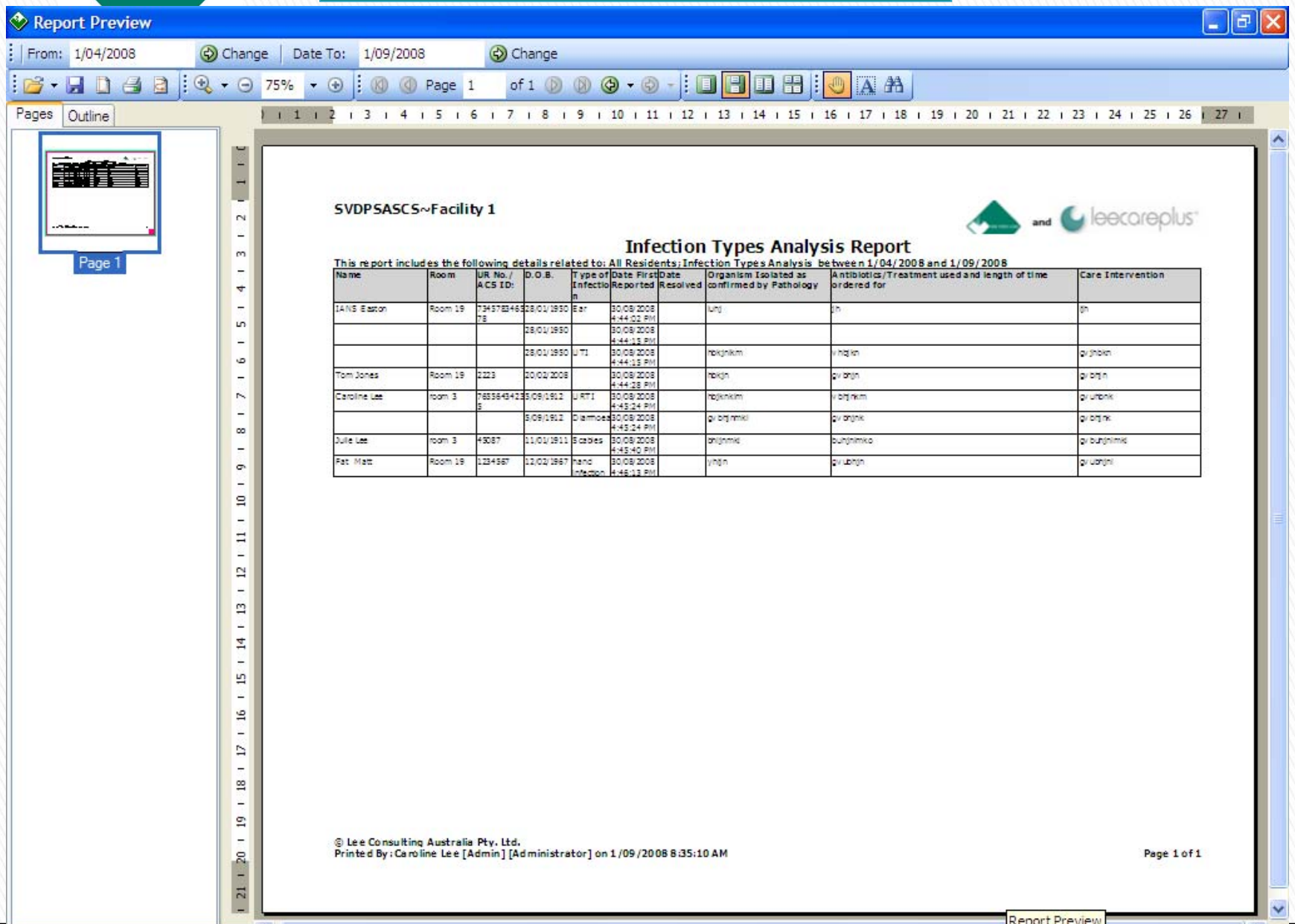

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Report Preview

Date: 1/09/2008 Change

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Summary Care Plan for IANS Easton - Last Saved on 30/08/2008

and

Resident Details

Surname:	Easton
First Name:	IANS
Preferred Name:	Ben
D.O.B.:	28/01/1950
ACF ID:	734578346578
Next of Kin:	Mary Easton
Home Phone:	93490346903
Work Phone:	5693698569
Mobile:	934509458
Location:	Room: Room 19 - Bed: 8
Admission Date:	3/04/2008
Medicare No:	348759345879
Pension Entitlement No:	345897
Medical Practitioners Name:	Dr Health
Dr's Work Phone:	5764484yt876

Other Relevant Medical Diagnoses

Other Diagnoses:	Delirium?

Allergies

Drug :	Penicillin, Erythromicin
Food / Fluid :	YEAST, products, Beer
Other :	Latex?

Medical Diagnoses

COAD	Yes
Dementia	Yes
MS	Yes
Diabetes	Yes
CVA (Stroke)	Yes
TIA`s	Yes

NB: only main diagnoses appear here, for a more refined list, please refer to the Health Management form:

POTENTIAL COMPLICATIONS / HEALTH - MEDICATION MANAGEMENT ISSUES

Infection Rates Record

Type of Infection

Skin

Care Interventions

POTENTIAL FOR INJURY / RISK

Date:	29/01/2008
Risk Activity / Incident:	burn hands bodty whilst smoking
Preventative Measures	staff to supervise smoking and remove butt when getting too low

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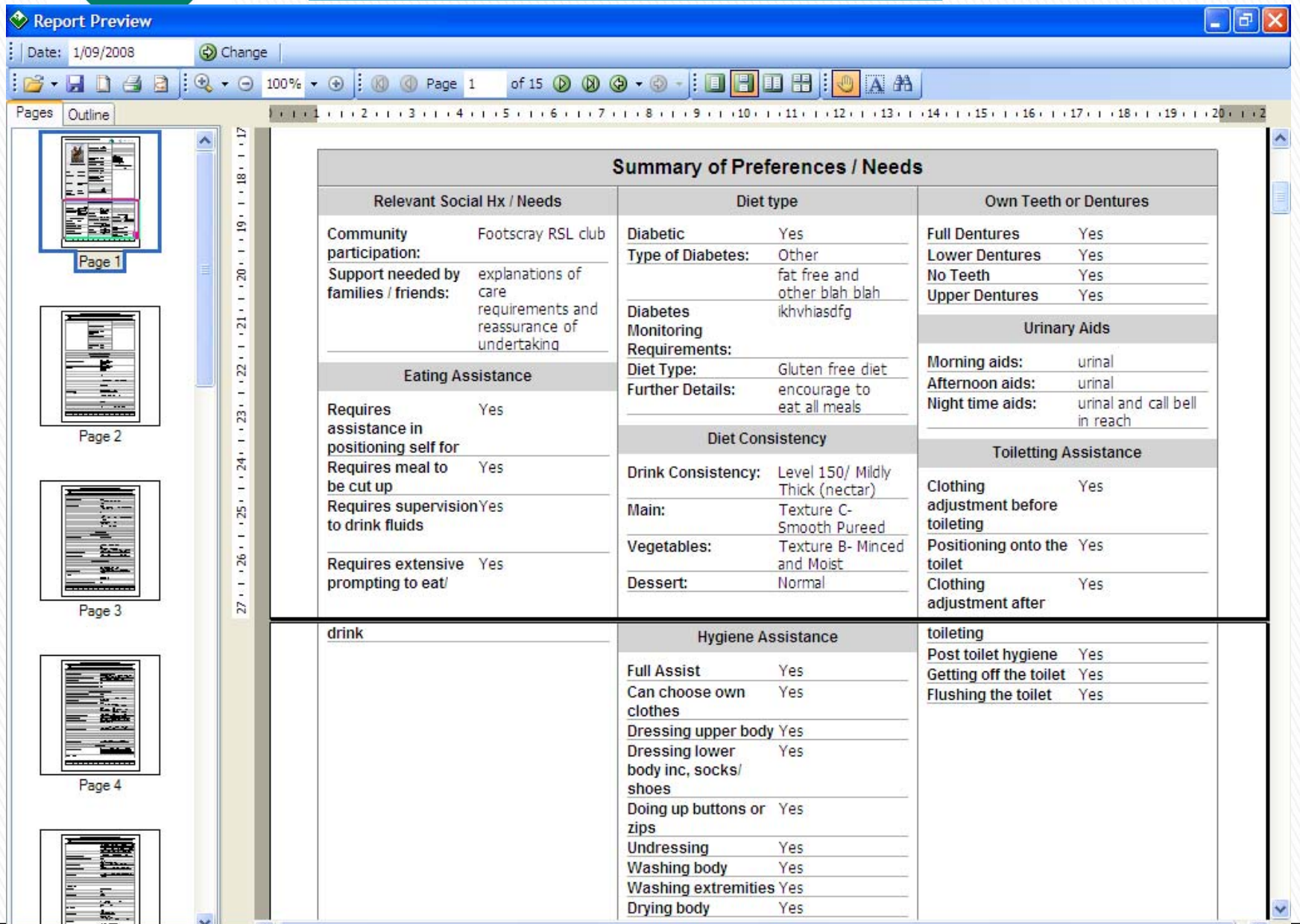

Summary of Preferences / Needs

Relevant Social Hx / Needs

Community participation:	Footscray RSL club
Support needed by families / friends:	explanations of care requirements and reassurance of undertaking

Eating Assistance

Requires assistance in positioning self for	Yes
Requires meal to be cut up	Yes
Requires supervision to drink fluids	Yes
Requires extensive prompting to eat/ drink	Yes

Diet type

Diabetic	Yes
Type of Diabetes:	Other
Diabetes Monitoring Requirements:	fat free and other blah blah ikhvhiasdfg
Diet Type:	Gluten free diet
Further Details:	encourage to eat all meals

Diet Consistency

Drink Consistency:	Level 150/ Mildly Thick (nectar)
Main:	Texture C- Smooth Pureed
Vegetables:	Texture B- Minced and Moist
Dessert:	Normal

Hygiene Assistance

Full Assist	Yes
Can choose own clothes	Yes
Dressing upper body	Yes
Dressing lower body inc, socks/ shoes	Yes
Doing up buttons or zips	Yes
Undressing	Yes
Washing body	Yes
Washing extremities	Yes
Drying body	Yes

Own Teeth or Dentures

Full Dentures	Yes
Lower Dentures	Yes
No Teeth	Yes
Upper Dentures	Yes

Urinary Aids

Morning aids:	urinal
Afternoon aids:	urinal
Night time aids:	urinal and call bell in reach

Toiletting Assistance

Clothing adjustment before toileting	Yes
Positioning onto the toilet	Yes
Clothing adjustment after toileting	Yes
Post toilet hygiene	Yes
Getting off the toilet	Yes
Flushing the toilet	Yes

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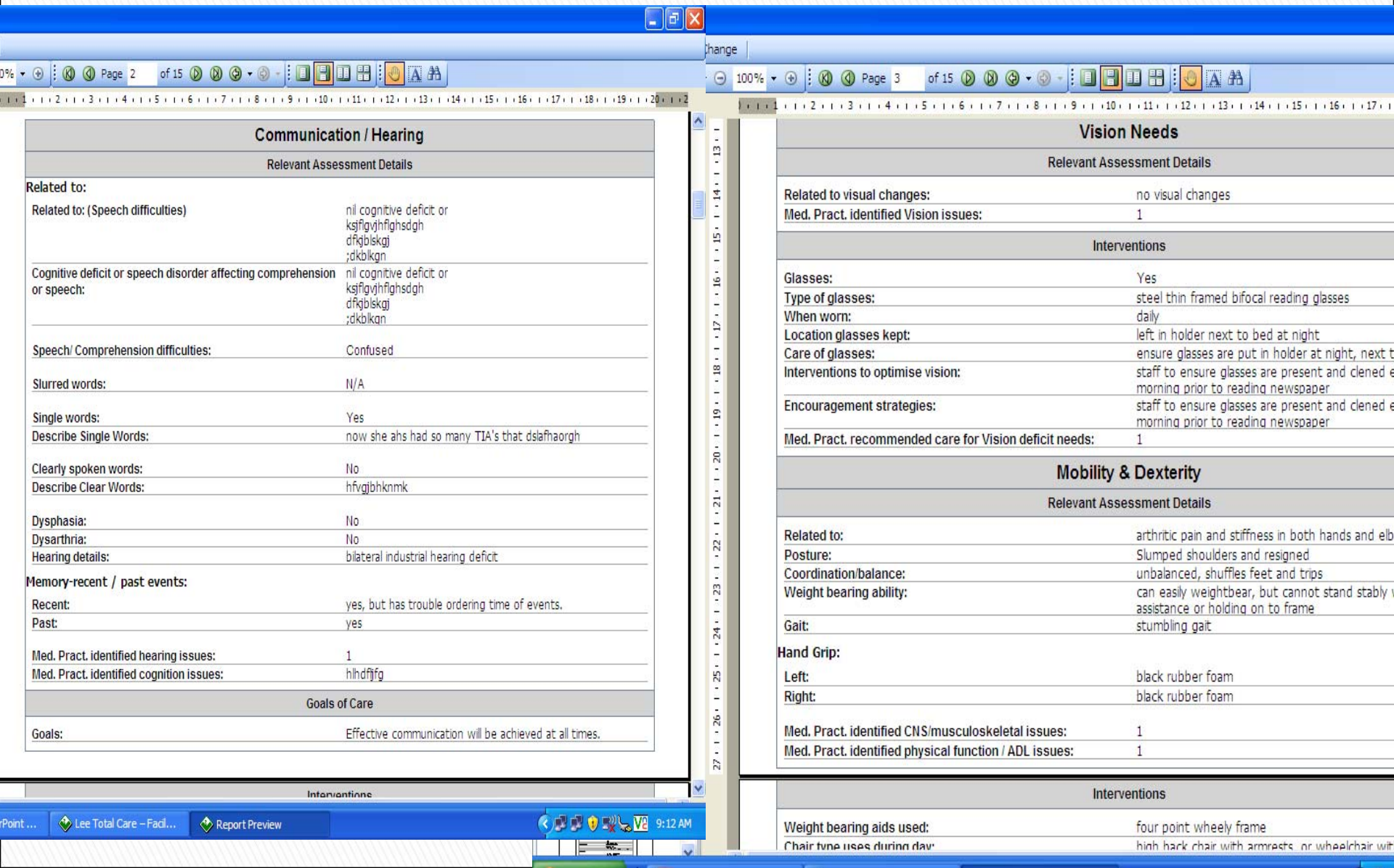

Communication / Hearing

Relevant Assessment Details	
Related to:	
Related to: (Speech difficulties)	nil cognitive deficit or ksjflgvjhflghsdgh dfkjblskgj ;dkblkgn
Cognitive deficit or speech disorder affecting comprehension or speech:	nil cognitive deficit or ksjflgvjhflghsdgh dfkjblskgj ;dkblkgn
Speech/ Comprehension difficulties:	Confused
Slurred words:	N/A
Single words:	Yes
Describe Single Words:	now she ahs had so many TIA's that dslafhaorgh
Clearly spoken words:	No
Describe Clear Words:	hfvgjbhknmk
Dysphasia:	No
Dysarthria:	No
Hearing details:	bilateral industrial hearing deficit
Memory-recent / past events:	
Recent:	yes, but has trouble ordering time of events.
Past:	yes
Med. Pract. identified hearing issues:	1
Med. Pract. identified cognition issues:	hlhdfjjfg

Goals of Care	
Goals:	Effective communication will be achieved at all times.

Vision Needs

Relevant Assessment Details	
Related to visual changes:	no visual changes
Med. Pract. identified Vision issues:	1

Interventions	
Glasses:	Yes
Type of glasses:	steel thin framed bifocal reading glasses
When worn:	daily
Location glasses kept:	left in holder next to bed at night
Care of glasses:	ensure glasses are put in holder at night, next t
Interventions to optimise vision:	staff to ensure glasses are present and clened e morning prior to reading newspaper
Encouragement strategies:	staff to ensure glasses are present and clened e morning prior to reading newspaper
Med. Pract. recommended care for Vision deficit needs:	1

Mobility & Dexterity

Relevant Assessment Details	
Related to:	arthritic pain and stiffness in both hands and elb
Posture:	Slumped shoulders and resigned
Coordination/balance:	unbalanced, shuffles feet and trips
Weight bearing ability:	can easily weightbear, but cannot stand stably assistance or holding on to frame
Gait:	stumbling gait
Hand Grip:	
Left:	black rubber foam
Right:	black rubber foam
Med. Pract. identified CNS/musculoskeletal issues:	1
Med. Pract. identified physical function / ADL issues:	1

Interventions	
Weight bearing aids used:	four point wheely frame
Chair type uses during day:	high back chair with armrests, or wheelchair wit

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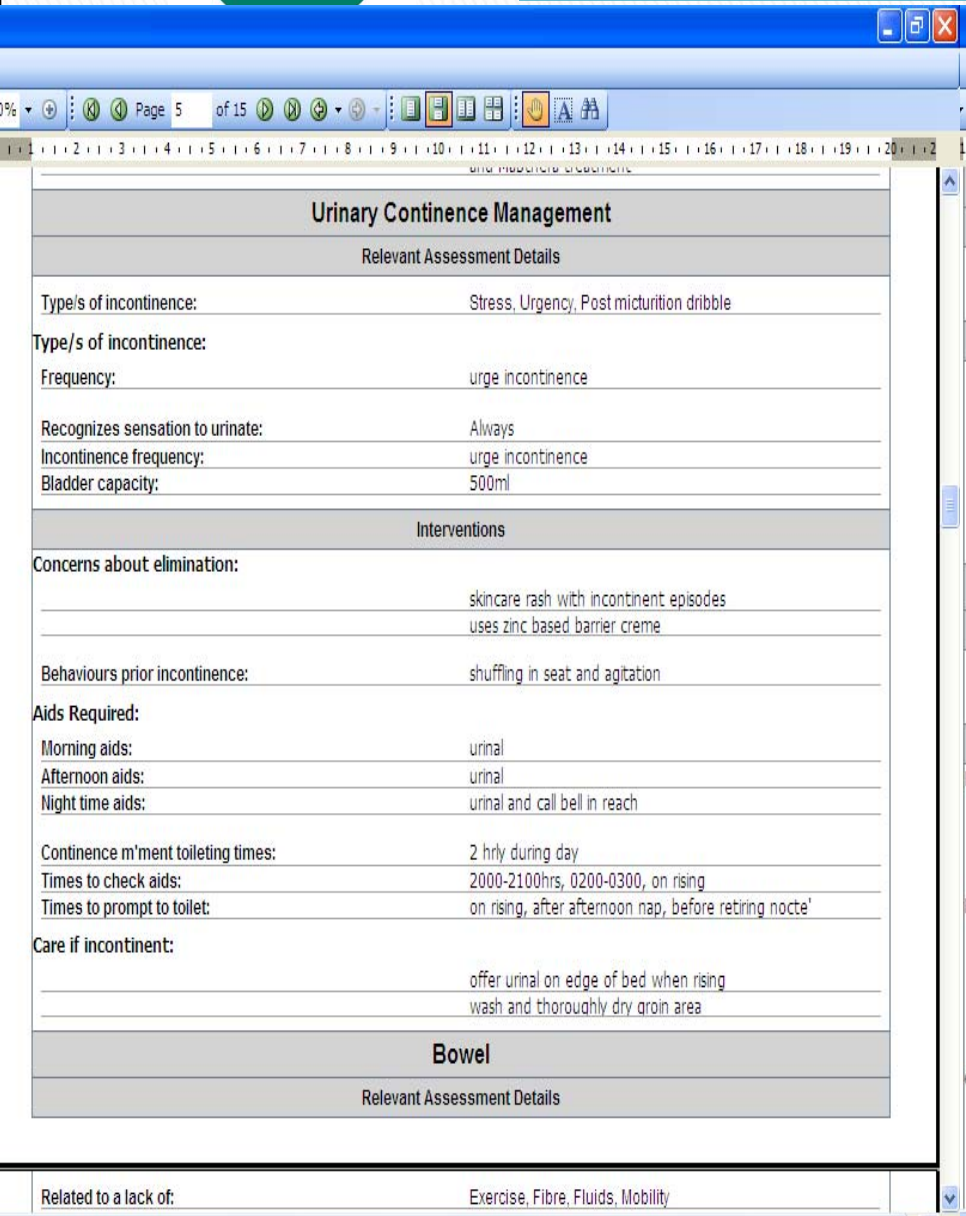

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Urinary Continence Management

Relevant Assessment Details

Type/s of incontinence:	Stress, Urgency, Post micturition dribble

Type/s of incontinence:

Frequency:	urge incontinence
Recognizes sensation to urinate:	Always
Incontinence frequency:	urge incontinence
Bladder capacity:	500ml

Interventions

Concerns about elimination:

	skincare rash with incontinent episodes
	uses zinc based barrier creme
Behaviours prior incontinence:	shuffling in seat and agitation

Aids Required:

Morning aids:	urinal
Afternoon aids:	urinal
Night time aids:	urinal and call bell in reach
Continence m'ment toileting times:	2 hrly during day
Times to check aids:	2000-2100hrs, 0200-0300, on rising
Times to prompt to toilet:	on rising, after afternoon nap, before retiring nocte'

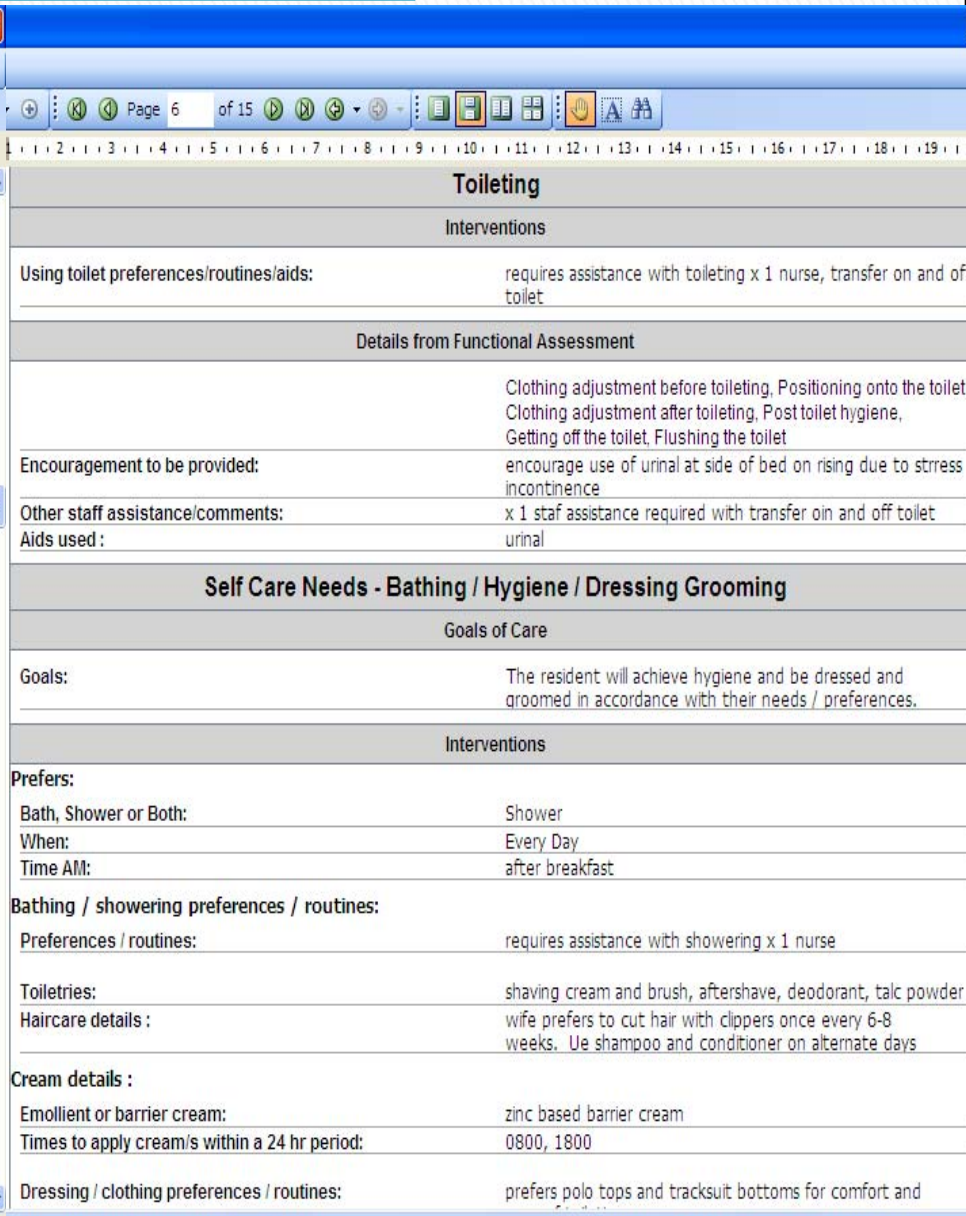
Care if incontinent:

	offer urinal on edge of bed when rising
	wash and thoroughly dry groin area

Bowel

Relevant Assessment Details

Related to a lack of:	Exercise, Fibre, Fluids, Mobility



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Toileting

Interventions

Using toilet preferences/routines/aids:	requires assistance with toileting x 1 nurse, transfer on and of toilet

Details from Functional Assessment

	Clothing adjustment before toileting, Positioning onto the toilet Clothing adjustment after toileting, Post toilet hygiene, Getting off the toilet, Flushing the toilet
Encouragement to be provided:	encourage use of urinal at side of bed on rising due to stress incontinence
Other staff assistance/comments:	x 1 staf assistance required with transfer oin and off toilet
Aids used :	urinal

Self Care Needs - Bathing / Hygiene / Dressing Grooming

Goals of Care

Goals:	The resident will achieve hygiene and be dressed and groomed in accordance with their needs / preferences.

Interventions

Prefers:

Bath, Shower or Both:	Shower
When:	Every Day
Time AM:	after breakfast

Bathing / showering preferences / routines:

Preferences / routines:	requires assistance with showering x 1 nurse
Toiletries:	shaving cream and brush, aftershave, deodorant, talc powder
Haircare details :	wife prefers to cut hair with clippers once every 6-8 weeks. Ue shampoo and conditioner on alternate days

Cream details :

Emollient or barrier cream:	zinc based barrier cream
Times to apply cream/s within a 24 hr period:	0800, 1800
Dressing / clothing preferences / routines:	prefers polo tops and tracksuit bottoms for comfort and

How the resident stays healthy & deals with illness:

Becomes frantic and angry

Oral/injectable medication admin by: Staff

Emotional / Relationship / Intimacy / Stress Management / Spiritual - Cultural / Social - Community Needs

Goals of Care

Goals: The resident will feel supported and their living / quality of life needs will be met with the assistance as stated.

Interventions

Support relationship with:

Mother Sister and pet dog

Relaxation strategies: get away from people
Ways the person copes with difficulties: Becomes sullen and has angry verbal and physical outbursts
Ways to solve problems: stay away from people

Assistance required:

be nice to me

Behaviour Management Needs

Relevant Assessment Details

Issue / Behaviour Description: Became verbally abusive to wards staff when woken for a shower. Inappropriate language (swearing, abusing)
Usual time of day the behaviour was exhibited and amount of times on average per day: 3
Cause/Trigger (if known): hates being woken . Disorientated. Confusion about time of day. Too noisy / loud. Too many staff attending at once. Resident doesn`t want to live in residential aged care
Successful interventions used Calm the environment

Record ID: 7974

Behaviour demonstrated when upset:

Sullen behaviour, Frowns, Hangs back
Yells and becomes defensive

Goals of Care

Goals: The resident will not demonstrate these behaviors and will feel supported as their needs are met with the assistance as stated.

Interventions

Avoid these causes of:

Stress: crowds , bossy people
Anger: being bossed about.
Anxiety: crowds, noise , being rushed
Depression: Dosn't always know
Powerlessness: not understanding what people want me to do

Watch for the following signs of these: withdraw
Watch out for what upsets the resident: Crowded rooms, Excessive noise, Multiple instructions

How to assist resident when upset:

Assist: Allow her to have her dog to visit regularly
Cope: Resistive, Anger
Reduce: Give personal space and allow to settle
Relax: Time alone

Social Work Psychosocial Care

Relevant Assessment Details

Mini mental score 12
Psychiatric Diagnosis Panic Attacks, Agitation , Anxiety,

Discomfort / Pain

Palliative Care Preferences / Wishes When Ill or Dying

Interventions

Bowel Care: Regular aperient, Time to evacuate bowel after breakfast

Review Date	Jan 200_	Feb 200_	Mar 200_	Apr 200_	May 200_	Jun 200_	Jul 200_	Aug 200_	Sep 200_	Oct 200_	Nov 200_	Dec 200_
Signature												

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Signature												

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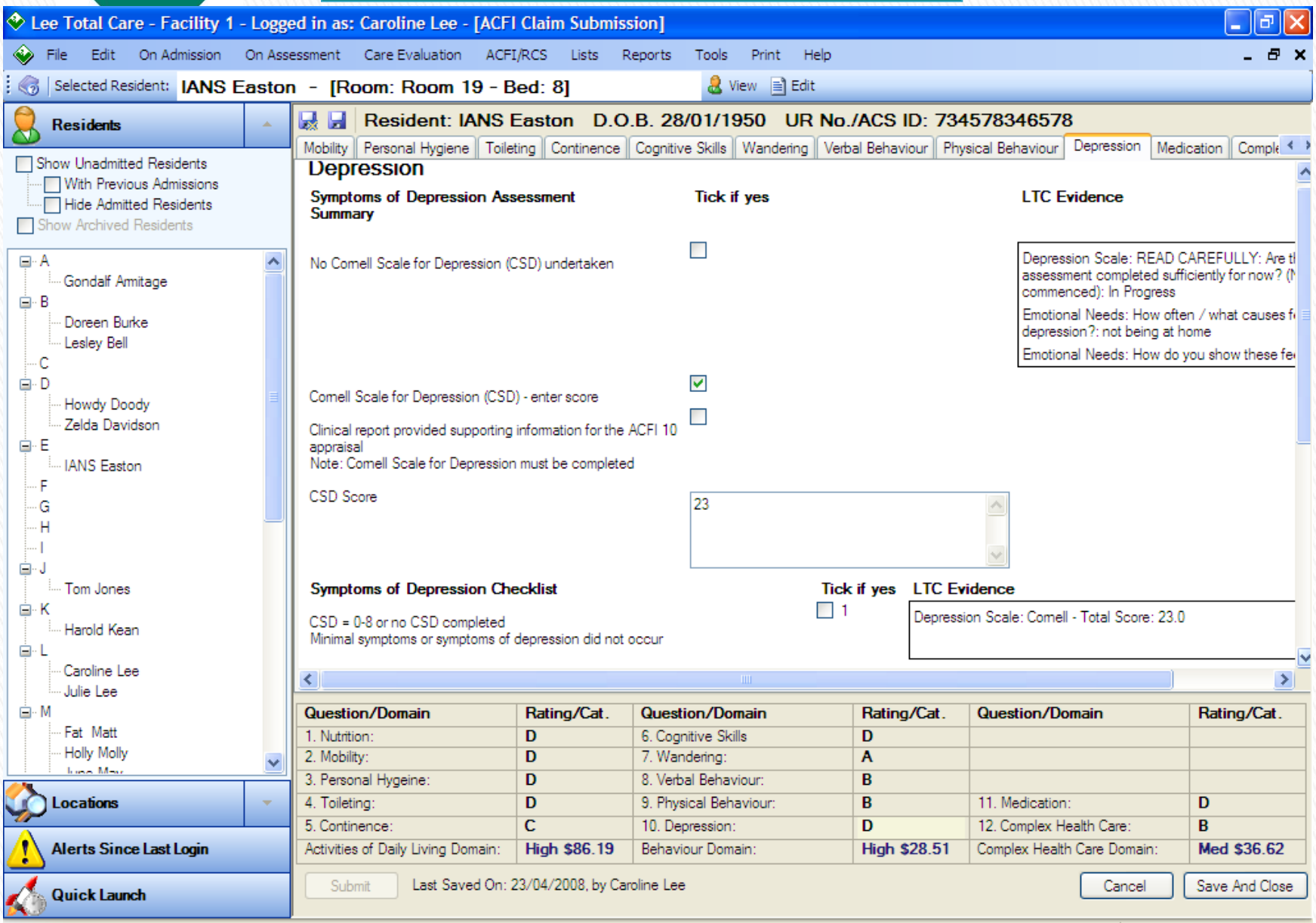

- **Management commitment**
  - Support
    - Resident Service Committee
    - Financial investment
  - Board ` Change Champions
  - Partnership with Industry
  - Admissions Assessment *
    - Customize
    - Sequence

- **Culture of respect**
  - Information
    - Two-way flows
    - Suggestions accepted
  - Individual differences
  - Flexible learning modes
  - Competency mastery approach

Success factors

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Motivation and uptake

- Leadership
- Education
  - Beginners
  - Support Group
- Veterans Computer Club for Residents
  - Impact of residents taking to computers
- Quality Improvement
- Models of Care
  - Investigate current practices

Uptake

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- **Issues**
- **Skill levels, workloads and professional roles**
  - Does IT reduce or increase workloads?
  - Role delineation issues
- **Age of care staff**
  - middle-aged staff with English as a second language
  - Younger staff, enthusiasm and illegitimate self-confidence
- **Other health providers**
  - Allied health
  - Hostel managers
  - Administrative staff
- **Challenges and barriers**
  - Overcoming reluctance
  - Keeping pace with enthusiastic adopters
  - Basic learning needs
  - Training materials
  - Becoming a ’group’ and discussion opportunities
  - Backup materials

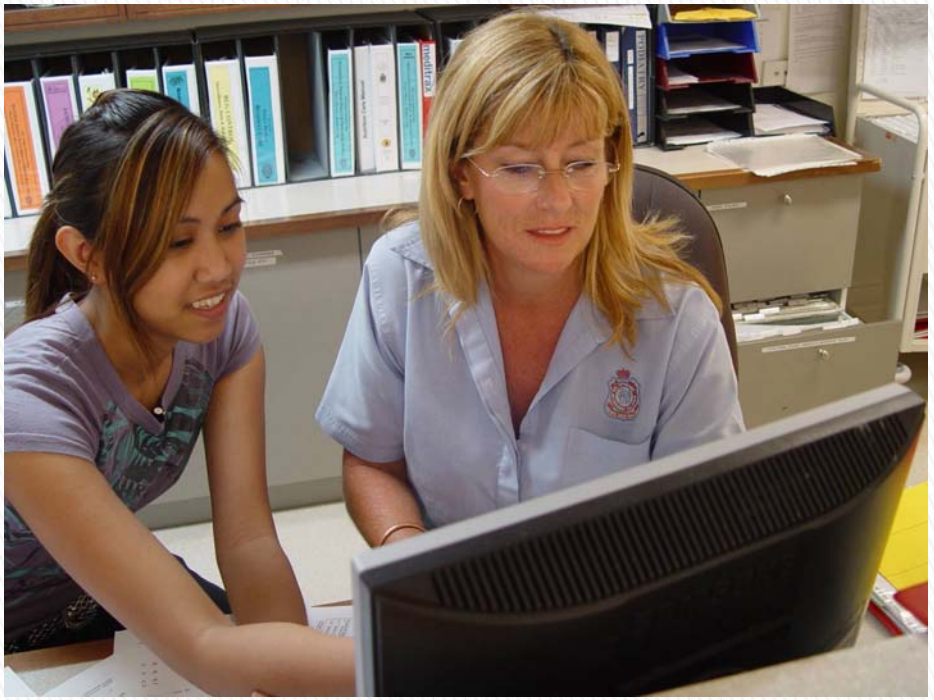
- **Evaluation of outcomes**
- **Successful training and implementation relied on:**
  - Trainers from the organisation
  - Staged implementation allowing troubleshooting
  - Staff concerns were acknowledged and responded to immediately
  - Contextual relevance was maintained by our own on-site trainers
- **Roll-out**
  - LTC system rolled out to ten service sites by March 2008
  - Ongoing upgrades of IT infrastructure and staff skills training is part of the system
  - FAQ on IT and the LTC system is available on the company website and intranet as are all resources related to resident care and management
  - Informal audits of the system documentation manage compliance risks

Results

- **75% of nurses, managers and care staff reached mastered all necessary skills and knowledge within 3 months**
- **Program planning and implementation by local and consultant IT trainers worked best**
- **Management commitment of money, time and human resources was essential**

Implications / recommendations

- What is required?
- What could have been done better?
- Were initial assumptions true about staff and IT capacity?



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- Future Directions
  - Measure outcomes
  - Research relationship between process and outcomes.
  - Explore the transfer of evidence to practice.

Thank You !!!