Australian Government
Department of Health and Aged Care

aged care Star Ratings

Star Ratings

A provider's guide to improving quality

aged care Star Ratings

Contents

Purpose

This guide has been developed to assist residential aged care providers identify opportunities to improve their Star Ratings across the 4 sub-categories. It includes a continuous improvement tool for each sub-category, which has suggestions on what you need to Plan, Do, Check and Act.

This guide should be read in conjunction with the Star Ratings Provider Manual, which explains in detail how the ratings are calculated.

Star Ratings

Star Ratings has been developed to address recommendation 24 of the Royal Commission into Aged Care Quality and Safety, which identified the need for older people in Australia seeking and receiving residential care to have better access to information about service quality.

Star Ratings offers older people in Australia, their families and carers access to information to help them compare the quality of residential aged care services to make choices about care that is right for them, based on an Overall Star Rating and 4 sub-categories.

From December 2022, all residential aged care services in Australia will receive an Overall Star Rating between 1 and 5 stars, and ratings for 4 sub-categories:

- **Residents' Experience** - at least 10 per cent of residents living at each residential aged care home are surveyed face-to-face by a third-party vendor about their overall experience.
- **Compliance** - based on regulatory decisions made by the Aged Care Quality and Safety Commission (the Commission).
- **Staffing** - the average amount of care time residents receive based on care minutes delivered by registered nurses, enrolled nurses and personal care workers compared with the minimum average care minutes targets set by the Australian Government.
- **Quality Measures** – using information derived from the National Aged Care Mandatory Quality Indicator Program (QI Program) for 5 crucial areas of care: pressure injuries, physical restraint, unplanned weight loss, falls and major injury, and medication management.

The Star Ratings scale:

- 1 star - ‘significant improvement needed’.
- 2 stars - ‘improvement needed’.
- 3 stars - an 'acceptable' quality of care.
- 4 stars - a 'good' quality of care.
- 5 stars - an 'excellent' quality of care.

Star Ratings update frequency

Star Ratings is based on the most recent available data and automatically recalculates when new data is available.

The periodic sub-category data updates provide an opportunity to improve your Overall Star Rating and sub-category ratings.

Residents’ Experience rating	Updated annually after the Residents’ Experience Surveys are conducted.
Compliance rating	Updated daily in response to regulatory decisions and weekly in response to changes in accreditation decisions.
Staffing rating	Updated quarterly after the Quarterly Financial Report submissions.
Quality Measures rating	Updated quarterly after the QI Program data submissions.

Star Ratings is intended to provide the following benefits for providers:

- opportunity to understand performance and drive improvement using nationally consistent measures
- continuing to drive the delivery of high-quality care to older Australians by a high performing sector
- increased community trust in the quality of aged care services, based on enhanced transparency about quality of care.

Improving your Star Ratings

As a provider of residential aged care services, you can improve your Star Rating by:

- understanding how information is used to calculate Star Ratings
- reflecting on your performance and identify opportunities for improvement
- making targeted changes to improve the quality of care across the 4 Star Ratings sub-categories.

Star Ratings is expected to improve quality, safety and choice in aged care through increased transparency about the quality of care in residential aged care services, which in turn will drive improvements in service delivery.

Star Ratings use a rules-based system with clear requirements to attain each rating level. This document provides practical actions providers can take to improve Star Ratings.

Improving your Residents' Experience rating

Residents' Experience describes the overall experience that residents receive from their residential aged care provider. It uses Resident Experience Reports generated from Residents' Experience Survey information collated from face-to-face resident surveys by a third-party vendor with at least 10 per cent of residents per service, across all residential aged care homes.

The Residents' Experience rating is the highest weighted component, contributing 33 percent towards the Overall Star Rating.

Residents' Experience Survey provides residents with the opportunity to share information about their experience living in a residential aged care home. The quality and safety of care provided to a resident directly impacts their experience. The information gathered gives important insights about specific themes and potential areas for improvement.

Aged care residents are asked 12 questions about their day-to-day experience within their residential aged care home. Questions include: "Do you get the care you need?", and "Do you like the food here?".

Each question is multiple choice. Residents can respond with four answers: "Always", "Most of the time", "Some of the time" and "Never". Points are awarded for each type of response. Responses that indicate a better resident experience receive more points:

Never = 1 point

Some of the time = 2 points

Most of the time = 3 points

Always = 4 points

For each question, the point value of the response is multiplied by the percentage of residents in the same residential aged care home with the same response.

This process is followed for all 12 questions and points summed to create a total score. This score is then given a rating.

Improving your rating is directly linked to residents reporting an increase in their positive experience of their home — shifting some or all responses, for instance, from 'some of the time' to 'most of the time'.

Residents' Experience and, in turn, responses can be improved by:

- Making positive experiences that currently happen infrequently to very regularly (for example by internally showcasing examples of best practice, enabling staff to learn from each other).
- Having a dedicated focus on the lowest performing areas to increase performance.

Some strategies to improve resident experience include:

- Act on instances where safety and security have been compromised.
- Ensure that residents and their families have a voice and that their comments, suggestions and feedback elicit positive change in the quality of care they receive. Anonymous and continuous feedback channels can be useful e.g. suggestion boxes, ipad surveys or surveys undertaken by volunteers (rather than staff members).
- Have non-threatening and open discussion with residents and families about how you can improve in key areas.
- Provide a feedback loop to demonstrate where changes have been made because of feedback, such as on a notice board.
- Provide opportunities for staff to raise concerns about residents' wellbeing.
- Encourage personalisation of experience and offer flexibility for residents to exercise choice where possible.
- Provide timely and effective personal and clinical care personalised to meet the needs of each resident.
- Look for opportunities to improve the quality and variety of food on offer. Seek out suggestions from residents and provide mechanisms to demonstrate changes made to meals in response to feedback.
- Promote and facilitate social and community connection.
- Provide opportunities for residents to influence, select and engage in activities, events and hobbies that are suitable and engaging.
- Ensure feedback and measures of performance are collated, reviewed and considered by appropriate stakeholders (e.g. champion team, quality manager, management team, board).

Residents' Experience Continuous Improvement Tool	
Plan	• Develop a Residents' Experience champion team to focus on identifying, planning and delivering quality improvement activities for Residents' Experience. A multidisciplinary team is recommended, including personal care staff, healthcare professionals, management staff to provide leadership and governance and residents. • Ensure staff have the appropriate skills and experience to observe, assess, escalate, support and/or manage those aspects influencing Residents' Experience. This might require ongoing professional development, such as online training, on-the-job learning, core induction materials and/or hard copy resources. • Develop an understanding of past survey results to understand if targeted quality improvement activity is needed. • Collaborate with the staff and residents to identify opportunities and plan interventions that will improve Residents' Experience. • Define the areas to focus on and undertake analysis of the reasons or causes. • Identify suitable measures. This may include developing, or using existing, process, outcome or key performance indicators to measure and monitor improvement or change. • Measure baseline performance. • Develop goals, targets and/or outcomes to measure achievement and success. • Determine any barriers or enablers to the proposed activities. • Map out the steps required, making sure they are broken down into achievable sized activities.
Do	• Assign key tasks. • Carry out planned activities. Initially, the activity may be small, for example, trialled at one floor of the service or at one service of an approved provider, which will allow adjustments to be made. • Monitor implementation to ensure key tasks are completed. • Document key findings, information and data. This includes documenting any changes to the planned activities.
Check	• Collect information, evidence, and data to understand if improvement activities have resulted in change. • Analyse information, evidence, and data to determine if the quality improvement activity is achieving the desired outcomes.

Act	• If the activity is successful:
	  ○ identify why the activity was successful
	  ○ identify and respond to any unintended consequences
	  ○ embed the improvement activities into business-as-usual processes
	  ○ celebrate success with residents and staff
	  ○ share findings or progress with relevant stakeholders.
	• If the activity is unsuccessful:
	  ○ identify why the activity was not successful
	  ○ identify and respond to any unintended consequences
	  ○ consider what could be done differently next time
	  ○ share findings or progress with relevant stakeholders
	  ○ consider the need to seek expert advice, collaborate with other professionals or benchmark with other homes to identify ways to improve selection and implementation of improvement activities.
	• Consider the outcomes and changes, and whether they indicate the need for other activities or further improvements.
	• Restart the Plan-Do-Check-Act tool to develop, trial and evaluate. This may focus on the next steps mapped out during planning phase or could shift focus to different improvement activities or outcomes.

Improving your Compliance rating

The Compliance rating provides information on the extent to which a residential aged care home is meeting its responsibilities and obligations, including the Aged Care Quality Standards (see Table 3 below). The Compliance rating contributes to 30 per cent of the Overall Star Rating.

Compliance is based on the outcomes of regulatory decisions, such as quality assessments, by the Commission and whether a service is meeting its obligations to provide safe, quality care and services to aged care residents.

Ensuring residential aged care services meet the regulations and standards helps protect and maintain the safety, health, wellbeing and quality of life of residents living in an aged care home.

The Compliance rating reflects a residential aged care home's compliance position, which includes:

- whether a residential aged care service has any current non-compliance decisions
- the outcome of the most recent performance assessment
- the period of time that a service has not received non-compliance actions.

If a residential aged care home receives a Compliance rating of 1 star, the Overall Star Rating will be capped at 1 star. If a residential aged care service receives a Compliance Rating of 2 stars, the Overall Star Rating will be capped at 2 stars.

Achieving a 4 or 5 star Compliance rating requires the residential aged care home to have no non-compliance decisions for 1–3 years (4 stars) or over 3 years (5 stars).

To improve your Compliance rating you must address the compliance issues.

Residential aged care services can improve their Compliance rating by:

- implementing and maintaining compliance with the Aged Care Quality Standards
- defining a plan for continuous improvement — continuous improvement is a systematic, ongoing effort to improve the quality of care and services through:
    - considering the needs of residents and involving them in improvement activities
    - assessing how well a provider's systems are working and the standard of care and services achieved
    - focusing on results, demonstrated through outputs and outcomes.
- setting a timeframe for improvements.
- monitoring progress of improvements.

For information about the Aged Care Quality Standards please refer to the Commission's webpages providing guidance and resources for providers, and publications based on topic. For information about continuous improvement please refer to the Commission's continuous improvement webpage and resources.

This table details non-compliance decisions and the corresponding Compliance rating.

Regulatory non-compliance decision	Number of stars
• Notice of Decision to Impose Sanction (NDIS) • Notice of Requirement to Agree (NTA) • Issuance of Infringement Notice – Victimisation • Issuance of Infringement Notice – Compliance Notice	1 star
• Notice to Remedy (NTR) • Compliance Notice – Code of Conduct (CCCN)* • Compliance Notice – Incident Management (IMCN)* • Compliance Notice – Restrictive Practices (RPCN)*	2 stars
• When the Commission is satisfied that all non-compliance has been resolved i.e. (no current non-compliance for up to 1 year) **OR** • Direction to revise plan for continuous improvement that is currently active (PCI)	3 stars
• No non-compliance for a 1-3 year period***	4 stars
• No non-compliance for 3 years AND has been granted accreditation** for a 3-year period ***	5 stars
• Change in Service Ownership, Commencing Homes/Services, Merged Services	No rating available

* Only Compliance Notices issued in response to the approved provider's non-compliance with its responsibility, will be published (that is, under paragraph (a) of the relevant subsection in Section 74EE of the Commission Act).
** Where the accreditation decision was following a site audit.
*** Where the service has been operated by the same approved provider by at least that same duration.

For information about non-compliant decisions and when the Commission makes them, please refer to the Commission's Compliance and Enforcement Policy.

For information about how and when the Commission makes non-compliance decisions and their effect on Star Ratings, please refer to the Commission's Regulatory Bulletin on the publication of provider performance information.

Compliance Continuous Improvement Tool	
Plan	• Develop an understanding of your current performance in relation to Compliance. • Identify areas of non-compliance. • Plan and document how to improve the identified issues. • Collaborate with the staff and residents to identify opportunities and plan interventions that will improve performance. • Define the areas to focus on and undertake analysis of the reasons or causes. • Identify suitable measures. This may include developing, or using existing, process, outcome or key performance indicators to measure and monitor improvement or change. • Measure baseline performance. • Develop goals, targets and/or outcomes to measure achievement and success. • Determine any barriers or enablers to the proposed activities. • Map out the steps required, making sure they are broken down into achievable sized activities.
Do	• Follow the information/instructions and take necessary actions as set by the Commission to resolve identified issues. • Assign key tasks and implement activities. • Monitor implementation to ensure key tasks are completed. • Document key findings, information and data. This includes documenting any changes to the planned activities.
Check	• Collect information, evidence and data to understand if prevention activities have resulted in change and resolved the identified issues. • Analyse information, evidence and data to determine if the activities have resolved the identified issues.

Act	• If the activity is successful:
	  ○ identify why the activity was successful
	  ○ identify and respond to any unintended consequences
	  ○ embed the activities into business-as-usual processes
	  ○ celebrate success with residents and staff
	  ○ share findings or progress with relevant stakeholders.
	• If the activity is unsuccessful:
	  ○ identify why the activity was not successful
	  ○ identify and respond to any unintended consequences
	  ○ consider what could be done differently next time
	  ○ share findings or progress with relevant stakeholders
	  ○ consider the need to seek expert advice to improve outcomes.
	• Consider the outcomes and changes, and whether they indicate the need for other activities or further improvements.
	• Restart the Plan-Do-Check-Act tool to develop, trial and evaluate. This may focus on the next steps mapped out during planning phase or could shift focus to different improvement activities or outcomes.

Improving your Staffing rating

The Staffing rating is based on the delivery of care provided by a registered nurse (RN), enrolled nurse (EN), personal care worker (PCW) or assistant in nursing (AIN). For more information on care minutes requirements please see Care minutes and 24/7 Registered nurse requirements guide. The Staffing rating contributes to 22 per cent of the Overall Star Rating.

The average amount of care time residents receive based on care minutes delivered by RN, EN, PCW and AIN is compared with the minimum average care targets set by the Australian Government. Each residential aged care home has its own care minute target reflecting the care needs of the residents in that home. For example, a home with a majority of residents with higher care needs will have a higher average care minute target than a home with residents with lower care needs.

Improving your Staffing rating requires more minutes of care to be delivered to each resident in the home by an RN, EN, PCW or AIN. For example, increasing from an average of 200 minutes of total care per resident per day to an average of 230 total minutes of care per resident per day will increase the Staffing rating from 3 to 5 stars.

You can improve your Staffing rating by:

- Identifying existing resourcing levels and the level of resourcing required to deliver more care minutes, ideally this would be to achieve at least the minimum care targets for both RN and total care time.
- Utilising current resourcing and workforce management tools for more effective staffing.
- Staffing adjustments to accommodate set targets.
- Improving workforce retention and minimising workforce turnover.
- Ensuring reporting obligations are met by reporting Staffing data via the Quarterly Financial Report to the Department of Health and Aged Care by the legislative due date.

For information, tools and resource to support quality improvement for workforce retention and care continuity, please refer to the department's QI Program Manual - Part B Section 12.0 Workforce.

Staffing Continuous Improvement Tool	
Plan	• Develop a Staffing champion team to focus on identifying, planning and delivering workforce quality improvement activities. A multidisciplinary team is recommended, including personal care staff, healthcare professionals and management staff to provide leadership and governance. • Review current resourcing arrangements to understand current state and the level of resourcing required to deliver more care minutes, at least to the minimum care targets. • Develop an understanding of relevant workforce data to understand if targeted quality improvement activity is needed. • Review rostering system and identify opportunities to increase care minutes based on the service's care minute targets. • Define the areas to focus on and undertake analysis of the reasons or causes. • Collaborate with the staff to identify opportunities and plan interventions that will improve staff recruitment and retention. • Identify suitable measures. This may include developing, or using existing, process, outcome or key performance indicators to measure and monitor improvement or change. • Measure baseline performance. • Develop goals, targets and/or outcomes to measure achievement and success. • Identify strategies to attract, retain and train staff. • Determine any barriers or enablers to the proposed activities. • Map out the steps required, making sure they are broken down into achievable sized activities.
Do	• Assign key tasks. • Carry out planned activities. Initially, the activity may be small, for example, trialled at one floor of the service or at one service of an approved provider, which will allow adjustments to be made. For example, make rostering adjustments to accommodate targets, use resourcing and workforce management tools to optimise rostering, provide high quality and relevant professional development. • Monitor implementation to ensure key tasks are completed.

	• Document key findings, information and data. This includes documenting any changes to the planned activities.
Check	• Collect information, evidence, and data to understand if improvement activities have resulted in change. • Analyse information, evidence, and data to determine if the improvement activities are achieving the desired outcomes.

Act	• If the activity is successful:
	  ○ identify why the activity was successful
	  ○ identify and respond to any unintended consequence
	  ○ embed the improvement activities into business-as-usual processes
	  ○ celebrate success with staff
	  ○ share findings or progress with relevant stakeholders.
	• If the activity is unsuccessful:
	  ○ identify why the activity was not successful
	  ○ identify and respond to any unintended consequence
	  ○ consider what could be done differently next time
	  ○ share findings or progress with relevant stakeholders
	  ○ consider the need to seek expert advice, collaborate with other professionals or benchmark with other homes to identify ways to improve selection and implementation of improvement activities.
	• Restart the Plan-Do-Check-Act tool to develop, trial and evaluate. This may focus on the next steps mapped out during planning phase or could shift focus to different improvement activities or outcomes.

Improving your Quality Measures rating

The Quality Measure rating reflects the quality of care provided to residents. It uses 5 quality indicators reported by providers as part of the National Aged Care Mandatory Quality Indicator Program (QI Program) — pressure injuries, physical restraint, unplanned weight loss, falls and major injury, and medication management. The Quality Measures rating contributes to 15 per cent of the Overall Star Rating.

The process to calculate a Quality Measures rating for a residential aged care service is as follows:

1. Data is reported by residential aged care services for each quality indicator. Some data reported under the QI program is excluded for use in Star Ratings.

2. Risk adjustment is performed for pressure injuries, falls and major injury and unplanned weight loss. Risk adjustment enables a fair comparison between the clinical and care needs of residents in different services.

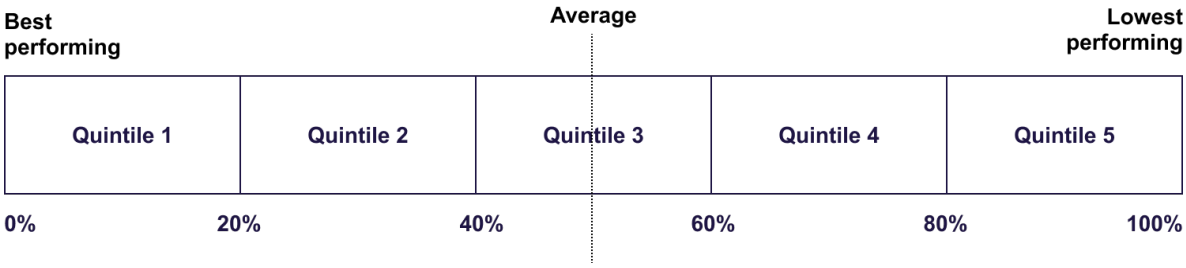
3. A statistical distribution is determined.

4. The data for each quality indicator is divided into 5 equal groups referred to as 'quintiles'. Each quintile represents approximately 20 per cent of all residential aged care services.

   Quintile 1 consists of 20 per cent of services with the lowest reported percentage of care recipients for the respective quality indicator and therefore the best performing.

   Conversely, quintile 5 consists of approximately 20 per cent of services with the highest reported percentage of residents for the respective quality indicator and therefore the worst performing.

   If a service did not report any data for a quality indicator (i.e. missing rather than 0 per cent) the service is automatically placed into quintile 5 and allocated a score of 5 as a penalty for non-compliance with legislated reporting obligations.



5. The 5 quality indicators are equally weighted. Where there is more than one category within a quality indicator these categories are weighted as described in Table 5. Greater weighting is applied to a category where the outcome is more serious. For example, within the pressure injury quality indicator, Stage 2 Pressure Injury is

weighted x1, while Unstageable Pressure Injury is more heavily weighted x3 (refer to Star Ratings Provider Manual).

6. For each category, a weighted score of 1 is allocated to quintile 1, up to a weighted score of 5 for services in quintile 5. Where relevant, scores are multiplied by their weighting, for example x3 for Stage 4 Pressure Injuries.

7. For each quality indicator, the sum of weighted scores is totalled.

8. The weighted sum of each quality indicator is then converted into a quality indictor score between 1 and 5. This is achieved by dividing the sum of weighted scores by the sum of weightings for each quality indicator.

   For example, the unplanned weight loss quality indicator score has only one category, significant unplanned weight loss, and is therefore divided by 1. Quality indicators with two or more categories are divided by the sum of weightings to achieve a 1 to 5 scale. The weightings for each quality indicator are provided in Table 2.

9. Scores for each quality indicator are summed to generate an overall score (range 5-25). Cut-off points are then applied to the overall score to assign a Star Rating (see Table 6).

This table details Quality Measures cut-off points and algorithm

Lower bound (points)	Upper bound (points)	Number of stars
5 (possible min)	<10	5 stars
10	<12	4 stars
12	<16	3 stars
16	<18	2 stars
18	≤ 25 (possible max)	1 star

You can improve your Quality Measures rating by:

- understanding risk factors relevant to each quality indicator
- engaging prevention and management strategies
- undertaking continuous quality improvement.

For information, tools and resources to support continuous quality improvement for pressure injury, physical restraint, unplanned weight loss, falls and major injury and medication management, please refer to the department's QI Program Manual - Part B.

This table details actions to support continuous quality improvement for the 5 quality indicators

Pressure injuries	1. Conduct skin assessments regularly. 2. Undertake pressure injury risk assessments regularly. 3. Document findings in care plan. 4. Implement appropriate prevention and management strategies. 5. Reassess skin and existing pressure injuries regularly.
Physical restraint	1. Assess contributing factors (i.e. environmental, psychosocial, care approach and physiological). 2. Identify and address physical restraint and implement alternative interventions. 3. Evaluate and reassess behaviour. 4. Identify and implement strategies with care recipient and/or representative involvement.
Unplanned weight loss	1. Provide nourishing food and drinks and a positive mealtime environment. 2. Understand and cater to care recipient preferences. 3. Screen for early identification and causes of poor intake and weight loss. 4. Implement strategies to improve health and day-to-day life. 5. Address and reduce risks of negative effects of weight loss. 6. Involve multidisciplinary staff to implement and monitor individualised nutrition care plans.
Falls and major injury	1. Undertake environmental reviews, with modifications where hazards are identified. 2. Undertake falls risk assessments using validated tools. 3. Document findings in care plans. 4. Implement prevention strategies based on care recipient risk factors. 5. Undertake frequent reassessment to monitor risk.
Medication management	1. Complete regular reviews of resident medication charts. 2. Document, monitor and escalate instances of polypharmacy and antipsychotic use. 3. Implement prevention strategies by educating staff and sharing decision making with care recipients and/or representatives. 4. Undertake frequent reassessment of resident medication charts.

Quality Measures Continuous Improvement Tool	
Plan	• Develop a Quality Measures champion team to focus on identifying, planning and delivering quality improvement activities for Quality Measures. A multidisciplinary team is recommended, including personal care workers, healthcare professionals, management staff to provide leadership and governance and residents. • Ensure staff have the appropriate skills and experience to prevent, observe, assess, escalate, support and/or manage those aspects influencing each quality indicator. This might require ongoing professional development, such as online training, on-the-job learning, core induction materials and/or hard copy resources. • Develop an understanding of the prevalence of each quality indicator at your service using QI Program data to understand if targeted quality improvement activity is needed. • Define the areas to focus on and undertake analysis of the reasons or causes. • Collaborate with the multidisciplinary team to identify opportunities and plan quality improvement interventions that will prevent and reduce instances of each quality indicator. Depending on the individual circumstances of your service. • Identify suitable measures. This may include developing, or using existing, process, outcome or key performance indicators to measure and monitor improvement or change. • Measure baseline performance. • Develop goals, targets and/or outcomes to measure achievement and success. • Determine any barriers or enablers to the proposed activities. • Map out the steps required, making sure they are broken down into achievable sized activities.
Do	• Assign key tasks. • Carry out planned activities. Initially, the activity may be small, for example, trialled at one floor of the service or at one service of an approved provider, which will allow adjustments to be made. • Monitor implementation to ensure key tasks are completed. • Document key findings, information and data. This includes documenting any changes to the planned activities.

Check	• Collect information, evidence, and data to understand if prevention activities have resulted in change. • Analyse information, evidence and data to determine if the quality improvement activity is achieving the desired outcomes.

Act	• If the activity is successful:
	  ○ identify why the activity was successful
	  ○ identify and respond to any unintended consequences
	  ○ embed the quality indicator prevention activities into business-as-usual processes
	  ○ celebrate success with residents and staff
	  ○ share findings or progress with relevant stakeholders.
	• If the activity is unsuccessful:
	  ○ identify why the activity was not successful
	  ○ identify and respond to any unintended consequences
	  ○ consider what could be done differently next time
	  ○ share findings or progress with relevant stakeholders
	  ○ consider the need to seek expert advice, collaborate with other professionals or benchmark with other homes to identify ways to improve selection and implementation of improvement activities.
	• Consider the outcomes and changes, and whether they indicate the need for other activities or further improvements.
	• Restart the Plan-Do-Check-Act tool, trial and evaluate. This may focus on the next steps mapped out during planning phase or could shift focus to different improvement activities or outcomes.

For assistance with Star Ratings:

All residential aged care providers are encouraged to:

1. Understand calculations using the Star Ratings Provider Manual available here.
2. Check and correct self-reported Quality Measures data can be reviewed using the quality indicators tile in the My Aged Care Provider Portal, following guidance provided in QI Program Manual - Part C.
3. Contact the My Aged Care service provider and assessor helpline on 1800 836 799 if you believe the Staffing Ratings is inconsistent with information submitted in your Quarterly Financial Report.
4. Report any IT or technical errors to the My Aged Care service provider and assessor helpline on 1800 836 799. The helpline is open Monday to Friday between 8am-8pm and Saturday between 10am-2pm.
5. Contact the Commission on 1800 951 822 or email info@agedcarequality.gov.au if you have concerns about your Compliance Rating data.

Please note the Residents' Experience Rating cannot be contested. This rating is updated in line with the Residents' Experience Survey undertaken by a third party. However, IT and data discrepancies can be investigated by contacting the My Aged Care Provider Assessor Helpline on 1800 836 799.