University of Canberra
Faculty of Health

Teaching Nursing Home Bid
24 March Open Forum
Clive Price Suite 1, Building 1
University of Canberra
http://www.canberra.edu.au/university/maps

Meeting summary

This meeting was partially streamed live. For an on-line summary, visit: http://en.wikiversity.org/wiki/ACT_Teaching_Nursing_Home_Bid

Attendance	Laurie Grealish (Chair)	University of Canberra
	Diane Gibson	University of Canberra
	Jenny Symons	Banksia Village
	Nikki VanDieman	Morshead Home
	Deborah Booth	Calvary Retirement Community Canberra
	Rachel Bacon	University of Canberra
	Rachel Bilton-Simek	Clare Holland House
	Nikki Lucas	University of Canberra
	Anni Dugdale	University of Canberra
	David Jeffery	Baptist Community Services
	Keith Lyons	National Institute of Sports Studies
	Stella Creighton	Private Nurse Practitioner
	Rachel Davey	University of Canberra
	Darlene Cox	Health Care Consumers Association ACT
	Marion Reilly	Health Care Consumers Association ACT
	Jo Gibson	University of Canberra
	Jane Allen	Alzheimers Australia
	Tony Jones	Alzheimers Australia
	Jo Travaglia	University NSW/ University of Canberra
	Franziska Trede	Charles Sturt University
	Marg Thornton	Illawarra Retirement Trust
	Leanne Taylor	Illawarra Retirement Trust
	Luke Oborn	Illawarra Retirement Trust
	Heather Austin	ACT Health
	Lewis Jones	University of Canberra
	Kasia Bail	University of Canberra
	Jane MacIsaac	University of Canberra
	Gabrielle Cooper	University of Canberra
	Greg Kyle	University of Canberra
	Mark Naunton	University of Canberra
	Hamish Robertson	Prince of Wales Hospital
	Rhonda Maher	ACT Health
	Barbara Cram	University of Canberra

Apologies	Helen Spence	Illawarra Retirement Trust
	Kate Maher	Calvary Health Care ACT
	Wendy Gilbert	Villaggio Sant'Antonio
	Sharon Bourgeois	University of Canberra
	Denise Blanchard	University of Canberra
	Mary Cruickshank	University of Canberra
	Carmel McQuellin	University of Canberra
	Jane Kellet	University of Canberra
	Wendy Venn	ACT Health
	Russell McGowan	Health Care Consumers ACT
	Victoria Traynor	University of Wollongong
	Rosemary Oates	Anglicare NSW
	Leonie Burdack	ACT Health
	Sue Hanson	Little Company of Mary Health Care
	Cherie Puckett	Calvary Retirement Community Canberra

The meeting opened at 1pm, with a welcome from Associate Professor Laurie Grealish. Laurie outlined the Forum's aims:

1. Determine level of interest in collaboration around the 'teaching nursing home' framework within the ACT Capital region;
2. Identify priority projects for the region;
3. Identify possible hurdles to collaboration in the region; and
4. Agree on processes of communication and engagement for a 'teaching nursing home' bid.

Mr Lewis Jones, from the Office of the Pro-Vice Chancellor Development welcomed participants and shared the University's vision for engagement with its community. Professor Diane Gibson, Dean of the Faculty of Health, shared the Faculty's achievements in the last 2.5 years, emphasizing work in innovative approaches to clinical placements for students in aged care, regional primary health and on-site clinics.

Laurie outlined some of the work done to date by a smaller group of RACF managers and interested others around the current issues confronting aged care. She then presented a selection of key points drawn from a review of the literature. Key points included:

- The aged care sector is the ninth biggest employer in Australia and therefore workforce capacity is a critical element;
- Care needs include treatment of chronic disease, dementia and behavioural disorders, the capacity to respond to prolonged illness, functional impairment and disability and the provision of end of life care
- A multi-disciplinary, rather than nursing only, workforce is required to address these increasingly complex health needs;
- Care delivery by informal carers is underestimated and critically important to the well-being of older Australians;
- A network approach, where those interested in aged care can work collaboratively on a range of issues is established in Western Australia and provides a possible framework for this endeavor;
- 'Teaching nursing homes' tend to have two partners, are focused on student learning, and offer opportunities for research, staff development, and care modeling; and
- A wellness, primary health, health promoting palliative care approach is

contemporary and reflects society's value of person-centred health care.

Laurie proposed that the Forum may have been initiated with a "teaching nursing home" bid in mind, but that a UC led aged care network could do much more than this. Such a network would have as its mission, 'to continuously improve quality of care for aged care residents". Initial goals may be to:

1. ACT Capital region is ideal incubator for research and development projects such as new models of care
2. Learning culture can produce innovation & improvement
3. Partnerships enhance services through resource sharing
4. Invest in staff through education for leadership, further qualifications & specialists
5. Invest in students who will be future leaders

The group then moved into the first of two brainstorming sessions.

Brainstorming session 1: What possible projects could be undertaken within a teaching nursing home framework or network?

There were five groups for this session. Group discussions were recorded on butchers paper and ideas were shared at the end of the session. Butcher's paper reports are found in Attachment 1. Themes that emerged from this discussion included:

- The current nomenclature, such as 'teaching nursing home' and history of nursing homes limits innovation.
- Person-centred care is critical to a community of care philosophy and the tension between RACF as one person's home and another person's workplace needs to be acknowledged.
- Person-centred student projects that build individual identity can be developed.
- A community of care, centred around a residential care facility with fluid boundaries, would:
    - Provide learning experiences for students from schools, vocational training, higher education as well as novice carers;
    - Model best practice in service delivery informed by research and monitored by quality assurance measures;
    - Value quality improvement, action research, and a culture of learning;
    - Provide community outreach programs in clinical and primary care, including health promotion through student-led clinics supported by a community bus; and
    - Include specialist palliative care for older people on-site.
- Intercultural competence for carers and students as future carers is increasingly important and projects to develop competencies are required.
- An inclusive approach to the network can promote a 'right care, right place, right time' principle and requires medicine, dentistry and professional bodies to be involved in addition to those currently present.
- Student learning experiences of ageing can extend into NGOs.
- Workforce planning requires more information about the unregulated workers in aged care and these workers require clear educational pathways into professional health care positions.
- Increase use of IT in practice-based education can be developed.

Following a short break, the groups reformed into four groups and undertook a second brainstorming session.

Brainstorming session 2: What possible hurdles currently exist in regard to collaboration or any of the projects identified and what needs to be considered in planning governance for the network?

Group discussions were recorded on butcher's paper and ideas were shared at the end of the session. Butcher's paper reports are found in Attachment 2. Themes that emerged from this discussion included:

- Planning and budget are critical.
- Risks of competition, rather than collaboration, associated with limited resources and differing systems at work on landscape of aged care.
- Cross-sector differences between aged care and health care need negotiation skills.
- Practical solutions to promote collaboration are required.
- Language (terminology) awareness is important.
- Clarify values in regard to network processes.
- Tension between the RACF as home and institution needs to be acknowledged early; negotiation of difference is critical.
- Community education for families about ageing options.
- Staff may be fearful of change.
- Manage expectations early; prepare people.
- Be aware of tensions between service focus and home focus in RACF.
- Have a strong engagement plan, using processes such as roundtable forum to communicate, and employ systems to monitor engagement.
- Provide clear framework for levels of involvement.
- Manage expectations of stakeholders, including students.

The session closed with clarification of outstanding issues. Laurie agreed to:

1. Circulate meeting summary for all; and
2. Circulate web address so people can check on progress of bid and related activities.

Individuals completed a form indicating their interest in providing a letter of support for the bid, assisting with writing the bid document, and being on a reference group if the bid was successful. Laurie will use this information in the process of moving this project forward.

Attachment 1: Brainstorming session 1 on possible projects in a 'teaching nursing home' framework

Ideas recorded on butcher's paper	Initial themes	Final themes
Group 1. Governance structure and committees, legislative complexity & QA. Nomenclature is important – care centre provision, teaching aged care organization, low care facilities (ageing in place) are preferred to 'teaching nursing home' Gap in dental services. Teaching facility needs to model best practice. Specific clinical (eg nursing), 'lifestyle' (eg hospitality & IT) and others (eg architecture) placements within a community of care environment. Synergies between vocational and tertiary career paths. Development of learning culture within provider organizational cultures. Community consultation service providers. Managing student expectations.	Governance of a network of organizations with such different regulatory and legislative mandates is complex. Quality assurance is important. The 'teaching nursing home' nomenclature is not adequate to capture what is required. Community of care is a better term. RACF as teaching facilities would model best practice. RACF is broader than 'nursing' and could include students in hospitality, IT, architecture. An educational path from school to professional to retirement. Learning cultures in RACF. Managing expectations.	Current nomenclature and history limits development. A community of care, centred around a residential care facility, would include students from schools, vocational training, higher education in work placements for learning. A community of care would model best practice in service delivery informed by research and monitored by quality assurance measures. Quality improvement, action research, and a culture of learning is an essential feature of the community of care.
Group 2. Build a community of care including education and informing: care workers (pathways), informal carers, and school attenders (yr 9&10). Migrant population and their care skills and need – cultural differences within student population as well. New culture of workplace: workplace vs individuals homes is a	A community of care would include students from high school, trainee care workers and novice informal carers. Increasing migrant populations require carers with intercultural competence. There is a tension in residential aged care between individual's home and workplace for	A community of care provides learning experiences from students from various organizations and disciplines as well as novice carers. Intercultural competence for carers is increasingly important. The tension between RACF as one

tension. Improve quality of care tools and matrix. Rapid and appropriate responsive care providers respecting cultural difference. Can be enabled by: Perceptions by ACNs of improved outcomes; Link practice, research and policy (grounded in industry) More interesting place to work. Development of individualized practice (EBP), applied research, design and action research, improved quality of work experience. Multidisciplinary team development in communities of care. Inclusion of 'care workforce' such as AINs, personal carers, care service workforce model, the EDEN model, and pathways of education. Age person and family centred care. Multiple workplaces for one skilled worker.	others. Measures to monitor care quality are required. Practice, research and policy can be linked. Care must be focused on the individuals and their families.	person's home and another person's workplace needs to be acknowledged. Research, practice and policy must be linked to ensure best practice environment and monitoring measures are employed. Person-centred care is critical.
Group 3. Be inclusive of GP network, Outpatient Mental Health service, geriatric and psychogeriatric network, public advocate and other relevant stakeholders such as RADAR. Provide the right care, at the right place, at the right time. Factor in a broader approach to chronic care management. Walk in clinic and outreach – chronic care model that includes the homeless. Specific facilities within RACF that cater for younger onset	The network needs to be inclusive in order to assure right care, right place, right time. The RACF could develop expert primary care and health promotion services for the local community including specialized clinics, and treatments. Primary health care in RACF and related services could be provided by supervised students. Specialised palliative care in aging can reduce	An inclusive approach to the network can promote a 'right care, right place, right time' principle. The RACF as a hub in a community outreach program in clinical and primary care, including health promotion. Specialised palliative care for older people, located in RACF.

dementia, parkinsons, motor neurone conditions. Sub acute area in RACF to minimize transfers to hospital and/or minimize time and costs associated with length of stay in hospital – this could be provided by students with RN supervision. More palliative care beds and student opportunities in this area. Reduce stress on acute with arranging student clinical placements in RACF, Alzheimer's Australia, Arthritis Australia, Palliative care Australian Dementia Training studies centre etc. Demographics of current aged are workforce such as who, where from, expertise, literacy, training. As there is no register, its difficult to know what we are working with. Helpful to know before progressing with any change.	health system costs and provide unique learning experiences for students. Create new student placements with NGOs in the aged care sector. Systems and processes to monitor the unregulated aged care workforce.	Use NGOs for student learning experiences. Workforce planning requires more information about the unregulated workers in aged care.
Group 4. Assistants in allied health relevant to regional areas, require TAFE Involvement, high school involvement/apprenticeships, nursing home as a hub, career pathways, and training pathways. Wellness model –on admission to RACF multidisciplinary assessment by student physio, nurse, pharmacist before they have a fall (determine risk); bring across to UC Clinics or clinic at RACF. South coast bus can provide distant supervision via video. Use same IT set up in RACF clinics? Oral health and dentistry teaching required – perhaps a dentistry teaching bus.	Training pathways from high school, TAFE, to university required. Focus on wellness and prevention (eg of falls) to intervene early. Include students in routine assessment work. Using IT as educational outreach to RACF. Consider how to include oral health and dentistry. Student-led clinics are well suited to older clients as students can take more time and be person-focused. A suburb-based bus service to bring clients to the student-led clinics.	Pathways for education and training from high school to university. Health promotion, early detection and primary health through student-led clinics supported by a community bus. Bring in dentistry and oral health. Increase use of IT in placement education. Person-centred student projects that build individual identity can be developed. The RACF with fluid boundaries, engaged with the community.

Student led service (4students to one clinician) is beneficial as it is not financially driven, removes speed incentive, learning focus and person focus. It should be all about people. Wellness model in the community before you're sick enough for services. Suburb based appointments where a bus collects people to come to the clinic; would address illness trajectories, continuity of care and social inclusion. Student nurse led ward where students could do social biographies, practice delivery, indicators of patient centred care, integration of patient history with care delivery, multimedia tools such as DVD, digiphoto, interprofessional opportunities, milestones, interests, usual daily habits considered (eg shower time for last 80 years!). Maintaining patient's identity while developing clinicians' identity: IDENTITY IDENTIFICATION. Community development in RACF (in, within, community) including schools relationship, EDEN principles, residents go to local high school to learn IT, community garden where residents teach high school students (mens sheds), fluid boundaries for learning environment with student architects, landscape, nurses, physios to facilitate.	Student projects that are person-centred can benefit residents. The RACF as a hub in the community, with fluid boundaries.	
Group 5. A purpose built facility for older people care. Continuum of student care – primary, acute, nursing homes. Collaborative capacity building model and sustainability. Student placements and outreach visits including community (clinical) that are tied into competencies.	Students experience the continuum of care for older people from primary health to hospital to rehabilitation, aged care and palliation. Include professional bodies. Design a community around RACF.	RACF as the hub for a community. Students experience a continuum of care. Inclusive of professional bodies.

Re-thinking education and training. Working with the relevant professional/accreditation organizations and bodies. Building a research theme; designing a community.		

Attachment 2: Brainstorming session 2 on governance issues

Ideas recorded on butcher's paper	Initial themes	Final themes
Group 1. The aged care sector is a competitive industry with a fixed pot of money: collusion vs collaboration is a risk. Endless pilot studies don't get translated into practice. State vs federal funding; Uni vs vet funding; RACF vs hospital leads to cost shifting, assumptions about who should be responsible, and limited perspectives on health (biophysical, holistic, patient focus, organization focus, ageism). Multidisciplinary dream. Language and terminology can be inclusive or exclusive – need to be aware of language. Privacy concerns.	Risk of competition for limited resources. Translation of pilots into practice not attended. Different systems at work in ageing communities of health and residential care. Practical ways for disciplines to collaborate required. Be aware of language and terminology.	Risks of competition, rather than collaboration, associated with limited resources and differing systems at work on landscape of aged care. Practical solutions to promote collaboration are required. Language (terminology) awareness is important.
Group 2. Engagement of professional bodies and encourage aged care placements for all health professional students. Roundtable for stakeholders. Identification of barriers to stakeholder participation –current education models. Clarification of values underpinning the project and its process including equality or representation and contribution. Ensure that the bid doesn't contain the ideas in the early stages. Employer's explicit commitment to time, role involvement in	Identify possible barriers to stakeholder participation; use roundtables to communicate (two way); develop systems to monitor engagement. Clarify values for the project and network. Be clear about roles and levels of involvement. Manage expectations of outcomes and processes.	A strong engagement plan, using processes such as roundtable forum to communicate, and employ systems to monitor engagement. Provide clear framework for levels of involvement. Clarify values in regard to network processes. Manage expectations of stakeholders, including students.

the project. Managing different expectations of the final outcome/result. Managing continuity of involved participants. Can we book in now?		
Group 3. Resourcing the lead in personnel, time, IT, budget, and policy/ procedures needs to be included in planning and budgeting and training educators. Staff feeling threatened and lacking confidence can influence communication (especially in advance), specific education (eg introductory DVDs and clinical training), assign specific roles such as mentoring educators. Environmental scan (not a barrier just a good idea). Legislation across borders (eg wages), pay differences between acute and aged care (could pay educators on-site as CNCs), ensure needs of rural RACFs are recognized and resourced. Orient and prepare students to aged care. Accredit educators. Ensure students are not treated as free staff. Ensure provider and staff are oriented (as are students) in principles of dignity and respect for residents. Lack of regard for the fact that the care is being given in the resident's home. Upskill existing staff (eg sub-cut competency). Infrastructure in preparation for students and as a way of upskilling staff.	Budget for range of resources in the planning stages. Be aware of staff fears related to confidence. Legislation and differences across the sector need to be negotiated. Manage expectations early. Tension between person's home and service focus. Prepare staff for supervising students.	Planning and budget are critical. Staff may be fearful of change. Cross-sector differences between aged care and health care need to be negotiatied. Manage expectations early; prepare people. Be aware of tensions between service focus and home focus in RACF.

NBN with RN practitioner, radiography, dr etc		
Group 4. How prepared are students for home care rather than organizational care. Multiple sites need to be accessed. Financial imperatives may be at odds with care needs. Cultural differences need to be addressed. Financial impost on families at home. Lack of planning of families for their ageing family member. Aged care nursing home without walls!	Prepare students for home, rather than institutional context. Negotiate financial, clinical and care needs. Cultural differences are increasing with migration into Australia. Families not aware of care options for their ageing family member.	Tension between the RACF as home and institution. Negotiation of difference is critical. Community education for families about ageing options.