SUBMISSION TO THE ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY

Submission to Royal Commission into Aged Care Quality and Safety

Executive Summary

Healthcare professionals and carers with poor English and communication skills can negatively affect the delivery of safe and effective aged care. Close to 30% of all malpractice claims in US hospitals and medical practices were the result of communication failure. Breakdowns in communication usually occur during handovers, within multidisciplinary teams and during medication management. There is a strong positive relationship between carer communication skills and patient engagement and compliance, while overall patient satisfaction strongly correlates with patient's assessments of communication skills. An aged care workforce that possesses effective and contextually relevant communication skills is essential to Australia's aged care sector and its ability to provide effective support to people with dementia, comorbidities, and life-ending conditions. OET recommends the development of a strong assessment framework, better measures of good communication developed for the aged care sector and ongoing communication training that is couched in the everyday practices of aged care healthcare professionals and carers.

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Dear Commission,

Submission to Royal Commission into Aged Care Quality and Safety

Thank you for the opportunity to make a submission to the Royal Commission into Aged Care Quality and Safety. This submission explores four reference points:

- People with disabilities and/or persons living with dementia
- Person-centred care
- End-of-life care
- Good practice and innovative models

About the Author

Occupational English Test (OET) is designed to meet the specific English language needs of the healthcare sector. It assesses the language proficiency of healthcare professionals who wish to practise in an English-speaking environment.

We're currently recognised in major English-speaking environments including the United Kingdom with the NHS. We are also accepted by the Educational Commission For Foreign Medical Graduates to measure the English and clinical communication skills of candidates seeking to work in the United States of America.

OET is owned by Cambridge Boxhill Language Assessment Pty Ltd. It is a joint venture between Cambridge Assessment English and Box Hill Institute. Cambridge Assessment English is a not-for-profit department of the University of Cambridge with more than 100 years of experience assessing English language communication skills. Box Hill Institute is a leading Australian vocational and higher education provider, active both in Australia and overseas.

We are well placed to comment and offer recommendations on the state of communication in the aged care sector because we work closely with stakeholders from the healthcare sector.

As the creator of a high-stakes assessment system, we work closely with a wide range of subject matter experts from the healthcare industry as well as academics who specialise in language assessment, linguistics and teaching English to speakers of other languages.

OET is therefore the nexus of what is valuable to language and healthcare experts. It also ensures that OET is up to date with what is important for healthcare professionals across 12 specialisations (including Nursing and Medicine). It is imperative that we understand the communication skills used every day in wards, clinics and in-home care.

One of the ways we do this is through our Standard Setting workshops. Our most recent (8-11 July 2019, United Kingdom) brought together clinical communication teams from National Health Service trusts, experts in communication and English language teachers. The aim of workshops such as this is to reinforce the rigour and validity of our test by ensuring it continues to reflect the everyday communicative practices of healthcare professionals.

Clinical communication teams are essential to this process as they provide intimate feedback on the types of language used. Not only are they privy to the words, phrases and language practices of nurses and other healthcare professionals, many of them would have used them in their previous roles in primary care.

Our submission looks at the reference points through the lens of communication skills and discusses how better communication skills and English proficiency can improve the quality of life experienced by consumers of aged care services.

Australia's diverse aged care workforce

The number of Australians accessing aged care is growing every year. The Productivity Commission (2011) predicted that 3.5 million Australians will be accessing aged care by 2050, requiring a workforce of almost one million direct-care workers (Productivity Commission, 2011).

Consumers of aged-care services are not a homogenous group. Many will have different complex care needs, which will require service providers to work across disciplinary lines.

As populations age, they often require an interdisciplinary approach to care to deal with a higher prevalence of complex multimorbidity and social and psychological issues (Department of Human Services, 2003).

Australia's vibrant multiculturism also has an effect. Aged-care consumers come from various linguistically and culturally diverse sub-groups, with 1 in 3 older people born overseas, with the majority being from a non-English speaking country (Australian Institute of Health and Welfare, 2016).

Additionally, the aged-care workforce is diversifying, with more and more workers being trained overseas. According Department of Health (DOH), 32% of the total residential care workforce was born overseas (DOH, 2017).

Language and communication are two of the biggest challenges overseas-trained healthcare professionals face. Internationally trained medical graduates (IMG) have been found to struggle with semi-technical and colloquial language used by patients in consultations and other patient-expert interactions (Dahm, 2011) (Knoch, Pitman, Ritz, Kong & Elder, 2019).

In some cases, IMGs reject the use of medical terminology completely. Yet, if they struggle with local idioms and forms of language, they can fail to find equivalent substitutes. Consequently, the experiences of patients during these interactions can be significantly affected.

With a more diverse workforce and aged-care consumer group, it is evident that aged-care workers need more than technical skills in their current roles. To ensure the delivery of safe, patient-centred aged care, Australia's aged-care workforce needs the right combination of communication skills alongside their healthcare and aged care knowledge.

The challenge for the sector is to ensure that the workforce is comprised of employees with the right communication skills as well as support workers with an efficient model for upskilling.

A standardised approach to building both communication skills and English proficiency, couched in an aged care and healthcare environment, is not just important but essential. Central to success is the teaching and assessment of English language and communication skills more broadly (Dahm, 2011).

Cost of poor communication

The costs of poor communication are threefold: financial loss, deficient patient experience and cost of life.

Research shows that 30% of all malpractice claims in US hospitals and medical practices were the result of communication failure. Unfortunately, this led to 1,744 deaths and USD USD1.7 billion in malpractice costs over the five-year period (CRICO Strategies, 2016).

Research from the Joint Commission shows that communication failures are implicated in the root cause of more than 70% of sentinel events (Joint Commission, 2005). Research here in Australia has shown that of the 25,000 to 30,000 preventable adverse events that led to permanent disability in 1992, 11% were the result of communication problems (Zinn, 1994).

Poor written communication has been shown to undermine patient safety and decrease patient satisfaction as well as a range of other negative outcomes, including avoidable care admissions and readmissions and unnecessary testing (Vermeir et al., 2015).

Poor communication skills among the carer workforce can, for example, lead to the use of the wrong kind of language to and about older people. The use of pejorative, disrespectful or dismissive language and attitude can all have negative effects on the delivery of person-centred care (Hummert, Shaner, Garstka & Henry, 1998).

Patronising and infantilising language can also place the giver and receiver of care into a parent / child relationship, sidelining receivers of care from the decision-making process (Caporael, 1981)(Caporael, 1983).

Finally, there is a strong positive relationship between carer communication skills and patient engagement and compliance (Institute for Healthcare Communication, 2019). Carers who are able to build rapport with residents through harmonious communication increase comfort levels and residents who are comfortable with a carers are more likely to be receptive of their care, leading to better hygiene and compliance when dressing wounds and administering medication (Knoch, 2019).

Areas where communication breaks down

- Everyday care e.g. bathing, feeding and so on.
- Clinical settings, for example carer handovers
- Pharmaceutical settings

Comorbidity, communication and clinical handovers

Due to comorbidities among elderly patients, healthcare service providers need to collaborate across disciplinary lines. Part of this rests on the shoulders of carers, who are required to communicate with external care facilities and clinical organisations.

As patients move between multiple settings, including areas of diagnosis, treatment and care, they will no doubt encounter different shifts of staff. At each interval, the patient is encountering a safety risk.

One identifiable area of concern is the handover process as patients transition between care providers, different locations of care and levels of care. Data from Joint Commission International shows that inadequate handovers play a role in 80% of adverse events in healthcare contexts (Solet, Norvell, Rutan & Frankel, 2005).

Ineffective handovers can be driven by a myriad of issues but are mediated by a workforce's communication skills. Issues range from the simple, ineligible handwriting and the misuse of abbreviations, to the more complex, a culture of closed communication.

Combining two different types of communication practices has been shown to reduce readmissions during discharge when carers handover health management to patients. Simply adding verbal orders over the phone reduced readmission by one-half and saved healthcare providers approximately USD1000 per patient.

According to the World Health Organization, handover problems are partly due to a lack of communication skills among healthcare workers (WHO, 2007).

Communicating essential information about individuals as they transition between points of care is critical. Highly effective handovers should be face-to-face and follow best practices such as ISR and other standardised handover models (O'Connell & Penny, 2001)(Australian Commission on Safety and Quality in Health Care, 2010).

Strong English proficiency with a good grasp of verbal and written communication skills are needed to communicate critical information. However, skills such as active listening and reading back what is heard to the provider are also critical.

Patient safety and pharmaceutical errors

The high-level of medication use in residential aged care facilities makes medication-related errors a key area of concern.

Miscommunication because of incomplete information, poor handwriting in scripts, confusing drugs of similar names, carelessness when it comes to dosage and inappropriate abbreviations are examples of the critical role communication plays in the administration of medication.

A 2017 NSW study found that 83 per cent of nurses said they have witnessed a medication error, including prescribing the wrong dosage and receiving incorrect medicines (New South Wales Nurses and Midwives' Association, 2017).

Other studies conducted in Australia have found an average of three medicine-related problems per aged care facilities service user and between 40% and 50% of aged care residents being prescribed possibly unsuitable medicines (Nishtala, McLachlan, Bell & Chen, 2010) (Somers et al., 2010).

OECD estimates show that 20%-25% of the general population experience harm in primary and ambulatory care. Within this group, the most harmful are "errors related to diagnosis and prescription and the use of medicines" (OECD, 2018).

One way to reduce the rates of errors is to replace paper-based systems with automated medication systems. A 2018 study from Denmark found that automated medication systems reduced the overall risk of administration and procedural errors (Risor, Lisby & Sorenson, 2018).

However, this is not a silver bullet. The ability to retrieve detailed information under time pressures is still a key reading skill. Strong English communication skills are essential to the ability to reduce errors in both paper-based and automated medication systems.

As the administration of medication requires consent, healthcare professionals and carers need strong rapport with their patients or risk the latter refusing prescribed medication, leading to serious health problems. Strong communication skills that facilitate the development of rapport is vital to whether a resident is receptive to their care (Knoch, 2019).

Carers also need to be confident in their communicative ability to challenge doctors or pharmacists if there has been an error. Nurses and carers from countries where the organisational hierarchy positions doctors as their superior can struggle to communicate with them on a more collegial level. However, Australian working environments will often require nurses and doctors to work in a team, leading to adjustment issues (Knoch, 2019).

Communication Best Practice

Overcoming the costs of poor communication demands a workforce with strong clinical communication skills and English language proficiency to deliver effective patient-centred care to users of aged care services.

Patient-centred care has become the preeminent approach to care in most English-speaking environments. It is, however, not the norm in many of the countries from which the Australian workforce hails and will therefore have played no role in their training.

Patient-centred care in Australia

The aim is to facilitate the provision of care harmonious with the person's preferences, needs and values, while allowing the person to contribute and participate in decisions regarding their own care.

It repositions the person accessing aged care services as an equal partner in the planning and delivery of their care. Putting people and their families at the centre of the decision-making processes demands a reimagining of patients as active participants.

Successful patient-centred care is partly mediated by effective communication. Research from the UK and the US shows that overall patient satisfaction strongly correlates with patient's assessments of communication skills (Toma et al., 2009;) (Boudreaux & O'Hea, 2004).

For instance, during consultations, best practice physician-to-patient communication includes:

- Fostering relationships
- Gathering information
- Providing information
- Making decisions together
- Responding to emotions
- Enabling behaviour that facilitates treatment (King and Hoppe, 2013).

Carers and other specialists need to work closely with the person to identify individual and family preferences, values and cultural traditions and incorporate them into the system of care. Effective and empathetic communication is needed to build partnerships among family members, healthcare professionals and the receiver of services.

It is impossible to involve people in the decision-making process, respond to feedback and identify individual preferences and needs without well-developed interpersonal skills.

Communicating with people living with dementia

Dementia poses several unique challenges to the aged care sector and its workforce.

More than 440,000 people currently live with dementia in Australia and this is expected to grow to over a million by 2058 (Dementia Australia, 2019). Dementia is the single greatest cause of disability in Australians over 65, with nearly 1 in 10 people over 65 living with dementia. (Dementia Australia, 2019)

Caring for people with dementia demands effective communication skills based on a solid foundation of English language proficiency. Skills such as active listening, choosing appropriate language and showing empathy can make a major difference to a person's life (Dementia Australia, 2016).

As the illness progresses, new communication strategies need to be implemented to ensure safe and effective care. Greater emphasis is placed on tone and pitch, while careers need to spend more time thinking about the types of questions and conversations they can have.

Frustration can grow in both the patient and carer if misunderstandings occur.

Aged care workers occupy an important space, often acting as liaison between family, medical professionals and the patient themselves. A systematic review by Eggenberger, Heimerl and Bennet (2013, p1) found that communication skills training for carers "significantly improves the quality of life and wellbeing of people with dementia".

Communication during palliative care

The demand for palliative care has increased dramatically in Australia throughout the last decade. According to the Australian Institute of Health and Welfare (AIHW), 1 in 50 aged care residents had an ACFI appraisal showing need for palliative care (AIHW, 2019). In Victoria alone, end of life and palliative care is increasing at an average rate of four percent annually.

The importance of communication skills in aged care crystallises during palliative care.

A palliative team can consist of, but is not limited to, doctors, nurses, medical specialists, allied health professionals and carers. Team members work together to care for a patient's medical, psychological, cultural, social and spiritual needs.

Successful teams are founded on strong relationships and a cohesive structure. This involves strong communication among team members, whether written or verbal.

Research from the UK has shown that good communication plays a central role in the successful collaboration between general and specialist palliative care systems (Gardiner et el, 2012).

Poor communication between team members creates situations that can lead to medical errors, patient injury and even patient death (JCI, 2018).

Not only is strong communication important between team members but also between team members and patients. Effective communication between the palliative care team, patients and their families can have a huge impact on end-of-life experiences.

Frank but empathetic conversations are essential. Older Australians will tend to wait for healthcare professionals to raise issues, meaning healthcare professionals need to be ready and willing to have the conversations. Cultural and societal factors also come into play. Healthcare professionals need the communication skills necessary to work through these barriers.

Communicative strategies can be used. But the success of approaches like SPIKES used to control the timing, content, pace and setting of conversations are predicated on strong communication skills (Kaplan, 2010). Basic skills like appropriate phrasing, showing sensitivity and empathy through language and using inclusive language are the foundation.

Providing remote-proctored language assessment

The COVID-19 outbreak has shown that new delivery methods are needed to ensure healthcare professionals are able to take the tests they need to register and work in Australia.

As travel restrictions and social distancing measures were put in place to combat the spread of COVID-19, test venues were closed highlighting the inadequacy of traditional bricks-and-mortar test delivery during a pandemic.

Australia's vast geography also provides challenges to the delivery of assessment. Rural and regional workers need to be trained and assessed from a distance.

Remote-proctored systems provide an innovative, effective and secure way to deliver English and communication assessment. They allow the delivery of assessment to individuals in remote locations while ensuring the integrity of the test and the validity of the results.

Remote proctoring systems will usually include one or a combination of the following features:

- Live Human proctoring
- Recorded proctoring
- AI proctoring

The two main goals of all these systems are to determine the identity of the individual being tested and to ensure they do not cheat during the assessment process.

Online tests paired with remote proctoring are highly effective at assessing large groups of people safely. Many universities, educational institutions and assessment boards currently use remote proctored testing to reach their students and candidates, while continuing to uphold their commitments to security and educational excellence.

Research shows that there is comparability between scores on online and paper-based testing when computer literacy and other factors are accounted for (Choi, Kim & Boo, 2003) (Clariana & Wallace, 2002).

We are currently developing an online based, remote proctored version of OET that will allow healthcare professionals to sit OET remotely, while ensuring the high levels of security demanded of a high-stakes exam. The first trial of our remote-proctored test took place on 25 June 2020, with roll out later in 2020.

Ongoing research into the role of communication in patient safety

Understanding the role of communication and English language skills in patient safety is of critical importance. Often taken for granted, the relationship plays an important role in every measure of success.

OET is committed to the ongoing study of our testing system's efficacy regarding its role in patient safety. We are currently undertaking research into whether the type of English test can predict how successful a healthcare professional will be in their role, based on patient safety metrics.

The research is part of our ongoing plan to ensure OET continues to contribute to the safety of patients.

Recommendations

1. Ensure the aged care workforce has an appropriate level of communication and English language skills
2. Embed measures of good communication into key policies and standards, such as the Aged Care Standards and Industry Voluntary Code of Practice.
3. Develop initiatives and training at service delivery level to build communication skills across the aged care workforce.
4. Mandatory communication training and assessment at tertiary and vocational level before entering the sector
5. Introduce an assessment framework that better incorporates communication skills which reflect needs and current practices of the aged care workplace
6. Implement a registration system for aged care workers that requires ongoing training and development to continue registration that includes communication training and assessment
7. Identify key competencies that regulate communication with patients with dementia

Conclusion

An aged care workforce that possesses effective and contextually relevant communication skills is essential to a sector that can provide effective support to people with dementia, comorbidities and life-ending conditions.

The recommendations above highlight the three key areas OET believes will facilitate effective aged care services:

1. Strong assessment framework
2. Better measures of good communication
3. Develop ongoing communication training

The key to all these steps is communication training and assessment that reflects the real working conditions and best practice of the aged care sector. Standard or non-healthcare specific assessment fails to incorporate the nuance in this sector.

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