

A collaborative research project conducted
by the Dementia and Neuro Mental Health Research Unit.



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

CREATE CHANGE

MHICare

Mental Health
Benchmarking Industry Tool
for Residential Aged Care



Why should Aged Care Organisations participate?

- Acquire knowledge and insight into your organisational practices that broadly impact mental health across aged care homes.
- Assist in the development of an improved measure to evaluate mental health practices in the residential aged care (RAC) industry that meets your needs.
- Address a major gap in monitoring and quality reporting of mental health outcomes for residents required for effective clinical governance.
- Be involved in a research project centred around the inclusion of residents, their family members and aged care staff.
- Be the first to trial a new system and generate reports for quality monitoring, upon completion of the tool indicators.

We invite Residential Aged Care Organisations to partner with our Mental Health Benchmarking Industry Tool for Residential Aged Care (MHICare) Project.

What you'll be asked to do:

The extent to which you would like to participate in this project is negotiable and can be tailored to meet your requirements and constraints. You may choose to:

- Aid in the distribution and collection of questionnaires to gather insight from residents, family members and aged care staff into mental health practices.
- Aid in the facilitation of focus groups that will take place at aged care homes. Participants in the focus groups will be residents, family members or aged care staff.
- Provide aged care staff and health professionals working within your organisation the opportunity to participate in an electronic expert panel to provide expert opinion on what should be included in the MHICare tool.

- Provide MHICare updates and feedback to a consumer reference group.
- Express an interest in trialling the tool upon completion.
- Express interest in trialling new software for automatically generated quality reports.

If you would like to discuss how you could be involved please contact the MHICare research team via email or phone listed in this project brochure.

Relevance

This project aims to improve the care and mental health of residents living in aged care facilities. Research indicates that 85% of residents report at least one mental health disorder and 63% have high care needs within the cognitive and behavioural domain of the Aged Care Funding Instrument (ACFI). Our research shows that two thirds of residents experience depressive symptoms and that over 50% of psychotropic medications are used inappropriately (Brimelow et al, 2019). The Royal Commission into Aged Care highlighted a number of serious gaps in responding to changed behaviors/behavioral changes and psychological symptoms and quality reporting measures.

Psychotropic prescribing, depression, response to behaviours and organisational culture significantly impact resident quality of life and health outcomes. The MHICare project will allow aged care organisations to monitor these risk factors and outcomes and aid in strategic development, which may in turn improve organisational outcomes and marketability.

Reference: Brimelow, R. E., Wollin, J. A., Byrne, G. J., & Dissanayaka, N. N. (2019). Prescribing of psychotropic drugs and indicators for use in residential aged care and residents with dementia. *International psychogeriatrics*, 31(6), 837-847.

Project summary

This project aims to fill a significant gap in performance measurement by developing a self-assessment tool to quantify areas of strategic importance such as mental health management, care practices, and clinical outcomes within RAC facilities. Using a balanced scorecard (BSC) approach the self-assessment tool will help RAC facilities identify their own strengths and weaknesses, and inform their individual strategic planning.

This tool will eventually be developed into a cross-platform software package that compiles indicator data using RAC facilities' own documentation systems, reducing the burden on RAC staff working under time pressures, while improving quality of reporting.

The BSC will comprise indicators across four perspectives (internal processes, learning and growth, client outcomes, and resources). Indicators will be identified using an evidence based approach incorporating feedback from RAC residents, staff and family members, as well as experts in the field of geriatric mental health.

Objectives and Methodology

Objectives

- To develop an industry appropriate tool to measure mental health care practices and outcomes for RAC.
- To provide the opportunity for RAC facilities and staff, as well as residents and family members, to be actively involved in tool design.
- To form strong collaborative bonds with RAC facilities and provide better translational outcomes of research into practice.

Stakeholder Involvement

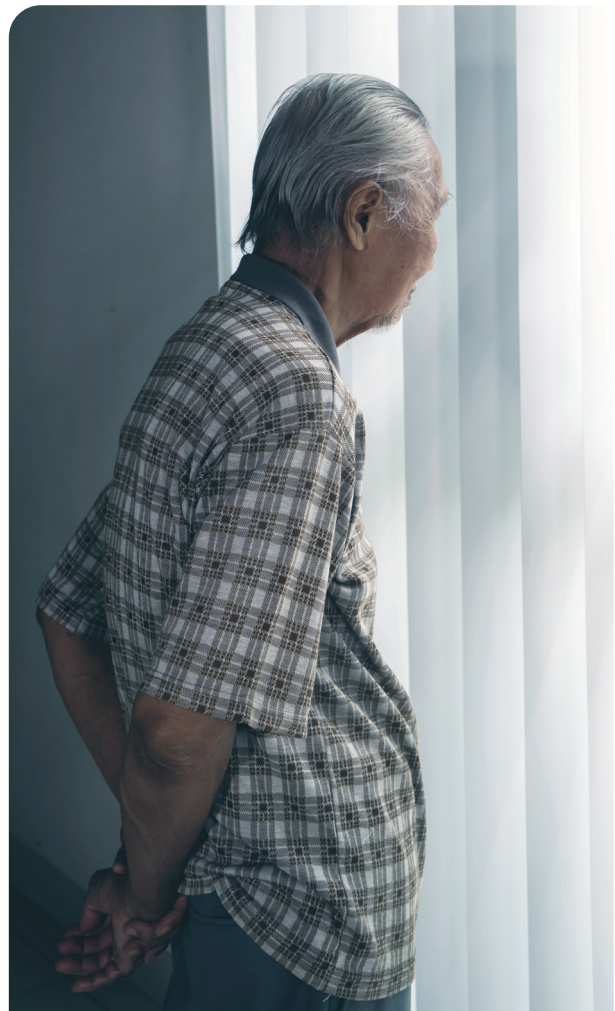
To understand what areas of care and practice the MHICare project should assess in RAC, we will involve stakeholders from across Australia.

Recommendations/perspectives/views will be obtained from aged care residents, family members/ care partners and staff regarding project activities.

Project activities include designing study materials, participating in focus groups or interviews, completing questionnaires and providing feedback on the developed tool.

Delphi survey

Indicators for the MHICare tool will be developed using the Delphi survey procedure. The Delphi survey procedure is an iterative process, designed to reach consensus from an expert panel. An expert panel will be recruited from across Australia and internationally to provide guidance on mental health indicators in the aged care setting.



Stage 1. Systematic Review

An integrative review of Balanced Scorecards in mental health services was conducted to identify key themes for indicator development (Completed).

Stage 2. Collaborative partnerships

Collaborative partnerships with RAC facilities and services will be sought to provide in-kind support for stakeholder participation and feedback. Partners will also be invited to participate in software development and piloting of the digital tool (end stage).

Stage 3. Stakeholder participation

Questionnaires will be distributed to eligible residents, family members and staff by partner organisations. Focus groups will be conducted at select partner organisations. Data generated will inform the mental health expert panel of what is important to the community and aged care staff.

Stage 4. Indicator development

Indicators to measure impact of care practices, environment and resources on mental health at the facility level will be developed with an expert panel. Members will provide feedback over three Delphi survey rounds.

Stage 5. Stakeholder feedback

Partner organisations and stakeholders will have the opportunity to provide feedback on the developed tool.

The Partnership

We are currently seeking interest from RAC facilities who wish to participate in any stage of the development of MHICare. Participation in MHICare gives aged care organisations and staff power to shape a future performance management framework that may assist in strategic management, quality of reporting and provide evidence of continuing improvement.

This is an integral step in ensuring that the end product of this research meets industry and community standards. Partners may also provide suggested experts for indicator development and can opt in to be involved in the digitalisation of the tool, occurring at later stages of development.

Dementia and Neuro Mental Health Unit

The Dementia and Neuro Mental Health Unit, led by Associate Professor Nadeeka Dissanayaka, is part of The University of Queensland Centre for Clinical Research. We facilitate a pipeline of clinical research programs to meet the increasing demands of our growing ageing population and age-related progressive brain diseases such as dementia and Parkinson's disease.

Our focus is to find better treatment and improve quality of life and care for those afflicted by incurable brain diseases, and their families.

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