<table>
<tr><th>Item number</th><th>Description</th><th>Terms and Conditions of Contract clause reference</th><th>Details</th></tr>
<tr><td>22.</td><td>Limitation of liability – cap</td><td>18.2 (a)</td><td>As per the Deed</td></tr>
<tr><td>23.</td><td>Insurance</td><td>19</td><td>As per the Deed</td></tr>
<tr><td>24.</td><td>Confidential Information</td><td>1.1 and 20</td><td>Departmental Confidential Information
<table><tr><th>Item</th><th>Period of confidentiality</th></tr><tr><td>Not applicable</td><td></td></tr></table>Vendor Confidential Information:
<table><tr><th>Item</th><th>Period of confidentiality</th></tr><tr><td>Not applicable</td><td></td></tr></table></td></tr>
<tr><td>25.</td><td>Indigenous Opportunities Policy</td><td>24</td><td>Not applicable</td></tr>
<tr><td>26.</td><td>Security requirements, security clearances and police checks</td><td>27.1 and 27.2</td><td>Specified Personnel performing the Services will be required to sign a Deed of confidentiality as required by the Department. Any contract will be conditional on this occurring.

The minimum security clearance level for this service provider is Baseline/Protected.

The Specified Personnel must produce to the relevant contract manager from the Department of Health a current AFP National Police Certificate, which is no greater than 3 months old, by the contract commencement date. If any disclosable outcomes are mentioned in the certificate, the Department may delay proceeding with the Work Order until an assessment can be conducted.</td></tr>
<tr><td>27.</td><td>Address for invoices</td><td>Section 2.2 of Schedule 3</td><td>Correctly Rendered Invoices are to be emailed to the following address: -
s47E(d)@health.gov.au</td></tr>
<tr><td>28.</td><td>Notices</td><td>36</td><td>Department:
s47E(c), s47F Director, Quality Strategy Section, Aged Care Quality and Regulatory Reform Branch</td></tr>
</table>

Item number	Description	Terms and Conditions of Contract clause reference	Details
			s47E(c), s47F **Vendor:** s47F Partner, Apis Group s47F @apisgroup.com.au
29.	**Other Requirement**		The Department will not pay for any hours expended in excess of 40 hours per week unless it has given prior written approval to the Specified Personnel. The specified personnel must be covered by the Workers Compensation in the relevant States or Territory.

Department of Health representative

Name (print)	s47E(c), s47F ALISTAIR FAN, Assistant Secretary
Position	~~Director Quality Strategy Section,~~ Aged Care Quality and Regulatory Reform Branch, Department of Health
Signature	s47F
Date	2 April 2018

Vendor's representative

Name (print)	s47F
Position	Partner, Apis Group Pty Ltd
Signature	s47F
Date	19 April 2018

Attachment A to the Work Order – Service Charges

Payment structure

Note 1: Payments will be structured on the basis set out below

Note 2: All amounts are GST exclusive

Hourly rates: time and materials payments will be based on monthly payments of amounts based on rates which do not exceed the Capped Rates x work effort.

2. Hourly rates

Note: Add hourly rates for each person.

Note: The following paragraph will be completed for each Vendor Personnel.

Date (from – to)	Personnel	Hourly rate (exclusive of GST)	GST component	Maximum Work Effort (Hours)	Service Charges (exclusive of GST)	GST component
30/04/2018 – 29/06/2018	s47F	s45				
				Sub total		s45
				Add GST		
				TOTAL		

3. Expenses

(a) Subject to (b) below, the Department will not pay any travel, accommodation or other fees, charges or expenses unless they have been pre-approved in writing by the Department.

(b) Where applicable, Specified Personnel must comply with the Department's travel policies and procedures.

From: s47E(c), s47F
To: LAFFAN, Amy
Cc: s47E(c), s47F
Subject: Front door requests submitted: Retire, Continue as is [DLM=For-Official-Use-Only]
Date: Friday, 8 June 2018 1:29:12 PM
Attachments: A. Front Door-Cost Retire-Submitted.docx
C. Front Door-Continue As Is Voluntary Participation-Submitted.docx
C. Front Door-As Is Attachment-Submitted.docx
image001.jpg

Hi s47E(c), s47F and Amy

Please find attached the word document versions of two front door requests submitted today

A. Costing options for retiring the QI system
C. Costing system requirements for continuing the QI program As Is (one front door form and one attachment)

The request to cost mandatory participation is not yet ready to submit. s47E(c), s47F and I are continuing to work on these requirements.

Kind regards

s47E(c), s47F
Quality and Regulatory Reform Branch | Quality Strategy Section
Aged Care Reform Taskforce
Department of Health
P: 02 s47E(c), s47F | **M:** s47E(c), s47F | **E:** s47E(c), s47F @health.gov.au

I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past, present and future.

From: s47E(c), s47F
To:
Subject: QI System Costings - notes from Front Door review [SEC=UNCLASSIFIED]
Date: Thursday, 7 June 2018 2:56:30 PM
Attachments: image001.jpg

Hi all

Main points and actions from the two meetings reviewing the Front Door requests for QI system costings

- Correct name of program to National Aged Care Quality Indicator Program (abbreviated to QI Program) (**Action**: s47E(c), s47F
- Contact s47F to discuss expanding access from Home Care to CHSP services (new time or same tile?) (**Action**: s47E(c), s47F
- Separate out benchmarking requirements subsequent to mandatory participation into a separate front door request to submit later. More work required.
- Provider reporting: Separate requirements into 1) basic enhancements (specify data fields) and 2) enhancements related to benchmarking (**Action:** s47E(c), s47F
- Discuss with Amy submitting all Front Door request together or submit those that are ready now (i.e. Retire QI System; Voluntary; Mandatory (basic only)) (**Action:** s47E(c), s47F
- Meeting with s47F – can quality of life be shown sooner than quality of care? **(Action:** s47E(c), s47F
- Retire QI System Front Door Request – s47E(c), s47F OK to proceed.
- Revise Voluntary and Mandatory (basic "what we know now" only) front door drafts and email to attendees for review (**Action**: s47E(c), s47F

Please let me know if anything missing or inaccurate.

Thanks

s47E(c), s47F
Quality and Regulatory Reform Branch | Quality Strategy Section
Aged Care Reform Taskforce
Department of Health
P: 02 s47E(c), s47F | **M:** s47E(c), s47F | **E:** s47E(c), s47F @health.gov.au

I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past, present and future.

From: s47E(c), s47F
To:
Subject: RE: Enhancing QI reports with improvements from Vic reports [SEC=UNCLASSIFIED]
Date: Friday, 8 June 2018 11:32:32 AM
Attachments: image001.jpg
image002.jpg
image003.jpg

Hi s47E(c), s47F

Just a FYI… s47E(c), s47F and I discussed the wireframes, and came to the conclusion that requesting costing at this time is premature. This is because adopting most of the enhancements from the Victoria reports requires benchmarking. We could cost some improvements, e.g. a detailed indicator report with the up and down arrows, but this type of improvement is more a 'nice to have'. But, more benefit could be gained by considering the reports together in the light of the improvements that could be offered from mandatory participation and benchmarking.

s47E(c), s47F - have I got this right?

Thanks

s47E(c), s47F

From: s47E(c), s47F
Sent: Friday, 8 June 2018 9:35 AM
To: s47E(c), s47F
Subject: RE: Enhancing QI reports with improvements from Vic reports [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

Can we chat about this when you have a second? Nothing drastic I just want to check something ☺

Thanks

s47E(c), s47F

From s47E(c), s47F
Sent: Friday, 8 June 2018 9:26 AM
To s47E(c), s47F
Subject: RE: Enhancing QI reports with improvements from Vic reports [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

Some corrections (Note to self- I should not attempt detailed work after 6 pm ☺)

The first report/screenshot – discussions with s47E(c), s47F

Please the second report/screenshot is the **Facility Summary Quarterly report (QI002)**

Cheers

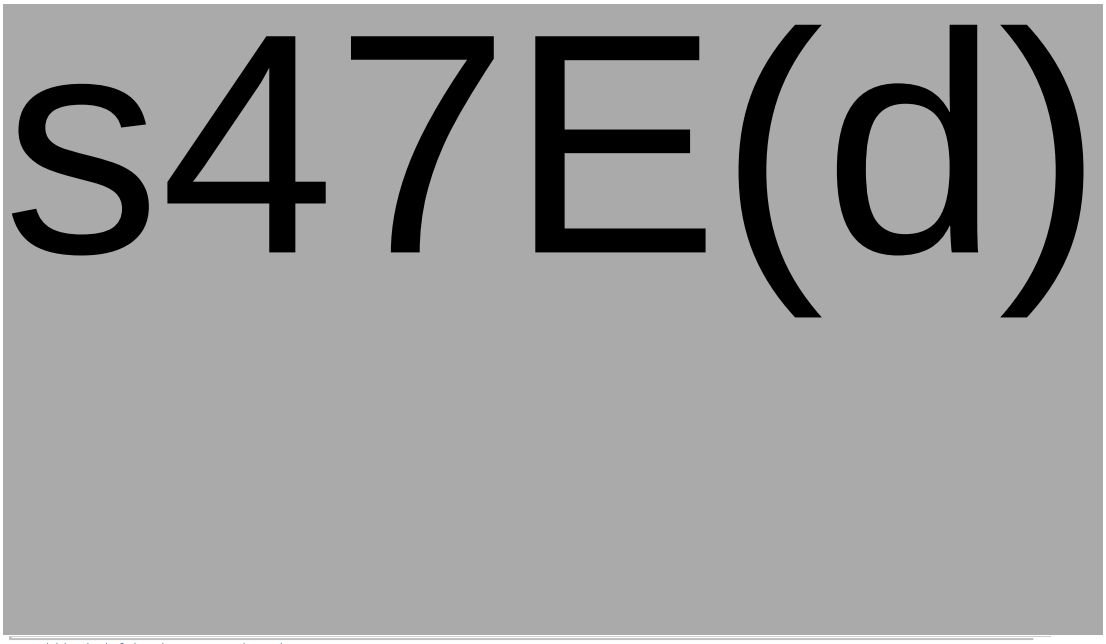
s47E(c), s47F

From: s47E(c), s47F
Sent: Thursday, 7 June 2018 6:55 PM
To: s47E(c), s47F
Subject: RE: Enhancing QI reports with improvements from Vic reports [SEC=UNCLASSIFIED]

Hi s47E(c), s47F only if you have the time / energy ☺)

After our discussion with s47E(c), s47F today I've mocked up a wireframe for a new detailed quality indicator report (point 1 in the below list). The one question I have is around the use of Ranges (the traffic light) and if this requires benchmarking as is using ranges.

Regarding point 2 in the list – I'm not sure how much the Facility Detailed Quarterly report (QI003) can be enhanced without benchmarking. Looking at the Victoria slide, the "traffic lights" appear appropriate for signalling results per quarter and YTD averages (for the facility), but not signalling comparison with National Averages.



Would be helpful to hear your thoughts.

Thanks

s47E(c), s47F

From s47E(c), s47F
Sent: Thursday, 7 June 2018 9:36 AM
To s47E(c), s47F
Subject: RE: Enhancing QI reports with improvements from Vic reports [SEC=UNCLASSIFIED]

Sorry, I meant to attach these to the email below – these are the docs I referred to …

https://www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/safety-and-quality/improving-resident-care/quality-indicators-psracs

From s47E(c), s47F
Sent: Thursday, 7 June 2018 8:56 AM
To s47E(c), s47F
Subject: Enhancing QI reports with improvements from Vic reports [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

I've drafted some points for the requirement to improve the current residential services QI reports in line with the Victoria reports (below). Could you please review and advise, by the end of this week if possible.

Thanks

s47E(c), s47F

Residential service provider report enhancements *[following Vic model]*

1. Three new detailed reports, one for each clinical quality indicator. Each report to include
    a. Comparison with
i. previous quarter
ii. year to date
    b. An arrow icon that shows increase, decrease, or no change for
i. previous quarter comparison
ii. year to date comparison
    c. Comparison of performance with
i. National
ii. State
iii. other services in region
iv. services with similar number of places
    d. Traffic light indicators to enable evaluation of current quarter's results at a glance
    e. Quality monitoring charts:
i. a graphical representation of service's performance over time (by quarter)
ii. a graphical representation of comparison with a) national, b) state, c) other services in region, d) services with similar number of places
2. Enhance the Facility Detailed Quarterly report (QI003)
    a. Add Traffic light indicators to enable users to evaluate current quarter's results at a glance
    b. Add quality monitoring charts:
i. a graphical representation of service's performance over time (by each quarter and YTD)
ii. a graphical representation of service's performance compared with national average (by each quarter and YTD)

s47E(c), s47F
Quality and Regulatory Reform Branch | Quality Strategy Section
Aged Care Reform Taskforce
Department of Health
P: 02 s47E(c), s47F **| M:** s47E(c), s47F **E:** s47E(c), s47F@health.gov.au

I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past, present and future.

From: s47E(c), s47F
To: APInvoices
Cc: s47E(c), s47F
Subject: FW: Final Invoice Apis Reference DOH- 18-02 [SEC=UNCLASSIFIED]
Date: Monday, 13 August 2018 10:34:28 AM
Attachments: image001.png
image010.png
image011.jpg
image012.jpg
image002.png
image003.png
image004.png
image007.png
image008.png
Invoice 0470.pdf

Hi

Please see attached invoice for payment for PO 4500127395.

Thanks

s47E(c), s47F
Assistant Director, Quality Strategy Section
Aged Care Policy Reform Branch
Aged Care Reform & Compliance Division
P: 02 s47E(c), s47 | **E:** s47E(c), s47F @health.gov.au

The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

From: s47G(1)(a) @apisgroup.com.au]
Sent: Monday, 13 August 2018 10:25 AM
To: s47E(c), s47F
Cc: s47E(c), s47F ; Invoices
Subject: FW: Final Invoice Apis Reference DOH- 18-02 [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

Our records show that this invoice is outstanding. Could you please advise when payment will be made?

Kind regards,
s47F

Invoices
Apis Group Pty Ltd
Email: s47G(1) @apisgroup.com.au
www.apisgroup.com.au

From: Invoices
Sent: Wednesday, 4 July 2018 8:32 AM
To: s47E(c), s47F @health.gov.au>
Cc: s47E(c), s47F @health.gov.au>
Subject: RE: Final Invoice Apis Reference DOH- 18-02 [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

Please find attached Invoice No: 0470.

Kind regards,
s47F

Apis Group Pty Ltd
Telephone: 0 s47F
Email: s47G(1) @apisgroup.com.au
www.apisgroup.com.au

From: s47E(c), s47F @health.gov.au]
Sent: Tuesday, 3 July 2018 9:04 AM
To: s47G(1)(a) @apisgroup.com.au>
Cc: s47E(c), s47F @health.gov.au>
Subject: RE: Final Invoice Apis Reference DOH- 18-02 [SEC=UNCLASSIFIED]

Hi s47F

Is there any chance that I could get the final invoice for s47F Work Order - Apis Reference DOH- 18-02 (Department Purchase Order 4500 127 395).

Accounts would like to goods receipt instead of accrue if possible. Goods receipting will close at 10.00am tomorrow.

Please call if you have any questions.

Kind regards
s47E(c), s47F

From: s47G(1)(a) @apisgroup.com.au]
Sent: Wednesday, 13 June 2018 12:17 PM
To: s47E(c), s47F
Cc: s47E(c), s47F
Subject: RE: Invoice No 0436 [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

Unfortunately, I am unable to provide a draft invoice but I can confirm that the accrual for s47F for the month of June 2018 is:

Services Provided by	Hours for the Month	Cost for the Month (ex GST)
s47F	s47(1)(b)	

Please let me know if you require any further information.

Kind regards,
s47F

Apis Group Pty Ltd

Telephone: 0[redacted]
Email:[redacted]@apisgroup.com.au
www.apisgroup.com.au

From: s47E(c), s47F [redacted]@health.gov.au]
Sent: Wednesday, 13 June 2018 10:46 AM
To: s47G(1)(a) [redacted]@apisgroup.com.au>
Cc: s47E(c), s47F [redacted]@health.gov.au>
Subject: FW: Invoice No 0436 [SEC=UNCLASSIFIED]

H s47F

Are you able to send me a draft invoice for the remaining s47E(d) (GST inclusive) for Apis Reference DOH- 18-02 (Department Purchase Order 4500 127 395).

This will allow me to accrue the funding for the final payment in July.

Thanks

s47E(c), s47F
Assistant Director, Quality Strategy Section
Aged Care Reform Taskforce
P: 02[redacted] | [redacted]@health.gov.au

From: s47E(c), s47F
Sent: Monday, 4 June 2018 1:25 PM
To: s47E(c), s47F
Subject: FW: Invoice No 0436 [SEC=UNCLASSIFIED]

From: s47G(1)(a) [redacted]@apisgroup.com.au]
Sent: Monday, 4 June 2018 12:51 PM
To: APInvoices
Cc: s47E(c), s47F
Subject: Invoice No 0436 [SEC=No Protective Marking]

Hi,

Please find attached Invoice No: 0436.

Kind regards,
s47F

Apis Group Pty Ltd

Email: s47G(1)(a)[redacted]@apisgroup.com.au
www.apisgroup.com.au

Telephone 02[redacted]
4/18 Bentham Street Yarralumla ACT
PO Box 7140 Yarralumla ACT 2600 Australia

"Important: This transmission is intended only for the use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, you are notified that any use or dissemination of this communication is strictly prohibited. If you receive this transmission in error please notify the author immediately and delete all copies of this transmission."

From: s47E(c), s47F
To:
Subject: RE: Invoice No 0436 [SEC=UNCLASSIFIED]
Date: Tuesday, 5 June 2018 10:48:15 AM
Attachments: image001.png
image003.png
image004.jpg
image005.jpg
image006.png

Hi s47E(c), s47F

This is consistent with the contract. It will work-flow through SAP for payment.

Thanks

s47E(c), s47F

From: s47E(c), s47F
Sent: Monday, 4 June 2018 1:25 PM
To: s47E(c), s47F
Subject: FW: Invoice No 0436 [SEC=UNCLASSIFIED]

Hi s47E(c), s47F
FYI – is this consistent with the contract? thanks

From: s47G(1)(a) @apisgroup.com.au]
Sent: Monday, 4 June 2018 12:51 PM
To: APInvoices
Cc: s47E(c), s47F
Subject: Invoice No 0436 [SEC=No Protective Marking]

Hi,

Please find attached Invoice No: 0436.

Kind regards

s47F
Apis Group Pty Ltd
Email: s47G(1)(a)@apisgroup.com.au
www.apisgroup.com.au

Telephone 02 s47F
4/18 Bentham Street Yarralumla ACT
PO Box 7140 Yarralumla ACT 2600 Australia

From: s47E(c), s47F
To: s47G(1)@apisgroup.com.au
Cc: s47E(c), s47F
Subject: FW: Invoice No 0436 [SEC=UNCLASSIFIED]
Date: Wednesday, 13 June 2018 10:45:39 AM
Attachments: image001.png
image002.png
image004.jpg
image005.jpg
image006.png
Invoice 0436.pdf

Hi s47F

Are you able to send me a draft invoice for the remaining s47E(d) (GST inclusive) for Apis Reference DOH- 18-02 (Department Purchase Order 4500 127 395).

This will allow me to accrue the funding for the final payment in July.

Thanks

s47E(c), s47F
Assistant Director, Quality Strategy Section
Aged Care Reform Taskforce
P: 02 s47E(c), s47 | E s47E(c), s47F @health.gov.au

From: s47E(c), s47F
Sent: Monday, 4 June 2018 1:25 PM
To: s47E(c), s47F
Subject: FW: Invoice No 0436 [SEC=UNCLASSIFIED]

From: s47G(1)(a) @apisgroup.com.au]
Sent: Monday, 4 June 2018 12:51 PM
To: APInvoices
Cc: s47E(c), s47F
Subject: Invoice No 0436 [SEC=No Protective Marking]

Hi,

Please find attached Invoice No: 0436.

Kind regards,
s47F

Apis Group Pty Ltd

Email: s47G(1)(a)@apisgroup.com.au
www.apisgroup.com.au

Telephone 02 s47F
4/18 Bentham St cnr Yarralumla ACT
PO Box 7140 Yarralumla ACT 2600 Australia

From: s47F
To: s47E(c), s47F
Subject: RE: Request for Quotation to Apis Group - Business Analyst Services [SEC=UNCLASSIFIED]
Date: Friday, 6 April 2018 2:02:32 PM

Thanks s47E(c), s47F

We appreciate the opportunity. We will respond by 13 April.

Regards - s47F

s47F
Partner
Apis Group Pty Ltd
Mobile: s47F
Email: s47F @apisgroup.com.au
www.apisgroup.com.au

-----Original Message-----
From: s47E(c), s47F @health.gov.au]
Sent: Friday, April 6, 2018 12:11 PM
To: s47F @apisgroup.com.au>; s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>
Subject: FW: Request for Quotation to Apis Group - Business Analyst Services [SEC=UNCLASSIFIED]
Importance: High

Hi s47F

I forgot to include the RFQ number which is 2000004043.

Thanks
s47E(c), s47F

-----Original Message-----
From: s47E(c), s47F @health.gov.au]
Sent: Friday, 6 April 2018 11:51 AM
Subject: Request for Quotation to Apis Group - Business Analyst Services [SEC=UNCLASSIFIED]
Importance: High

Hi s47F

As per discussions with s47E(c), s47F, please find attached a Request for Quotation (RFQ) for Business Analyst services for the National Aged Care Quality Indicator Program. Please note the new requirement at Item Number 22 of the RFQ regarding a new requirement to provide the department with an Australian Federal Police National Police Certificate for all new contract staff (including contract extensions). Further information can be found at http://intranet2.central.health/Procurement-site/Pages/Engaging-Contractors,-Consultants-and-Labour-Hire-Personnel.aspx

We would appreciate your response by 13 April 2018 to allow us to on-board the selected candidate no later than Monday, 30 April 2018.

Please contact me on the number below if you have any questions.

s47E(c), s47F
Assistant Director, Quality Strategy Section Aged Care Reform Taskforce
P: 02 s47E(c), s47F | E: s47E(c), s47F @health.gov.au

Apis
GOVERNMENT BUSINESS SPECIALISTS
TOGETHER, WE DELIVER

ABN 91 125 472 899

TAX INVOICE

Invoice Date
30 Jun 2018

Department of Health (DOH-18-02)
Attention: s47E(c), s47F
Director, Quality Strategy Section
Aged Care Quality and Regulatory Reform Bramch

Invoice Number
INV-0470

Apis Ref
DOH-18-02

Description	Quantity	Rate	Amount AUD
Service provided in support of business analyst services to complete a review of the National Aged Care Quality Indicator Program under Work Order No: 6000084803. 1 - 30 June 2018			
Services provided by s47F	s47F		s47F
		Subtotal	
		Total GST 10%	
		Invoice Total	
		Total Payments	
		Amount Due	

Due Date: 30 Jul 2018

Please pay by direct deposit to the following account:
Bank: s47G(1)(a)
BSB:
Account No:

s47F
Partner
Apis Group Pty Limited

4/18 Bentham Street (PO Box 7140) Yarralumla ACT 2600
p: 02 s47F f: 02 s47F e: s47G(1)(a)@apisgroup.com.au

Apis

Client: Department of Health

Project: DOH-18-02 National Aged Care QI Program

Name: s47F

Month beginning: 01 June 2018

Week 1	Date	Start Time (HH:MM)	Finish Time (HH:MM)	Worked Hours	Task(s)
Monday	28 May 2018	s47F			
Tuesday	29 May 2018				
Wednesday	30 May 2018				
Thursday	31 May 2018				
Friday	01 Jun 2018				
Saturday	02 Jun 2018				
Sunday	03 Jun 2018				
TOTAL					

Week 2	Date	S	Task(s)
Monday	04 Jun 2018		
Tuesday	05 Jun 2018		
Wednesday	06 Jun 2018		
Thursday	07 Jun 2018		
Friday	08 Jun 2018		
Saturday	09 Jun 2018		
Sunday	10 Jun 2018		
TOTAL			

Week 3	Date	S	Task(s)
Monday	11 Jun 2018		
Tuesday	12 Jun 2018		
Wednesday	13 Jun 2018		
Thursday	14 Jun 2018		
Friday	15 Jun 2018		
Saturday	16 Jun 2018		
Sunday	17 Jun 2018		
TOTAL			

(continued)

Week 4	Date	S	Task(s)
Monday	18 Jun 2018		
Tuesday	19 Jun 2018		
Wednesday	20 Jun 2018		
Thursday	21 Jun 2018		
Friday	22 Jun 2018		

Saturday	23 Jun 2018	s47F	
Sunday	24 Jun 2018		
TOTAL			
Week 5	**Date**		**Task(s)**
Monday	25 Jun 2018		
Tuesday	26 Jun 2018		
Wednesday	27 Jun 2018		
Thursday	28 Jun 2018		
Friday	29 Jun 2018		
Saturday	30 Jun 2018		
Sunday	01 Jul 2018		
TOTAL		s47F	
Monthly TOTAL			

Note: I certify that the times entered are correct.

Signed: s47F (Apis Officer)

Checked: (Apis Manager)

Authorised:

From: s47E(c), s47F
To: s47E(c), s47F
Cc:
Subject: RE: APIS contract [SEC=UNCLASSIFIED]
Date: Wednesday, 18 April 2018 2:52:41 PM
Attachments: image001.jpg

Hi s47E(c), s47F
No problem from my perspective.
Many thanks
Kind Regards

s47E(c), s47F
Director
Delivery Partner Management Section
Aged Care Access Branch| In Home Aged Care Division
Department of Health
P: 02 s47E(c), s47F M: s47E(c), s47F

From: s47E(c), s47F
Sent: Wednesday, 18 April 2018 1:15 PM
To: s47E(c), s47F
Cc: s47E(c), s47F
Subject: APIS contract [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

My AS Amy Laffan asked me to touch base with you prior to signing off on our work order with Apis for undertaking a business analysis consultancy to review the existing technical issues and undertake future project planning for the National Aged Care Quality Indicator Program. s47E(c), s47F who is managing this procurement in my team has discussed the work s47E(c), s47F n your team and I wanted to flag it with you also. I'm aiming to sign off on the work order for this RFQ to engage Apis today, to the value of s45 for the work to be completed between 30 April and 30 June 2018, using ACPS funding from the latest ACPS bid round. If you have any concerns about this could you please let me know today?

Much appreciated
Many thanks

s47E(c), s47F
Director
Quality Strategy Section
Quality and Regulatory Reform Branch
Aged Care Reform Taskforce
Department of Health

P: 02 s47E(c), s47F | E: s47E(c), s47F @health.gov.au

I acknowledge the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. I pay my respects to them and their cultures, and to elders both past and present.

From: s47E(c), s47F
To:
Subject: RE: APIS procurement plan [SEC=UNCLASSIFIED]
Date: Thursday, 29 March 2018 11:29:24 AM

Hi s47E(c), s47F

I haven't run this past PAS as the total cost is under $80K and therefore it's not a requirement. However, I'm happy to do so. The intent is that we will get a new Senior BA however we can discuss this with s47E(c), s47F once we've submitted the RFQ to Apis.

The breakdown I'm working on is as follows:

- If the BA starts 30 April and finishes 29 June = 43 working days
- 43 days x 7.5 hours per day = 322 hours
- s47(1)(b)

It may vary up or down slightly if Apis add management/oversight hours (say 10 hours for the duration of the contract) but approx. $60K is my current estimate.

Cheers
s47E(c), s47F

From: s47E(c), s47F
Sent: Wednesday, 28 March 2018 3:41 PM
To: s47E(c), s47F
Subject: APIS procurement plan [SEC=UNCLASSIFIED]

Hi s47E(c), s47F
Amy asked if we have run the procurement plan past the procurement advice area? If not can you? She is happy for me to be the delegate on SAP and she will look at the draft procurement plan – I left it with her. I said that we haven't flagged this with APIS. She was interested in whether they would get someone other than s47F to work on this as s47F is busy doing things for the rest of the Branch, I said I didn't know.

Can you also show me the cost breakdown for the $60,000?
Thanks
s47E(c), s47F

From: s47E(c), s47F
To: "Procurement"
Cc: s47F ;s47E(c), s47F
Subject: Signed Work Order - Business Analyst - National Aged Care QI Program [SEC=UNCLASSIFIED]
Date: Friday, 20 April 2018 9:38:45 AM
Attachments: image001.png
image006.png
image003.png
image004.png
Fnal SIGNED Apis Work Order.pdf

Good Morning s47F

Please find attached the executed Work Order for Business Analyst services for the National Aged Care Quality Indicator Program. Please note that I had to change the Department's signatory to Amy Laffan, Assistant Secretary, Aged Care Quality and Regulatory Reform Branch as s47E(c), s47F is out of the office.

I will follow up shortly with a request for contact details for s47F so that I can start the paperwork to on-board a new contractor.

Cheers
s47E(c), s47F

From: s47G(1)(a) @apisgroup.com.au]
Sent: Friday, 20 April 2018 8:45 AM
To s47E(c), s47F
Cc: s47F ;s47E(c), s47F
Subject: RE: Apis Response - Business Analyst - National Aged Care QI Program [SEC=UNCLASSIFIED]

Good Morning s47E(c), s47F

On behalf of s47F please find attached work order signed by Apis.

If you can please organise counter signature and return at your earliest convenience, it would be appreciated.

Kind regards
s47F

Procurement Team
Apis Group Pty Ltd
Telephone: 02 s47F
Email: s47G(1)(a) @apisgroup.com.au
www.apisgroup.com.au

From: s47E(c), s47F @health.gov.au>
Sent: Thursday, 19 April 2018 2:46 PM
To: s47G(1)(a) @apisgroup.com.au>
Cc: s47F @apisgroup.com.au>;s47E(c), s47F @health.gov.au>;s47E(c), s47F @health.gov.au>;s47E(c), s47F @health.gov.au>
Subject: RE: Apis Response - Business Analyst - National Aged Care QI Program [SEC=UNCLASSIFIED]
Importance: High

Hi

Please find attached the Work Order for the provision of Business Analyst services to the National Aged Care Quality Indicator Program. If the Work Order is acceptable to Apis Group please sign two (2) copies where indicated and return by email.

If you have any questions please contact me on the number below.

Regards

s47E(c), s47F
Assistant Director, Quality Strategy Section
Aged Care Reform Taskforce
P: 02 s47E(c), s47 | **E:** s47E(c), s47F @health.gov.au

From: s47G(1)(a) @apisgroup.com.au]
Sent: Thursday, 12 April 2018 11:07 AM
To: s47E(c), s47F
Cc: s47F
Subject: Apis Response - Business Analyst - National Aged Care QI Program [SEC=No Protective Marking]

Good Morning s47E(c), s47F

On behalf of s47F please find attached the Apis response to your Request for Quote for the provision of Business Analyst services on the National Aged Care Quality Indicator Program.

If you have any questions in regards to this Quote, please do not hesitate to contact a member of the Apis Procurement Team on s47F or via this email.

Kind regards
Apis Procurement

Procurement Team
Apis Group Pty Ltd
Email: s47G(1)(a) @apisgroup.com.au
www.apisgroup.com.au

Apis
GOVERNMENT BUSINESS SPECIALISTS
TOGETHER, WE DELIVER

Telephone 02 s47F
4/18 Bentham Street, Yarralumla ACT
PO Box 7140 Yarralumla ACT 2600 Australia

From: Invoices
To: S47E(c), S47F
Cc:
Subject: RE: Final Invoice Apis Reference DOH- 18-02 [SEC=UNCLASSIFIED]
Date: Monday, 13 August 2018 10:39:09 AM
Attachments: image001.png
image002.png
image005.png
image007.png
image008.png
image011.png
image012.jpg
image013.jpg

Hi S47E(c), S47F

Thank you for letting me know.

S47F

Apis Group Pty Ltd
Mobile: S47F
Email: S47F @apisgroup.com.au
www.apisgroup.com.au

From: S47E(c), S47F @health.gov.au>
Sent: Monday, 13 August 2018 10:37 AM
To: S47G(1)(a) @apisgroup.com.au>
Cc: S47E(c), S47F @health.gov.au>
Subject: RE: Final Invoice Apis Reference DOH- 18-02 [SEC=UNCLASSIFIED]

Hi S47F

The invoice needed to be sent to the Department's invoicing area at S47E(d) @health.gov.au as per the usual process. I have forwarded it for urgent processing.

Thanks

S47E(c), S47F

From: S47G(1)(a) @apisgroup.com.au]
Sent: Monday, 13 August 2018 10:25 AM
To: S47E(c), S47F
Cc: S47E(c), S47F ; Invoices
Subject: FW: Final Invoice Apis Reference DOH- 18-02 [SEC=UNCLASSIFIED]

Hi S47E(c), S47F

Our records show that this invoice is outstanding. Could you please advise when payment will be made?

Kind regards,
S47F

Invoices
Apis Group Pty Ltd
Email: S47G(1) @apisgroup.com.au
www.apisgroup.com.au

From: Invoices
Sent: Wednesday, 4 July 2018 8:32 AM
To: S47E(c), S47F @health.gov.au>
Cc: S47E(c), S47F @health.gov.au>
Subject: RE: Final Invoice Apis Reference DOH- 18-02 [SEC=UNCLASSIFIED]

Hi S47E(c), S47F

Please find attached Invoice No: 0470.

Kind regards,
S47F

Apis Group Pty Ltd
Telephone: S47F
Email: S47G(1) @apisgroup.com.au
www.apisgroup.com.au

From: S47E(c), S47F @health.gov.au]
Sent: Tuesday, 3 July 2018 9:04 AM
To: S47G(1)(a) @apisgroup.com.au>
Cc: S47E(c), S47F @health.gov.au>
Subject: RE: Final Invoice Apis Reference DOH- 18-02 [SEC=UNCLASSIFIED]

Hi S47F

Is there any chance that I could get the final invoice for S47F Work Order - Apis Reference DOH- 18-02 (Department Purchase Order 4500 127 395).

Accounts would like to goods receipt instead of accrue if possible. Goods receipting will close at 10.00am tomorrow.

Please call if you have any questions.

Kind regards

s47E(c), s47F

From: s47G(1)(a) @apisgroup.com.au]
Sent: Wednesday, 13 June 2018 12:17 PM
To: s47E(c), s47F
Cc: s47E(c), s47F
Subject: RE: Invoice No 0436 [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

Unfortunately, I am unable to provide a draft invoice but I can confirm that the accrual for s47F for the month of June 2018 is:

Services Provided by	Hours for the Month	Cost for the Month (ex GST)
s47F	s47(1)(b)	

Please let me know if you require any further information.

Kind regards,
s47F

Apis Group Pty Ltd

Telephone: s47F
Email: s47G(1) @apisgroup.com.au
www.apisgroup.com.au

From: s47E(c), s47F @health.gov.au]
Sent: Wednesday, 13 June 2018 10:46 AM
To: s47G(1)(a) @apisgroup.com.au>
Cc: s47E(c), s47F @health.gov.au>
Subject: FW: Invoice No 0436 [SEC=UNCLASSIFIED]

Hi s47F

Are you able to send me a draft invoice for the remaining s47E(d) (GST inclusive) for Apis Reference DOH- 18-02 (Department Purchase Order 4500 127 395).

This will allow me to accrue the funding for the final payment in July.

Thanks

s47E(c), s47F
Assistant Director, Quality Strategy Section
Aged Care Reform Taskforce
P: 02 s47E(c), s47 | **E:** s47E(c), s47F @health.gov.au

From: s47E(c), s47F
Sent: Monday, 4 June 2018 1:25 PM
To: s47E(c), s47F
Subject: FW: Invoice No 0436 [SEC=UNCLASSIFIED]

From: s47G(1)(a) @apisgroup.com.au]
Sent: Monday, 4 June 2018 12:51 PM
To: APInvoices
Cc: s47E(c), s47F
Subject: Invoice No 0436 [SEC=No Protective Marking]

Hi,

Please find attached Invoice No: 0436.

Kind regards,
s47F

Apis Group Pty Ltd

Email: s47G(1)(a) @apisgroup.com.au
www.apisgroup.com.au

Telephone 02 s47F
4/18 Bentham Street Yarralumla ACT
PO Box 7140 Yarralumla ACT 2600 Australia

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"Important: This transmission is intended only for the use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, you are notified that any use or dissemination of this communication is strictly prohibited. If you receive this transmission in error please notify the author immediately and delete all copies of this transmission."

From: S47E(c), S47F
To: "Invoices"
Cc: S47E(c), S47F
Subject: RE: Invoice No 0436 [SEC=UNCLASSIFIED]
Date: Thursday, 14 June 2018 9:18:19 AM
Attachments: image001.png
image005.png
image006.jpg
image008.jpg
image002.png
image007.png

Hi S47F

Thanks for the information it's just what I needed ☺

Cheers
S47E(c), S47F

From: S47G(1)(a) @apisgroup.com.au]
Sent: Wednesday, 13 June 2018 12:17 PM
To: S47E(c), S47F
Cc:
Subject: RE: Invoice No 0436 [SEC=UNCLASSIFIED]

Hi S47E(c), S47F

Unfortunately, I am unable to provide a draft invoice but I can confirm that the accrual for S47F for the month of June 2018 is:

Services Provided by	Hours for the Month	Cost for the Month (ex GST)
S47F	S47(1)(b)	

Please let me know if you require any further information.

Kind regards,
S47F

Apis Group Pty Ltd

Telephone: S47F
Email: S47G(1) @apisgroup.com.au
www.apisgroup.com.au

From: S47E(c), S47F @health.gov.au]
Sent: Wednesday, 13 June 2018 10:46 AM
To: S47G(1)(a) @apisgroup.com.au>
Cc: S47E(c), S47F @health.gov.au>
Subject: FW: Invoice No 0436 [SEC=UNCLASSIFIED]

Hi S47F

Are you able to send me a draft invoice for the remaining S47E(d) (GST inclusive) for Apis Reference DOH-18-02 (Department Purchase Order 4500 127 395).

This will allow me to accrue the funding for the final payment in July.

Thanks

S47E(c), S47F
Assistant Director, Quality Strategy Section
Aged Care Reform Taskforce
P: 02 S47E(c), S47 | **E:** S47E(c), S47F @health.gov.au

From: S47E(c), S47F
Sent: Monday, 4 June 2018 1:25 PM
To: S47E(c), S47F
Subject: FW: Invoice No 0436 [SEC=UNCLASSIFIED]

From: S47G(1)(a) @apisgroup.com.au]
Sent: Monday, 4 June 2018 12:51 PM
To: APInvoices
Cc: S47E(c), S47F
Subject: Invoice No 0436 [SEC=No Protective Marking]

Hi,

Please find attached Invoice No: 0436.

Kind regards,
S47F

Apis Group Pty Ltd

Email: S47G(1)(a) @apisgroup.com.au
www.apisgroup.com.au

Telephone 02 6206 0000
4/18 Bentham Street Yarralumla ACT
PO Box 7140 Yarralumla ACT 2600 Australia

The information contained in this email may be confidential or commercially sensitive. If you are not the intended recipient, any use, disclosure or replication of this document is unauthorised. If you have received this document in error, please telephone Apis Group on 02 6206 0000

From: s47E(c), s47F
To: ACRCD FBP
Subject: RE: PO 4500127395 - APIS [SEC=UNCLASSIFIED]
Date: Thursday, 23 August 2018 11:25:27 AM
Attachments: image001.png

Hi s47E(c), s47F

I've checked the final invoice has been entered and submitted it to you to confirm closure.

Thanks
s47E(c), s47F

From: ACRCD FBP
Sent: Thursday, 23 August 2018 11:07 AM
To: s47E(c), s47F
Cc: ACRCD FBP
Subject: PO 4500127395 - APIS [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

Can you let me know if PO 4500127395 is finished and can be closed?

Cheers
s47E(c), s47F

ACSPH Group Finance Business Partner Team
Finance Support for Aged Care, Sport & Population Health Group
Financial Business Support Branch | Financial Management Division
Australian Government Department of Health
E: s47E(d)@health.gov.au
s47E(c), s47F | Finance Manager | T: 02 s47E(c), s47F
s47E(c), s47F | Finance Officer | T: 02 s47E(c), s47F
Location: 4.S.406 | MDP 463
PO Box 9848, Canberra ACT 2601, Australia
The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

From: s47E(c), s47F
To: s47F
Cc: s47E(c), s47F
Subject: Service Finder QI defects [SEC=UNCLASSIFIED]
Date: Monday, 2 July 2018 11:38:49 AM
Attachments: image001.jpg
image002.jpg
image003.jpg
image004.jpg

Hi s47F
Do you have an update on progress for this request. Anything I can do to help?
Kind regards

s47E(c), s47F
Quality and Regulatory Reform Branch | Quality Strategy Section
Aged Care Reform Taskforce
Department of Health
P: 02 s47E(c), s47F | **M:** s47E(c), s47F | **E:** s47E(c), s47F @health.gov.au

I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past, present and future.

From: s47E(c), s47F
Sent: Friday, 25 May 2018 9:50 AM
To: 'S47F '
Subject: RE: Re: Re: Re: Re: Re: Re: Service Finder QI defects [SEC=UNCLASSIFIED]
Thank s47F
Sounds like a way forward.
Thanks so much for helping out with this.
s47E(c), s47F

From: s47F @healthdirect.org.au]
Sent: Friday, 25 May 2018 9:44 AM
To: s47E(c), s47F
Subject: [SEC=UNCLASSIFIED] Re: Re: Re: Re: Re: Re: Service Finder QI defects [SEC=UNCLASSIFIED]
Hi s47E(c), s47F
Oh I'm perfectly happy to get this going and put it to our workflow and get it done but I didn't want to upset the process by doing that. How about I put this into the workflow and if someone says we need a front door request then we'll pause the work till that happens?
Thanks,

s47F
My Aged Care Product Manager
Healthdirect Australia
Level 7, 222 Pitt Street
Sydney NSW 2000
P. s47F
M
W. myagedcare.gov.au

From: s47E(c), s47F @health.gov.au>
Sent: Friday, 25 May 2018 8:42:51 AM
To: s47F

Subject: RE: Re: Re: Re: Re: Re: Service Finder QI defects [SEC=UNCLASSIFIED]

Hi s47F

I'd like to check in to confirm the current status of this request.

- Update *programme* to *program* for QI program in the Service Finder (change as a result of a government directive)
- Reinstate the icon and hover text for the QI program in the compare home view (defect)

Could you please advise if both should go through a front door request? Is this because the service finder is an application as opposed to a web page?

Thanks in advance

s47E(c), s47F

From: s47F @healthdirect.org.au]
Sent: Thursday, 24 May 2018 1:35 PM
To: s47E(c), s47F
Cc: s47F ; s47E(c), s47F
Subject: [SEC=UNCLASSIFIED] Re: Re: Re: Re: Re: Service Finder QI defects [SEC=UNCLASSIFIED]

Thanks for the call and the confirmation s47E(c), s47F

One last thing that I would need to check on and that is whether this needs to go via the Front Door or not. s47F - Could you advise?

Thanks,

s47F

My Aged Care Product Manager
Healthdirect Australia
Level 7, 222 Pitt Street
Sydney NSW 2000
P. s47F
M
W. myagedcare.gov.au

From: s47E(c), s47F @health.gov.au>
Sent: Thursday, 24 May 2018 12:58:51 PM
To: s47F
Cc: s47F ; s47E(c), s47F
Subject: RE: Re: Re: Re: Re: Service Finder QI defects [SEC=UNCLASSIFIED]

Hi s47F

As discussed by phone, the spelling changes requested are confined to only the two mentions of the QI program in the Service Finder, as on the attached document.

To clarify:

- The QI program spelling was updated due to a directive from government. The program is not defined in legislation.
- Other spellings of "programme" on the website may be due being defined in legislation. Suggest clarifying with s47E(c), s47F if needed.

I hope this helps. Please feel free to call or email if further questions.

Kind regards

s47E(c), s47F
Quality and Regulatory Reform Branch | Quality Strategy Section

Aged Care Reform Taskforce
Department of Health
P: 02 s47E(c), s47F | **M:** s47E(c), s47F | **E:** s47E(c), s47F @health.gov.au

I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past, present and future.

From: s47F @healthdirect.org.au]
Sent: Thursday, 24 May 2018 11:18 AM
To: s47E(c), s47F
Cc: s47F ; s47E(c), s47F
Subject: [SEC=UNCLASSIFIED] Re: Re: Re: Re: Service Finder QI defects [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

I'm confused - If there is no direction to change to American spellings then could we understand why are we changing the spelling of 'programme' in just one place?

+ s47E(c), s47F Checking to see if you knew about a decision/reason to change the spelling of 'programme' to its American version?

Thanks,

s47F
My Aged Care Product Manager
Healthdirect Australia
Level 7, 222 Pitt Street
Sydney NSW 2000
P. s47F
M
W. myagedcare.gov.au

From: s47E(c), s47F @health.gov.au>
Sent: Thursday, 24 May 2018 10:33:20 AM
To: s47F ; s47E(c), s47F
Cc: s47F ; s47E(c), s47F
Subject: RE: Re: Re: Re: Service Finder QI defects [SEC=UNCLASSIFIED]

Hi s47F

You will need to raise this with s47E(c), s47F team.

Cheers

s47E(c), s47F

From: s47F @healthdirect.org.au]
Sent: Thursday, 24 May 2018 9:36 AM
To: s47E(c), s47F
Cc: s47F ; s47E(c), s47F ; s47F ; s47E(c), s47F
Subject: [SEC=UNCLASSIFIED] Re: Re: Re: Service Finder QI defects [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

Th e follow up. Could you tell me if this change to American spellings is something we should reflect across the site? Should I let s47F know to change all English spellings to American?

Thanks,

s47F
My Aged Care Product Manager

Healthdirect Australia
Level 7, 222 Pitt Street
Sydney NSW 2000
P. s47F
M
W. myagedcare.gov.au

From: s47E(c), s47F @health.gov.au>
Sent: Thursday, 24 May 2018 9:06:41 AM
To: s47F
Cc: s47F ; s47E(c), s47F ; s47F ; s47E(c), s47F

Subject: RE: Re: Re: Service Finder QI defects [SEC=UNCLASSIFIED]

Hi s47F

I'm looking after this request for s47E(c), s47F The attached document details where "programme" requires updating to "program".

Please get in touch if there is anything more you need to progress this.

Kind regards

s47E(c), s47F
Quality and Regulatory Reform Branch | Quality Strategy Section
Aged Care Reform Taskforce
Department of Health
P: 02 s47E(c), s47F | **M:** s47E(c), s47F | **E:** s47E(c), s47F @health.gov.au

I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past, present and future.

From: s47E(c), s47F
Sent: Sunday, 20 May 2018 8:38 AM
To: s47F '
Cc: s47F ; s47E(c), s47F ; s47F

Subject: RE: Re: Re: Service Finder QI defects [SEC=UNCLASSIFIED]

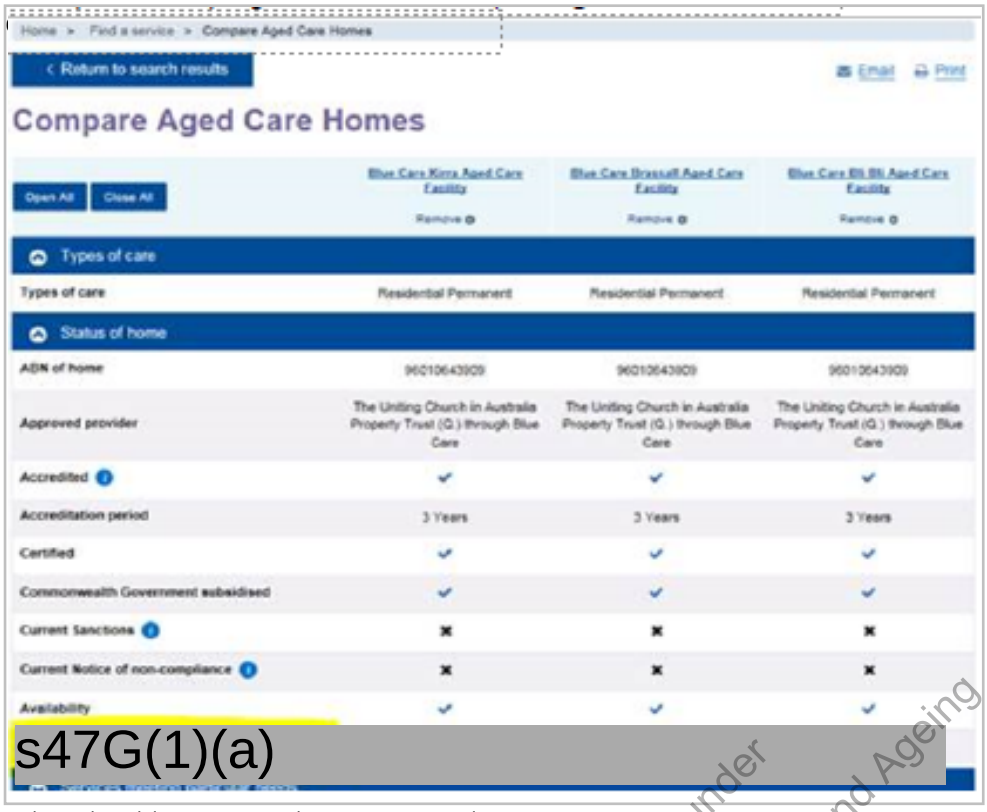
Hi s47F

Thanks for the explanation. After additional discussion with the team they agree that defect 1 was not a defect – so there is no need to find a way to explain the sentence.

Defect 2 (below) is the only defect.

Defect 2: and hover text is missing from Compare Aged Care Homes view in Service Finder

What currently appears in the Service Finder: The icon is missing from *Participating in the Quality Indicator programme* in the Compare Aged Care Homes view



What should appear in the Service Finder:

- The [?] icon should show to the right of *Participating in the Quality Indicator Programme*
- The following text should display when the user's mouse hovers over the [?]

> *The National Aged Care Quality Indicator Program is voluntary and is one way that aged care homes can gather nationally comparable information about the quality of care that they provide. When selecting an aged care home you should always discuss quality of care and what is important to you.*

We do though need to correct the spelling of "Quality Indicator Programme" which changed to "Program" when the Department moved from DSS to the Dept of Health. Do I need a change request for getting the spelling changed?

Kind regards,

s47E(c), s47F

From: s47F @healthdirect.org.au]
Sent: Friday, 18 May 2018 3:02 PM
To: s47E(c), s47F
Cc: s47F ; s47E(c), s47F ; s47F
Subject: [SEC=UNCLASSIFIED] Re: Re: Service Finder QI defects [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

A tooltip is the help-text that flashes on the screen when a user clicks an icon. In our case, it's the exclamation mark but you'll also see it as question marks.

The reason I was surprised to hear that a sentence was supposed to be working as a tooltip is because how would you demonstrate this fact to the user? How would the user know to interact with the sentence to get an explanation. Worth mentioning that on-hovers don't work on mobile devices so the user would need to tap the tooltip icon in order to read the help text. How would we demonstrate to the user that they need to tap the sentence, keeping in mind that tapping a sentence usually = open a new page.

If the problem we're trying to solve is to explain that piece of text to the user, chould we

think about alternate ways to do that?
Thanks,

s47F
My Aged Care Product Manager
Healthdirect Australia
Level 7, 222 Pitt Street
Sydney NSW 2000
P. **M** s47F
W. myagedcare.gov.au

From: s47E(c), s47F @health.gov.au>
Sent: Thursday, 17 May 2018 9:04:14 PM
To: s47F
Cc: s47F ; s47E(c), s47F
Subject: RE: Re: Service Finder QI defects [SEC=UNCLASSIFIED]

Hi s47F
What is a tool tip? Are you saying that there is nothing in the design to suggest hover text should appear?
The functionality specified was previously working and it currently not appearing. I am not sure which release the hover text stopped working.
Cheers,
s47E(c), s47F

From: s47F @healthdirect.org.au]
Sent: Thursday, 17 May 2018 5:55 PM
To: s47E(c), s47F
Cc: s47F ; s47E(c), s47F
Subject: [SEC=UNCLASSIFIED] Re: Service Finder QI defects [SEC=UNCLASSIFIED]

Hi s47E(c), s47F
I'm not sure I understand the first point: Are you saying the whole sentence needs to work like a tooltip? How would the user know that it's a tooltip?
And when you say 'defect', do you mean that both these points were functioning like this till now?
Thanks,

s47F
My Aged Care Product Manager
Healthdirect Australia
Level 7, 222 Pitt Street
Sydney NSW 2000
P. **M** s47F
W. myagedcare.gov.au

From: s47E(c), s47F @health.gov.au>
Sent: Thursday, 17 May 2018 3:23:55 PM
To: s47F
Cc: s47F ; s47E(c), s47F

Subject: Service Finder QI defects [SEC=UNCLASSIFIED]

Hi s47F

The following defects have been identified for the Quality Indicators Project – can you take a look and let me know if there is a release coming up where they could be fixed?

Thanks,

s47E(c), s47F

Defect 1: Hover text is missing from Individual Aged Care Home view in Service Finder

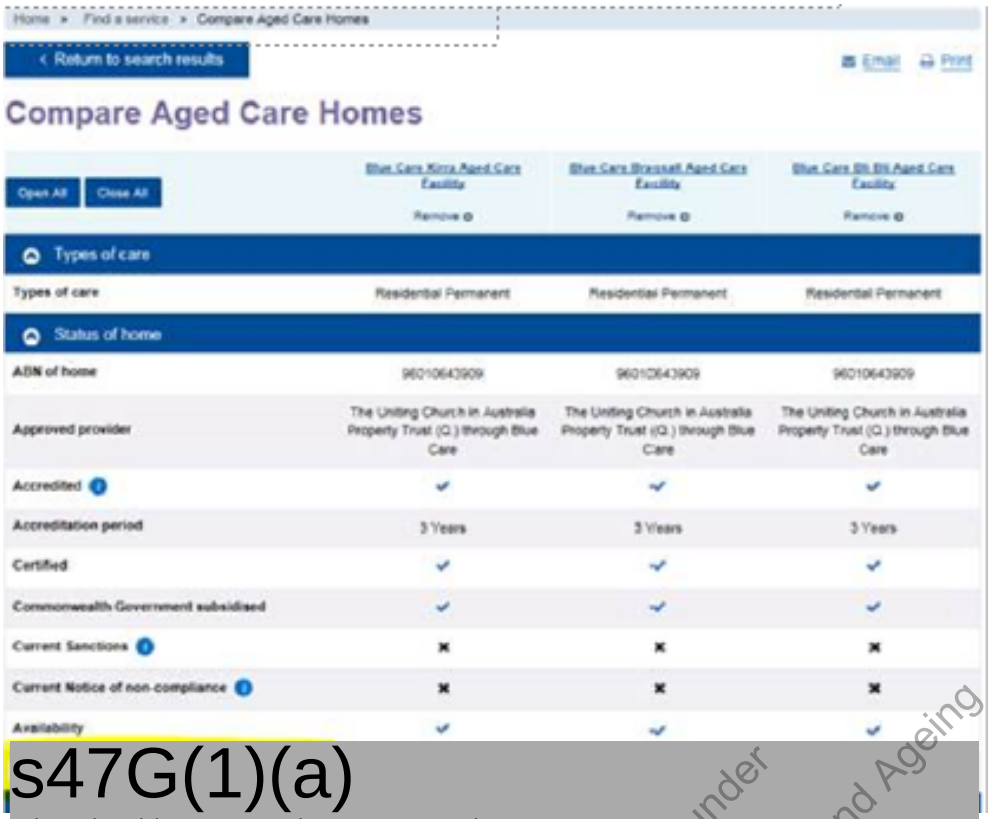
What currently appears in the Service Finder: No hover text displays when the user's mouse is over *This home participates in the voluntary National Aged Care Quality Indicator Programme*

What should appear in the Service Finder: The following text should display when the user's mouse hovers over *This home participates in the voluntary National Aged Care Quality Indicator Programme*

> *The National Aged Care Quality Indicator Program is voluntary and is one way that aged care homes can gather nationally comparable information about the quality of care that they provide. When selecting an aged care home you should always discuss quality of care and what is important to you.*

Defect 2: and hover text is missing from Compare Aged Care Homes view in Service Finder

What currently appears in the Service Finder: The icon is missing from *Participating in the Quality Indicator programme* in the Compare Aged Care Homes view



s47G(1)(a)

What should appear in the Service Finder:

- The [?] icon should show to the right of *Participating in the Quality Indicator Programme*
- The following text should display when the user's mouse hovers over the [?]

The National Aged Care Quality Indicator Program is voluntary and is one way that aged care homes can gather nationally comparable information about the quality of care that they provide. When selecting an aged care home you should always discuss quality of care and what is important to you.

---

s47E(c), s47F
Aged Care Quality and Regulatory Reform Branch
Aged Care Reform Taskforce
Department of Health
P: 02 s47E(c), s47F | **M:** s47E(c), s47F | **E:** s47E(c), s47F@health.gov.au

I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past, present and future.

---

s47E(c), s47F
Quality and Regulatory Reform Branch | Quality Strategy Section
Aged Care Reform Taskforce
Department of Health
P: 02 s47E(c), s47F | **M:** s47E(c), s47F | **E:** s47E(c), s47F@health.gov.au

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Change 1: Update from Programme to Program in <u>single</u> Aged Care Home view in Service Finder

What currently appears in the website:

National Aged Care Quality Indicator Programme

What should appear:

National Aged Care Quality Indicator **Program**

Change 2: Update from Programme to Program in compare Aged Care Home view in Service Finder

What currently appears in the website:

Quality Indicator programme

What should appear:

Quality Indicator **program**

From: s47E(c), s47F
To:
Cc:
Subject: Revised Procurement Plan and RFQ [SEC=UNCLASSIFIED]
Date: Friday, 6 April 2018 9:41:36 AM
Attachments: Revised DRAFT Request for Quotation.DOCX
Revised DRAFT Request for Quotation.tr5
QI BA Procurement Plan.DOCX
QI BA Procurement Plan.tr5
Importance: High

H s47E(c), s47F

Please find attached the updated Procurement Plan for your signature and the Revised RFQ as per discussion/comments yesterday, for Amy's consideration.

I would like to send the RFQ early this afternoon if at all possible. I have included the draft email to Apis Group below:

Cheers

s47E(c), s47F

***
s47F @apisgroup.com.au, s47E(c), s47F @health.gov.au, s47E(c), s47F @health.gov.au

Hi s47F

As per discussions with s47E(c), s47F, please find attached a Request for Quotation (RFQ) for Business Analyst services for the National Aged Care Quality Indicator Program. Please note the new requirement at Item Number 22 of the RFQ regarding a new requirement to provide the department with an Australian Federal Police National Police Certificate for all new contract staff (including contract extensions). Further information can be found at http://intranet2.central.health/Procurement-site/Pages/Engaging-Contractors,-Consultants-and-Labour-Hire-Personnel.aspx

We would appreciate your response by 13 April to allow us to on-board the selected candidate no later than Monday, 30 April 2018.

Please contact me on the number below if you have any questions.
***

Attachment: Front Door Request: Mandatory Residential and Voluntary Home Care Participation in the QI Program

General

Business goals

The Department seeks to:

- Remove barriers to residential services' mandatory participation in the NQIP
- Add clinical and quality of care indicators so that aged care consumers can be more informed when comparing and choosing aged care facilities
- Expand the QI Program to Home Care Package (HCP) and Commonwealth Home Support Programme (CHSP) Services

Business opportunities

1. Increased participation
   - Carnell/Patterson recommended mandatory participation in the National Quality Indicator Program (NQIP) for residential and home care services
2. Aged care consumers want to be more informed when comparing and choosing aged care facilities.
   - Two residential clinical indicators and two quality of life indicators were developed in 2016 but were "turned off"
   - HCP and CHSP quality of life indicators will be added in future
3. Commercial benchmarking companies could submit data collected for services
   - Currently 23% of services use benchmarking companies to collect QI and related data

Additional Detail to support Request

Section A. Residential Aged Care Mandatory QI Program Participation

Part	Additional detail
3.	Required: a. Rename the indicator *Quality of Life/Consumer Experience – Indicator 1* to *Quality of Life* b. Rename *Measure 1* to *Current social care-related quality of life* c. Rename *Measure 2, Measure 3, Measure 4,* and add five new measure fields. d. See Appendix 1 for the names of the *Quality Of Life* indicator measures.
4.	See Appendix 2 for detail on the Quality of Life indicator
5.	a. Remove "✓ *This home participates in the voluntary National Aged Care Quality Indicator Programme*". b. Under the *Status of home* heading, add a row labelled *Quality Indicator*. The *Quality Indicator* row displays a tick ✔ where the home is participating in the QI program. The *Quality Indicator* row displays a cross ✖ where the

<table>
<tr><td></td><td>home is not participating in the QI program. Business rules defining participation in the QI Program are in 5.3.13 Business Rules in Quality Indicators Programme: IT project-Phase 1 Business requirements (13 April 2015)).

c. Add length of uninterrupted participation in the QI program as years and months, rounded to three months (i.e. three months, six months, or nine months). Length of participation displays in the Quality Indicator row, to the right of the ✔.

i. Length of participation is defined as a facility submitting QI data for consecutive quarters. Length of participation starts from the start date of the quarter for which the facility submits QI data.

ii. If a facility does not submit QI data for two quarters, the length of participation is recalculated with the start date being the start date of the next quarter in which that facility next submits QI data.

d. See Appendix 3 for a mock-up of the changes to the Individual Home view</td></tr>
<tr><td>6.</td><td>See Appendix 4 for a mock-up of the changes to the Compare Home view</td></tr>
<tr><td>7.</td><td>a. On the first day of each quarter, the QI system shall display a reminder to all outlet users with QI access to begin the quarter's QI data collection.

b. On the quarter's data submission open date, the QI system shall display a reminder to all outlet users with QI access to submit the quarter's QI data. The dates when data submission opens for each quarter are:

c. When the outlet has not submitted the quarter's QI data seven days before the QI quarter data submission close date, the QI system shall display a reminder to the outlet's users with QI access

d. When the outlet has not submitted the quarter's QI data 24 hours before to the QI quarter data submission close date, the QI system shall display a reminder to the outlet's users with QI access.

QI Quarter Dates
<table>
<tr><th></th><th>Quarter 1</th><th>Quarter 2</th><th>Quarter 3</th><th>Quarter 4</th></tr>
<tr><td>First day of quarter</td><td>1 July</td><td>1 October</td><td>1 January</td><td>1 April</td></tr>
<tr><td>Last day of quarter</td><td>30 September</td><td>31 December</td><td>31 March</td><td>30 June</td></tr>
<tr><td>Data submission open date</td><td>1 October</td><td>1 January</td><td>1 April</td><td>1 July</td></tr>
<tr><td>Data submission close date</td><td>21 October</td><td>21 January</td><td>21 April</td><td>21 July</td></tr>
</table></td></tr>
<tr><td>10.</td><td>Third parties do not require direct access to the provider portal</td></tr>
</table>

Section B. Home Care QI Program Voluntary Participation

Part	Additional detail
1.	Business rules 1. Residential services can enter and create reports for residential quality indicators only in the Provider Portal 2. Home Care and CHSP services can enter and create reports for home care quality indicators only in the Provider Portal
3.	a. Outlets will be provided with a tool in the Provider Portal to collect, submit and calculate measure data. See Appendix 2 for detail on the *Quality of Life* indicator measures. b. See Appendix 5 for detail on the *Goal Attainment* indicator measures

Section C. Residential Aged Care Reports and Benchmarking

Part	Additional detail
1.	a. Enable the Admin View – QI Reference Ranges that currently exist in Siebel, so that Quality Strategy SN users can enter reference ranges (See model of Admin View – QI Reference Ranges in section 2.7 Overview of system interaction (For Quality Indicators) in *Siebel Functional Specification 20.01 Organisations v.13.0* (26/03/2018)). b. Enable QI Reference Ranges to be used to categorise data for QI reporting (See section 2.7 Overview of system interaction (For Quality Indicators) in *Siebel Functional Specification 20.01 Organisations v.13.0* (26/03/2018)) c. For more detail on the reference range design, see *Siebel Functional Specification 20.01 Organisations v.13.0* (26/03/2018) p.176-77; *Quality Indicators Programme: IT project-Phase 1 Business requirements* (13 April 2015); *Detailed Design for QI program* (ACG R3, 30 June 2015)
2.	a. The Facility Benchmarking report includes residential quality of care indicators only b. For *Results for Quarter*, increase comparison of indicator measure results from the previous quarter to the four previous quarters c. For *Results for Quarter*, add a graph comparing indicator measure results for the current quarter with the four previous quarters d. For *YTD Averages* add visual indicators to illustrate the comparison of indicator measure Result with Target e. For *National Averages*, add visual indicators to illustrate the comparison of indicator measures for This Quarter with YTD Average. ***Visual Indicator Colour Rules*** **Green** – Result is above the upper range above the Target or National Average **Yellow** – Result is within a range above and below the Target or the National Average (range to be defined) **Orange** – Result is below the lower range below the Target or National Average

3.	a. The Facility Benchmarking report includes residential quality of care indicators only b. For *Results for Quarter*, increase comparison of indicator measure results from the previous quarter to the four previous quarters. c. For *Results for Quarter*, add a graph comparing indicator measure results for the current quarter with the four previous quarters d. Populate *National Reference Ranges* with the Lower Reference Range and Upper Reference Range for each measure entered in the Admin View – QI Reference Ranges e. Add comparison with Lower Reference Range and Upper Reference Range for current quarter and the four previous quarters f. For *YTD Averages* add visual indicators to illustrate the comparison of indicator measure Result with Target g. For *National Averages*, add traffic lights to illustrate the comparison of indicator measures for This Quarter with YTD Average. h. See Appendix 7 for a mock-up of two facility benchmarking reports.
4.	a. The Quality Indicators Report (QI005) includes all residential quality of care indicators b. Rename to Quality of Care Indicators Report (QI005) c. Redesign to display graphs for one indicator's measures on one page
5.	a. The Facility Benchmarking report includes residential quality of care indicators only b. The Facility Benchmarking Report shows a time series for each indicator measure with benchmark comparisons c. The Facility Benchmarking Report displays one indicator measure's results on one page. d. The service provider user can dynamically choose an indicator measure to display e. The service provider user can dynamically choose the style of graph to display: line graph or bar graph f. The report displays the results for the current quarter and the previous four quarters for: i. Occurrences of the indicator measure ii. Rate denominator (total bed days) iii. Rate per 1000 (bed days) iv. Moving average (the number of events that would be expected for the facility if it achieved the average rate for all facilities nationwide v. Benchmarks reflecting the count that would be achieved if the facility achieved a rate equivalent to the best performing 25% and 10% of

	facilities vi. Decile (based on the moving average) vii. Upper control limit (UCL) (two standard deviations above the mean) g. Add two indicators showing change from last quarter and change from last year. Use a green arrow to show positive change, use an orange arrow to show negative change. Use a blue dash to show no change. h. See Appendix 6 for mock ups.
6.	One report is made available for each quarter with data displayed as a data table and as bar graphs. The report contains a. The total number of participants surveyed in the quarter b. Aggregated participant demographic data: age, gender c. The number of responses to each of the four levels in each of the nine questions d. The *Current social care-related quality of life* measure (The summary SCRQoL score) e. Measures 2-9 (Eight domain scores) f. See Appendix 2 for more detail

Section D. Home Care Facility Reports

Part	Additional detail
1.	One report is made available for each quarter with data displayed as a data table and as bar graphs. The report contains a. The total number of participants surveyed in the quarter b. Aggregated participant demographic data: age, gender c. The number of responses to each of the four levels in each of the nine questions d. The *Current social care-related quality of life* measure (The summary SCRQoL score) e. Measures 2-9 (Eight domain scores) f. See Appendix 2 for more detail
2.	One report is made available for each quarter with information displayed as a data table and as bar graphs. The report contains: a. Goal Attainment Measure 1 for the previous quarter b. Goal Attainment Measure 2 for the previous quarter c. Goal Attainment Measure 1 for the current quarter d. Goal Attainment Measure 2 for the current quarter e. See Appendix 5 for more detail

Section E. Residential Aged Care – Publishing QIs to Consumers

Part	Additional detail
1.	a. Add a page within the individual home view in the Service Finder to display a report of each home's quality indicator measures b. The report will use visual indicators to display each outlet's measure results against reference ranges over four quarters (See *Siebel Functional Specification 20.01 Organisations v.13.0* (26/03/2018) – 2.7 Overview of system interaction (For Quality Indicators)). c. The visual indicator display: i. Red: Needs improvement = above Reference Range Upper Limit Rate ii. Blue: OK = between Reference Range's Lower Target Rate and Upper Limit Rate iii. Green: Good = at or below Reference Range Lower Target Rate d. For reference range design, refer to *Siebel Functional Specification 20.01 Organisations v.13.0* (26/03/2018) p.176-77; *Quality Indicators Programme: IT project-Phase 1 Business requirements* (13 April 2015) and *Detailed Design for QI program* (ACG R3, 30 June 2015)
2	One report is published for each QI, displaying: a. A chart presenting the outlet's QI measure results for current quarter compared to last quarter and compared to national average over previous four quarters b. A chart presenting outlet's QI measures results over previous four quarters c. A chart presenting outlet's average QI measure results for the previous four quarters d. For more detail, see Quality Indicators Programme: IT project-Phase 1 Business requirements (13 April 2015): p.35-37, p.89-90)
3	One report is published with: a. The total number of participants surveyed in the quarter b. Aggregated participant demographic data: age, gender c. The *Current social care-related quality of life* measure (The summary SCRQoL score) d. The weighted score for each of the eight domains (Measures 2 to 9) e. See Appendix 2 for more detail f. An option for publishing data for small homes with 10 or fewer residents (the exact number of residents will be determined at a later date)

Appendix 1

Quality indicator types, measures and implementation status

Quality indicator:	Type of quality indicator	Measures	QI Program	QI Implementation Status
Pressure Injuries	Quality of Care	Stage 1 pressure injuries Stage 2 pressure injuries Stage 4 pressure injuries Unstageable pressure injury Suspected deep tissue injury	Residential	Implemented
Use of Physical Restraint	Quality of Care	Intent to restrain – total Physical restraint devices - total	Residential	Implemented
Unplanned Weight Loss	Quality of Care	Significant - number of residents who had total unplanned weight loss equal to or greater than 3 kg Consecutive - number of residents who had unplanned weight loss over three consecutive months	Residential	Implemented
Falls and fall-related fractures	Quality of Care	Number of falls Number of fractures resulting from falls	Residential	Future
Use of Nine or More Medicines	Quality of Care	Number of residents using nine or more different medicines	Residential	Future

Quality indicator:	Type of quality indicator	Measures	QI Program	QI Implementation Status
Quality of Life	Quality of Life	Current social care-related quality of life Control over daily life Personal cleanliness and comfort Food and drink Personal safety Social participation and involvement Occupation Accommodation cleanliness and comfort Dignity	Residential Home Care	Future
Goal Attainment	Quality of Life	Goal attainment measure 1 Goal attainment measure 2	Home Care	Future

Appendix 2

Quality of Life Indicator

The ASCOT SCT4

The ASCOT SCT4 consists of a four-level self-completion questionnaire that measures eight domains. The questionnaire consists of eleven questions. Two questions collect background demographic data: age and gender. Nine questions are used to derive a social care-related quality of life (SCRQoL) score in relation to eight domains. Demographic questions do not input into the SCROoL summary measure calculation.

Each of the nine domain questions has four options ordered from most positive to most negative: 'ideal state', 'no needs', 'some needs', and 'high needs'. If respondents chose the most positive statement to each question, they will have a SCRQoL score closer to one. If respondents choose the most negative response to each question, they will have a SCRQoL score closer to zero.

Ascot SCT4 questionnaire

Demographic questions:

- Age: Enter respondent's age in full / Unknown or Missing
- Gender: Male / Female / No response

Nine questions used to derive a SCRQoL score:

1 Which of the following statements best describes how much control you have over your daily life?
1 I have as much control over daily life as I want
2 I have adequate control over my daily life
3 I have some control over my daily life but not enough
4 I have no control over my daily life
-9 No response

2 Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?
1 I feel clean and am able to present myself the way I like
2 I feel adequately clean and presentable
3 I feel less than adequately clean or presentable
4 I don't feel at all clean or presentable
-9 No response

3 Thinking about the food and drink you get, which of the following statements best describes your situation?
1 I get all the food and drink I like when I want
2 I get adequate food and drink at OK times
3 I don't always get adequate or timely food and drink
4 I don't always get adequate or timely food and drink, and I think there is a risk to my health
-9 No response

4 Which of the following statements best describes how safe you feel?
1 I feel as safe as I want
2 Generally I feel adequately safe, but not as safe as I would like
3 I feel less than adequately safe
4 I don't feel at all safe
-9 No response

5 Thinking about how much contact you have with people you like, which of the following statements best describes your social situati
1 I have as much social contact as I want with people I like
2 I have adequate social contact with people
3 I have some social contact with people, but not enough
4 I have little social contact with people and feel socially isolated
-9 No response

6 Which of the following statements best describes how you spend your time?
1 I'm able to spend my time as I want, doing things I value or enjoy
2 I'm able to do enough of the things I value or enjoy with my time
3 I do some of the things I value or enjoy with my time but not enough
4 I don't do anything I value or enjoy with my time
-9 No response

7 Which of the following statements best describes how clean and comfortable your home is?
1 My home is as clean and comfortable as I want
2 My home is adequately clean and comfortable
3 My home is not quite clean and comfortable enough
4 My home is not at all clean or comfortable
-9 No response

8 Which of the following statements best describes how having help to do things makes you think and feel about yourself?
1 Having help makes me think and feel better about myself
2 Having help does not affect the way I think or feel about myself
3 Having help sometimes undermines the way I think and feel about myself
4 Having help completely undermines the way I think and feel about myself
-9 No response

9 Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?
1 The way I'm helped and treated makes me think and feel better about myself
2 The way I'm helped and treated does not affect the way I think or feel about myself
3 The way I'm helped and treated sometimes undermines the way I think and feel about myself
4 The way I'm helped and treated completely undermines the way I think and feel about myself
-9 No response

Ascot SCT4: Calculating one summary SCRQoL score

Summary SCRQoL score

The outcome of the ASCOT SCT4 is one summary score for current social care-related quality of life (SCRQoL). The summary SCRQoL score measures social care-related quality of life as it currently stands, that is, the services and support the consumer is currently receiving.

Weighting

ASCTO SCT4 responses for each domain are allocated preference weights through application of a scoring algorithm based upon UK general population values for all possible health states defined by the instrument (Cardona, Beatriz et al. (2017)).

Respondents' rating of SCRQoL in each of the nine domains is weighted using the weights shown in Table 2 with the following formula applied:

$$SCRQoL = (0.203 \times Weighted\ score) - 0.466$$

This gives a score of between 1.00 and -0.17 (final ASCOT scores are rounded to 2 decimal places) The weightings for SCT4 can be found in Table 2 and a worked example of calculating a current SCRQoL score for SCT4 data can be found in Box 1. (Netten , et al., 2011b).

Table 1: SCT4 Weightings

Domain	Rating
Control over daily life	
1. I have as much control over my daily life as I want	1.000
2. I have adequate control over my daily life	0.919
3. I have some control over my daily life but not enough	0.541
4. I have no control over my daily life	0.000
Personal cleanliness and comfort	
1. I feel clean and am able to present myself the way I like	0.911
2. I feel adequately clean and presentable	0.789
3. I feel less than adequately clean or presentable	0.265
4. I don't feel at all clean or presentable	0.195
Food and drink	
1. I get all the food and drink I like when I want	0.879
2. I get adequate food and drink at OK times	0.775
3. I don't always get adequate or timely food and drink	0.294
4. I don't always get adequate or timely food and drink, and I think there is a risk to my health	0.184
Personal safety	
1. I feel as safe as I want	0.880
2. Generally I feel adequately safe, but not as safe as I would like	0.452
3. I feel less than adequately safe	0.298
4. I don't feel at all safe	0.114
Social participation and involvement	
1. I have as much social contact as I want with people I like	0.873
2. I have adequate social contact with people	0.748
3. I have some social contact with people, but not enough	0.497
4. I have little social contact with people and feel socially isolated	0.241
Occupation	
1. I'm able to spend my time as I want, doing things I value or enjoy	0.962
2. I'm able do enough of the things I value or enjoy with my time	0.927
3. I do some of the things I value or enjoy with my time but not enough	0.567
4. I don't do anything I value or enjoy with my time	0.170

Accommodation cleanliness and comfort	
1. My home is as clean and comfortable as I want	0.863
2. My home is adequately clean and comfortable	0.780
3. My home is less than adequately clean or comfortable	0.374
4. My home is not at all clean or comfortable	0.288
Dignity	
1. The way I'm helped and treated makes me think and feel better about myself	0.847
2. The way I'm helped and treated does not affect the way I think or feel about myself	0.637
3. The way I'm helped and treated sometimes undermines the way I think and feel about myself	0.295
4. The way I'm helped and treated completely undermines the way I think and feel about myself	0.263

Box 1: Example of calculating current SCRQoL using SCT4 data

For a respondent who rated every domain as 1 (no needs):

1.00 (control) + 0.911 (cleanliness) + 0.879 (food) + 0.880 (safety) + 0.873 (social) + 0.962 (occupation) + 0.863 (accommodation) + 0.847 (dignity) = 7.215

7.215 * 0.203 = 1.464

1.464 – 0.466 = 0.998

Current SCRQoL = 1.00

Appendix 3

Aged Care Home Participation in QI Program – Individual Home View

Home participating in QI Program

Blue Care Hamilton Merriwee Court Aged Care Facili

Previously known as Merriwee Court
Locally known as Blue Care Merriwee Court Aged Care Facility

1800 838 929

http://www.bluecare.org.au

- ✔ Commonwealth Government Subsidised
- ✔ Availability
- ✔ Accredited

Remove

s47G(1)(a)

Description | **Services** | **Costs**

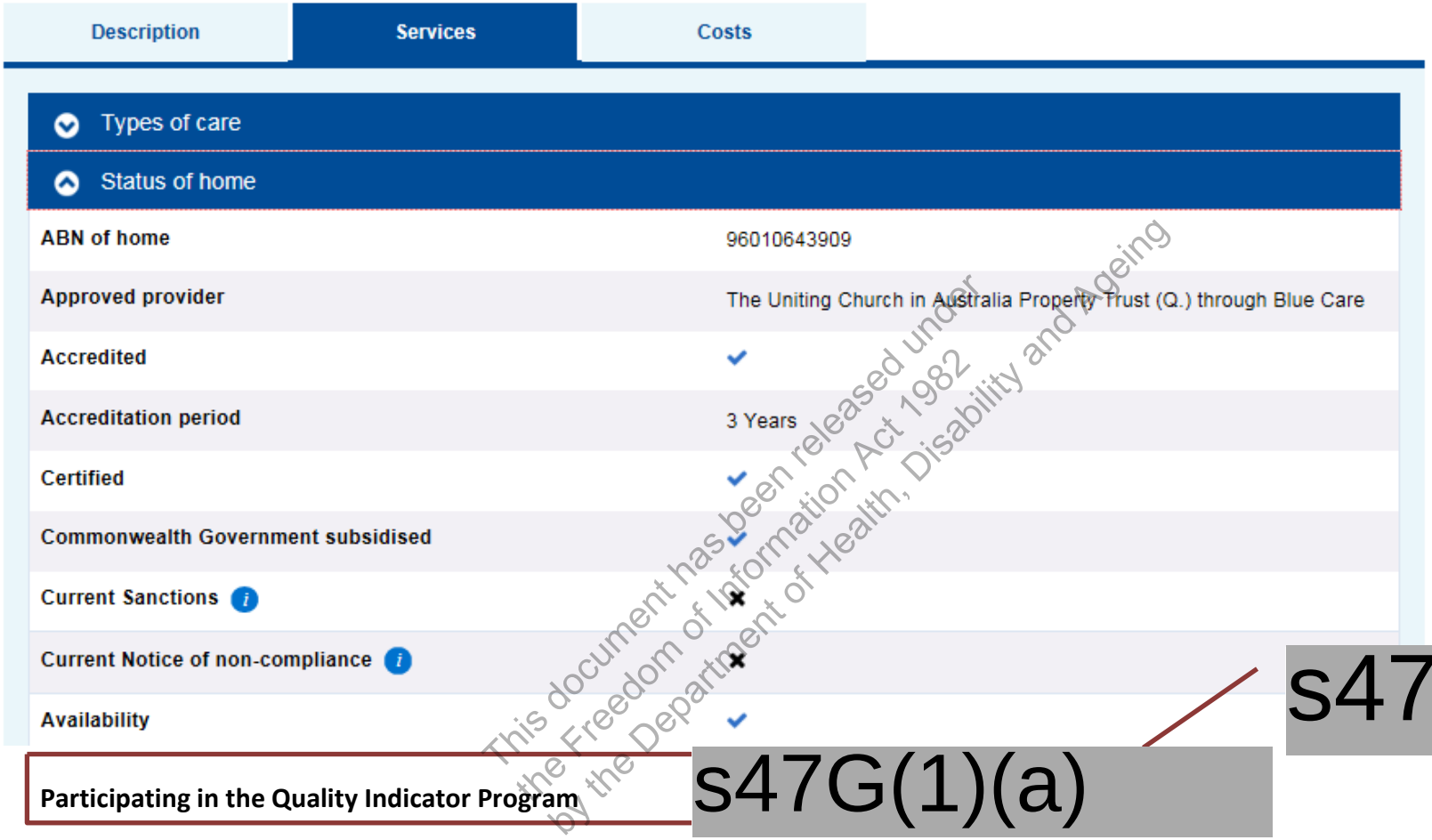
Street address
31 JACKSON Street
HAMILTON
QLD, 4007

Business Address
31 Jackson Street
HAMILTON
QLD, 4007

Ph 1800 838 929
Fax

Email the home

Blue Care Hamilton Merriwee Court Aged Care Facility provides residential aged care to the Bundaberg community and is located at 31 Jackson St, Hamilton QLD 4007 Our resident care services are flexible and supported by multidisciplinary, experienced staff who provide care for a wide range of residents' needs with dignity and respect.



Description | Services | Costs

Types of care

Status of home

ABN of home	96010643909
Approved provider	The Uniting Church in Australia Property Trust (Q.) through Blue Care
Accredited	✔
Accreditation period	3 Years
Certified	✔
Commonwealth Government subsidised	✔
Current Sanctions	✖
Current Notice of non-compliance	✖
Availability	✔
Participating in the Quality Indicator Program	s47G(1)(a)

s47G(1)(a)

Home not participating in QI Program

BlueCross Ivanhoe

Previously known as BlueCross Waterdale

1300 133 414

http://http://www.bluecross.com.au/find-a-residence/residence-details/ivanhoe

- Commonwealth Government Subsidised
- Availability
- Accredited
- There are no notices of sanctions or non-compliance for this home

Description | Services | Costs

Types of care

Status of home

ABN of home	12759034857
Approved provider	Third Age Australia Pty Ltd
Accredited	✓
Accreditation period	3 Years
Certified	✓
Commonwealth Government subsidised	✓
Current Sanctions	✗
Current Notice of non-compliance	✗
Availability	✓
Participating in the Quality Indicator Program	s47G(1)(a)

s47G(1)(a)

Services meeting particular needs

NOTE: In relation to Sanctions and Notice of non-compliance information in the 'Status of Home' section, a 'tick' may indicate historical non-compliance that has been remedied. Refer to the home's profile page for detailed information.

There may be two types of services listed in the service finder results:

Commonwealth Government Subsidised Service - An aged care or related service which is partially or wholly subsidised by the Commonwealth Government. Access to these services may have specific eligibility requirements (such as age) and be subject to standardised fee arrangements.

Private Service - An aged care or related service delivered by a Service Provider who is not directly subsidised for that service under any applicable Commonwealth Aged Care Programmes. Access to these services and any fees that may be applied should be discussed directly with the Provider.

Information provided by the service provider and verified by the Department of Health for Commonwealth Government subsidised service providers and NHSD for private service providers. Whilst due care has been exercised in collating the material contained on this Website, it does not guarantee the accuracy, currency, or completeness of the information nor the quality and suitability of the services listed.

Appendix 4

Aged Care Home Participation in QI Program – Compare Homes View

Compare Aged Care Homes

Open All / Close All	Blue Care Star of the Sea Elders Village Remove	BlueCross Ivanhoe Remove	Blue Care Hamilton Merriwee Court Aged Care Facili Remove
Types of care			
Types of care	Residential Permanent	Residential Permanent	Residential Permanent
Status of home			
ABN of home	96010643909	12759034857	96010643909
Approved provider	The Uniting Church in Australia Property Trust (Q.) through Blue Care	Third Age Australia Pty Ltd	The Uniting Church in Australia Property Trust (Q.) through Blue Care
Accredited	✓	✓	✓
Accreditation period	3 Years	3 Years	3 Years
Certified	✓	✓	✓
Commonwealth Government subsidised	✓	✓	✓
Current Sanctions	✗	✗	✗
Current Notice of non-compliance	✗	✗	✗
Availability	✓	✓	✓
Participating in the Quality Indicator programme	s47G(1)(a)		

QI Program Participation shown by a ✓
QI Program non participation shown by a X

Appendix 5

Goal Attainment Indicator

Goal Attainment measure calculation

Home care service providers will collect and submit data quarterly to calculate the Goal Attainment quality indicator's measures.

Goal Attainment Measure 1

Data collection for Goal Attainment Measure 1 requires the service provider to submit each consumer's goals, indicators, and expected levels of outcome for each goal (See Table 1). Each consumer's data will be scored and reported back to the service provider.

Goal Attainment Measure 1 is calculated each quarter, and is derived from the data on the number of home care consumers with at least one registered goal at a home care service being divided by the number of home care packages the service holds multiplied by 100.

Table 1. Goal Attainment Measure One

Measure
Number of home care consumers with at least one recorded individual goal
Number of home care packages held by the service
Percentage of home care consumer with at least one recorded individual goal

Goal Attainment Measure 2

Data collection for Goal Attainment Measure 2 requires the service provider to submit each consumer's score for Consumer Level Achieved (see Table 2) for each of the goals set in Phase 1. Each consumer's data will be scored and reported back to the service provider.

Goal Attainment Measure 2 is calculated each quarter, and is derived from the data on the number of home care consumers with at least one score for Consumer Level Achieved recorded against their registered goal at a home care service being divided by the number of home care packages the service holds multiplied by 100.

Table 2. Goal Attainment Measure Two

Measure
Number of home care consumers with a score for Consumer Level Achieved reported against a goal
Number of home care packages held by the service
Percentage of home care consumer with at least one recorded individual goal

Appendix 6

Facility Benchmarking Report Mock ups

Facility Benchmarking Report: Example 1

Aged Care Quality Indicators Tool

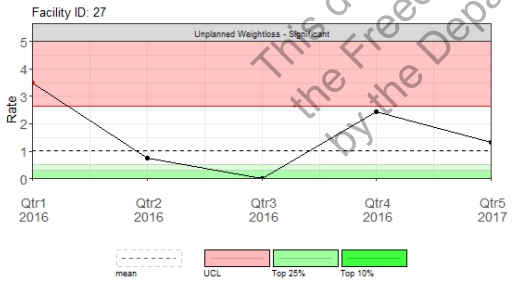
Facility: 27

Indicator: Unplanned Weightloss - Significant

Peer: National

	2016 Qrt 1	2016 Qrt 2	2016 Qrt 3	2016 Qrt 4	2017 Qrt 1	change from last quarter	change from last year
Occurences							
Unplanned Weightloss - Significant	8	3	0	7	4		
Rate Denominator (bed days)							
Unplanned Weightloss - Significant	2303	3931	3077	2888	3014		
Rate per 1,000							
Unplanned Weightloss - Significant	3.4737	0.7632	0	2.4238	1.3271	-110% ↓	-215% ↓
Moving average							
Unplanned Weightloss - Significant	2.0369	0.9132	0.2173	1.3721	1.2023	-17% ↓	-83% ↓
Benchmark 1 (Top 10%)							
Unplanned Weightloss - Significant	0	0	0	0	0		
Benchmark 2 (Top 25%)							
Unplanned Weightloss - Significant	0.209	0.209	0.209	0.209	0.209		
Decile (Based on Moving Average)							
Unplanned Weightloss - Significant	8 of 10	8 of 10	1 of 10	8 of 10	8 of 10		

Chart Type: Line



Facility Benchmarking Report: Example 2

Aged Care Quality Indicators Tool

Facility: 27

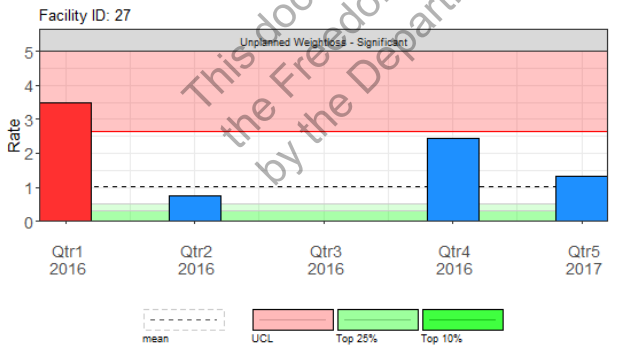
Indicator: Unplanned Weightloss - Significant

Peer: National

Unplanned Weightloss - Significant
Unplanned Weightloss - Consecutive
Use of Physical Restraint - Intent to restrain

	2016 Qrt 1	2016 Qrt 2		2017 Qrt 1	change from last quarter	change from last year
Occurences						
Unplanned Weightloss - Significant	8	3	7	4		
Rate Denominator (bed days)						
Unplanned Weightloss - Significant	2303	3931	3	3014		
Rate per 1,000						
Unplanned Weightloss - Significant	3.4737	0.7632	3	1.3271	-110% ↓	-215% ↓
Moving average						
Unplanned Weightloss - Significant	2.0369	0.9132	0.2173	1.2023	-17% ↓	-83% ↓
Benchmark 1 (Top 10%)						
Unplanned Weightloss - Significant	0	0	0	0	0	
Benchmark 2 (Top 25%)						
Unplanned Weightloss - Significant	0.209	0.209	0.209	0.209	0.209	
Decile (Based on Moving Average)						
Unplanned Weightloss - Significant	8 of 10	8 of 10	1 of 10	8 of 10	8 of 10	

Chart Type: Bar



Front Door Request: Mandatory Residential Aged Care and Voluntary Home Aged Care Participation in the QI Program

Field	Requirements
Request Title	Cost QI System enhancements required for mandatory residential and voluntary home care participation in the QI Program
Primary Contact	s47F, s47E(c)
Originating Area	ACRTD ACQRR Quality Strategy SN / ACRTD Aged Care Qlty and Reg Reform BR / Aged Care Reform Taskforce DIV
Executive Approval	s47E(c), s47F
Lodgement Date	This field is automatically populated with the date you create the request.
Funding Source	Proposed Admin Funds Not Yet Allocated
Business Problem	s47E(d) This request is to cost options to enhance the QI system for: - mandatory participation by Residential Aged Care services - extending the QI program to Home Aged Care services **Date needed:** 4 weeks from date submitted, required to support proposal in MYEFO 2018-19
Business Driver	Operational – No system change
Description	**Contents** A. Residential Aged Care Mandatory QI Program Participation B. Home care QI Program Voluntary Participation C. Residential Aged Care Facility Reports and Benchmarking D. Home Care QI Program Facility Reports E. Residential Aged Care – Publishing QIs to Consumers The purpose of this request is to cost future options for expansion of the QI Program. See attachments for more information. Costs are needed for each of the following requirements. See attachment for the Business Goals and Business Opportunities informing this request. See attachment - Appendix 1 for an overview of quality indicators. **Section A. Residential Aged Care Mandatory QI Program Participation** 1. All residential aged care services in receipt of Commonwealth funding, which provide service type Permanent (2,672 outlets as at 2016-17 (ROACA)), will participate in the National Quality Indicators Program. 2. Turn on the two residential quality of care indicators currently turned off in the QI system: *Falls and fall-related fractures* and *Use of Nine or More Medicines*. ((See *Siebel Functional Specification 20.01 Organisations v.13.0* (26/03/2018), p.167-168). Each indicator will be turned on at a different time (e.g. one each year). The providers will be able to enter data for each new indicator through the Provider Portal. 3. Turn on the indicator *Quality of Life/Consumer Experience – Indicator 1* and this indicator's measure fields (See *Siebel Functional Specification 20.01 Organisations v.13.0* (26/03/2018), p.168-169). See additional detail in attachment.

Front Door Request: Mandatory Residential Aged Care and Voluntary Home Aged Care Participation in the QI Program

Field	Requirements
	4. Outlets will be provided with a tool in the Provider Portal to collect, submit and calculate data for the *Quality of Life* indicator measures. See additional detail in attachment. See additional detail in attachment 5. My Aged Care Service Finder's Individual Home view is updated to show each home's participation or non-participation, and length of participation in the QI program. See additional detail in attachment 6. My Aged Care Service Finder's Compare Home view, *Status of home* section shows each home's participation as a ✔ or non-participation as a ✖. Business rules defining participation in the QI Program are in 5.3.13 Business Rules in *Quality Indicators Programme: IT project-Phase 1 Business requirements* (13 April 2015)). See additional detail in attachment. 7. Implement reminder alerts that display to outlets' users with QI access in the Provider Portal. The alerts will remind outlets' users to collect and submit their QI data for the quarter. See additional detail in attachment 8. When an outlet has not submitted QI data for all indicators by the end of the quarter's data submission close date, the QI system shall display an alert to all outlet administrators with QI access in the Provider Portal 24 hours after the data submission close date. 9. Add a COGNOS report for use by the Department (Quality Strategy SN) to monitor outlet QI data submission in the Residential QI Program over multiple quarters. The report should highlight where outlets have not submitted QI data for one or more quarters. 10. Provide a tool for the Department (Quality Strategy SN) to upload QI data on behalf of outlets, identified by outlet identifiers, in bulk automatically to the QI system. The data will be provided as an excel spreadsheet to the Quality Strategy SN by benchmarking companies. The uploaded data must be available to the outlets for which the data was uploaded so that the outlets can create Facility reports. See additional detail in attachment. **Section B. Home Care QI Program Voluntary Participation** 1. The QI program will be expanded to a Home Care QI program for Commonwealth-funded home care programme service outlets (Home Care Package (HCP) and Commonwealth Home Support Programme (CHSP)). The Home Care QI Program is to replicate the functionality of the Residential QI Program, with the exception that home care quality indicators will replace residential care quality indicators. See additional detail in attachment. 2. Participation in the Home Care QI program will be implemented in two phases: a. Home Care package (HCP) services' outlets will voluntarily enrol in the Home Care QI program and submit data for two quality of life indicators

Front Door Request: Mandatory Residential Aged Care and Voluntary Home Aged Care Participation in the QI Program

Field	Requirements
	b. At a later date, Commonwealth Home Support Programme (CHSP) services' outlets will voluntarily enrol in the Home Care QI program and submit data for the two indicators 3. Two Home Care Quality of Life indicators will be added. a. One *Quality of Life* quality indicator with eight measures. Outlets will be provided with a tool in the Provider Portal. See additional detail in attachment. b. A *Goal Attainment* quality indicator with two measures. See additional detail in attachment. **Section C. Residential Aged Care Facility Reports and Benchmarking** 1. Enable QI Reference Ranges (existing functionality in place). See additional detail in attachment. 2. Increase functionality of Facility Summary Quarterly Report (QI002). See additional detail in attachment. 3. Increase functionality of Facility Detailed Quarterly Report (QI003). See additional detail in attachment. 4. Improve design of the Quality Indicators Report (QI005). See additional detail in attachment. 5. Build a new report: Facility Benchmarking Report. See additional detail in attachment. 6. Build a new report: Quality of Life indicator. See additional detail in attachment. **Section D. Home Care Facility Reports** 1. Build a new report: *Quality of Life* indicator. See additional detail in attachment. 2. Build a new report: *Goal Attainment* indicator. See additional detail in attachment. **Section E. Residential Aged Care – Publishing QIs to Consumers** 1. Publish Residential Aged Care outlet quality of care indicator measures to the My Aged Care Service Finder. See additional detail in attachment. 2. Publish Consumer QI Reports for each home for each quarter for quality of care indicators. Consumers can access the reports as pdf attachments from the Service Finder displaying each home's quality indicator measures. See additional detail in attachment. 3. Publish a Consumer QI Report for each home for each quarter for the residential *Quality Of Life* indicator

Front Door Request: Mandatory Residential Aged Care and Voluntary Home Aged Care Participation in the QI Program

Field	Requirements
Additional Comments	
Impact if Rejected/Delayed	The requested costing is essential to provide accurate costings of options to government on the future of the QI program and are required to make MYEFO 18/19 comeback.
Impacted Function	Select the impacted function from the drop down menu. - Quality Indicators
Related Requests	
Proposed Priority	Select the proposed priority from the drop down menu. Critical

Front Door Request: Retire QI System

Field	Requirements
Request Title	Cost retire QI system
Primary Contact	s47F, s47E(c)
Originating Area	ACRTD ACQRR Quality Strategy SN / ACRTD Aged Care Qlty and Reg Reform BR / Aged Care Reform Taskforce DIV
Executive Approval	s47E(c), s47F
Lodgement Date	This field is automatically populated with the date you create the request.
Funding Source	Proposed Admin Funds Not Yet Allocated
Business Problem	s47E(d) This request is to cost options to retire the QI system. **Date needed:** 4 weeks from date submitted, required to support proposal in MYEFO 2018-19
Business Driver	Operational – No system change
Description	Please provide **costings** for each option to retire the QI system: **Option 1: Shutdown QI system:** The Department does not require a QI system as it is not continuing with the QI program • Decommission all components of the QI system. For example, Provider Portal, QI reports (Casper), and QI references on the My Aged Care website and Service Finder, and any other references/components within other supporting systems • Export all QI data from 1. Siebel and 2. Raw Data Vault **Option 2: Hide QI system** • The Department will not continue with services' voluntary participation in the QI program, but requires the system to be available for reactivation in the future. • Retain QI system so that it can be reactivated at a future date if needed. Modify the interfaces and remove QI references so that the system and program is not visible to service providers, consumers or department staff • Export all QI data from 1. Siebel and 2. Raw Data Vault
Additional Comments	
Impact if Rejected/Delayed	The requested costing is essential to provide accurate costings of options to government on the future of the QI Program and is required for the MYEFO 18-19 comeback
Impacted Function	Select the impacted function from the drop down menu. - Quality Indicators
Related Requests	
Proposed Priority	Select the proposed priority from the drop down menu. Critical

Front Door Request: Continue QI Program as is, voluntary participation

Field	Requirements
Request Title	Cost QI program continuing as is-voluntary participation
Primary Contact	s47F, s47E(c)
Originating Area	ACRTD ACQRR Quality Strategy SN / ACRTD Aged Care Qlty and Reg Reform BR / Aged Care Reform Taskforce DIV
Executive Approval	s47E(c), s47F
Lodgement Date	This field is automatically populated with the date you create the request.
Funding Source	Proposed Admin Funds Not Yet Allocated
Business Problem	s47E(d) This request is to cost options to enhance the QI system for continued voluntary participation by residential aged care services. **Date needed:** 4 weeks from date submitted, required to support proposal in MYEFO 2018-19
Business Driver	Operational – No system change
Description	**Costs** are needed for each of the following requirements 1. A simplified QI data submission process for residential services • Outlet administrator agreement to QI Program terms and conditions before or at first QI data submission or at entry to the QI Program system (can be off system) • The ability for the user that enters the outlet's QI data to also be able to submit the data 2. At the close of each quarter, the team responsible for the QI Program must be able to identify the person who entered the QI data for that quarter and how to contact that person 3. The Department requires that the bulk QI data (provided as an excel spreadsheet to the Quality Strategy SN by Victoria DHHS) is uploaded in bulk automatically to the QI system. 4. Four dates that are mandatory in Siebel are missing from the Victoria spreadsheet. When the Victoria data is uploaded, Siebel should populate the four missing mandatory dates (see attachment for detail) 5. QI data to be validated when entered. • Services' users must be warned when entering values outside a predefined range (known values) • Services' users must be warned when entering values that are illogical (e.g. when the count of residents meeting criteria is greater than the number of residents assessed) Additional information available in attached document.
Additional Comments	

Front Door Request: Continue QI Program as is, voluntary participation

Field	Requirements
Impact if Rejected/Delayed	The requested costing is essential to provide accurate costings of options to government on the future of the QI program s47E(d) .
Impacted Function	Select the impacted function from the drop down menu. - Quality Indicators
Related Requests	
Proposed Priority	Select the proposed priority from the drop down menu. Critical

Australian Government
Department of Health

Quality Indicator National Program: Proposal development and draft implementation schedule

DRAFT v0.2 13/06/2018

Fin Year	2018/19		2019/20		2020/21		2021/22		2022/23	
Month	Jul-Dec	Jan-June	Jul-Dec	Jan-June	Jul-Dec	Jan-June	Jul-Dec	Jan-June	Jul-Dec	Jan-June

Key Dates

- MYEFO 2018-19
- Commission in place
- Unannounced Site Visits (Ongoing accreditation) commences
- Risk profiling - in place

Funded / Existing tasks associated with Quality Indicators

National QI Program

Data submit period

Proposal Development

Policy Questions for National Quality Indicator Program
- Mandatory / Voluntary program?
- Residential care only / staged introduction of home care (eg. covered by a comeback in 20/21)?
- How to manage Victorian Government IP of existing indicators?
- Does the program being with existing indicators with a staged introduction of other indicators? Or add QOL indicators sooner?
- Are we going to change what consumers see on My Aged Care?
- Should original participants have any benefit or appear differently on My Aged Care? (eg. length of participation)
- How much data is needed for benchmarking? Should this be part of a comeback or this NPP?
- Is there a way to support industries use of 'benchmarking services'?
- Should Dept retain existing dates for reporting?
- What consultation should be conducted during proposal development – and after?
- Do we allow for a transition period? Timing?
- What happens to existing program during transition?

Proposed – Dependent on Funding (MYEFO 2018-19)

Review of QI system (My AC)
Develop policy options for QI Program
Develop technology options and costings
Write NPP
NPP ready for coord (mid – late Sept)
Consultation (if required)
MYEFO 2018-19
Design of National QI Program: Indicators, Staging
Business design, develop FR, DBRs
Detailed design, build, test and deploy (timing dependent on My Aged Care releases)
Post support
Piloting (if required)
Legislation to support mandatory program (if required)
New Program introduced
All residential care providers in program

All tasks and timing dependent on NPP and underpinning policy decisions

Transition period
existing program continues, new entrants allowed at any time

National Quality Indicator Program

Design mandatory Residential participation
Develop resi quality of life / consumer experience indicator measures
Transition to mandatory residential participation
Can Home Care be in this first build?
Add/turn on Resi QI/s? Clinical or quality of care/ consumer experience?
Bulk upload benchmarking company data ?
Enhance residential QI reports?
Automate Vic interface
Simplified submission process
Design benchmarking (Residential)
Design reporting to consumers?
Data sufficient for benchmarking?
Detailed design, build, test and deploy ->Benchmarking (Residential) -> Consumer Reporting (Residential)? (timing dependent on My Aged Care releases)
Post support
Piloting (if required)
Enhance provider reports (Benchmarking)
Implement Benchmarking (Residential)
Bulk upload benchmarking company data ?
Turn on reference ranges?
Consultation ?
Design Home Care QI program (HCP, CHSP), develop indicator/s
Detailed design, build, test and deploy Home Care QI Program (timing dependent on My Aged Care releases)
Post support
Piloting (if required)
Open Home Care QI program to HCP (voluntary participation)
Open Home Care QI program to CHSP (voluntary participation)
Transition to HCP -> CHSP

Key: Policy, legislation related task/milestone; Planning or proposal task/milestone; IT-related task and milestone

From: s47E(c), s47F
To:
Cc:
Subject: [SEC=UNCLASSIFIED]
Date: Thursday, 28 June 2018 2:58:48 PM
Attachments: B. Front Door-Mandatory Participation 18.docx
Attachment - Front Door Request Mandatory QI Program plus Home Care 18.docx

---

Hi s47E(c), s47F

I've talked to s47E(c), s47F about your recommendation to go with mobile or remote and s47E(c), s47F supportive of that approach.

The 2 points where the tool is mentioned in the FDR is pg2, para 4 and pg3, para 3.a. It's also mentioned in the attachment pg2, Section B, line 3.a. Each instance talks about a 'tool in the Provider Portal'.

Please let me know how the wording needs to be changed to support mobile applications for residential and home care and I'll make the changes and submit.

Thanks
s47E(c), s47F

From: s47E(c), s47F
Sent: Wednesday, 27 June 2018 5:26 PM
To: s47E(c), s47F
Cc: s47E(c), s47F
Subject: FW: 3rd front door request - attached [SEC=UNCLASSIFIED]

Hi s47E(c), s47F
It looks great, very clear and comprehensive. You have done such a great job!
I just added s47E(c), s47F name to yours as a contact given her ongoing involvement.
Thanks for providing for my final clearance.
s47E(c), s47F

From: s47E(c), s47F
Sent: Wednesday, 27 June 2018 3:21 PM
To: s47E(c), s47F
Cc: s47E(c), s47F
Subject: FW: 3rd front door request - attached [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

Front Door for your review as discussed.

Thanks
s47E(c), s47F

From: s47E(c), s47F
Sent: Wednesday, 27 June 2018 10:42 AM
To: s47E(c), s47F
Subject: RE: 3rd front door request - attached [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

Happy with the changes. I believe we're ready to go on this FDR with s47E(c), s47F final clearance.

Cheers
s47E(c), s47F

From: s47E(c), s47F
Sent: Tuesday, 26 June 2018 6:30 PM
To: s47E(c), s47F
Subject: FW: 3rd front door request - attached [SEC=UNCLASSIFIED]

Hi s47E(c), s47F

Reformatted front door – all the info is the same. Just more detail moved into the Attachment. The previous attachments are now Appendices in the Attachment.

Please let me know if you see any issues or have any questions.

Thanks
s47E(c), s47F

From: s47E(c), s47F
Sent: Tuesday, 26 June 2018 6:29 PM
To: s47E(c), s47F
Subject: 3rd front door request - attached [SEC=UNCLASSIFIED]

Regards
s47E(c), s47F

s47E(c), s47F
Quality and Regulatory Reform Branch | Quality Strategy Section
Aged Care Reform Taskforce
Department of Health
P: 02 s47E(c), s47F | **M:** s47E(c), s47F | **E:** s47E(c), s47F @health.gov.au

I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past, present and future.

Apis
GOVERNMENT BUSINESS SPECIALISTS
TOGETHER, WE DELIVER

ABN 91 125 472 899

TAX INVOICE

Invoice Date
31 May 2018

Department of Health (DOH-18-02)
Attention: s47E(c), s47F
Director, Quality Strategy Section
Aged Care Quality and Regulatory Reform Bramch

Invoice Number
INV-0436

Apis Ref
DOH-18-02

Description	Quantity	Rate	Amount AUD
Service provided in support of business analyst services to complete a review of the National Aged Care Quality Indicator Program under Work Order No: 6000084803. 1 - 31 May 2018			
Services provided by s47F	s47F		s47F
		Subtotal	
		Total GST 10%	
		Invoice Total	
		Total Payments	
		Amount Due	

Due Date: 30 Jun 2018

Please pay by direct deposit to the following account:
Bank:
BSB: s47G(1)(a)
Account No:
s47F
Apis Group Pty Limited

4/18 Bentham Street (PO Box 7140) Yarralumla ACT 2600
p: 02 s47F f: 02 s47F e: s47G(1)(a)@apisgroup.com.au

Apis

Client: Department of Health

Project: DOH-18-02 National Aged Care QI Program

Name: s47F

Month beginning: 01 May 2018

Week 1	Date	Start Time (HH:MM)	Finish Time (HH:MM)	Worked Hours	Task(s)
Monday	30 Apr 2018	s47F			
Tuesday	01 May 2018				
Wednesday	02 May 2018				
Thursday	03 May 2018				
Friday	04 May 2018				
Saturday	05 May 2018				
Sunday	06 May 2018				
TOTAL					

Week 2	Date	Start Time (HH:MM)	Finish Time (HH:MM)	Worked Hours	Task(s)
Monday	07 May 2018	s47F			
Tuesday	08 May 2018				
Wednesday	09 May 2018				
Thursday	10 May 2018				
Friday	11 May 2018				
Saturday	12 May 2018				
Sunday	13 May 2018				
TOTAL					

Week 3	Date	Start Time (HH:MM)	Finish Time (HH:MM)	Worked Hours	Task(s)
Monday	14 May 2018	s47F			
Tuesday	15 May 2018				
Wednesday	16 May 2018				
Thursday	17 May 2018				
Friday	18 May 2018				
Saturday	19 May 2018				
Sunday	20 May 2018				
TOTAL					

(continued)

Week 4	Date	Start Time (HH:MM)	Finish Time (HH:MM)	Worked Hours	Task(s)
Monday	21 May 2018	s47F			
Tuesday	22 May 2018				
Wednesday	23 May 2018				
Thursday	24 May 2018				
Friday	25 May 2018				

Saturday	26 May 2018	
Sunday	27 May 2018	
TOTAL		s47F

Week 5	Date	Start Time (HH:MM)	Finish Time (HH:MM)	Worked Hours	Task(s)
Monday	28 May 2018	s47F			
Tuesday	29 May 2018				
Wednesday	30 May 2018				
Thursday	31 May 2018				
Friday	01 Jun 2018				
Saturday	02 Jun 2018				
Sunday	03 Jun 2018				
TOTAL					
Monthly TOTAL					

Note: I certify that the times entered are correct.

Signed: s47F (Apis Officer)

Checked: (Apis Manager)

Authorised:

Request for Quotation – SON2501421

This Request for Quotation (including its attachments) is issued by the Department in accordance with clause 5 of the Deed of Standing Offer for the provision of ICT Contractor Services, executed between the Department of Human Services and the Vendor on 24 August 2012 (the Deed). Quotations, in the form of Schedule 6 to the Deed, must be sent via email to s47E(c), s47F **@health.gov.au**

RFQ number	XXX
RFQ closing date	**13 April 2018**
Department contact details for RFQ	s47E(c), s47F Quality Strategy Section Ph: s47E(c), s47F

Department requirements for this RFQ

Item number	Description	Details
1.	**Proposed Work Order Start Date**	30 April 2018
2.	**Proposed Initial Contract Period**	30 April 2018 to 29 June 2016
3.	**Contract Option Period**	6 months at the discretion of the Department
4.	**ICT Service Category**	Category e. - Service delivery
5.	**Personnel Category (Skill set)**	The project requires Business Analyst services with the following skill set. Significant experience in: • business process modelling; • developing complex business requirements and supporting documentation from engagement with business representatives; • developing and executing detailed plans including scoping, resourcing and scheduling; • managing internal stakeholders to ensure program objectives are achieved as scheduled; and • providing guidance and assistance to the National Aged Care Quality Indicator Program on matters relating to the QI IT solution.
6.	**Number of Specified Personnel required**	One (1)
7.	**Reduced activity period**	All public holidays

Item number	Description	Details
8.	**Business Hours**	Between 7.00am to 7.00pm on a business day
9.	**Replacing Specified Personnel**	✓ Clause 11.6 of the Terms and Conditions of Contract **will not** apply
10.	**Maximum no. of candidates per Agency**	Two (2)
11.	**Services/work required**	The National Aged Care Quality Indicator (QI) Program IT system has been operational since 1 January 2016. Due to competing priorities for the My Aged Care platform, the QI IT system has not received the ongoing maintenance that is required to sustain a fully functional system. Therefore the system has frequent technical issues and outages that are impacting on participation rates for the QI Program. The key responsibilities of the Business Analyst will include: • Identify and resolve current QI system issues, including; – Emails to Victorian participants – Access to reports – QI Submission Status Description issues. • Review and provide a detailed report on the QI system capacity for potential increase (i.e. if number of indicators is increased, and if extended to home and community care). • Review and report on readiness for activating additional QI fields. • Progress QI IT and data work currently 'on hold' e.g. developing options, costing and drafting a front door request for automating Victorian data entry. • Liaise with internal and external stakeholders such as the My Aged Care program area and Call centre and the Information Management Technology Group in DSS in order to establish a detailed Transition Plan for supporting the QI IT solution for a potential rapid increase in participation. • Review and update business process models, FAQs and scripts that support the ongoing operational management of the QI IT solution if the program were to have increased participation. • Develop workload estimates and establish a resource plan for the QI IT solution if mandatory participation were to proceed. This may include a staged approach. • Identify and report on any other requirements to enhance the QI Program. • Develop detailed costings for building a QI IT solution for home care. • Provide assistance for the business continuity of the QI

Item number	Description	Details
		IT system.
12.	**Indigenous Opportunities Policy**	☒ Clause 24 of the Terms and Conditions of Contract **will not** apply
13.	**Methodology**	Not applicable
14.	**Performance**	The preferred supplier will meet with the Department's representative regularly to provide project/progress updates (or as required)
15.	**Documentation**	Not applicable
16.	**Skills knowledge transfer**	The preferred supplier will work with the Department's representative and their staff to enable skills/knowledge transfer to support business continuity.
17.	**Selection criteria** Please note the importance of responding to this Selection Criteria. Mandatory Criteria must be met to progress in the evaluation, where the Weighted Criteria is scored	**Quotations should provide:** • CV's (maximum two pages). **Essential Criteria:** Broad and appropriate experience and skills of nominated personnel. Previous performance by nominated personnel on recent comparable projects, indicating the nominee's dependability and quality of work. **Weighted Criteria:** Understanding the requirement – evidence that the statement of requirement has been properly understood and considered. Capacity and Capability – capacity to deliver the work in the timeframes specified. Value for Money Determination – consideration of pricing relative to market rates and the total pricing relative to our allocated budget.
18.	**Intellectual Property Rights – ownership of Contract Material**	The Department owns the Intellectual Property Rights in Contract Material unless Vendor ownership of Intellectual Property Rights in Contract Material (clause 13.5) is selected.
19.	**Limitation of liability – cap**	As per the Deed.
20.	**Insurance**	As per the Deed.
21.	**Fee structure**	Hourly rate in GST exclusive and GST inclusive values.
22.	**Other requirements** **E.g Location, Security Clearance Level**	The specified personnel must be covered by the Workers Compensation in the relevant States or Territory. *ATM [Mandatory Security Clause – National Criminal History Check]* Any proposed Specified Personnel must be able to produce to the relevant contract manager from the Department of Health,

Item number	Description	Details
		prior to finalising any contract for services or work order, an AFP National Police Certificate which is no greater than 3 months old. If any disclosable outcomes are mentioned in the certificate, the Department may delay proceeding with the procurement until an assessment can be conducted. The successful candidate will supply the above mentioned services onsite at the Department's offices (Woden ACT).

Standard form of quotation

Quotation	
1) [*insert name of Vendor*] submits a Quotation in accordance with the Deed entered into between the Department and the Vendor dated [*insert date*] to supply the Services specified in RFQ no. [*insert*]. The Vendor confirms that the terms and conditions specified in the Terms and Conditions of Contract and the Department's RFQ will apply in the event that this Quotation is accepted by the Department. 2) This Quotation will remain valid for a period of 30 days from the date of submission. 3) The Vendor acknowledges that no binding contract (express or otherwise) is created between the Department and the Vendor until the parties execute a Work Order.	
Date and RFQ no.	*[insert date and the Department's RFQ number]*
Vendor account manager	*[insert name and contact details]*
Specified Personnel	*[insert name(s) of each candidate on offer. Identify no more than the maximum number of candidates specified in the RFQ (or if no number is specified, no more than 3)]*
Personnel Category (skill set)	*[insert from Department's RFQ (eg ICT Infrastructure Management – software and middleware developers)]*
Subcontractors	*[insert names, ABNs and ACNs of any subcontractors that the Vendor proposes to use to perform the Services. Otherwise insert 'not applicable']* Note: The Vendor must provide information about any proposed subcontractor as requested by the Department (ie this information may be requested after submission of the Quotation to assist in the Department's evaluation of the Quotation. To avoid doubt, this will include any independent contractors engaged by the Vendor.
Reduced activity period	*[insert response to the reduced activity period(s) specified by the Department in the RFQ.]*
Business Hours	*[insert response to the Business Hours specified by the Department in the RFQ]*
Vendors must provide the information set out below for EACH CANDIDATE/SPECIFIED PERSONNEL offered under this Quotation:	
Name of candidate/Specified Personnel	*[insert full name]*
Responses to selection criteria specified in the RFQ	*[insert responses to the selection criteria specified in the RFQ (eg If the criteria in the RFQ is designated as 'mandatory' and 'weighted' provide your response to each of*

	the criteria as follows:] Mandatory criteria *[insert list and response to each of the criteria]* Weighted criteria *[insert list and response to each of the criteria]*
Fee structure	*[include details of the fee structure required in the RFQ (e.g. hourly rates on a GST exclusive basis)]* Note: The rates specified here must not exceed the Capped Rates.
Curriculum Vitae	*[attach CVs]*
Referees	*[insert contact details for at least 2 professional referees]*
Other requirements	*[insert response to items listed under 'Other requirements' of the RFQ]*