Australian Government

Department of Health, Disability and Ageing

# QI Program Reporting via GPMS – Additional Guidance

# 1. GPMS Troubleshooting

## I am having trouble with dates when using the bulk upload function.

The formula for dates does not allow leading zeros for either day or month. For example, for 1 January 2025, you must reflect the date as 1/1/2025 and not 01/01/2025.

## In the data recording template, the various data I am inputting into Table 2 is not totalling correctly in Table 1.

Please ensure all data fields are entered, including a name for each individual (noting names will not be provided to or received by the department and are for internal collection purposes only). The data recording template is formulated to only calculate data totals once all fields have a value added.

## My bulk upload is not working or is giving me errors for a few of my aged care homes.

Please ensure you are using the correct Program Payment Entity ID when completing the file upload template for your bulk upload (such as SRV-123).

## My bulk upload is not working but my data is correct and complete.

There is a character limit of 1,000 characters in the ‘comments’ sections. Please note the character limit includes spaces and new lines.

## I am having issues submitting my data through GPMS.

Please contact the My Aged Care Service Provider and Assessor helpline on 1800 836 799. We encourage you to raise your concerns as early as possible as there is no provision within the legislation to extend the QI submission due date.

# 2. Comments reporting

## What information should I include in comments?

Providers may include comments with their quality indicator program data. It is important that information included in the comments field is meaningful.

Effective comments:

- include information that helps interpret the reported data, such as individuals:
    - refusing to use recommended strategies or aids for falls prevention
    - refusing to receive recommended services delivered by an allied health care professional
    - who are recommended to a receive an allied health service in a reporting period and the service is scheduled to be received in the following reporting period
    - who have made informed choices about their care that may lead to risk, including refusal of assessments, and these are documented according to Dignity of Risk principles in care plans.
- are concise
- do not state null values (e.g. N/A, nil, no comment)
- do not include descriptions of information already provided in the quality indicator data, such as restating figures in the comments field
- do not include personal or identifiable information about individuals or workers.

## Which comments are mandatory?

Comments are mandatory for the following 2 quality indicators when individuals are excluded from reporting because they did not have the required quality indicator data collected:

- **unplanned weight loss** (both significant and consecutive) – where individuals did not have weights recorded, e.g. previous, starting, middle and/or finishing weights
- **activities of daily living** – where individuals did not have an assessment total score recorded for the previous reporting period.

## What information should I include in the mandatory comments?

Mandatory comments must explain why the data was not collected. Valid mandatory comments:

- concisely explain the reason for the absent record e.g. new admission
- quantify individuals under each reason e.g. 15 new admissions
- address exclusions that are due to absent records.