

Sector Partners

Digital Transformation for the Aged Care Sector



Digital Services within Corporate Operations Group

Department of Health, Disability and Ageing

www.health.gov.au

Meeting #85

20/08/2026



Australian Government

Department of Health, Disability and Ageing

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Australian Government

Department of Health, Disability and Ageing



WELCOME

Greetings and Acknowledgement of Country

Janine Bennett

Assistant Secretary
Digital Business and Sector Engagement Branch
Department of Health, Disability and Ageing



Agenda

Digital Transformation for the Aged Care Sector

**Welcome
& Agenda**

Janine Bennett

Kinnexus

Meagan Snewin
& Yana Beda

Learning Byte

Jess Kim

**Questions &
Close**

Janine Bennett

State of Play

Janine Bennett

Assistant Secretary

Digital Business and Sector Engagement Branch
Department of Health, Disability and Ageing

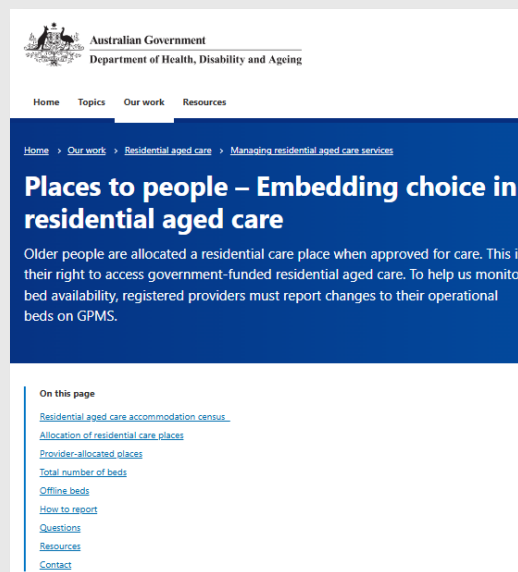


Residential Aged Care Accommodation Census

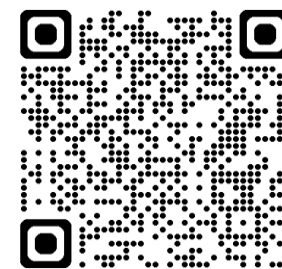
Provider questionnaire

Residential Provider Census

- Aims to build a national database about aged care accommodation and beds in Australia.
- Information collected will support funding decisions, address care shortages and reduce hospital stays.
- Closes 6 September



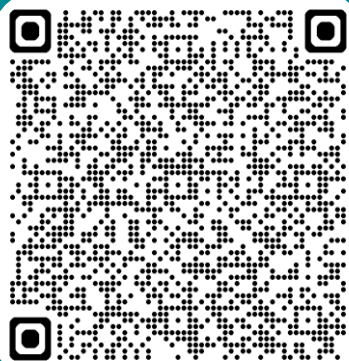
ResidentialPlacesManagement@health.gov.au



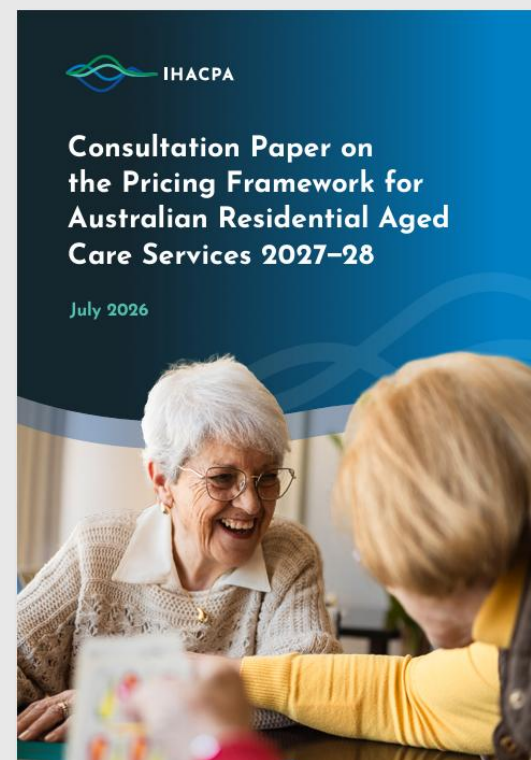
Residential aged care
census example

Independent Health and Aged Care Pricing Authority

Residential aged care consultation paper 2027-28



Consultation paper:
provide your feedback by
Friday 21 August 2026



Consultation questions

Number	Question	Page
1	What should we consider when understanding differences in administration and care management costs for respite residents compared to permanent residents? Please include any relevant data sources, activity measures or practical approaches that could be used to support these changes.	18
2	Which new or existing data sources should we consider to improve provider representation and reduce provider burden in our cost collections? Please provide an overview of the data captured in these sources.	20
3	What factors should we consider when allocating administrative costs in our residential aged care pricing advice? Please provide examples or supporting evidence.	21
4	What factors should we consider when refining how we allocate care costs between individual and shared components?	22
5	What changes in service delivery costs associated with the implementation of the Aged Care Act 2024 should we consider in developing our pricing advice? Please provide examples of transitional costs not captured in previous cost collections.	22
6	What factors should we consider when assessing the potential inclusion of the Specialist Dementia Care Program in our pricing advice? Please provide examples or supporting evidence.	28
7	What factors should we consider when assessing the potential inclusion of the oxygen and enteral feeding supplements in our pricing advice? Please provide examples or supporting evidence.	28

Quarterly Financial Report (QFR)

Resources



Quarter 1 2026-27 Resources



1. Introduction to the Quarterly Financial Report

1.1 Purpose

This guidance and frequently asked questions (FAQs) are designed to assist Registered Providers of aged care services complete their Quarterly Financial Report (QFR).

1.2 Background

The QFR was introduced from 1 July 2022 as part of broader initiatives to improve financial reporting and strengthen prudential compliance for registered aged care providers (formerly approved aged care providers). Information reported assists the Government to monitor and support providers. Some of the financial information collected through the QFR is published in the [Quarterly Financial Snapshot](#).

1.3 Reporting requirements

Registered providers must comply with the reporting obligations set out in section 166 of the *Aged Care Act 2024* (the Act), as well as any requirements prescribed under this provision in the *Aged Care Rules 2025* (the Rules).

Section 166-340 of the Rules requires registered providers to submit a quarterly financial report for each quarter in a reporting period and sets out the specific requirements for that report.

- If you are a Registered Provider delivering residential aged care and/or the Support at Home program, you are required to submit a QFR.
- If you are a Registered Provider delivering Multi-Purpose Services Program (MPSP) and/or National Aboriginal and Torres Strait Islander Flexible Aged Care, you are also required to complete a QFR but will complete the food and nutrition reporting only.
- Providers who solely deliver Commonwealth Home Support Programme (CHSP) services do not have to submit a QFR.

What you are required to report in the QFR depends on the types of programs you deliver.

Quarterly Financial Report | Guidance and FAQs

Open collaboration activities

State of Play

**Business Verification
Testing (BVT) Register**

Open to: Providers

Legend

Open

Evergreen

On today's agenda

Recently closed

★ ★ New

🕒 Closing soon



Australian Government

Department of Health, Disability and Ageing

Kinnexus

Meagan Snewin

Senior Program Manager

Aged Care Strategy Lead

Digital Health Cooperative Research Centre (CRC)

Yana Beda

CEO

Beda Software





Digital Health CRC

Meagan Snewin

Aged Care Strategy Lead & Senior Program Manager
Digital Health Cooperative Research Centre

Yana Beda

Chief Executive Officer
Beda Software

20 August 2026

Team Kinnexus – Who you will hear from today



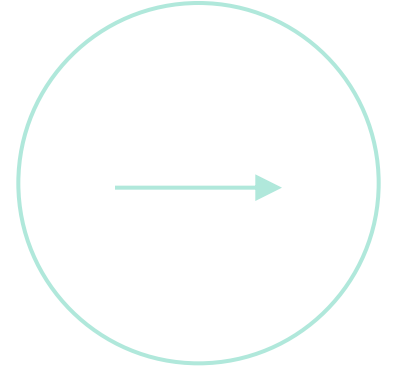
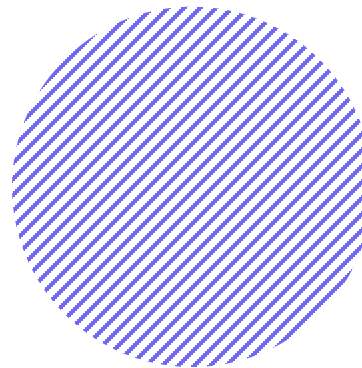
Meagan Snewin



Yana Beda

Agenda

- DHCRC Snapshot
- The why
- Informing our thinking
- What we built
- Why it matters
- Game changer
- Q&A session
- What's next





DHCRC snapshot

Our Purpose

The Digital Health Cooperative Research Centre (DHCRC) is advancing digital health innovation by linking academia, industry and government to accelerate research implementation, enable effective use of data, connect care, empower the health workforce and support consumers to confidently be in control of their health and wellbeing.

Together, we invest in research and development to support the growth of a strong digital health industry, improve patient outcomes and experience and deliver sustainable digital health solutions.

DHCRC & Aged Care

Aged Care Data Explainer shone a light on the national digital health reform strategies and the multitude of plans published since the Royal Commission. A call for clear policy decisions that defined national best practice data sets for aged care.

Our flagship Aged Care Data Compare (ACDC) research project has built the foundations for quality reporting measures with the development of a HL7 FHIR data exchange specification; validation of 25 recommended quality indicators; and the creation of a secure data and analytics platform.

Our Focus Areas

Research & Development | Education & Capacity Building | Translation & Commercialisation



\$110M

Commonwealth and Participant
funding from 2018-2026

60+

Industry, Government and
Academic participant
organisations across Australia

50

PhD and Masters
students supported

60+

Research projects in
delivery or completed



Australian Government
Department of Industry,
Science and Resources

Cooperative Research
Centres Program



The why, and what we've done (ACDC)

The challenge



- Lack of data standardisation
- Lack of a National Aged Care Minimum Data Set
- Lack of a national, evidence-based functional assessment

The Solution



- Creation of the Quality Indicator (QI) app – capturing data at the point of care and reusing the same data to inform care

“Collect once, use many times”

The impact



- Aged Care workers
- Software Providers
- Aged Care Providers
- Government and Policy Makers

Background to Kinnexus

DHCRC flagship **Aged Care Data Compare** project demonstrated the critical need for a nationally consistent approach to assessing the needs of older people. To inform debate on the timing and value of Australia adopting a standardised approach to functional assessment, we commissioned:

interRAI Implementation Feasibility Study

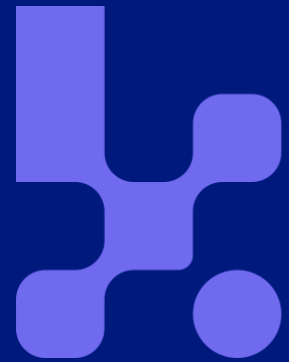
- Recommended developing a SMART on FHIR app prototype that could be integrated into each aged care software vendor's solution with minimal disruption

The Australian aged care data landscape

Jointly commissioned by CSIRO & DHCRC

- Highlights the complexity, fragmentation and unreliability of data quality and data requirements
- Revealed the challenges with duplication of effort for primary care
- Showcased the challenges with differences in Aged Care and My Health Record legislation

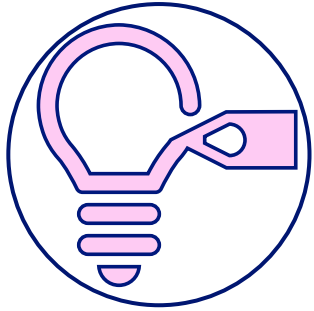




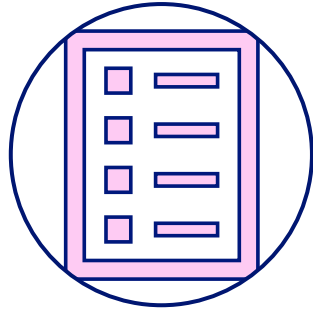
kinnexus

A Digital Health CRC Initiative

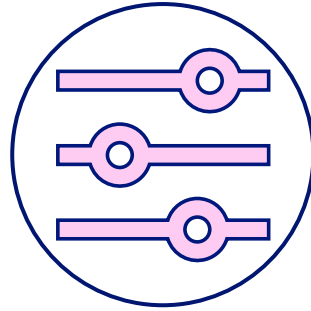
What we've built – SMART on FHIR QI App



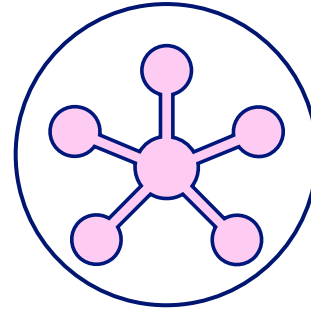
interRAI LTCF assessment
instrument pre-
populated with existing
data held in CIS



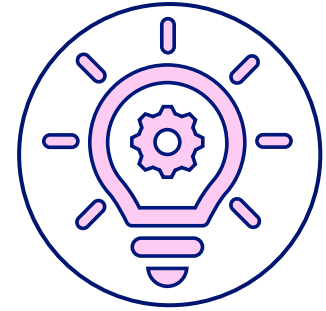
Generating Quality
Indicators and
Collaborative Action
Plans (CAPs) in real
time



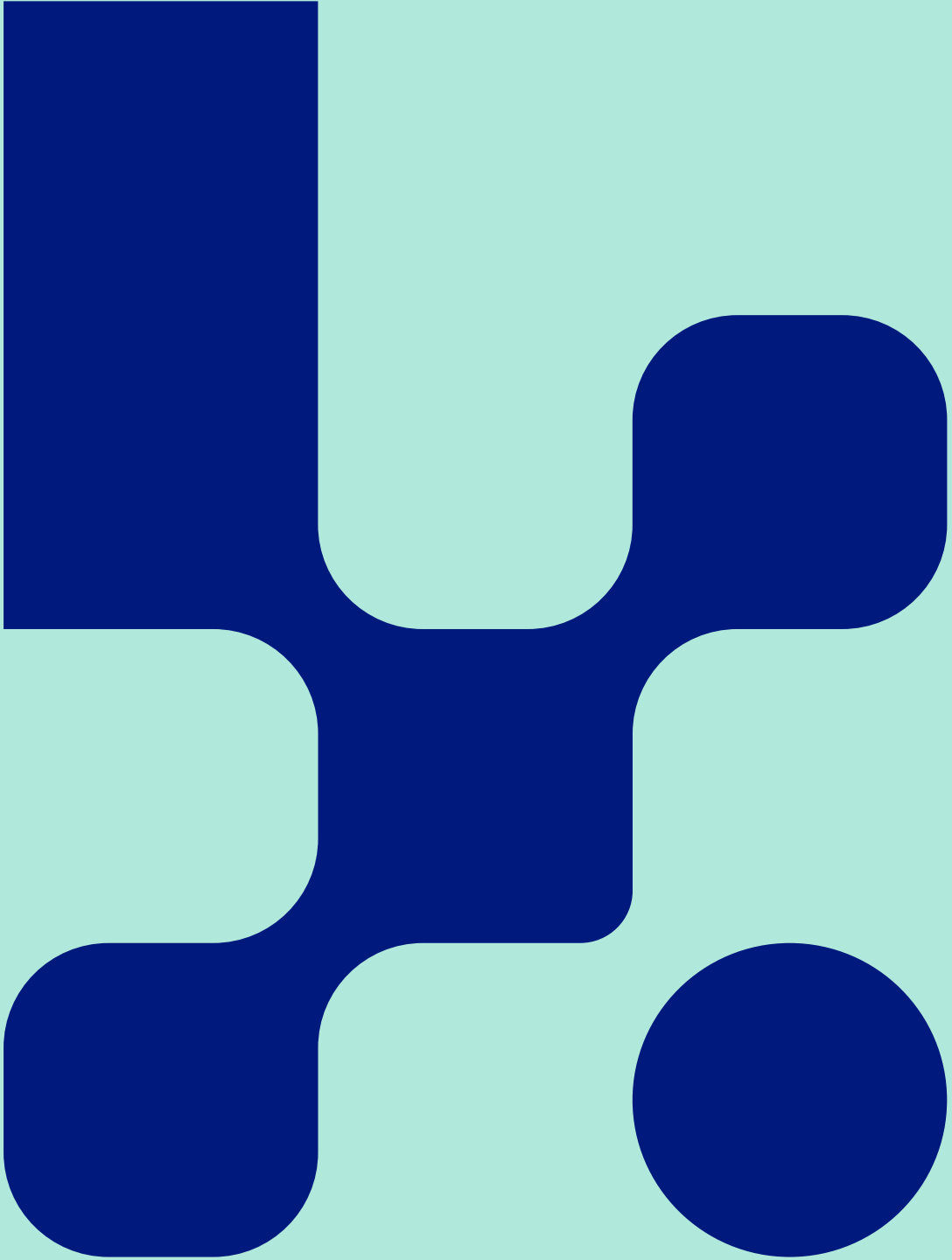
Providing the
ability for facilities
to compare Qis
over time



Supporting data
reuse and sharing
information to
populate other
standards based
FHIR forms

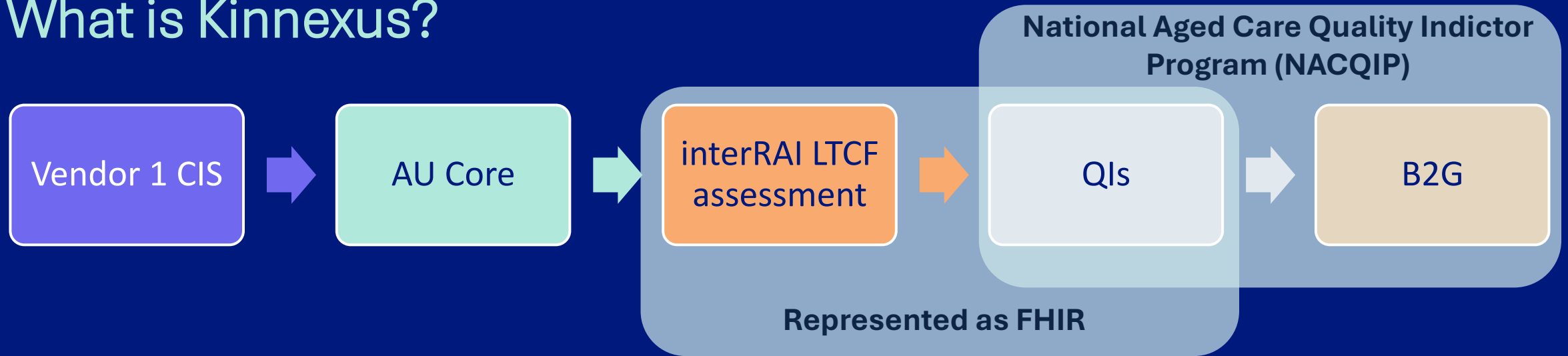


Aggregate and submit
data to B2G



Demo

What is Kinnexus?



- interRAI defines the clinical content, focussed on RACF now, but extendable to Home Care, etc
- AU Core is Australia's common digital health language for FHIR and a key enabler for interoperability at scale. It provides the standard way for software systems to structure and exchange core clinical information, enabling interoperability across providers, vendors and care settings.
- FHIR provides the interoperability framework – allowing information to be shared beyond aged care - more effectively with hospitals, GPs, pharmacies and other health services (most of whom are now using FHIR). A common language so data can be exchanged.

Kinnexus brings them together to enable scalable, vendor-neutral aged care interoperability.

SMART on FHIR CIS integration and data mapping



Seamless CIS Integration

Kinnexus integrates directly with Clinical Information Systems using SMART on FHIR, enabling smooth clinical workflows without extra logins.

Automated Data Mapping

Existing resident data from CIS is automatically mapped into the interRAI LTCF assessment, reducing duplicate entry and improving accuracy.

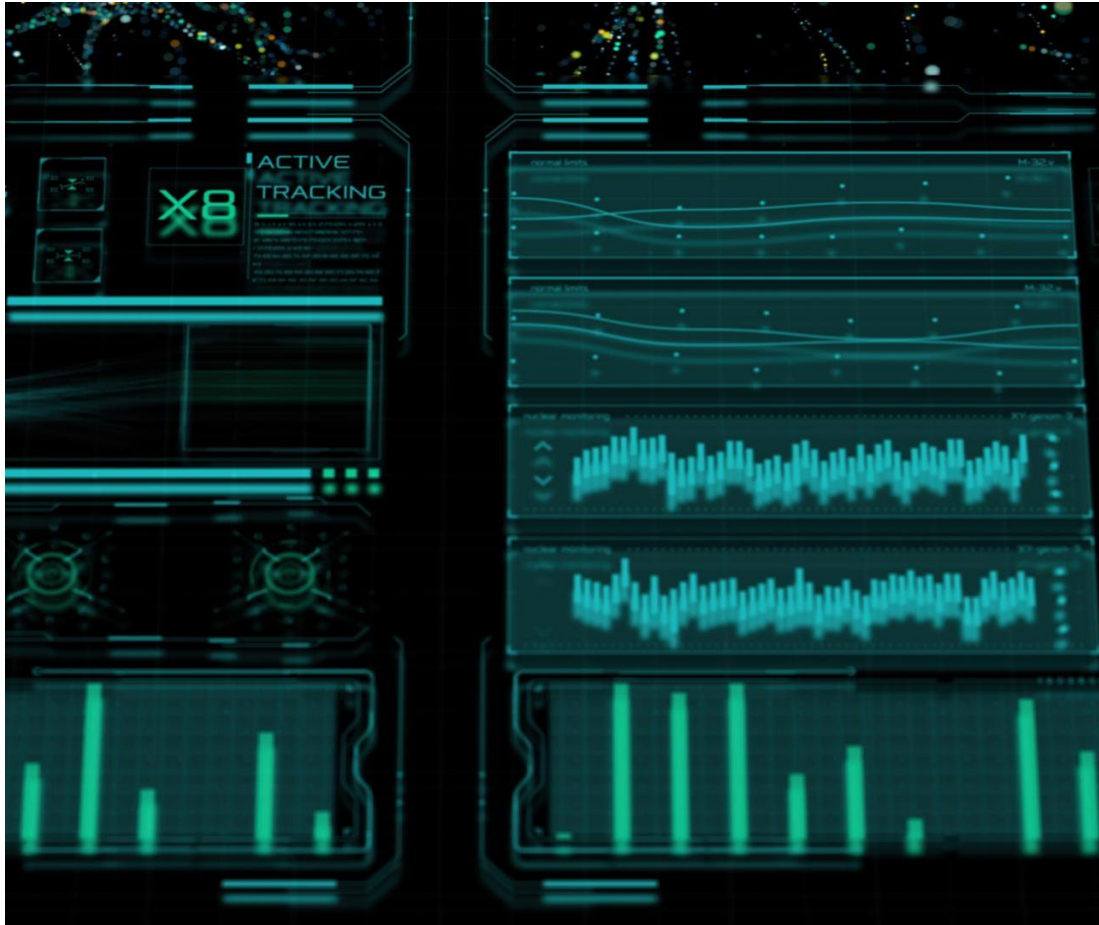
Bidirectional Data Exchange

Kinnexus supports writing assessment data back to CIS, enabling a closed-loop system for enhanced clinical data continuity.

Future-Proof Interoperability

The integration supports modern CIS platforms aligning with national digital health standards for sustained interoperability.

Resident-level NACQIP Quality Indicators in real time



Real-time Quality Indicator Generation

Kinnexus automatically generates NACQIP Quality Indicators in real time from interRAI LTCF assessments, eliminating manual data extraction.

Comprehensive Clinical Risk Domains

Quality Indicators cover key domains such as pressure injuries, falls, medication management, and hospitalisation to ensure thorough monitoring.

Proactive Quality Improvement

Real-time resident-level QIs enable early identification of emerging risks, supporting proactive interventions and better outcomes.

Reduced Administrative Burden

Embedding QI generation in routine assessments shifts reporting from compliance to continuous quality monitoring, reducing workload.

Automated NACQIP aggregation and supplementary data entry



Automated Data Aggregation

Kinnexus automates aggregation of resident-level Quality Indicator data, eliminating manual collation and reducing errors.

Manual Entry of Supplementary Indicators

The platform allows clinical managers to manually enter workforce, consumer experience, and quality of life indicators.

Improved Governance and Audit Readiness

Consolidating automated and manual data in one system enhances governance, version control, and audit preparedness.

Holistic Performance View

Combining clinical outcomes with workforce and consumer perspectives provides a comprehensive view of organisational performance.

Conformant B2G submission, drill-down, and triangulation



Conformant B2G Submission

Kinnexus allows direct, compliant submission of regulatory data to government portals, reducing errors and ensuring reliable records.

Drill-Down Transparency

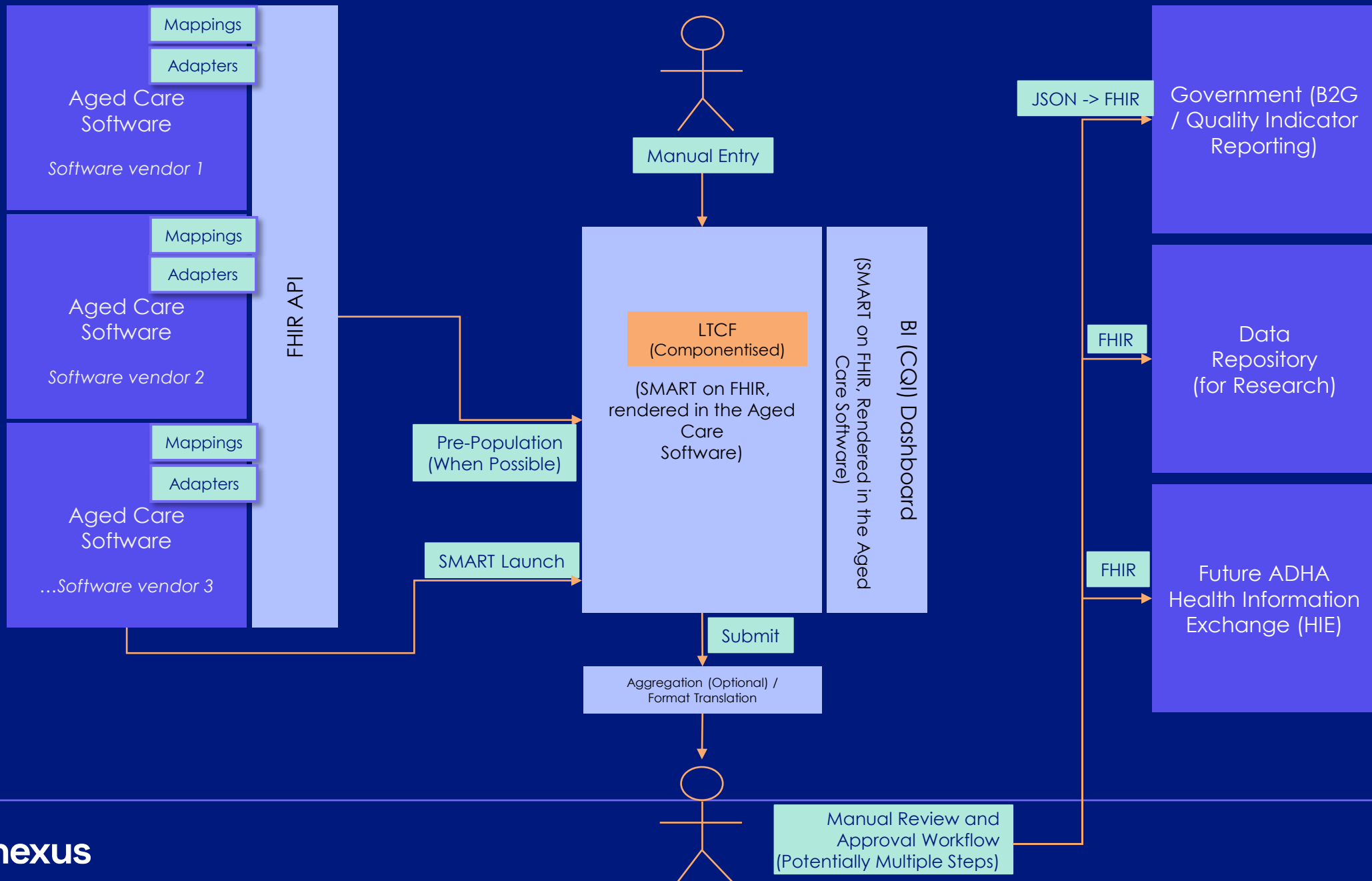
System supports drill-down from aggregated reports to individual resident-level data for detailed validation and insight.

Data Triangulation and Quality

Triangulating reported outcomes with individual assessments enables identification and correction of discrepancies.

Governance and Continuous Improvement

Linking submission, transparency, and corrective action enhances governance, data integrity, and reporting confidence for Boards and executives.





A game changer for aged care

Plug and play

One engine, many uses

Globally aligned, locally proven

Built for interoperability and impact

Central control, local flexibility

Collect once, reuse many times

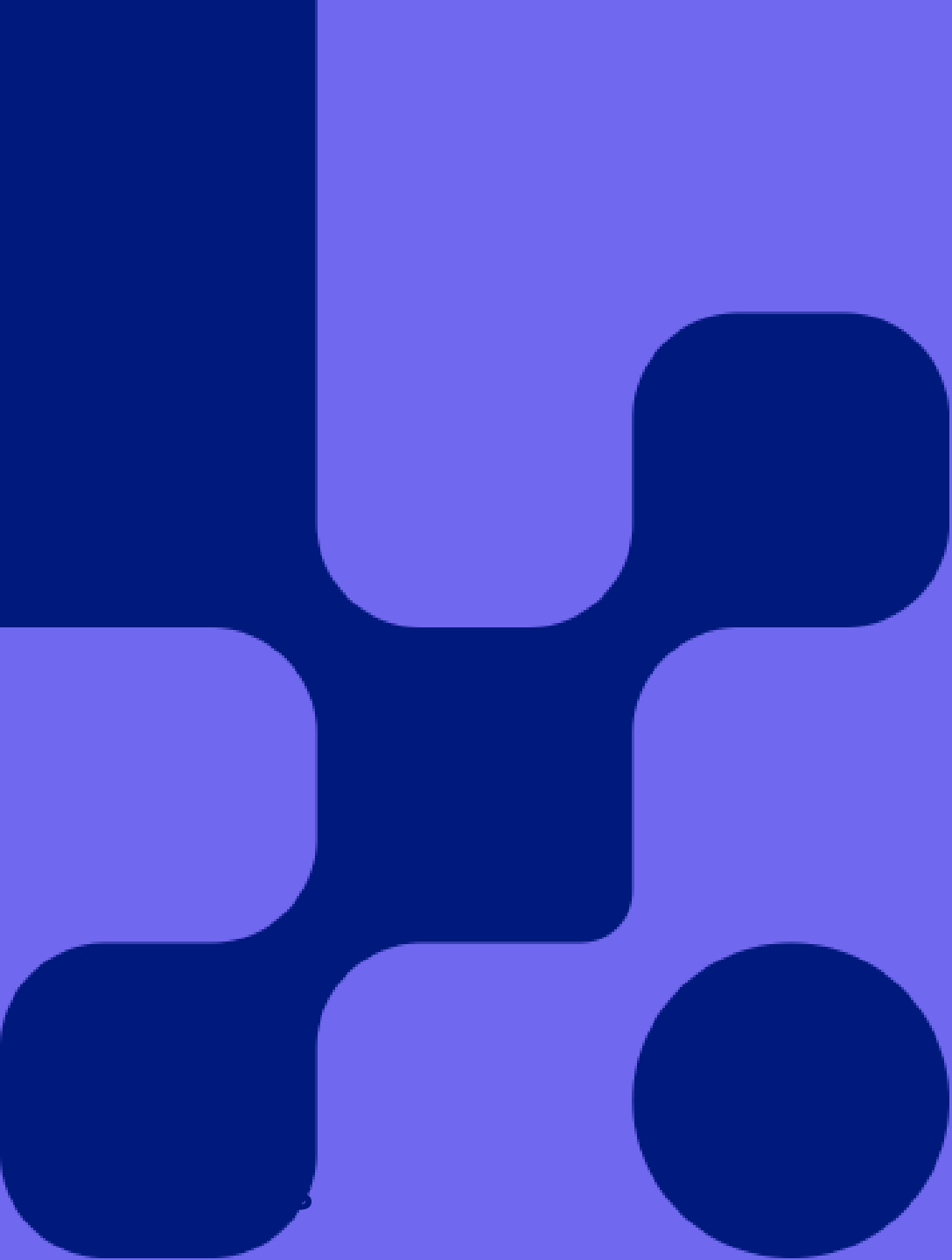
Partnerships & Trials

- We are speaking with providers to partner with us to deliver a production ready interRAI LTCF SMART on FHIR Quality Indicator App that is:
 - Scalable
 - Aligns to national data standards and digital strategies
 - Can serve as a demonstrator for what is possible.
- We are inviting anyone interested to join us on the journey:



Kinnexus website





Q&A



Email to reach out:
meagan.snewin@dhcrc.com



Supporting Information

- DHCRC website for more info on Aged Care Data Compare and our other work in digital transformation of aged care
<https://digitalhealthcrc.com/projects-and-publications/digital-transformation-of-aged-care/>
- SMART on FHIR: <https://www.digitalhealth.gov.au/digital-health-standards/standards-academy/opportunities-for-australia-with-smart-on-fhir-apps>
- interRAI Record once, use many times: <https://conference.ageingaustralia.asn.au/extlink/2024/2025-National-Conference-Tracey-Comans.pdf>
- FHIR Fundamentals: <https://www.digitalhealth.gov.au/digital-health-standards/standards-academy/fhir-fundamentals-for-australian-developers>
- interRAI Australia: <https://interrai-au.org/>
- Sparked – Australia’s FHIR accelerator: <https://sparked.csiro.au/>

Q&A

There are multiple ways to ask your question:

- 1 Type your question into the meeting chat.
- 2 Raise your virtual hand to be brought to stage to ask your questions directly.

Want to ask your question directly?

Just raise your hand using the option at the top of the MS Teams window.



Australian Government

Department of Health, Disability and Ageing



THANK YOU

Our next meeting will be on **Thursday, 17 September 2026.**

✉ DTSectorPartners.health.gov.au

Digital Transformation Tech Talk
Webinar session on
Wednesday, 9 September 2026