MODULE 00

OBA NURSING ACADEMY

Orientation

A count you can check, and the sentence that has to travel with it

MODULE 00

By the end of this module you will be able to

By the end of this lecture you will be able to …

01

State the count, and name the two documents it was taken from

02

Explain why the absence of the word is not the absence of the duty

03

Name the three Quality Standards actions that bind despite the count

04

Say what follows on a shift: no report, no dashboard, no trigger

05

State what this programme refuses to do, and why refusing is the correct answer

MODULE 00

The finding this programme is built on

Counted 28/09/2026 - and every count here can be re-run

- UP TO HALF THE PEOPLE LIVING IN AUSTRALIAN RESIDENTIAL AGED CARE ARE THOUGHT TO EXPERIENCE DEPRESSION. Across the two documents that between them define what an aged care provider must DO and what it must COUNT - the strengthened Aged Care Quality Standards (49 pages) and the National Aged Care Quality Indicator Program Manual (135 pages) - THE WORD 'DEPRESSION' APPEARS ZERO TIMES. Not once in 184 pages. 'DELIRIUM' appears TWICE in the Standards and ZERO times in the Manual. In the Manual, 'dementia' and 'mental health' are ZERO as well - against 'ANTIPSYCHOTIC' 34 TIMES, which is one of the fourteen mandatory quality indicators.

MODULE 00

And the sentence that travels with it, every time it is said out loud

Say it on this slide, not after the break

- AND HERE IS THE SENTENCE THAT TRAVELS WITH THAT COUNT, EVERY TIME IT IS SAID OUT LOUD. THE ABSENCE OF THE WORD IS NOT THE ABSENCE OF THE DUTY, and this count is NOT evidence that nobody requires anything of you. Action 5.5.6 requires the provider to respond to deterioration in a person's mental health and to distress, self-harm and suicidal thoughts. Action 5.6.1 requires identifying and responding to the needs of people with DELIRIUM, DEMENTIA and other cognitive impairment, and BEING ALERT TO DETERIORATION. Action 3.2.5 requires workers to identify deterioration in mental health and cognitive function and to ESCALATE IT. The obligation is there. It is written as 'mental health' and 'cognitive impairment', which is why you will never find it by searching for the diagnosis.

MODULE 00

Two documents, 184 pages

Strengthened Aged Care Quality Standards, November 2025 (49 pp) and the National Aged Care Quality Indicator Program Manual, Part A, November 2025 (135 pp).

0

'depression', in either

2

'delirium', both in the Standards

34

'antipsychotic', in the Manual

PART 2

What follows on a shift

MODULE 00

The practical consequence

OBA teaching

- The practical consequence is the one that matters on a shift. NOTHING IN THE MANDATORY DATA WILL FLAG THESE THREE FOR YOU. Pressure injuries are counted. Falls are counted. Weight loss is counted twice. Antipsychotics are counted. Depression, delirium and dementia are counted NOWHERE - so no report will arrive, no dashboard will turn red, and no indicator will trigger a review. THE ONLY DETECTION SYSTEM FOR ALL THREE IS A PERSON NOTICING A CHANGE AND SAYING SO, and that person is usually whoever sees the resident every day.

MODULE 00

The two counts, side by side

Read in full, 28/09/2026.

Term	Quality Standards, 49 pp
depression	0
delirium	2
dementia	11
cognitive	9
mental health	7
antipsychotic	0
wellbeing	13

MODULE 00

And the QI Program Manual, 135 pages

Term	Occurrences
delirium	0
depression	0
dementia	0
mental health	0
antipsychotic	34
restrictive practice	46
quality of life	53
cognitive	15 - every one about a QUESTIONNAIRE

PART 3

What this programme is

MODULE 00

Three things it does, and three it will not

It teaches RECOGNITION

Telling the three apart well enough to know that something has changed and to say so usefully. Fifteen features, from the comparison Australian general practice actually uses.

It teaches DESCRIPTION and ESCALATION

What to write instead of 'confused', and one sentence that moves a concern to somebody who can act on it.

It teaches PERSON-CENTRED RESPONSE

What to do in the meantime, starting with the reversible obstacles that account for most of what gets called behaviour.

It does NOT diagnose

The diagnosis is 'determined and documented by a clinician working within their scope of practice'. That is the standard's own sentence, not a hedge.

It states NO SCREENING SCORE

No item, no cut-off, no threshold, for any instrument. The 4AT's scoring page returned HTTP 404 to this build and no other instrument was retrieved at all.

It names NO MEDICINE as a treatment

For anybody, ever. And it says nothing about any Mental Health Act.

BEFORE YOU MOVE ON

What to carry out of Module 00

- 184 pages, and 'depression' appears zero times.
- The absence of the word is not the absence of the duty - 3.2.5, 3.2.6, 5.5.6 and 5.6.1.
- Nothing in the mandatory data will flag these three for you.
- The only detection system is a person noticing a change and saying so.
- And that person is usually whoever sees the resident every day.

Module 01: the three Ds, and the two features that do most of the work.