

28 March 2025

Dear Quality Care Advisory Body Members

Subject: Acknowledgement of Residential Aged Care QCAB Report and Recommendations

On behalf of the Catholic Healthcare Governing Body (the Board), I sincerely thank the Quality Care Advisory Body for your continuing support and commitment to improve our homes for our residents and their loved ones.

Your feedback and recommendations were presented to the Board and discussed at our December 2024 meeting. Given the depth and breadth of the recommendations, the Board requested additional time for consideration and reconvened in February 2025.

Thank you for your feedback on the improvements in our medication processes, the updated hotel services guide, and the gaps in the clinical management system.

Thank you also for your comments on the proposed case management model and the new Model of Care.

We will continue to implement these improvements and welcome your feedback in the future.

We note your recent recommendations (13 in all), have three key themes:

- Enhance the dining experience: make seasonal produce and nutritious food available, consider hiring an in-house dietitian, and aim for a generally positive environment
- Enhance volunteer recruitment: to offer companionship, foster connections, and improve overall wellbeing
- Medication: to continue implementing the recommendations from the Deep Dive.

We have attached a summary of your recommendations, and our next steps.

Once again, thank you for your valuable advice as we work together to provide ongoing improvements for our residents. The Chief Quality Officer (Chair of the QCAB) will keep you informed about our progress.

We look forward to continuing to work with you to improve the lives of our residents.

Warm regards

Stepher Teuelan
Stephen Teulan
Board Chair

Summary of Recommendations and Governing Body Response.

The table below provides a summary of recommendations made by QCAB and is shown in the order of priority defined by QCAB. It includes Management Recommendations using Board response options.

Top	pic	Proposed Strategy	Board Response
1.	Provide a buffet-style option for people to choose their items for main meals at lunch and	Introduce buffet-style meal service, including visual displays or digital access to meal options for residents with mobility challenges.	Pilot testing: The Board supports the buffet initiative being piloted in the Pioneer Homes including evaluating resident feedback before implementing this in all homes.
		modified meals.	
2.	developing relationships with community partners for social connectedness.	and involve community members in shared experiences like food and hospitality. Volunteer Committee to be added into	Pilot testing: The Board welcomes increasing volunteering opportunities and partnerships in our communities and recommends selecting a Catholic Healthcare community to assess the effectiveness before expanding to additional homes.
3.	Support families and partners in care to engage in meaningful activities	Provide family-centred events and flexible visiting opportunities like family-friendly programs and shared activities.	Pilot testing: The Board recognises the importance of family member involvement and supports moving to trialling programs at select homes to assess the impact.
4.	especially greens, to meals for nutrition, inspiration, presentation, and taste.	preferences.	The Board has requested a review of current sourcing practices and menus and consultation with chefs to ensure local seasonal produce is sourced and available, and mealtimes determined based on

Τοι	pic	Proposed Strategy	Board Response
		Address the timing of meals to better align with real-world habits and preferences.	
5.		Use volunteers to advocate for residents,	Seek further information:
		simplify survey questions, and share results with residents and loved ones.	The Board is very supportive of improving communications regarding survey feedback and
	consumer surveys.	with residents and toved ones.	recommends a review of how survey results and
	•	Simplify Catholic Healthcare survey design.	feedback are communicated with residents and their loved ones.
	implementation by	Feedback to be transparent with actions to	
	having volunteers for advocacy.	residents and their families, advising them of what actions will be taken.	
6.	•	Allocate resources for community outreach and social programs.	Pilot testing: The Board notes that activities like Mood Mentors have been tested in a few homes to help residents
		Build programs that facilitate community	build meaningful connections both within and
		involvement.	outside of the home. The Board suggests that all pilot programs be
		Seek community outreach initiatives to support which focus on social programs.	assessed within six months to determine if they should continue and be expanded to other homes.
		Establishing small-group discussions and resident-led activities.	
		Facilitating partnerships with local	
		organisations to increase volunteer opportunities and community involvement.	
7.	_	Engage local communities and Churches to	Adopt:
		host information sessions to engage potential volunteers.	The Board is fully committed to implementing programs that foster greater community and social engagement.
		Offer flexible volunteering opportunities such as short-term visits.	A Volunteer Working Group has been formed by management to grow the volunteer base and develop meaningful opportunities for engagement.

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		Establish a Volunteer Recruitment and Retention program, i.e. outreach to local media and social platforms.	
		Refresh the onboarding process, training, and communications collateral to support volunteer programs across homes to make it more accessible.	
8.	volunteers to match up supports that reflect an individual's choices and preferences to improve their quality of life.	Match volunteers with residents based on personal preferences to improve satisfaction and quality of life. Utilise suitable tools such as 'What Matters' conversation guides to help identify and reflect Residents' choices and inform volunteer requirements.	Defer: The Board notes that this initiative aligns to and naturally follows items 6 (Create Meaningful Connections) and 7 (Enhance Community Engagement through Volunteers). The Board supports the development of a targeted approach to recruiting and matching volunteers once items 6 and 7 have been addressed.
9.	accessibility to my own	Improve access and resources for My Health Record, including fact sheets and better navigation tools.	Adopt: The Board supports distributing information and fact sheets to residents to enhance their understanding of My Health Record and its benefits.
10.	My Health Record.	Address barriers for My Health Record plan. Prioritise My Health Record implementation including employee communication and training details.	Adopt: The Board supports the rollout of My Health Record across all homes, in accordance with management's plans to complete it by July 2025.
11.	Health and Aged Care to provide more direct support to opt into My Health Record.	Advocate for more direct support from the Department of Health and Aged Care for enrolling to access My Health Record. Further suggestion to item 10- My Health Record rollout into homes.	Defer: The Board does not support pursuing lobbying efforts at this time. This matter will be reconsidered once My Health Record is fully implemented and if it becomes significant to residents.

Topic	Proposed Strategy	Board Response
their partners in care to	Assist residents and families in activating My Health Record with clear instructions and employee support. Further suggestion to items 10 & 11 relating to My Health Record improving safety and quality of clinical care.	Defer: The Board does not currently support Catholic Healthcare taking on this activity because it is mainly the responsibility of the Department of Health, which has the necessary resources. Recently, the Government changed the access requirements for My Health Record, reducing the need for older people to activate their accounts to share information with heath and aged care providers.
		If significant barriers prevent residents from activating their accounts, this matter will be reconsidered after My Health Record is fully implemented.