Star Ratings

A provider's guide to improving quality

aged care
Star Ratings®

Contents

Purpose

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

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

Introduction to Star Ratings for residential aged care

Star Ratings for residential aged care was introduced by the Australian Government in response to recommendations from the Royal Commission into Aged Care Quality and Safety.

Star Ratings support older people in Australia and their representatives to compare residential aged care homes and make more informed choices about their care.

Star Ratings support providers to understand their performance and drive improvement using nationally consistent measures to monitor, compare and improve their care.

Star Ratings are published for residential aged care homes, providing an Overall Star Rating between 1 and 5 stars, and 4 sub-category ratings:

- Residents' Experience
- Compliance
- Staffing
- Quality Measures.

Star Ratings are not published for National Aboriginal and Torres Strait Islander Flexible Aged Care program services, Multi-Purpose Services or for aged care provided in the home, as all required data is not currently reported by these service types.

Star Ratings are displayed on the My Aged Care website via the 'Find a provider' tool and supported by a range of user friendly information for older people and their representatives.

Providers have the opportunity to preview their Overall Star Ratings and sub-category ratings as new data becomes available each quarter. This excludes the Compliance rating which can change daily in response to regulatory decisions and weekly in response to changes in accreditation decisions.

Star Ratings are determined by a combination of rules for each of the 4 sub-categories, and for the Overall Star Rating. The Star Ratings Provider Manual explains in detail how Star Ratings are calculated.

Star Ratings are measured on a scale of 1 to 5 stars:

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

Residents' Experience

This sub-category describes the overall experience of residents living at each residential aged care home. The residents' views are collected via the Residents' Experience Survey, conducted face-to-face annually, by an independent third-party provider. A minimum 20% of older people in each aged care home are surveyed each year. Anonymous responses to the survey inform the Residents' Experience rating.

Compliance

This sub-category is based on regulatory decisions and accreditation decisions by the Aged Care Quality and Safety Commission (Commission). The Compliance rating reflects a residential aged care home's current compliance status and is based on whether specific formal regulatory notices are in place, the period of time since having specific formal regulatory notices and the period of time accreditation has been granted for.

Staffing

This sub-category is based on the average amount of care time residents at each residential aged care home receive from registered nurses, enrolled nurses, personal care workers and assistants in nursing. The Staffing rating is based on the degree to which a residential aged care home meets or exceeds their care minute targets. The average minimum care minute targets for each home will vary depending on the specific care needs

of their residents, as determined by an independent assessment of the resident care needs under the Australian National Aged Care Classification (AN-ACC) funding model.

Quality Measures

This sub-category describes the quality of care provided to residents across 5 crucial areas of care. It uses 5 quality indicators reported by providers as part of the National Aged Care Mandatory Quality Indicator Program (QI Program) to report on pressure injuries, restrictive practices, unplanned weight loss, falls and major injury and medication management. Quality Measures data is transformed and adjusted when calculating the rating to account for differing levels of care need across residential aged care homes, to allow for fair comparison. Risk adjustment is applied to pressure injuries, falls and major injury, and unplanned weight loss.

What are the objectives of Star Ratings?

Star Ratings have 3 primary objectives:

- empowering older people and their representatives with greater information to make choices about their aged care
- incentivising provider engagement in continuous quality improvement and delivery of high-quality care to older people
- supporting government to provide transparent information about the quality of aged care at a system-level.

How are Star Ratings calculated?

Star Ratings consists of a combination of rules that determine an Overall Star Rating for each residential aged care home, as well as a rating for each of the 4 sub-categories. Each of the sub-category ratings contribute a different weighting towards the Overall Star Rating:

- Residents' Experience — 33%
- Compliance — 30%
- Staffing — 22%
- Quality Measures — 15%.

Further information on how Star Ratings are calculated is available in the Star Ratings Provider Manual.

Star Ratings update frequency

The frequency of updates to published Star Ratings is outlined in Table 1 below. The Overall Star Rating automatically recalculates when new data is available.

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

Table 1: Star Ratings sub-categories update frequency

Residents' Experience rating	Updated quarterly after each residential aged care home has completed their annual Residents' Experience Survey.
Compliance rating	Updated daily in response to specific formal regulatory decisions and weekly in response to changes in accreditation decisions.
Staffing rating	Updated quarterly based on the Quarterly Financial Report submissions.
Quality Measures rating	Updated quarterly based on the QI Program data submissions.

IMPORTANT NOTE

It takes approximately 3–5 months for submitted care minutes and quality indicators data sets to be available for calculation in Star Ratings. This allows time for submission, data validation by the Department of Health, Disability and Ageing and where necessary, opportunity for providers to review and re-submit data to correct omissions or errors.

Improving your Star Ratings

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

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

Star Ratings supports providers to improve quality, safety and choice in aged care through increased transparency about residential aged care quality, which in turn will drive improvements in service delivery.

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

Improving your Residents' Experience rating

Residents' Experience describes the overall experience that residents receive from their residential aged care home. Residents' feedback is collected via the Residents' Experience Survey, which is an annual face-to-face survey conducted by an independent third-party using a qualified survey team. The survey team is responsible for randomly selecting a minimum of 20% of residents at each home to participate in the survey. The anonymous feedback is summarised into a Residents' Experience Report and sent directly to the provider. Residents' responses to the 12 multiple choice questions informs the calculation of the Residents' Experience rating.

Based on stakeholder feedback during Star Ratings development, the Residents' Experience rating contributes to 33% of the Overall Star Rating, the highest weighted component.

The Residents' Experience Survey offers residents an opportunity to provide feedback on their care and their experience of living in a residential aged care home. The quality and safety of care provided to a resident directly impacts their experience. The feedback gathered, gives important insights about specific themes and potential areas for improvement.

The residents are asked 12 multiple-choice questions and two open-ended questions about their day-to-day experience within their residential aged care home.

The included multiple-choice questions are:

- Do staff treat you with respect?
- Do you feel safe here?
- Is this place well run?
- Do you get the care you need?
- Do staff know what they are doing?
- Are you encouraged to do as much as possible for yourself?
- Do the staff explain things to you?
- Do you like the food here?
- Do staff follow up when you raise things with them?
- Are staff kind and caring?
- Do you have a say in your daily activities?
- How likely are you to recommend this residential aged care home to someone?

Each question has 4 response options. These are:

- Never
- Some of the time
- Most of the time

- Always.

The included open-ended questions are:

- What would you say is the best thing about this service?
- What is one thing you would suggest as an improvement at this service?

A score is calculated for each resident in each home by assigning a value to each response option (i.e., 1 point for *never*, 2 points for *some of the time*, 3 points for *most of the time*, and 4 points for *always*). For each question, the point value of the response is multiplied by the percentage of residents in the same home with the same response. This process is followed for all 12 multiple-choice questions and points summed to create a total score. This score is then given a rating. The open-ended questions do not contribute to the score.

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

Residents' Experience can be improved by:

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

Some strategies to improve residents' experience include:

- act on instances where safety and security have been compromised
- ensure that residents and their families have a voice and that their comments, suggestions, and feedback elicit positive change in the quality of care they receive. Anonymous and continuous feedback channels can be useful i.e., suggestion boxes, digital surveys or surveys undertaken by volunteers (rather than staff members)
- actively engage with the consumer advisory body in your home and let the advisory body know how you considered their feedback
- have non-threatening and open discussions with residents and their families about how you can improve in key areas
- provide a feedback loop to demonstrate where changes have been made because of feedback, such as on a notice board
- provide opportunities for staff to raise concerns about residents' wellbeing
- encourage personalisation of experience and offer flexibility for residents to exercise choice where possible. This could be informed by evidence-based research and/or successful practices implemented in Australia or internationally that have benefited residents' experiences and/or improved the quality of care.

- provide timely and effective personal and clinical care personalised to meet the needs of each resident
- look for opportunities to improve the quality and variety of food on offer. Seek out suggestions from residents and provide mechanisms to demonstrate changes made to meals in response to feedback
- promote and facilitate social and community connection
- provide opportunities for residents to influence, select and participate in activities, events and hobbies that are suitable and engaging
- ensure feedback and measures of performance are collated, reviewed, and considered by appropriate stakeholders (i.e., champion team, quality manager, management team, board).

Table 2: Residents' Experience Continuous Improvement Tool

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

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

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

Improving your Compliance rating

The Compliance rating provides information on the extent to which a residential aged care home is meeting its responsibilities to provide safe, quality care and services to aged care residents (see Table 3 below). The Compliance rating contributes to 30% of the Overall Star Rating.

The Compliance rating is based on regulatory and accreditation decisions by the Aged Care Quality and Safety Commission (Commission).

The Compliance rating reflects a home's current compliance status and is based on whether specific formal regulatory notices are in place, the period of time since having specific formal regulatory notices and the period of time accreditation has been granted for.

All government funded homes must comply with their responsibilities to deliver safe and effective aged care services under the *Aged Care Act 1997* (The Act) which includes the Aged Care Quality Standards.

If a provider does not meet these responsibilities, this may result in a specific formal regulatory notice being issued, which will impact their Compliance rating.

The Compliance rating provides information on the extent to which a home is meeting its responsibilities and includes information on:

- whether a home has any specific formal regulatory notices
- what type of specific formal regulatory notice has been issued
- the period of time that a home has not received a specific formal regulatory notice for
- the period of time that a home has been granted accreditation for.

A home that receives a 1 star Compliance rating will receive a 1 star Overall Star Rating regardless of how they perform in other sub-categories. Homes that receive a 2 star Compliance rating cannot receive an Overall Star Rating higher than 2 stars regardless of how they perform in other sub-categories.

Achieving a 4 or 5 star Compliance rating requires the residential aged care home to have no specific formal regulatory notices in place for 1–3 years (4 stars) or over 3 years (5 stars). Achieving a 5 star Compliance rating also requires the home to have been granted at least 3 years accreditation or reaccreditation following its last site audit.

To improve your Compliance rating you must address any existing non-compliance issues.

Providers can improve their Compliance rating by:

- implementing sustainable plans to maintain compliance with all responsibilities under the Act, including the Aged Care Quality Standards

- defining and revising any plans for continuous improvement — continuous improvement is a systematic, ongoing effort to improve the quality of care and services through:
  - addressing the needs of residents and involving them in improvement activities.
  - assessing how well a provider's systems are working and the standard of care and services achieved.
  - focusing on results, demonstrated through outputs and outcomes.
- setting a timeframe for improvements.
- monitoring progress of improvements.

Information about the Aged Care Quality Standards is available on the Commission's website, providing guidance and resources for providers, and publications based on topic.

Information and resources about continuous improvement is available on the Commission's website.

Table 3: the specific formal regulatory notices issued by the Commission and the corresponding Compliance rating.

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

* Only specific formal regulatory notices issued in response to the approved provider's non-compliance with its responsibility, will be published (that is, under paragraph (a) of the relevant subsection in Section 74EE of the *Aged Care Quality and Safety Commission Act 2018)*.
** Where the accreditation decision was following a site audit.
*** Where the residential aged care home has been operated by the same approved provider by at least that same duration.

Further information about these specific formal regulatory notices and when the Commission makes them is available in the Commission's Compliance and Enforcement Policy.

Further information about how and when the Commission makes specific formal regulatory notices and their effect on Star Ratings is available in the Star Ratings Provider Manual and the Commission's Regulatory Bulletin on the publication of provider performance information.

Table 4: Compliance Continuous Improvement Tool

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

Check	• Collect information, evidence and data to understand if prevention activities have resulted in change and resolved the identified issues. • Analyse information, evidence and data to determine if the activities have resolved the identified issues.

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

Improving your Staffing rating

The Staffing rating is based on whether residential aged care homes meet or exceed their care minute targets. The Staffing rating uses a rules-based matrix incorporating the total care minutes (including registered nurse time) and registered nurse care minutes separately to determine the rating. The Staffing rating contributes to 22% of the Overall Star Rating.

Further information on the mandatory care minutes requirements is available in the [Care minutes and 24/7 Registered nurse requirements guide](). Further information on how the rules-based matrix is applied to calculate the Staffing rating is available in the [Star Ratings Provider Manual]().

The Staffing rating is based on the average amount of care time residents at each residential aged care home receive from registered nurses, enrolled nurses, personal care workers and assistants in nursing compared with the homes' mandatory care minutes targets. Each home has its own mandatory care minutes targets reflecting the care needs of the residents in that home. For example, a home with a majority of residents with higher care needs will have higher mandatory care minutes targets than a home with residents with lower care needs.

Since 1 October 2024, providers are able to meet up to 10% of a home's increased registered nurse care minute target with care time delivered by enrolled nurses.

Improving your Staffing rating requires more minutes of care to be delivered to each resident in the home by registered nurses, enrolled nurses, personal care workers and assistants in nursing. From 1 October 2025, homes must meet both their care minutes targets to achieve a Staffing rating of 3 or more stars. For example, increasing from an average of 215 care minutes to 237 minutes and increasing from an average of 44 registered nurse minutes to 46 minutes will increase a homes' Staffing rating from 3 to 5 stars.

If a home did not report any data, failed to report data on time or submitted data has not met the reasonableness checks the home will not receive a Staffing rating, and this will result in no Overall Star Rating.

You can improve your Staffing rating by:

- identifying existing resourcing levels and the level of resourcing required to deliver your mandatory care minutes or more. You should consider the care minutes targets and resourcing levels for both registered nurse and total care time, including in consideration of the ability for enrolled nurse time to contribute to up to 10% of registered nurse care time.
- utilising current resourcing and workforce management tools for more effective staffing.

- staffing adjustments to accommodate mandatory targets.
- improving workforce retention and minimising workforce turnover.
- ensuring reporting obligations are met by reporting Staffing data via the Quarterly Financial Report to the Department of Health, Disability and Ageing by the legislative due date.

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

Table 5: Staffing Continuous Improvement Tool

Staffing Continuous Improvement Tool	
Plan	• Develop a Staffing champion team to focus on identifying, planning and delivering workforce quality improvement activities. A multidisciplinary team is recommended, including personal care staff, healthcare professionals and management staff to provide leadership and governance. • Review current resourcing arrangements to understand current state and the level of resourcing required to deliver more care minutes, to meet or exceed mandatory care minutes targets. • Develop an understanding of relevant workforce data to understand if targeted quality improvement activity is needed. • Review rostering system and identify opportunities to increase care minutes based on the home's care minute targets. • Define the areas to focus on and undertake analysis of the reasons or causes. • Collaborate with the staff to identify opportunities and plan interventions that will improve staff recruitment and retention. • Identify suitable measures. This may include developing, or using existing process, outcome or key performance indicators to measure and monitor improvement or change. • Measure baseline performance. • Develop goals, targets and/or outcomes to measure achievement and success. • Identify strategies to attract, retain and train staff. • Determine any barriers or enablers to the proposed activities. • Map out the steps required, making sure they are broken down into achievable sized activities.

Do	• Assign key tasks. • Carry out planned activities. Initially, the activity may be small, for example, trialled at one floor of the home or at one home of an approved provider, which will allow adjustments to be made. For example, make rostering adjustments to accommodate targets, use resourcing and workforce management tools to optimise rostering, provide high quality and relevant professional development. • Monitor implementation to ensure key tasks are completed. • Document key findings, information and data. This includes documenting any changes to the planned activities.
Check	• Collect information, evidence, and data to understand if improvement activities have resulted in change. • Analyse information, evidence, and data to determine if the improvement activities are achieving the desired outcomes.

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

Improving your Quality Measures rating

The Quality Measure rating reflects the quality of care provided to residents. It uses information derived from 5 quality indicators reported by providers as part of the QI Program — pressure injuries, restrictive practices, unplanned weight loss, falls and major injury, and medication management. The Quality Measures rating contributes to 15% of the Overall Star Rating.
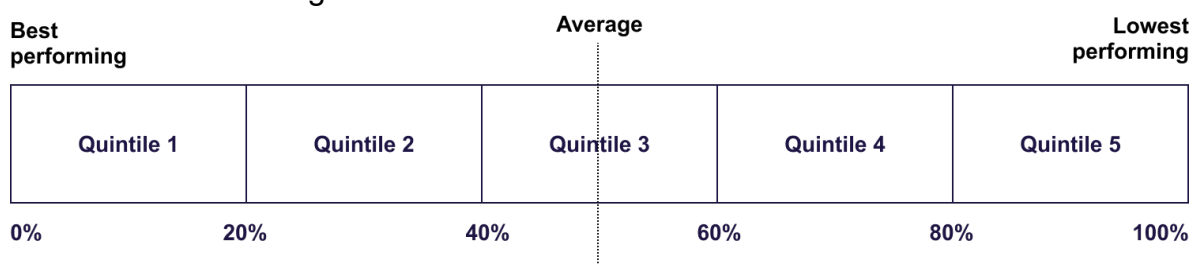
The process to calculate a Quality Measures rating for a residential aged care home is as follows:

1. Data is reported by home for each quality indicator. Some data reported under the QI Program is excluded for use in the Quality Measures rating.

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

3. A statistical distribution is determined.

4. The data for each quality indicator is divided into 5 equal groups referred to as 'quintiles'. Each quintile represents approximately 20% of all homes.

   Quintile 1 consists of approximately 20% of homes with the lowest reported percentage of care recipients for the respective quality indicator and therefore the best performing.

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

   If a home did not report any data or failed to report data on time, (i.e., missing rather than 0%) the home will not receive a Quality Measures rating, and this will result in no Overall Star Rating.

Best performing		Average		Lowest performing
Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5

0%　　　　20%　　　　40%　　　　60%　　　　80%　　　　100%

5. The 5 quality indicators are equally weighted. Where there is more than one category within a quality indicator these categories are weighted based on outcome severity.

For example, within the pressure injury quality indicator, Stage 2 Pressure Injury is weighted x1, while Unstageable Pressure Injury is more heavily weighted x3 (Further information is available in the Star Ratings Provider Manual).

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

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

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

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

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

Table 6: Quality Measures cut-off points and algorithm

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

You can improve your Quality Measures rating by:

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

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

Table 7: detailed actions to support continuous quality improvement for the 5 quality indicators.

Pressure injuries	1. Conduct skin assessments regularly. 2. Undertake pressure injury risk assessments regularly. 3. Document findings in care plan. 4. Implement appropriate prevention and management strategies. 5. Reassess skin and existing pressure injuries regularly. For detailed actions please refer to the department's QI Program Manual – Part B.
Restrictive practices	1. Assess contributing factors (i.e., environmental, psychosocial, care approach and physiological). 2. Identify and address restrictive practices and implement alternative interventions. 3. Evaluate and reassess behaviour. 4. Identify and implement strategies with care recipient and/or representative involvement. For detailed actions please refer to the department's QI Program Manual – Part B.
Unplanned weight loss	1. Provide nourishing food and drinks and a positive mealtime environment. 2. Understand and cater to care recipient preferences. 3. Screen for early identification and causes of poor intake and weight loss. 4. Implement strategies to improve health and day-to-day life. 5. Address and reduce risks of negative effects of weight loss. 6. Involve multidisciplinary staff to implement and monitor individualised nutrition care plans. For detailed actions please refer to the department's QI Program Manual – Part B.
Falls and major injury	1. Undertake environmental reviews, with modifications where hazards are identified. 2. Undertake falls risk assessments using validated tools. 3. Document findings in care plans. 4. Implement prevention strategies based on care recipient risk factors. 5. Undertake frequent reassessment to monitor risk. For detailed actions please refer to the department's QI Program Manual – Part B.

Medication management	1. Complete regular reviews of resident medication charts. 2. Document, monitor and escalate instances of polypharmacy and antipsychotic use. 3. Implement prevention strategies by educating staff and sharing decision making with care recipients and/or representatives. 4. Undertake frequent reassessment of resident medication charts. For detailed actions please refer to the department's QI Program Manual – Part B.

Table 8: Quality Measures
Continuous Improvement Tool

Plan	- Develop a Quality Measures champion team to focus on identifying, planning and delivering quality improvement activities for Quality Measures. A multidisciplinary team is recommended, including personal care workers, healthcare professionals, management staff to provide leadership and governance and residents. - Ensure staff have the appropriate skills and experience to prevent, observe, assess, escalate, support and/or manage those aspects influencing each quality indicator. This might require ongoing professional development, such as online training, on-the-job learning, core induction materials and/or hard copy resources. - Develop an understanding of the prevalence of each quality indicator at your residential aged care home using QI Program data to understand if targeted quality improvement activity is needed. - Define the areas to focus on and undertake analysis of the reasons or causes. - Collaborate with the multidisciplinary team to identify opportunities and plan targeted quality improvement interventions that will prevent and reduce instances of each quality indicator. - Identify suitable measures. This may include developing, or using existing process, outcome or key performance indicators to measure and monitor improvement or change. - Measure baseline performance. - Develop goals, targets and/or outcomes to measure achievement and success. - Determine any barriers or enablers to the proposed activities. - Map out the steps required, making sure they are broken down into achievable sized activities.

Do	- Assign key tasks. - Carry out planned activities. Initially, the activity may be small, for example, trialled at one floor of the home or at one home of an approved provider, which will allow adjustments to be made. - Monitor implementation to ensure key tasks are completed. - Document key findings, information and data. This includes documenting any changes to the planned activities.
Check	- Collect information, evidence, and data to understand if prevention activities have resulted in change. - Analyse information, evidence and data to determine if the quality improvement activity is achieving the desired outcomes.
Act	- If the activity is successful: - identify why the activity was successful - identify and respond to any unintended consequences - embed the quality indicator prevention activities into business-as-usual processes - celebrate success with residents and staff - share findings or progress with relevant stakeholders. - If the activity is unsuccessful: - identify why the activity was not successful - identify and respond to any unintended consequences - consider what could be done differently next time - share findings or progress with relevant stakeholders - consider the need to seek expert advice, collaborate with other professionals or benchmark with other homes to identify ways to improve selection and implementation of improvement activities. - Consider the outcomes and changes, and whether they indicate the need for other activities or further improvements. - Restart the Plan-Do-Check-Act tool to develop, trial and evaluate. This may focus on the next steps mapped out during planning phase or could shift focus to different improvement activities or outcomes.

For assistance with Star Ratings

If a residential aged care provider is concerned that the Staffing data available for preview via GPMS is inconsistent with care minutes information submitted in their Quarterly Financial Report they should check self-reported data for the relevant reporting period and report any errors to the My Aged Care service provider and assessor helpline on 1800 836 799 and select option 5, to request a review of the Staffing rating.

The helpline is available from 8:00am to 8:00pm Monday to Friday and 10:00am to 2:00pm Saturday, local time across Australia.

If a provider is concerned that QI Program data is inconsistent with the QI Program data submitted they should check self-reported data for the relevant reporting period using the quality indicators tile via GPMS and report any errors to the Department via QPSec@health.gov.au.

If a provider is concerned that incorrect data was used to calculate their Star Ratings, they can call the My Aged Care service provider and assessor helpline on 1800 836 799 to request a review of the rating.

Residents' Experience Survey responses and Compliance ratings cannot be contested, however, IT and data errors can be investigated by contacting the My Aged Care service provider and assessor helpline on 1800 836 799.

If a provider believes data used for the Compliance rating is incorrect, they should contact the Aged Care Quality and Safety Commission on 1800 951 822 or email info@agedcarequality.gov.au.