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# Introduction of 3 New Staffing Quality Indicators Webinar: Questions and Answers

Thank you to everyone who attended and submitted their questions for the webinar. This document provides answers to those questions.

If you have further questions about the staffing quality indicators, please contact: [QPSec@health.gov.au](mailto:QPSec@health.gov.au)

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## **Purpose and scope of new quality indicators (QIs)**

### **1. Why are we introducing these new staffing QIs?**

- Feedback from providers, residents and their representatives is that the 24/7 Registered Nurse requirement could lead to a decrease in enrolled nurses, allied health services and lifestyle officers.
- However, we know the sector has made good progress adopting the 24/7 nursing requirement.
- By implementing new staffing quality indicators for enrolled nursing, allied health, and lifestyle officers, we will be able to measure and monitor these important roles.

### **2. Are the new staffing QIs relevant to Support at Home? If so, please include this information.**

- The current expansion of the National Aged Care Mandatory Quality Indicator Program (QI Program) to include the new staffing indicators is for residential aged care only.
- Work is underway to develop quality indicators for in-home care.

### **3. Is the purpose of the new staffing quality indicators to evaluate the quality or quantity of care?**

- The purpose of the new indicators is to capture the services and care delivered by enrolled nurses, allied health and lifestyle officers.
- At this stage, there are no standardised ways of measuring the quality of care delivered by these professions.
- The new indicators quantify 'inputs' of these services at a provider level. Factors which affect the delivery of quality care include the amount of time staff have to provide care and the availability of staff who have the right skills to deliver the care.

## **Workforce QI versus staffing QIs**

### **4. We are collecting workforce QI data for enrolled nurses already, so how is this different from the new staffing QI on enrolled nursing?**

- The workforce quality indicator captures staff turnover. The new staffing quality indicators capture the services and care delivered by the three specific staffing types: enrolled nursing, allied health, and lifestyle officers.

## **Reporting burden**

### **5. This data is already reported in the Quarterly Financial Report (QFR). How is the department working to support providers to reduce reporting burden?**

- The department will calculate four of the five new data points from data reported in the QFR.

- When providers submit data for the QFR, the relevant data for these four data points will be pulled across to the QI Program app in GPMS and calculations undertaken to support the data points.
- This will minimise the reporting burden on providers for the new indicators.
- It also gives providers the ability to view these data points alongside their other QI Program data to identify trends and support quality improvement.

## **6. What support will you provide for templates and pulling the data in addition to existing indicators that are already time consuming to collect?**

- Feedback from the sector informed the data points for the three new staffing QIs.
- Only one of the five new data points, 'percentage of recommended allied health services received', will need extra reporting from providers.
- This data point uses information that providers should already be capturing in resident care plans or progress notes.
- Quick reference guides, and data collection and recording templates to help providers are available on the QI Program webpage. Further resources to support providers will be added over time.

## **Enrolled nursing**

### **7. Why do we have a 'care minutes' QI for allied health and lifestyle but not for enrolled nursing?**

- Providers already report on enrolled nursing care minutes, and they are available on the My Aged Care website.
- The enrolled nursing (EN) QI will report EN care minutes as a proportion of total care minutes as well as in combination with registered nurses (RN). This gives a picture of a service's workforce and skill mix, and innovative care models.

### **8. Where do contracted nurse practitioner hours sit, for example, a wound consultant that is on a referral basis?**

- Providers should report nurse practitioner (NP) hours with RN in the QFR under residential labour costs and hours. This applies where the NP is paid for by the provider.
- Note: Where the NP works for a GP practice working with residents under the guidance of the GP funded by Medicare (and/or the resident directly), it should not be reported.

## **Allied health**

### **9. What professions are considered 'allied health' for inclusion in the allied health staffing quality indicator?**

- For the purposes of the QI Program, professions within allied health services are consistent with the current definitions in the QFR.
- Included professions are physiotherapists, occupational therapists, speech pathologists, podiatrists, dietitians, allied health assistants, and 'other allied health'.

- 'Other allied health' includes art therapists, audiologists, chiropractors, counsellors, diabetes educators, exercise physiologists, music therapists, osteopaths, psychologists and social workers.

#### **10. In the context of the new indicators, are psychologists categorised as 'medical', 'other allied services' or another category of workforce?**

- For the purposes of the QI Program, the inclusion of professions within allied health services is consistent with the QFR. Psychologists are listed under 'other allied health' in the data guidance for the QFR. They are therefore considered to provide allied health services under the QI Program.
- The [QFR data definitions template](#) contains the full list of allied health professions included in reporting.

#### **11. Will this data be used to develop care minutes for allied health and boost the level of allied health services?**

- The intent of the staffing indicators is to capture services and care delivered.
- The new allied health quality indicator data points should help providers address potential gaps in allied health service provision and care.
- Providers will also be able to see this data alongside their other QI Program data and use it for benchmarking and quality improvement.
- The 'allied health care minutes' data point captures care minutes from QFR labour hours. It is not intended to be used to develop broader care minutes targets for allied health. The introduction of any such future measures would be a matter for government.

#### **12. Can we consider the site 'diary' or task list as part of the resident's plan of care, not just use the resident's care plan?**

- According to Standard 2 'Assessment and Planning' of the Aged Care Quality Standards, a care and services plan should:
  - document and reflect the results of assessment and planning for each resident
  - include a person's needs, goals and preferences, and be available to the resident in a way they can understand.
- There is no prescribed format that the care and services plan must take.
- It can be a single document or several documents that show an overview of the care and services to be delivered.
- It should be accessible to residents, carers, and staff providing care and services.
- Allied health recommendations listed in progress notes are sufficient for this data point.

#### **13. Some allied health professionals do not record on the care plan, they either send a digital/written report or write a progress report. Are these also counted, or purely what is recorded on the care plan?**

- This documentation would be included as part of the 'percentage of recommended allied health services received' data point.

- There is no prescribed format that the care and services plan must take. Written progress reports provided by allied health professionals are considered documentation of care and services that they will deliver to residents.

**14. Can university students and supervisor visits be included in allied health visits?**

- Supervised university students providing allied health services that are recommended in the resident's care plan would be included as part of this QI. This is provided that the supervising clinician is defined as an allied health professional for the purposes of the QI Program (see **Question 9**).

**15. Are allied health assistants included although they may not be university trained or registered as a health professional?**

- Allied health assistants are included in the new allied health QI. They work under the supervision and delegation of allied health professionals to provide allied health services to residents and are included in the QFR definition.

**16. Do recommendations for allied health need to be justified, or does it need to be recorded who is making the recommendation. How does this work?**

- Recommendations and requests for allied health services need to be documented in residents' care plans and/or progress notes to be included in the 'percentage of recommended allied health services received' QI data point. The source of the recommendation should also be recorded.

**17. What happens when the care plan states that a dietitian or similar allied health professional is used as required or at least annually? How do we report against that type of scenario?**

- Providers should record the recommendation for an allied health service that is required annually in the quarter when it is due to be received.
- Some allied health services may be requested 'as required'. This should be recorded as 'recommended' in the reporting quarter when the service is deemed as needed. If the service is then received in that quarter, it would also be recorded as 'received'.

**18. Will the 'percentage of recommended allied health services received' be reported in the QFR or elsewhere?**

- Providers will need to report this data point in the QI Program app on GPMS. Providers will not report this data through the QFR.

**19. Will the definition of 'allied health' be updated as new professional groups are added to the Allied Health Professions Australia?**

- The definition of allied health, and inclusion of specific professions, will remain consistent with the QFR. Any future changes will be reflected in the staffing QIs.

**20. Will care minutes for allied health only capture 1:1 clinical care, or non-clinical care as well (for example, dietitians assisting foodservice teams to improve the nutrition credentials of meal offerings)?**

- According to QFR requirements, all allied health hours should be reported.
- Care minutes for allied health will capture direct clinical care and any other service provided, as calculated from hours worked reported in the QFR.

**21. What is the definition of having 'received' allied health services? How does a home document this for each type and where?**

- For the QI Program, a recommended allied health service has been received if the appointment/visit occurred and was documented in the reporting quarter. This needs to be recorded in the resident's care and services plan and/or progress notes. **Question 12** outlines what may be considered a care and services plan.

**22. Regarding the 'percentage of recommended allied health services received', if all treatments in the quarter are reported as one visit 'received' although they actually require three or more, this is not the way that allied health services are intended under AN-ACC to be provided to residents. If they are not receiving the required intensive therapy, the reporting is not going to be correct.**

- This data point provides a starting point to measure existing gaps in services recommended and those received. It will also give an evidence base to show whether care recipients receive a recommended service in a timely way.

**23. We will be required to report on the number of residents 'excluded' from allied health. Is this simply the number of residents for whom there was no recommendation for allied health?**

- The only residents excluded from the 'percentage of recommended allied health services received' data point are those absent from the service for the entire quarter.
- Providers should review care plans of all residents present at the service for any part of the reporting quarter to identify recommended and received allied health services.

**24. For the allied health quality indicator does the recommendation have to be a referral? Our requirements for allied health are stipulated in our policy, for example, after falls.**

- For the data point 'percentage of recommended allied health services received', the recommendation can be through a referral or another type of service request. For example, if the service policy states a resident must receive physiotherapy after a fall, this is a 'recommended' service for the quarter in which the fall occurred. This is provided that the recommendation is documented in the care and services plan/progress notes.

**25. How will you measure against 'percentage of allied health services received' if the resident received 2 of 3 recommended services in that quarter but was not scheduled to receive the 3rd service until the next quarter?**

- Services will be counted once per profession. For example, if there are three physiotherapy visits recommended and two are received in the quarter and one the following quarter, this will be counted as one recommended and one received.
- There may be more than one profession recommended in the quarter, for example physiotherapy, occupational therapy and podiatry. In this case, if the resident receives physiotherapy and occupational therapy and podiatry is booked for the next quarter this would be counted as three recommended and two received.
- In this situation the provider can include a comment in GPMS to say that it was recommended, and an appointment has been booked in the next quarter.

**26. How are we defining 'recommended' allied health service, and who can make the recommendation? Does it include requested from care recipient/family?**

- 'Recommended allied health service' is any allied health service included in a residents' care plan or progress notes.
- It will only count recommendations per discipline. For example, if a resident has three physiotherapy appointments and one speech pathology appointment recommended in their care plan this would be considered two recommended allied health services (one for physiotherapy, one for speech pathology).
- If a resident or their representative has requested an allied health service and it is not documented in the care plan or progress notes, it would not be collected as part of the QI. If it was documented in the care plan or progress notes, then it will be included as part of this indicator.

**27. Why is there not an allied health data point assessing the need for allied health services?**

- Currently, no standardised tool to assess the need for allied health services exists in the residential aged care setting.



## **Lifestyle Officers**

### **28. Why has the Department not added additional lifestyle/recreational therapy indicators other than lifestyle minutes?**

- Additional data points for lifestyle officers were considered as part of the staffing QI pilot. These data points require a way of measuring whether activities offered to residents are meaningful to them and fulfil their wishes and preferences.
- Without a consistent way of capturing this information, it's likely that the data would show a high percentage of care recipients attending a lifestyle activity. Data would not show whether these activities are contributing to quality of life or if someone is receiving quality care.

### **29. Why is there no qualification requirement for lifestyle staff? Why is the department continuing to use the old-fashioned term of 'lifestyle' instead of recreational therapy or leisure and health?**

- The department considers that restricting this QI definition to leisure and health activities delivered by qualified professionals only could limit the capacity of services to ensure residents can access these activities. It may stifle innovation in services where lifestyle activities are delivered as part of holistic care delivery by a range of staff.
- Aged care services in Australia continue to use a range of terms for staff employed in positions to deliver leisure and recreation programs.
- The lifestyle officer quality indicator measures lifestyle officer care minutes per resident per day, using the labour hours data of diversional/lifestyle/recreation/activities staff submitted through the QFR.

### **30. Will lifestyle teams return to aged care, if not how can a coordinator be expected to do the job of a team?**

- Approved providers are responsible for making sure they are appropriately staffed to meet their residents' needs. This includes lifestyle officers or lifestyle assistants who support residents in activities to enhance their psychological, spiritual, social and physical well-being.

### **31. Why is pastoral care not included in lifestyle? And if lifestyle includes spiritual, then can we include chaplaincy/pastoral care costs and hours?**

- Pastoral care/chaplaincy costs are not included in lifestyle reporting for the QFR. They will therefore not be captured in the lifestyle officer care minutes QI.
- Pastoral care/chaplaincy costs are captured separately to lifestyle officer costs in the annual Aged Care Financial Report, not in the QFR.

### **32. Does an external provider of leisure and lifestyle services count?**

- Yes, providers need to report labour hours worked by agency and staff on external contracts providing leisure and lifestyle services via the QFR.. They will be included as part of the lifestyle officer care minutes QI.

### **33. Can care staff time be reported under the lifestyle minutes?**

- Staff employed in hybrid roles which include diversional/lifestyle/recreation/activities officer as part of their job description are counted in QFR reporting. As per QFR guidance, this reporting should match the times that are allocated to each role. An example is a staff member employed for two days as a lifestyle officer, and 3 days as a personal care worker.

### **34. Not all our lifestyle staff are employees - many are volunteers, so are not included in QFR data - is there any expectation that volunteer time will be included?**

- Volunteer time is not included in QFR reporting and will not be counted as part of the staffing QIs. Only paid staff in these roles are reported under the QFR and this will remain consistent for the new staffing QIs.

## **Quarterly Financial Report**

### **35. Specifically, is there anything changing for the QFR reporting because of these QI changes?**

- No, the current reporting requirements for the QFR will not change in relation to the introduction of the new staffing QIs.

### **36. What support is available to ensure accurate reporting of labour hours and costs for the QFR?**

- A helpdesk function managed by Forms Administration is available to providers to answer technical/accounting queries via phone (02) 4403 0640 and email [health@formsadministration.com.au](mailto:health@formsadministration.com.au).
- If you need assistance completing the Residential and Home Care Labour Costs and Hours section of the QFR, please email [QFRACFRHelp@health.gov.au](mailto:QFRACFRHelp@health.gov.au).
- Definitions, guides, template definitions, frequently asked questions and webinar material are available on the department website: [Quarterly Financial Report | Australian Government Department of Health and Aged Care](#).
- If you need assistance for technical issues logging into GPMS, please contact the My Aged Care service provider and assessor helpline on 1800 836 799, Monday to Friday (8am to 8pm) and Saturday (10am to 2pm) local time across Australia.

### **37. The QFR reporting and submission period is different to the QI submission date. How will you compare this data, and how do we see results in a timely manner?**

- The reporting dates for QFR and QIs are intentionally different to lessen the amount of reporting for providers due at the same time.
- The data to support the new staffing QIs which will be drawn from the QFR will not be visible in your QI App in GPMS until you have completed your initial submission of your QFR data.

- Reporting for all other QIs will continue to be due on the 21st day of the month following the close of each reporting quarter.

**38. I complete the QFR. I don't have access to patient records. If the new data is to be reported in the QFR, how should I manage this?**

- No additional data is required to be reported in the QFR for the new staffing QIs.
- The department will calculate four of the five new data points from information in the Quarterly Financial Report (QFR).
- The department will transfer relevant data for the staffing QIs from the QFR to the QI Program app in GPMS.
- Providers will need to report data for the 'percentage of recommended allied health services received' indicator in the QI Program application in GPMS.

**39. Are any minutes for any category provided by unpaid volunteers included? Do we only include paid employees and paid external third-party consultants?**

- Only minutes provided by paid employees including paid external third party consultants, agency staff, and contractors are included in QFR reporting. This will flow through to the relevant care minutes staffing QIs.

**40. QFRs report on staffing, not on patients. Why is it recommended that patient care plans be reviewed? Or am I misunderstanding what must be reported in the QFRs?**

- Providers need to review resident care plans and/or progress notes for the 'percentage of recommended allied health services received' data point.
- The department will calculate the other four QI data points based on information provided in the QFR.

## **Star Ratings**

**41. Will these indicators form part of the Star Ratings or be excluded from the ratings similarly to hospitalisation and activities of daily living indicators?**

- There is no current government decision to include the new staffing indicators in Star Ratings.
- Any change would be subject to future consideration by government, noting for data maturity a minimum time of two years of QI Program reporting would be required before this is considered.

## **Final indicators different to pilot**

### **42. Why are some of the final indicators different to those that were piloted?**

- The national pilot tested eight potential data points across the three indicators.
- Some of the data points that were piloted were shown to provide unreliable data and deemed not suitable for implementation.
- Following consultation, the six-week pilot, and further targeted consultation an additional three data points were developed to address concerns raised by the sector.