Australian Government
Department of Health and Aged Care

Expansion of the National Aged Care Mandatory Quality Indicator Program

Consultation paper

agedcareengagement.health.gov.au

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Consultation overview

The Australian Government's Department of Health and Aged Care (the Department), in collaboration with HealthConsult, the University of Queensland's Centre for Health Services Research, and the Registry of Senior Australians has begun a project to develop new quality indicators for residential aged care.

This project will guide the expansion of the National Aged Care Mandatory Quality Indicator Program (QI Program) by identifying, assessing, developing and piloting new evidence-based quality indicators.

Responding to sector feedback on 24/7 registered nursing requirements and the Australian National Aged Care Classification (AN-ACC) funding model, the Department is seeking to develop and test three new staffing quality indicators. These new quality indicators are planned for implementation by July 2025 and will focus on:

- enrolled nursing (ENs): nurses who have completed a 2-year Diploma of Nursing through a vocational education provider, to meet the EN standards for practice. ENs work under the supervision of a registered nurse and cannot act alone.
- allied health professionals: health professionals that are not part of the medical, dental or nursing professions. They are university qualified practitioners with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses.
- lifestyle services: lifestyle officers/assistants typically assist in the provision of activities to enhance the psychological, spiritual, social and physical well-being of residents in aged care settings.

Purpose of consultation

HealthConsult is conducting a consultation process to prepare for a pilot planned for March 2024. **The purpose of this consultation is to gather feedback on proposed indicators to be piloted.**

Through this consultation process we are seeking to understand the efficacy, relevance, and potential impact of these indicators. This feedback will be used to refine and improve the indicators before the pilot commences, ensuring that the pilot is well-informed and based on a comprehensive understanding of the indicators' strengths and limitations according to key stakeholders.

The are four parts to the consultation process, which are expected to be undertaken early in 2024:

1. Interviews with the groups and professional bodies representing aged care workers
2. Publication of this consultation paper on the Department's consultation hub and aged care engagement hub
3. Interviews with aged care peak bodies, and
4. Focus group sessions with providers of residential aged care services across Australia.

Note: The timing of this consultation process has been designed to limit the burden on providers during the busy holiday period.

Questions

If you have any questions about this project or taking part in this consultation, please contact the project team at QI@healthconsult.com.au.

Evidence Review

A scoping evidence review was conducted to identify, synthesise and evaluate national and international staffing and workforce quality indicators (QIs), measures or standards for enrolled nurses, allied health professionals and lifestyle officers that are used to monitor and assess quality of care delivered to individuals in residential aged care.

Under the QI Program, approved providers of residential care services are currently required to collect and report on workforce data. Specifically, this indicator is a measure of staff turnover and considers staff who were employed/ceased working during each quarter as service managers, nurse practitioners or registered nurses, enrolled nurses or personal care staff/assistants in nursing.

The priority to explore staffing indicators responds to feedback on the potential reduction of enrolled nurses, allied health and lifestyle services following the introduction of 24/7 nursing requirements, and complements the publication of Care Minutes data on My Aged Care from 9 October 2023.

Key findings

- Internationally, there are few staffing workforce QIs that focus on ENs, allied health professionals and lifestyle officers in the residential aged care setting.

- Four workforce QIs from the United States of America (USA) were identified. Three of the QIs focused on ENs, one on allied health professionals, and none on lifestyle officers:
    1. The USA's Nursing Home Five-Star Quality Rating System includes QIs for **case-mix adjusted** total nursing hours per resident per day, and turnover of nursing staff. These QIs include licensed practical nurses (USA's equivalent to ENs).
    2. Licensed practical nurse hours per resident per day are reported separately to registered nurse (RN) hours on the USA's public reporting online site for nursing homes.
    3. Physical therapist staff hours per resident per day are reported on the USA's public reporting online site for nursing homes.
- Countries including the USA, Canada, New Zealand, South Korea, and Finland have standards for nursing staff in residential aged care and, although most are focused on RNs, standards for ENs are provided in 10 US states and 2 Canadian provinces. The standards varied from **0.42 to 0.94 EN hours per resident per day**.
- Two Canadian provinces have standards of **0.36 to 0.40 allied health professional hours per resident per day** and one Canadian province has a standard of **0.08 rehabilitation hours per resident per day** in long-term care settings.
- The review found no countries with QIs, standards or measures specific to lifestyle officers, although recreational therapy or activity workers may be included in allied health professional hours in Canadian provinces.
- While ENs, allied health professionals and lifestyle officers are important members of the workforce in residential aged care in Australia, international evidence of QIs, standards, and measures in use for evaluating these roles within the residential aged care setting was limited.

What could this mean for the further expansion of the National Aged Care Mandatory Quality Indicator Program?

Areas for consultation

As we seek to broaden and enhance the QI Program, the findings from the evidence review highlight a range of challenges and opportunities. To help guide and focus the discussion, we have included specific consultation questions.

These questions are designed to concentrate attention on key areas that require consideration and input. It is important to note that these questions are not meant to be restrictive or to limit the scope of feedback. Instead, they are a starting point for a broader conversation on how best to enhance the QI Program, ensuring it is responsive to the needs and complexities of the residential aged care sector in Australia.

A workforce QI for multiple professions

The lack of QIs focusing on ENs, allied health professionals, and lifestyle officers in the international context highlights an opportunity for Australia to lead in this area. Developing QIs for these professions could ensure a more holistic approach to assessing quality care and recognising the importance of a diverse range of staff roles in aged care.

If we were to develop workforce QIs for these three professions based on the total case-mix adjusted hours per resident per day:

How do the varying levels of resident needs and care complexities in different residential aged care settings influence the staffing hours per resident per day provided by ENs, allied health professionals and lifestyle officers?

If we were to develop a single workforce QI for these three professions**:**

How might it impact a provider's current staffing profile?

Are there other professions that would need to be considered to ensure a comprehensive assessment of care quality in residential aged care settings?

Learning from international examples

The use of QIs in the USA, such as the Nursing Home Five-Star Quality Rating System, provides a model that could be adapted for Australia. This includes QIs for total nursing hours, staff turnover, and specific measures for different nursing roles, like ENs and physical therapists.

Australia already has mandatory care minutes targets for total direct care delivered by registered nurses, enrolled nurses and personal care workers/assistants in nursing (and a specific registered nursing target) and a QI for staff turnover, how might QIs for ENs, allied health professionals and lifestyle officers influence the availability and/or volume of service provided by these professions?

As part of the Quarterly Financial Report (QFR), providers are required to report on care minutes by allied health professionals, allied health assistants and diversional/lifestyle/ recreation/ activities officers. Are the QFR definitions for these professions suitable for use in the QI program?

Setting standards for staffing

The standards found in countries like the USA, Canada and New Zealand can inform the development of similar standards in Australia, especially for ENs and allied health professionals. Adapting these standards to the Australian context could help in setting optimal staffing ratios that ensure quality care.

Should individual QIs (e.g. hours of care per resident per day) be established to monitor the volume of service provided by ENs, allied health professionals and lifestyle officers?

What alternative QIs should be considered to monitor the availability of ENs, allied health professionals and lifestyle officers? *Examples include number of full-time equivalent staff and number of current allied health assessments.*

What are the potential challenges providers might face in adopting minimum standards for ENs, allied health professionals and lifestyle officers?

What factors would need to be considered in establishing minimum standards for ENs, allied health professionals and lifestyle officers?

Addressing gaps in QIs for lifestyle officers

The absence of evidence-based QIs for lifestyle officers, despite their significant role in aged care, provides an opportunity for Australia to pioneer such indicators, acknowledging the contribution of lifestyle officers to residents' quality of life.

How might we acknowledge and measure the significant contribution of lifestyle officers to residents' quality of life?

What types of roles should be included in the category of lifestyle officer?

Quality indicators in residential aged care

QIs are used in Australia and internationally to measure, evaluate, and monitor care quality and safety in health care and aged care. There are three main types of QIs:

1. **Structure indicators** to show provider capacity and systems,
2. **Process indicators** to show provider practices in line with clinical guidelines or evidence-based recommendations, and
3. **Outcome indicators** which examine the impact of care on specific outcomes experienced by individuals.

From 1 July 2019, QI reporting for residential aged care services became mandatory under the National Aged Care Mandatory Quality Indicator Program (QI Program).

The original QI Program monitored three domains: pressure injuries, unplanned weight loss, and use of physical restraints. In 2021, the program was expanded to include the domains of medication management and falls and major injury. In 2023, the QI Program was again expanded and to date the program encompasses 11 quality indicators.

All approved providers of Australian Government-subsidised residential aged care services are now required to submit data every 3 months against the 11 quality indicators.

Current workforce quality indicators

The current QI Program includes one workforce QI, **percentage of staff turnover**, which was developed to support the evaluation and monitoring of continuity of care, a critical element for care recipient wellbeing in residential care.

This QI encompasses any staff who are considered employed by a residential aged care service (in the specified roles of service managers, nurse practitioners or RNs, ENs, and personal care staff or assistants in nursing), irrespective of the type of employment (e.g. permanent, casual, agency).

Approved providers must report on staff (in the outlined roles) who meet the definition of employed and who stopped working in each service and staff who worked any hours during the previous quarter.

Reporting of care minutes

Residential aged care services began reporting to Government against targets for total and RN care minutes per resident per day from 1 October 2022. Mandatory RN coverage of
24 hours per day, seven days per week commenced on 1 July 2023, and meeting service-specific care minutes targets became mandatory on 1 October 2023. Care

minutes targets were introduced in response to recommendations from the Royal Commission and aim to ensure safe and high-quality care is provided to residents.

Care minutes refers to the care time that residents in government-funded residential aged care receive from RNs, ENs and personal care workers. The current (1 October 2023) sector average care minute requirement is an average of 200 minutes of care per resident per day, including 40 minutes from an RN. This will be increased to 215 minutes, including 44 minutes from an RN, from 1 October 2024.

Each residential aged care service has case-mix adjusted target. Case-mix adjusted targets are based on the needs of residents (including respite residents) in the service, i.e. services whose residents have lower care needs will have lower average care minutes targets, and services whose residents have higher care needs will have higher average care minutes targets. Current allied health professionals and lifestyle officers cannot be counted towards a service meeting their mandatory care minutes, and there are no specific minimum care time requirements attached to these professions. Care time of RNs, ENs, PCWs/AINs are reported as part of the Quarterly Financial Report (QFR) and not under the QI Program. While allied health and lifestyle worker time does not contribute to care minutes, care time from these progressions are also captured as part of the QFR.

Next steps

Before additional QIs are incorporated into the QI Program, it is important to understand both the technical feasibility of collecting and reporting data used to calculate the indicator, and the usefulness and impact of adding the QI to the existing suite of quality indicators and workforce measures.

To this end, we plan to recruit approximately 130 providers (5% of the sector) of varying size, ownership model and location (both in terms of urban and regional location, and states and territories) to participate in a pilot of the potential indicators.

Feedback from this consultation process will be used to identify and refine the indicators that will be tested in a pilot which is expected to commence in March 2024.

We will be inviting Expressions of Interest from providers to participate in the pilot in the first quarter of 2024.

Phone **1800 200 422**
(My Aged Care's freecall phone line)

Visit **agedcareengagement.health.gov.au**

For translating and interpreting services, call **131 450** and ask for My Aged Care on **1800 200 422**.

To use the National Relay Service, visit **nrschat.nrscall.gov.au/nrs** or call **1800 555 660**.