Aged Care Toolkit

School of Nursing and Midwifery

University of South Australia

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Aged Care Toolkit

Preamble

Focus of the Experiential Learning Activity: Extension to Practice Practicum (Aged Care Specialisation) (ELA 4) clinical placement.

The ELA4 Aged Care Specialisation clinical placement has a focus on developing students’ understanding of the role and scope of practice of the Registered Nurse (RN) in residential and community aged care. Learning activities and experiences during the placement should therefore focus on identifying, through working with RNs and other staff, the clinical leadership role of an RN and how an RN ensures residents/clients receive expected standards of person centred care. In addition students should explore how RNs work with staff to ensure they meet the highest care standards and support them in professional development. During clinical placement, students will ensure they engage with all staff to learn:

- The RN role in undertaking comprehensive assessments of residents and older people to ensure a resident centred healthy ageing approach when receiving aged care services.
- The RN role in ongoing monitoring of resident/client health and well-being status and their involvement of other staff.
- The RN role in documentation in the provision of aged care services to residents/clients including development and review of resident care plans.
- The RN role in communicating/liaising with resident/client’s families/significant others in the provision of person centred aged care services.
- RN role in coordinating resident centred care and addressing the complexities of living that many residents experience.
- RN responsibilities in supervision of, and delegation to, enrolled nurses and care workers to ensure an effective, efficient functioning team in the provision of aged care services.
- The RN role in liaising with other health, social care and lifestyle professionals in the provision of aged care services to residents/clients.
- The RN role in monitoring standards of care and ensuring best practice in the provision of aged care services to residents/clients including compulsory reporting of abuse.

Learning Experiences students will engage with includes identification of the role of RNs and may include (but are not limited to):

- Undertaking and documenting resident/client assessments using the Aged Care Funding Instrument.
- Participating in team and/or family meetings regarding resident/client care.
- Attending policy development/review meetings to explore the contribution of nurses and their leadership role.
- Observing activities related to incident reporting documentation, monitoring and follow up.
- Participating in quality improvement activities.
- Reviewing a previously completed self-assessment exercise needed for accreditation of a facility.
- Undertaking an audit of the facility utilising appropriate audit tools.
- Attending the kitchen of the facility to understand meal preparation.
- Meeting with lifestyle staff and volunteers to understand their specific roles.
• Identifying how critical indicators of care based on best practice are measured and monitored, and actions that follow. Critical indicators are pressure injuries, unintended weight loss and use of physical restraint.

• Reviewing customer satisfaction surveys or whatever mechanisms are used to monitor how happy/satisfied residents/clients/families are with care received.

• Attending lifestyle and/or gym classes/physiotherapy sessions with residents to understand the contributions of the RN to preventing functional decline of residents.

• Engaging in reminiscence therapy sessions and understand how nurses can support residents and staff.

• Meeting with venue nominated palliative care link registered nurse, staff and Chaplains to understand their involvement in direct care delivery at end of life.

The student activities are based on the Stripling Model of Inquiry Based Learning (IBL).


CONNECT
Students will connect to previous knowledge from the pre-clinical workshop and the course Nursing Context of Practice workshops to gain background and context.

QUESTION
Student will develop questions; make predictions, hypotheses about practice they do not know about.

INVESTIGATE
(Includes activities)
Student will find and evaluate information to answer questions for knowledge deficits; think about information to illuminate new questions.

DEBRIEF
(Includes construct, express and reflect)
Student will construct new understandings from new information/investigations and assessments to add to previous knowledge and create new understanding. Draw conclusions.
<table>
<thead>
<tr>
<th>From the Stripling IBL model:</th>
<th>Focus of Activity for the student</th>
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<tbody>
<tr>
<td><strong>Care Planning</strong></td>
<td><strong>Purpose:</strong> Students will</td>
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<td></td>
<td>• Contribute to the care planning requirements.</td>
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<td></td>
<td>• Make clear how nurses and nursing contributes to ensuring a person centred approach enhancing the health and wellness of people receiving aged care services.</td>
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**CONNECT**

Student will connect to previous knowledge from the pre-clinical workshop and the course *Nursing Context of Practice* workshops to gain background and context.

Australian Government subsidised residential aged care is one of the main types of formal care delivery for frail or disabled older people administered under the *Aged Care Act 1997*. The Act and the Principles require providers to maintain an adequate number of appropriately skilled staff, including skilled nursing staff, to meet the care needs of residents. Services that apply for accreditation are assessed against the four organisational standards which are:

1. management systems, staffing and organisational development
2. health and personal care
3. resident lifestyle
4. physical environment and safe systems


**QUESTION**

Student will develop questions about things they don’t know about age care and the RN role, make predictions and hypotheses about what they might find.

The expectation is that residents’ care needs will direct funding requirements, therefore:

- How do RNs ensure the appropriate use of the ACFI to ensure the correct funding is received for each resident?
- How can assessments of residents that are undertaken by RNs influence care planning?
- How do RN initiated resident assessments influence care planning?
- How do RNs direct care workers to assist them to provide information they need to ensure appropriate assessments of residents?
- How do RNs ensure consumer directed care when undertaking assessments?
- How can assessments by RNs promote a healthy ageing approach?
- How can care planning undertaken by an RN prevent functional decline in residents?
- Differentiate between the different roles and responsibilities of the different roles of staff in relation to assessment and care planning?
| INVESTIGATE (includes activities) | For each resident, the student will:  
Student will find and evaluate information to answer questions; think about information to illuminate new questions.  
- Observe the work of a care-worker and identify opportunities in these observations as to how the RN might educate the care worker about a healthy aging approach.  
- Identify if the venue in which you are placed enables client self – assessments. Identify the purpose of self – assessments – are they for standards compliance only or for best practice?  
- Organise to review and familiarise self with the care plans.  
- Interview the resident with their consent and evaluate their current care plan.  
- Perform health and lifestyle assessment for each assessed resident and identify:  
  - met and unmet needs  
  - the degree of difficulty in performing functional tasks  
  - if functional decline is evident and investigate why  
  - assess social/emotional/relational needs and abilities  
- Present findings to staff |
| DEBRIEF (includes construct, express and reflect) | Make recommendations for:  
Student will construct new understandings from new information/investigations and assessments to add to previous knowledge and create new understanding. Draw conclusions.  
- Changes to care plans and justify these changes and present to staff.  
- Identify how care planning is linked to funding. |
| Notes for Venues/ CF |  
- Assist students with identification of suitable residents for care plan review (we suggest a minimum of 3 residents).  
- If needed, assist student with consent from resident/family.  
- Perform and role model ideal client health assessment then observe or – have student observe your performance of a resident health assessment, then observe the student’s first health assessment of resident.  
- Consider student’s recommendations for care plan changes and explain adoption or have student revise care plan documentation under supervision.  
- Facilitate student presentation to staff members.  
- Facilitate student understanding of how care planning is linked to funding by setting up meeting with suitable personnel within facility.  
- Student should be able to achieve independent rating in NCAS tool ‘teaching a colleague’ with this activity. |
### From the Stripling IBL model:

<table>
<thead>
<tr>
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<tr>
<td><strong>Advanced Care planning</strong></td>
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<tr>
<td><strong>Purpose:</strong> Students will</td>
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<tr>
<td>• Contribute to the advanced care planning requirements for residents.</td>
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<tr>
<td>• Make clear how nurses and nursing contribute to ensuring the intentions, wishes and desires of a resident at their end of life.</td>
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### CONNECT

**Student will connect to previous knowledge from the pre-clinical workshop and the course Nursing Context of Practice workshops to gain background and context.**

- Review Advance Care Directive legislation for the states and territories.
- Differentiate between palliative care, palliative approach, and end of life care.
- Review the website of the national peak body for palliative care in Australia: Palliative Care Australia. Each State and Territory has a local branch and their website includes a service directory.


- Review National Framework for Advanced Care Directives (2011) and the importance of advance care planning.

### QUESTION

**Student to develop questions; make predictions, hypothesis.**

- Meeting the intentions, wishes and desires of a resident at their end of life, requires planning for this before this time arises. Advanced care planning discussions between residents, family/friends and staff are important.
- What is the role for age care RNs in initiating and conducting advanced care planning discussions with residents when admitted?
- How are the intentions, wishes and desires of residents documented?
- How do RNs identify and respond to cultural, spiritual and linguistic sensitivities of a resident in this area of care?
- How do you think you might feel if you cared for a terminally ill resident?
- How do you think you might feel if a terminally ill resident you are caring for died?
- If you are caring for a resident who is terminally ill, how will you ensure their intentions/needs and desires are followed?
- If a resident does die, how does the RN assist other residents and staff deal with grief and bereavement?
- It is understood that the residential aged care facility is the resident’s home. What is the role of the RN to ensure a resident is not inappropriately transferred to hospital at the end of their life?
| What role does the RN take in assisting care workers to understand advanced care planning? |
| How are advance care directives identified and actioned? |
| Observe the work of a care worker and identify opportunities in these observations that promote a palliative approach is taken with the resident according to their expressed wishes, needs and care. |
| How does the approach meet palliative principles of care? |
| Are these undertaken to meet compliance or best practice? |

**INVESTIGATE**
(includes activities)
Student will find and evaluate information to answer questions; think about information to illuminate new questions.

- Identify a resident with a life limiting illness and the possibility of dying within a short timeframe— weeks or a month.
- Review their documentation for an advance care directive and any orders about 'good palliative care'.
- Discuss this resident with the RN for their views/concurrence about your assessment of the resident’s condition and illness trajectory.
- Discuss with the RN if it is appropriate for you to have a discussion with the resident about the care they desire for end of life.
- Discuss the care worker’s understanding of their role in advance care planning and end of life care.

**DEBRIEF**
(includes construct, express and reflect)
Student will construct new understandings from new information/investigations and assessments to add to previous knowledge and create new understanding. Draw conclusions.

- Reflect on how you felt about caring for a resident with a terminal illness, assessing and discussing the resident’s views about their care needs at this time.
- Reflect upon how you felt about discussing the resident/client’s care requests needs and their thoughts about their current situation.

**Notes for Venues/ CF**

- Assist with identification of suitable resident/s to ‘investigate’ if appropriate.
- (Unless the student knows the resident well it is quite unlikely that they will freely discuss their needs, situation ) It may be helpful for this activity if the student cares for the resident over a few days to build a relationship, rapport and trust, and once established then have a more in depth discussion if the resident/family consents and the resident is able.)
- Assist the student with the discussion if appropriate.
### From the Stripling IBL model:

#### Focus of Activity for the student

**Nutrition and Hydration**

**Purpose:** Students will
- Understand and use nutritional guidelines for residents in RACFs with a variety of medical conditions.
- Gain an improved understanding of the role of the RN in the delivery of nutritional care for RACF residents.
- Learn how nurses and nursing contribute to maintaining nutritional requirements to prevent frailty for older people.

#### CONNECT

Student will connect to previous knowledge from the pre-clinical workshop and the course *Nursing Context of Practice* workshops to gain background and context.

- Students will reflect upon what they currently know about older persons’ nutrition – e.g. what the normal nutritional and associated physiological changes of GIT associated with aging?
- Students will then develop some questions about what they don’t know and then search/review guidelines
- Students will actively participate in the processes associated with the delivery of nutritional care. Link to NHMRC nutrition and diet practical guide:

Review Diet recommendations for older people with medical conditions:
- Diabetes
- Renal disease
- Cancer
- Cardiac
- Stroke
- Arthritis
- Dementia

Consider suggestions/recommendations the Registered Nurse would make for changes of nutrition for a resident that has been admitted prior to any of the above disease processes taking place?
| QUESTION | How do RNs direct the actions of care workers to ensure that residents and staff are prepared for the dining experience?  
Student to develop questions; make predictions, hypothesis.  
- Unintended weight loss is a critical indicator of care – How do RNs ensure that all residents maintain an appropriate weight?  
- What is the role of a RN in ensuring each resident receives appropriate nutrition?  
- Who monitors the hydration status of a resident?  
- How are residents’ likes and dislikes in food and fluids accommodated?  
- What are the responsibilities of an approved provider to ensure every resident is hydrated well and maintains an appropriate weight?  
- Difficulty swallowing can be a problem for some residents – how is this assessed and what is the role of the RN and the facility to ensure a resident’s nutritional needs and related safety are met?  
- How are decisions about what a resident eats and drinks made in the facility and what is the role of a RN regarding these decisions?  
- Dryness of mouth is a problem experienced by many residents – how do RNs assist a resident to address this issue so that they can enjoy their meals?  
- Good oral hygiene is important to ensuring a resident both enjoys their food but also experiences no complication – what is the role of RNs to ensure each resident’s oral hygiene meets best practice guidelines?  
- Observe the work of a care worker and identify opportunities in these observations to promote a healthy aging approach in the area of nutrition.  
- Identify from your discussions and observations if the approved provider in which you are undertaking your clinical placement encourages residents to undertake nutritional self-assessments and if they target these to meet compliance only or best practice. |
| INVESTIGATE | Investigate the role of the RN in the preparation of residents and the environment for dining and protecting the mealtime environment from unnecessary interruptions.  
(includes activities)  
Student will find and evaluate information to answer questions; think about information to illuminate new questions.  
- Investigate how RACF residents’ intake, nutrition and hydration evaluated / documented and recommendations for change are made.  
- Review:  
  1. Nutrition and Hydration Expected Outcome 2.10 (Aged Care Standards and Accreditation Agency)  
  2. The organisation’s nutrition and hydration policy, dysphagia procedure and PEG procedure, dietary management procedure and weigh management procedure.  
  3. Investigate the organisation’s policy on exercise, movement and activity. What is the RNs’ role in this?  
  4. Investigate how client’s nutritional status and actual nutritional and fluid intake is documented, reported and changed.  
- Identify a resident requiring texture-modification of food/fluids.  
- Follow this resident’s food journey from beginning preparation in the kitchen to the resident receiving their meals.  
- Participate in speech pathology review.  
- Identify a resident requiring finger food options. |
- Investigate the indicators that warrant finger food being made available for a resident.
- Select three residents with any of the conditions presented in the connect box and:
  - Evaluate their current nutritional status
  - Evaluate their dietary intake, quantity and variety, whether they need assistance with feeding, their dental hygiene
  - Evaluate how fluid, nutritional intake and weight is assessed, documented and changed

**DEBRIEF**
(includes construct, express and reflect)
Student will construct new understandings from new information/investigations and assessments to add to previous knowledge and create new understanding. Draw conclusions.

- For one of the residents’ chosen for the activity above, how would you modify the diet if required due to medical conditions OR
- Your clinical facilitator will allocate you a particular resident – e.g. someone with a recent episode of pulmonary oedema and has a diagnosis of CCF
  - As a student, how and why would you modify this person’s diet?
  - Evaluate the nutritional status of this person.
  - How can nurses and nursing contribute to maintaining an appropriate caloric intake for this resident?

**Notes for Venues/ CF**
- Assist with identification of suitable residents for nutrition and hydration review. If needed assist student with access to food preparation and delivery areas.
- Demonstrate role model nutritional assessment, dysphagia assessment and PEG procedure.
- Assist with access to your organisation’s nutrition and hydration policy, dietary management procedure, management of dysphagia procedures and weigh management procedures.
- Role model the Registered nurse’s role regarding nutritional care for residents within these processes?
- Consider student’s recommendations for any changes and explain adoption or have student revise recommendations under supervision.
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| **Mental Health** | **Purpose:** Students will  
1. Be able to identify and use appropriate assessment / screening tools based on the clinical situation.  
2. Develop advanced assessment and reporting skills by using the appropriate screening tools.  
3. Develop a common language to report changes in thinking, function and behaviour based on clinical assessment. |

**CONNECT**  
Student will connect to previous knowledge from the pre-clinical workshop and the course *Nursing Context of Practice* workshops to gain background and context.

When caring for older people it is important to be aware of possible changes in thinking, function and behaviour. This section has been designed to provide students with some advanced assessment and screening tools to measure changes in cognition, function and behaviour as well as identifying the relevant history of the various changes experienced by a resident as an important step in any assessment process.

Research the following cognitive screening tools that are available:
- The Abbreviated Mental Test Score (AMTS)
- Six Item Screen (SIS)
- Clock Drawing Test
- MMSE and SMMSE (Malloy)
- The Modified Mini-Mental State (3MS)
- Rowland Universal Dementia Assessment Scale (RUDAS)
- Montreal Cognitive Assessment (MoCA)

**QUESTION**  
Student to develop questions; make predictions, hypothesis.

Download the following screening tools and research when it would be the most appropriate time to use these screening tools.  
[Cognitive Screening for Older Adults Form](http://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0018/181521/cognitive-screening-for-older-adults-form.pdf)  
This form incorporates the Abbreviated Mental Test Scores (AMTS), Delirium Risk Assessment Tool (DRAT) and Confusion Assessment Method (CAM).  
[Abbreviated Mental Test (AMT) and Delirium Screening Form](http://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0004/166729/AMT-Delirium-Screening-Form.pdf)  
- How do the RNs assess the resident’s cognitive functional, behavioural and social state? Which of the above tools are used for each of these three types of assessment?
- What strategies do RNs implement to ensure residents do not experience social isolation?
- How do RNs work with other staff (care workers, lifestyle staff, volunteers etc.) to ensure a resident engages in social activities within a facility?
- Identify the role of the RN in reminiscence therapy?
- How are spiritual needs of residents met?
- What are recognised as behaviours of concern of residents and how are they identified and addressed by a RN?
- How do RNs differentiate between delirium, dementia and depression in the different residents and how do they assist ENs and care workers to understand the differences?
- Observe the work of a care-worker and identify opportunities in these observations to promote a healthy aging approach
- Identify from your discussions and observations if the approved provider in which you are undertaking your clinical placement undertakes self-assessments and if they target these to meet compliance only or best practice.

**INVESTIGATE**

(includes activities)

Student will find and evaluate information to answer questions; think about information to illuminate new questions.

Investigate the use of the following Cognition Assessment Measures. Discuss with your clinical facilitator the use of these tools and identify a possible resident that you can interview using one of the measures.

**Modified Mini Mental Exam (3MS)**

**Purpose:** The *Modified Mini Mental (3MS)* was designed and validated to replace the *Mini Mental* (MMSE). The Australian government’s assessment of the Mini Mental (MMSE) in Dementia Outcome Measurement Suite (DOMS) 2007 found the Mini Mental to have serious validity issues. The Modified Mini Mental (3MS) addresses those issues and is a longer form of assessment. It takes five more minutes to administer.

- **Admin Time:** 15 min
- **User Friendly:** High
- **Administered by:** Qualified health-care professional (at least trained in the Mini Mental) interviews the patient using a standard set of questions. Scoring takes 5 min.
- **Most Appropriate:** Acute, Primary, Community, and Residential Care to assess global cognitive status in older people. The 3Ms can be used to track cognition trend over time. The 3MS can be used any time the Mini Mental is considered and a valid measure of cognition is desired.

**Downloads:**
- 3MS Manual
- 3MS Quiz A
- 3MS Quiz B
- 3MS Answers Sheet
- 3MS Answer Keys
- 3MS Record Form Side 1
- 3MS Record Form Side 2
- 3MS New Improved Format
Montreal Cognitive Assessment (MoCA)
It is recommended because of its usefulness as a quick Mild Cognitive Impairment (MCI) assessment.

**Purpose:** A reliable, valid and efficient instrument to use for screening, diagnosis and tracking of mild cognitive impairment. Not as useful for assessing more advanced stages of Alzheimer’s Disease.

**Admin time:** 10-20 minutes to administer.

**User Friendly:** High

**Administered by:** Clinicians in all settings.

**Most Appropriate:** Primary, Acute and residential settings.

The MOCA was designed as a rapid screening instrument for mild cognitive dysfunction. It assesses different cognitive domains: attention and concentration, executive functions, memory, language, visuo-constructional skills, conceptual thinking, calculations and orientation. It has excellent psychometric properties and has become a widely used screening instrument for mild cognitive impairment (Smith, Gildeh & Holmes, 2007). Available in 31 languages.

**Downloads:**
- MoCA Instructions - English
- MoCA Test - English


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**DEBRIEF**  
(includes construct, express and reflect)
Student will construct new understandings from new information/investigations and assessments to add to previous knowledge and create new understanding. Draw conclusions.

- What other assessment or screening tools are available or regularly used to assess changes in thinking, function and behaviour in the setting you are currently working in?
- Reflect on the use of these tools and the ones outlined above.
- How useful are they in identifying changes in thinking, function and behaviour?
- Are they used appropriately, and often enough?
- Are there any recommendations that you would make in the use of these screening and assessment tools?

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**Notes for Venues/CF**

- The above screening tools have been identified as part of the Dementia Outcome Measurement Suite (DOMS). A project commissioned under the Australian Government’s National Dementia Initiative. It was designed to develop a standard suite of instruments that would be promoted throughout Australia to encourage clinicians to 'talk the same language' by using the same instruments as much as possible.
- However it may be the case that other assessment and screening tools are being used as standardised instruments. If this is the case we would appreciate students having access to these tools. In addition, if venues would prefer that students are familiar with some different assessment tools before commencing ELA 4, we can incorporate these into the theoretical component as part of the students’ preparation for ELA 4.
- Assist with identification of suitable resident if appropriate.
APPENDIX
Inquiry Based Learning

1. Connect to self, previous knowledge
2. Gain background and context

1. Develop questions
2. Make predictions, hypothesis

1. Connect new understandings connected to previous knowledge
2. Draw conclusions about questions and hypotheses

1. Apply understandings to a new context, new situation
2. Express new ideas to share learning with others

1. Find and evaluate information to answer questions, test hypotheses
2. Think about information to illuminate new questions and hypotheses

1. Connect to self, previous knowledge
2. Gain background and context

1. Reflect on own learning
2. Ask new questions

1. Make predictions, hypothesis
2. Test hypotheses

1. Draw conclusions about questions and hypotheses
2. Share learning with others

(Adapted from Stripling 2003)