

## Partnering for Quality

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### O/H 1 EFM logo and name

- EFM is a small private company providing homecare services for the elderly in Wgtn and Hutt Valley for 10 years. Recently commenced in Wairarapa and Kapiti.
- Clients pay on invoice. EFM is not contracted to government agencies ACC or DHB.

### O/H 2 HomeCare - How do we ensure quality in an unregulated industry?

The quality of homecare services for the elderly is not a priority for government. Anyone can get involved. What they do and how they do it is not regulated. NZS 8158 – the Home and Community Support Sector Standard is still voluntary – even though it was approved in 2003. It's aching to be revised, but that won't happen unless a non-government agency such as the NZ Home Health Association has the funding to do so.

So within this context of unregulated care provision, most older people choose to remain living in their own homes. Yet at some stage their ability to manage by themselves is compromised. The care that goes into their home must be of the highest quality if we are in any way sincere about the respect and gratitude we bear our elders.

- Who Provides the Care?

Our experience is that, increasingly, there can be several different players in an older person's home at different times responding to a client's needs:

- Family, friends, neighbours
- Voluntary agencies
- Contracted agencies
- Private companies

- An Example

Mary lives in central Wellington. She is 89. She uses a walking frame. Has sight and hearing impairment. Has some memory loss. She experiences arthritic pain and is prone to skin tears. She is now less able to prepare her meals.

- Mary's daughter, who lives in Masterton, visits weekly and does the shopping. She phones her mother every evening.
- Mary has had funded assistance with showering x 3 weekly for 6 months.
- A visitor from Aged Concern spends an hour each week with Mary.
- A non-contracted company has been engaged by the family for two hours, four times per week to take Mary to her regular visits to the medical centre, cook a hot meal, do the housework, take Mary out for a drive, and do the shopping when her daughter is not able to visit.

- Does that Work?

- No one knows who the other people are or what they are doing for Mary. The contracted agency and the private company have separate care plans and care journals.



- Medication management is uncoordinated.
- Skin tears are not healing because the person showering didn't know to keep the leg dry.
- The volunteer visitor hears things from Mary that concern her, but isn't sure what to do with the information.
- Mary tells her daughter that no-one has been in to shower her for a while. Her daughter wonders if Mary has forgotten, and so is reluctant to ring the contracted agency to check.
- Mary's daughter would like to be dealing with only one agency, so that the communication was better managed, and her mother had fewer people to deal with. But her mother cannot afford to pay for everything.

#### Current Public Health Model

- Fully-funded assistance with personal cares and/or household management may be approved.
  - A more comprehensive care package may be approved to cater for a meal prep, shopping etc.
  - Whatever is approved only a company contracted to the DHB is engaged by the NASC.
- **O/H 3**            **A contracted provider system . . .**
    - **Who benefits?** The purchaser and the contracted provider!
    - **What is the result?** Standardised Care! Another name for lesser quality.

And . . . our experience is that the coordination of these services is very flimsy indeed. Getting the communication between the various sectors working in the interests of the older person can be very challenging. The older person can be very confused by who's who, and who's doing what – especially if they have memory loss.

#### **O/H 5**            **How do we achieve personalised care? Another name for increased quality.**

- A "Lead Person"
  - Whenever there are multiple players involved in an older person's homecare, the "lead" person is identified. This is the person to whom all others communicate concerns, changes etc.
- ONE for All
  - Formulate ONE agreed care plan for all, based on a workable template, and revise it when the needs change.
  - Ensure the effective use of ONE care journal for everyone.

#### **O/H 6**            **Suggested Policy Changes**

- Thorough review of NZS 8158
- Certification compulsory for all providers
- Introduction of alternative funding arrangements to enable clients to choose from a pool of approved providers.

