Living well in NSW: multipurpose services evaluated—is it home?

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Multipurpose Services (MPS) provide a combination of hospital services and residential aged care in small regional and rural communities. While there is not requirement for MPS to meet Aged Care accreditation, the Commonwealth seeks an assurance that MPS provide a level of care consistent with the spirit and intent of the aged care standards where appropriate. MPS are not required to meet Aged Care Standards as is the case with Commonwealth funded Residential Aged Care facilities. The Australian Commission on Safety and Quality in Healthcare (ACSQHC) was funded by the NSW Ministry of Health to undertake a consultation in 2014, and identified the gaps between the NSQHS and the Aged Care Standards in the following areas:

- The role of the person in their own care  
- Nutrition and Hydration  
- Cognitive Impairment  
- Leisure activities and lifestyle  
- Homelike Environment

Using these gaps as a baseline the Agency for Clinical Innovation (ACI) developed eight Principle of Care for Living Well in an MPS and a Toolkit to assist MPS Teams in providing an individualised person-centred care culture for residents who live in MPS not as patients in hospital, but as people living in their home. The Principles of Care aim to enhance quality of life, independence and wellbeing for residents; not based on clinical need but based on lifestyle and enablement addressing:

- Respect for Rights as an Individual  
- Informed & Involved  
- Comprehensive Assessment & Care Planning  
- Homelike Environment  
- Recreational & Leisure Activities  
- Positive Dining Experience  
- Multidisciplinary Services  
- Expertise in Aged Care.

Throughout 2017, 25 MPS teams were supported as a Collaborative Working Group participating in three learning sets, three action periods where small scale changes were implemented using Plan-
Do-Study-Act cycles and weekly telephone coaching sessions. Over 12 months, more than 350 small-scale strategies were documented and embedded as business as usual. Examples include:

- introducing social profiles that highlight residents’ likes, dislikes and interests
- implementing care plans based on lifestyle and routines rather than clinical need
- making facilities more homelike by introducing artwork, vegetable gardens and pets
- giving access to recreation and leisure activities involving the community
- replacing tray service with communal table dining and new menus
- using telehealth for dietetic reviews and mobility assessments
- improving access to aged care specific education for MPS staff.

In January 2018 final evaluation revealed positive statewide aggregated improvements of 20–40% across all principles of care, with the biggest resident-reported improvements being ‘Positive Dining Experience’ improving from 62% to 84% and ‘Informed and Involved’ improving from 62% to 82%. The Principle with the lowest staff-reported score was ‘Recreation and Leisure’ with staff interviews indicating that one of the frustrations was the risk averseness of MPS limiting resident activities. Staff were able to identify a range of leisure activities that residents would enjoy, but Work Health and Safety (WHS) concerns prevented this from happening. During the 12 month Collaborative period, quality of life indicators were also captured for residents and staff bi-monthly showing an overall improvement of 10% in residents’ physical wellbeing, comfort, mood and relationships (between staff and residents).

The ACSQHC released a revised edition of the NSQHS (V2) in 2017, incorporating the Living Well in MPS Principles of Care in Standard 5, Comprehensive Care. In addition, a report, titled Living Well in Multipurpose Services: Principles in Practice, has captured the successful strategies and is now included into the Living Well in MPS Toolkit to spread these small but powerful ideas to the other 40 MPS Teams across NSW; now available on the Living Well in MPS webpage.

References


Presenter

Jenny Preece worked as a generalist community nurse and sole practitioner from the Dorrigo Multipurpose Service (MPS) in NSW for 20 years, servicing a farming community. This experience provided the platform for a passionate interest in rural health and the unique challenges associated with equity and access to health services for rural communities. Jenny joined the NSW Agency for Clinical Innovation in 2013 and established the Rural Health Network to identify and showcase platforms for sharing statewide rural innovation and to progress ground-up priorities as identified by the rural Local Health Districts. The development and implementation of the Living Well in Multipurpose Services Principles of Care transformed the quality of life and homelike environment in residential aged care across 25 NSW multipurpose services over 2017 and continues to be expanded to all 65 multipurpose services across NSW.