



SHPA response to the Establishment of a National Aged Care Mandatory Quality Indicator Program for in-home aged care services consultation, July 2024

Part 1: Services/providers covered by the QI Program

Do you agree that the QI Program should apply to all services and supports under the new Support at Home Program?

Yes.

Please elaborate on your response

The Society of Hospital Pharmacists of Australia (SHPA) supports having all services and supports under the new Support at Home Program abide by the Quality Indicator (QI) Program. This will ensure consistency in care, promote benchmarking and continuous improvement, enhance accountability and transparency, and deliver patient-centred care. By adhering to standardised QIs, services can achieve high-quality, efficient, and effective care that meets patient needs and maintains compliance with national healthcare expectations.

Part 2: Implementation strategy

To what extent do you agree with this implementation strategy?

Somewhat agree.

Please provide further comments about your response, including any suggested alternatives or considerations of the implementation strategy.

While it is crucial not to overwhelm providers with an excessive number of Quality Indicators (QIs) under the new Support at Home Program, finding the right balance is equally important. This balance ensures that the safety of older Australians remains a top priority, and the quality of care they receive is upheld. Implementing a carefully selected set of QIs will help maintain high standards without imposing undue burden on providers, thereby promoting both effective service delivery and the well-being of our aging population.

When selecting the initial quality indicators for the staged implementation of the QI Program, which approach do you believe would be most effective? Please rank the options in order of priority, with 1 being the most effective and 3 being the least effective.

1. A balanced approach that includes a mix of broadly applicable and higher-risk focused quality indicators, to address both the general needs of the in-home aged care population and the specific needs of high-risk groups.
2. Start with quality indicators that have the broadest application across all in-home aged care services and participants
3. Start with quality indicators that focus on participants with higher care needs and/ or more complex service types

Part 3: Implementation timing

Do you consider an implementation date of 1 July 2026 achievable? If not, what would be a preferred implementation timeframe and why?

Yes, an implementation date of 1 July 2026 is achievable. The QIs should be based on existing QIs already established in the aged care and health sectors. This approach leverages current frameworks and best



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practices, avoiding the need to reinvent the wheel and facilitating a smoother transition to the new system for both providers and recipients of these in home services.

SHPA recommends that the QI Program aligns with sector standards including SHPA's Standard of Practice in Geriatric Medicine for Pharmacy Services¹, and the Aged Care Quality Standards. SHPA's Standard of Practice in Geriatric Medicine for Pharmacy Services¹ remains the only national standard of practice in Australia which describes comprehensively, the best practice pharmacy services older people receive. The revised version of this Standard will be released prior to the implementation of this QI Program for In-home aged care services.

Part 4: Priority Quality Indicators

Do you agree that QIs focusing on these seven areas should be given the highest priority for development and implementation?

Yes

Are there any other critical areas of care that you believe should be prioritised for quality indicator development that are not covered by the seven areas listed above?

Prioritising medication safety is crucial for quality improvement in older Australians as two-thirds of Australians aged over 75 take five or more medicines.² Medications effectively treat chronic health conditions, however, if overprescribed and mismanaged it can lead to adverse effects, exacerbate geriatric syndromes (dementia, delirium, incontinence), and increase fall risks. Amongst older Australians, approximately 20% of medications used are inappropriate, and up to 30% of hospital admissions are medication-related, with half being preventable.^{3,4}

Emphasising medication safety prevents adverse drug events, reduces risk of error, and enhances overall care. This creates safe environments, builds trust among patients and families to foster optimal health outcomes.

Aged Care Pharmacists ensure safe and effective medication management during all transitions of care as older people in all care transitions are entitled to receive timely geriatric medicine pharmacy services.⁵

Considering a staged implementation of the QI Program, please rank the following areas in order of priority, with 1 being the highest priority and 7 being the lowest priority.

1. Quality of life
2. Function
3. Service delivery/care planning
4. Workforce
5. Consumer experience
6. Falls/fractures/injury
7. Weight loss/nutrition

To what extent do you agree that consumer experience should be a priority area for quality indicator development and implementation?

Somewhat agree

Please provide further comments about your response.

While consumer experience is imperative to any service delivery, it should be embedded into each of the stated priority areas and is fundamentally the product of other priority areas for QIs being executed well. High-quality, person-centred care in areas such as quality of life, functional support, service delivery and care planning, and workforce competency collectively shape a positive consumer experience. When these



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foundational elements are effectively managed in a manner that is tailored to the individual's needs, they ensure that consumers receive the best possible care, thereby naturally enhancing their overall experience.

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? Please rank the following factors in order of priority, with 1 being the highest priority and 14 being the lowest priority.

1. Tailoring care and services to the older person's needs, goals, and preferences
2. Involvement of participants in decision-making about their care
3. Providing timely, accurate, and accessible information to enable informed decision-making
4. Understanding and valuing the older person's identity, culture, abilities, diversity, beliefs, and life experiences
5. Timeliness and reliability of services
6. Competency and skill of care and service delivery staff
7. Empathy and respect shown by care or service delivery staff
8. Continuity of care (e.g. having the same care staff over time)
9. Coordination and integration of care services
10. Monitoring and responding to changes in the older person's quality of life
11. Supporting older people to exercise choice and make decisions about their care and services, with support when needed
12. Emotional and social support provided by care staff
13. Promoting the older person's autonomy and quality of life through positive risk-taking
14. Communication and information sharing with participants and families

Part 5: Questions for providers

N/A

Part 6: Summary

Please provide any additional comments or feedback you feel is important for consideration in the development and implementation of a QI Program for in-home aged care services.

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

References

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- ¹ Elliott RA, Chan A, Godbole G, Hendrix I, Pont LG, Sfetcopoulos D, Woodward J, Munro C. Standard of practice in geriatric medicine for pharmacy services. *J Pharm Pract Res* 2020; 50: 82-97. doi:10.1002/jppr.1636
 - ² Morgan TK, Williamson M, Pirota M, Stewart K, Myers SP, Barnes J. (2012). A national census of medicines use: a 24-hour snapshot of Australians aged 50 years and older. *Med J Aust* Jan 16;196(1):50-3.
 - ³ Nishtala PS, McLachlan AJ, Bell JS, Chen TF. (2011). A retrospective study of drug-related problems in Australian aged care homes: medication reviews involving pharmacists and general practitioners. *J Eval Clin Pract*; 17(1): 97-103.
 - ⁴ Roughhead EE, Semple SJ. (2009). Medication safety in acute care in Australia: Where are we now? Part 1: a review of the extent and causes of medication problems 2002-2008. *Australia and New Zealand Health Policy*; 6: 18.
 - ⁵ The Society of Hospital Pharmacists of Australia. (2021). Geriatric Medicine and Aged Care Clinical Pharmacy Services Position Statement.



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