# MPSP Direct Care Targets Trial
## Care Minutes Calculator Tool – User Guide

**Purpose of this guide**
This guide explains how to use the Care Minutes Calculator Tool (the Calculator Tool) during the MPSP direct care targets trial (the trial) to estimate achieved aged care, direct care minutes for the reporting period.

It also outlines different approaches to counting staff hours, so Multi-Purpose Service facilities (MPS) can choose a method that best fits how they record care staff time (e.g. rosters, payroll or timesheets).

This guide can be read in conjunction with guidance on the Information tab of the Calculator Tool itself. Broader information about the trial can be found on the department's MPSP reforms web page, including within the **Direct Care Targets Trial Guide**.

**Timelines**
The trial commences from **1 October 2026** and is expected to run for at least 12 months. The first reporting period will be **Stage 1** of the trial. Stage 1 runs from **1 October to 31 December 2026**. During this period, participating providers will trial a target of **200 minutes of direct care per resident per day**, including **40 RN minutes**.

**Use of the Calculator Tool is optional.** Services are encouraged to determine the approach that best works for them, based on their local systems and practices. They may adapt this Tool or use alternative methods, provided their approach is reasonable, consistent and based on routine records.

**What the Tool does**
The Calculator Tool converts staff hours for the reporting period, into direct care minutes per aged care client per day and compares these to the applicable total direct care target and the Registered Nurse (RN) target, with Enrolled Nurse (EN) hours credited at 10% by default.

By following a few simple steps the Tool will:
- convert eligible hours (based on values entered) into minutes
- calculate achieved minutes per resident per day
- show whether targets for the period are met.

The Tool does not determine what counts as aged care or direct care. It performs calculations only, based on the values entered by the service. Please refer to Appendix A of the **MPSP Direct Care Targets Trial Guide** available here, for information on direct care.

**Calculator Tool – using for a single or multiple MPS**
The default format for the Calculator Tool is **single** MPS format. MPSP providers who wish to use the Calculator Tool for more than one MPS have the following options:

Providers can either;
- complete one separate Tool per MPS, emailing each back to the department, or
- email the department and **request** a multi-site version of the Calculator Tool (department preference), or

- use an unpopulated copy the Calculator Tool to create a new tab for each of the provider's MPS (see below).

**Adapting the Calculator Tool – multiple MPS**
To assist with data entry, the Calculator Tool uses linked cells including values within the Lists tab.
If adapting the Calculator Tool for multisite use, it is recommended that the necessary additional tabs on Tool (one for each MPS) be created **before** any data is entered.

1. Right-click on the Master-Calculator Tool Tab.
2. Select Move or Copy Master-Calculator Tool Tab.
3. Tick Create a copy.
4. Keep it in the same workbook.
5. Label the tab with the name of the MPS.
6. Repeat above for each MPS as needed.
7. When emailing the completed Calculator Tool label as follows:

MPSP Stage 1 DCT Trial Calculator Tool. Provider Name. Multi site.xlsx

**Getting started (each reporting period or tab)**
Table 1

1. In cell B3 – select the State/Territory for the provider and MPS
2. In cell B4 – select the provider's name
3. In cell B5 – select the MPS
4. In cells B6 and B7 – enter the **start** and **end date** for the reporting period e.g. for **Stage 1** of the trial this will be 1/10/2026 and 31/12/2026. The number of days in the period will automatically calculate at cell B8.

Table 2

5. In cell E5 enter the **average occupied residents**.
   To determine the average number of residents for Stage 1, determine the number of residents receiving care at the MPS at on the last day of each month in the period (Oct, Nov and Dec) and divide by 3. Enter that number at E8.
6. In cell E6, enter the total care minute target for a resident per day; for Stage 1 of the trial – enter 200. For Stage 2 – enter 215 (from 1 January 2027)
7. In cell E7, enter the total care minute target for an RN per resident per day - day; for Stage 1 of the trial – enter 40. For Stage 2 – enter 44.
8. At cell E8 – the EN credit factor (countered towards RN target) is 10%.

Table 3
**Entering staff hours table– key fields**
Note: Column A contains prepopulated numbers commencing from 1 at cell A15. Each row represents a new entry on a per person/role basis. The same person could be entered on more than one row as necessary.

For each row you add:

- **Role** (column B): Select from the drop-down list (RN, EN, PCW, AIN, Student Nurse).
- **Total hours** (all streams – column C): Total paid or rostered hours for the period.
- **% attributable to Aged Care** (column D): Enter the percentage/proportion of hours worked that are related to residential aged care (to exclude acute, community or hospital services).
  Note: Column E automatically calculates the **number of aged care hours**

- % Direct Care (column F): Enter the percentage/proportion of aged care hours spent delivering direct care (to exclude admin, education, meetings, leave etc.).
  Note: Column G, H and I, automatically calculates the **total direct care hours, direct care minutes and any applicable RN-credit minutes**.
- Notes (optional): Enter any assumptions or explanations supporting your calculations.

**How should services count hours?**
There is no single required way to count hours. Services may choose an approach that best reflects how their data is held, provided it is reasonable and applied consistently within the month. The department does not require services to count hours at an individual staff member or shift level, provided the overall estimate is reasonable and supported by routine records.

Below are 2 common approaches services may choose to use.

**Option 1: Aggregate hours by role (simpler approach)**

What this looks like
- Add one line per role (e.g. one RN line, one PCW line).
- Enter the total hours across the period (e.g. Oct-Dec) for that role across all staff.
- Apply an average percentage for:
  - % attributable to aged care
  - % direct care
- Each row could reflect the entire 3-month reporting period or single months e.g. October or a single payroll period (e.g. fortnightly). In this case the steps would be repeated to ensure the full Stage 1 period is captured.

When this works well
- Smaller services
- Stable staffing patterns
- Payroll or rostering systems produce role-level totals

**Example**

| **Column B** | **Column C** | **Column D** | **Column F** |
|---|---|---|---|
| **Role** | **Total hours** | **% Aged Care** | **% Direct Care** |
| RN | 520 | 60% | 55% |
| PCW | 860 | 100% | 90% |

Things to note
- Keep a brief record of how the percentages were estimated
- Apply the same assumptions consistently across the period

**Option 2: Multiple lines by staff member or shift type (more detailed)**

What this looks like
- Add multiple lines for the same role, for example:
  - Individual staff members
  - Day/night shifts
  - Permanent vs agency staff
- Apply more specific percentages to each line

When this works well

- Larger services
- Mixed roles within shifts
- Reliable timesheets or detailed rosters

**Example**

| Column B | Column C | Column D | Column F | Column J |
|---|---|---|---|---|
| **Role** | **Total hours** | **% Aged Care** | **% Direct Care** | **Notes** |
| RN | 180 | 60% | 70% | Clinical RN |
| RN | 120 | 60% | 40% | Management duties |
| RN | 220 | 60% | 60% | Agency |

Things to note

- The Tool simply adds all rows together
- Multiple lines for the same role are acceptable
- Ensure hours are only counted once (for example, do not include both individual staff lines and a separate role-level total for the same hours)
- RN hours may be entered as a single combined total or across multiple lines. The Tool will automatically sum all RN entries.
- Each row could reflect the entire 3-month reporting period or single months e.g. October. In this case the steps would be repeated for the following two months.

**Short worked example (what many services do)**

An MPS uses payroll reports that show total monthly hours by role. Noting Stage 1 covers October, November and December 2026, the service collects each month's report:

- Enters one line for RNs with total RN hours for the month
- Enters one line for PCWs with total PCW hours for the month
- Uses a single percentage to exclude non-aged-care activity
- Applies an estimated percentage to account for non-direct-care time (e.g. meetings, leave)
- In column J - notes the direct care minutes are based on payroll totals for October

**How this might look in the spreadsheet**

| Column B | Column C | Column D | Column F | Column J |
|---|---|---|---|---|
| **Role** | **Total hours** | **% Aged Care** | **% Direct Care** | **Notes** |
| RN | 520 | 60% | 55% | Based on payroll totals - October |
| PCW | 860 | 100% | 90% | Based on payroll totals - October |

The Tool then converts these totals into:

- total direct care minutes for the month
- achieved minutes per resident per day
- RN minutes per resident per day.

The above steps are repeated for November and December.

This approach avoids staff-by-staff entry while still producing a reasonable, supportable estimate.

**Which option should services choose?**
Both approaches are acceptable. Services may wish to consider:

- how their source data is structured
- level of effort versus precision
- consistency across months.

The MPS may choose the aggregated by-role approach for early on trial reporting and move to more detailed breakdowns over time if needed. Either approach is acceptable.

The key principle is that estimates should be:

- reasonable
- based on routine records (e.g. payroll, rosters)
- applied consistently across the Stage reporting period.

**Checking results**
Use the Summary section (Table 4) to review:

- achieved total care minutes per resident per day
- achieved RN minutes per resident per day
- required minutes for the period
- status against targets (Met / Not met).

Table 5 can be used as a sense-check against payroll or rostering totals.

**Frequently asked questions (FAQs)**

**Do we need to list every staff member separately?**
No. Services can enter hours as a single total by role or use multiple lines if helpful. Individual staff-level entry is not required.

**Can we combine all RN hours into one line?**
Yes. RN hours can be entered as one combined total or across multiple lines. The Tool will automatically add them together.

**What records should our estimates be based on?**
Estimates should be based on routine records such as payroll reports, rosters or timesheets.

**What if our service delivers more than one type of care?**
Use the **% attributable to Aged Care** field to exclude hours related to acute, hospital or community services.

**Do we need to be exact down to the minute?**
No. This is an indicative estimating tool. Reasonable, well-explained estimates applied consistently are appropriate.

**Important notes**

- This Tool is an **indicative estimating calculator**, not a compliance or rostering system.
- Services may adapt the approach to local systems.
- Clear notes on assumptions will support transparency and consistency.