

My Aged Care Quick Reference Guide - How to access and use the Quality Indicators application

This guide is designed to inform 'team leaders', 'staff members' and 'administrators' about accessing and using the Quality Indicator application in the My Aged Care provider portal. The guide is spilt into sections as follows:

- What am I able to do based on my role?
- How do I grant access to the quality indicator Application?
- How do I upload my quality indicator data in a file?
- How do I manually enter the quarterly quality indicator data for a facility?
- More information

What am I able to do based on my role?

Role	Description of access					
Administrator	• Enter, save, submit and re–submit quality indicator data and targets					
Team Leader, Staff Members assigned with the QI Role	View data in the QI Program Dashboard					
Administrator	• Manage staff access to the Quality Indicator Application and the QI Program Dashboard					

How do I grant access to the quality indicator Application?

Only an Administrator can add the Quality Indicator Application for Staff Members and Team Leaders.

To add the Quality Indicator tile, the Administrator must:

- 1. Log in to the My Aged Care provider portal
- 2. Select 'Staff administration' from the Provider Portal home page

1800 836 799 Mon-Fri 8am - 8pm Sat 10am - 2pm		Welcome	Aged Care Organisation
Provider Portal			Logout
Welcome			
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Tasks and notifications	Outlet administration	Staff administration	
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Quality indicators			

3. On the 'Staff administration' page, click on the person you would like to give access to the Quality Indicator Application.



For information about how to add a staff member to your facility in the My Aged Care provider portal, please refer to the <u>My Aged Care provider portal user guide part</u> <u>one - administrator functions</u>.

4. Select 'Edit staff details'.

1800 836 799 Mon-Fri 8am - 8pm Sat 10am - 2pm					Welcome E	Test from A	ged Care Organi	isation
Provider Portal	Staff administration	Outlet administration	Reports and documents	Tasks and notifications	My Aged Care interactions	Quality indicators	CHSP grandlathered clients	Logout
Home Staff administration View staff member								
View staff member								
Mr Test A Active) Staff member ID BL, BZ189 DEActiveTest Contect dealls Email UAT28@nealth gov au Contact numbers 02 9999 9999 (Home)								
Roles							Ø	
Administrator SIRS Salt Member Taam Leador								
Outlets							Ø	
Service Name								
EDIT STAFF DETAILS								

5. Scroll down and click 'Manage Roles'.

Provider Portal	ədmi	Staff nistration	Outlet administration	Reports and documents	Tasks and notifications	My Aged Care interactions	Quality indicators	CHSP grandfathered clients	Logout
A Home Edit staff member									
Staff details All fields marked with an asterisk (*) are required.									ĺ
Tite Mr		- Job 1	De .						
First name * Test		Email UAT	26@health.gov.au						
Last name*		Cont Only Home	tact numbers rone contact number	is required. *					
Preferred name		0295	9999999						
		Work							
		Mobr	le						
Manage roles * (?)						MANAGE ROLES	ASSIGN FORM SI	UBMISSION ROLES	
Assigned roles	Assigned outlets								
Administrator	Service Name - Short Term Restorative	Care							
Team Leader	Service Name - Short Term Restorative	Care						۲	
Staff Member	Service Name · Short Term Restorative	Care						()	

6. Select 'Quality Indicators' followed by 'Next'.

Manage roles		×
All fields marked with an asterisk (*) are required.		
Please select the level for the role(s)		
O Organisation level O Outlet level		
Please select the role(s) *		
Administrator	Team Leader	
Staff Member	ACFI Contact	
Quality Indicators	SIRS	
		NEXT CANCEL

Please note: Administrators will have access to the 'Quality Indicator' tile, although the 'Quality Indicator' role may not appear

7. Check the correct outlets are selected and click 'Save Roles'.

Manage roles	×
All fields marked with an asterisk (*) are required.	
Primary outlet * Service Name	•
Please select outlets for the role(s) *	
 Service Name Service Service Name Group Service Name Care 	
BACK	SAVE ROLES CANCEL

8. A green box will appear to inform you the new Role has been saved, click 'Save'.

Assigned roles	Assigned outlots	
Administrator	Short Term Restorative Care	(
Team Leader	Short Term Restorative Care	
Staff Member	Short Term Restorative Care	
Quality Indicators	Short Term Restorative Care	
SIRS	Short Term Restorative Care	(
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9. The Staff member will now have the Quality Indicators tile active on the Provider Portal home page.

1800 836 799 Mon-Fri 8am - 8pm Sat 10am - 2pm			Welcome from Bendigo Group
Provider Portal			Logo
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-A	My Aged Care interactions	Reports and documents	Outlet administration
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Tasks and notifications	Staff administration	Quality indicators	CHSP grandfathered clients
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Form submission portal	Serious incident reports		

How do I upload my quality indicator data in a file?

You are able to upload a file to enter multiple services' quality indicator data at once. To upload a file, follow the steps below.

1. From the Provider Portal home page, click on the "Quality Indicators" tile.

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Provider Portal			Logout					
Welcome Mahmoud								
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ব	My Aged Care releasedons	Reports and documents						
Tasks and notifications	Staff administration	Quality indicators	CHSP grandfathered clients					
	!							
Form submission portal	Serious incident reports							
Accessibility Privacy Disclaimer Terms of use Copyright Copyright © Commonwealth of Australia ABN 36 342 015 855			stateline Comment					

2. Select the service you wish to upload data for.

1800 836 799 Mon-Fri Ram - Rpm Sat 10am - 2pm					Welcor	ne B Test from	Aged Care Organis	ation
Provider Portal	Staff administration	Outlet administration	Reports and documents	Tasks and notifications	My Aged Care enteractions	Quality indicators	grandfathered clients	Logo
W Home Gl Data Entry & Submission								
QI Data entry & Submission								
•		UPLOAD	ALE QUREPORT	ING DASHEKOARD	FREQUENTLY ASK	D QUESTIONS	GI PROGRAM MAN	UAL.
Selected Services								
Select a service to start entering the relevant data			-				ADD SERVICE	
	Service Name	0						
	NAMES Service (D) XOOX							
	lest Address		-					
111 - Service Name								
You are reporting on: Quarter 1 FY 21 - 22 (1:04/2021 - 30/06/2021)						REVISE ANOT	HER QUARTER	

3. Click the "Upload file for QI data" button.

1800 836 799 Mon-Fri 8am - 8pm Sat 10am - 2pm		
Provider Portal	Staff administration	Outlet administration
Home Quality Indicator File Upload		
🕮 Quality Indicator File Upload		
New File upload Complete and upload the data collection template.		
You can upload a file with up to 500 service rows. Please only upload QI Program data in the official template Download the File Upload to	emplate here.	
CONTINUE		
File upload logs View the status of the uploads in your organisation		
No Reco	ords found	
BACK		

4. Download the File Upload template. Fill in all required data fields then save the file.

	File Home I	nsert Page I	Layout Formulas	Data Review 1	/iew HPE Content Manager	Design V Tell me what you want to do				
P	Cut	Calibri B I U	• 11 • A* A*		Wrap Text General Merge & Center - \$ - 5	* Conditional Format as Formatting * Table *	2 Normal Ba tion Check Cell Exp	Good Neutral	↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	ium ×
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	NAPS ACO ID	Outlet ID	NAPS Service ID	Facility Name	Reporting Period Name	Number of care recipients assessed for pressure injuries	Number of care recipients excluded because they withheld permission	Number of care recipients excluded because they were absent for the entire quarter	Number of care recipients with (one or more) pressure injuries	Numbe injurie stages
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5. To upload to completed file, browse for the file. Then click "continue' to upload it.

1800 836 799 Mon-Fri 8am - 8pm Sat 10am - 2pm	
Provider Portal	Staff administration
A Home Quality Indicator File Upload	
🔀 Quality Indicator File Upload	
New File upload Complete and upload the data collection template. Browse	
You can upload a file with up to 500 service rows. Please only upload QI Program data in the official template. Download the File Upload te	mplate here.
File upload logs View the status of the uploads in your organisation No Reco	ds found
BACK	

6. Follow the prompts on screen to match valid services.

1 800 836 799 Mon-F ≡ Provider Forms Porta	iri8 am - 8pm Sat	10am - 2 pm				Welcome	B Test from Aged Ca	re Organisation
# Home QI Setup								
	lity Ind d Pase words there had not Pase words the series of the words data prior to do data for this series P	icator F executions Report for the second approximation of		1				
Please recity any errors before continu	ing	NADO Carrier ID	- 04-0	E English Home A	Olatha			
Unmatched	Q1 FY 21/22	XXXX	1-XXXXXXXXXX	Facilit Name A	Not Found	/ 8		
Unmatched	Q1 FY 21/22	XXXXX	1-X00000000X	Facility Name B	Not Found	1.8		
Unmatched	Q1 FY 21/22	XXXXX	1.00000000	Facility Name C	Not Found	18		
Permission required	Q1 FY 21/22	X000X	1-X0000000XX	Facility Name D	Not Found	1 1		
Matched	Q1 FY 21/22	X000X	1-X0000000X	Facility Name E	Not Started	8		
Matched	Q1 FY 21/22	X000X	1-X0000000X	Facility Name F	Not Started			
Matched	Q1 FY 21/22	X000X	1-XXXXXXXX	Facility Name G	in-Progress			
Matched	Q1 FY 21/22	X000X	1-XXXXXXXX	Facility Name H	Submitted	8		
					BACK	CONTINUE		
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7. Rectify unmatched services by looking up correct service details.

		Staff administration	Outlet administration	Reports and documents	Tasks and notifications	My Aged Care interactions	Quality indicators	CHSP grandfathered clients	
Select corre	ct ser	vice				^			
The following service could not search tool below to assign you	t be matched ur data to the	I to a service that you ha	ve access to submit	QI Program data fo	r. Please use the	*			
Reporting period:	Quarter 1	FY 21 - 22							
Outlet ID: NAPS Service ID: Facility name:	XOXO XXXX Service N	Name				Qt Status			
Search by						Not found	Ø	۲	
Reporting period Quarter 1 FY 21 - 22	•	NAPS Service ID XXXX		Outlier ID XOXO		Not found	Ø		
Outlet name		Facility name Service Name				1.	BA	CK CONTINUE	6
Facility name is Service Na FY 21 - 22	ame and NA	NPS Service ID is xxxx an	d Outlet ID is xoxo	and Reporting peri	od is Quarter 1		Australian Gover Department of B	anerer nats myaged	C are
	Select corre The following service could no search tool before to assign yo Reporting period: Outlet ID: NAPS Service ID: Facility name: Search by Paporing service Quarter 1 FP 21 - 22 Outlet name Fy 21 - 22	Select correct set The following service could not be matched active to assign your data to the Reporting period: Outlet ID: VarXa Service ID: Secret Dy Reporting period Outlet I PT 21 - 22 Outlet name Fig 21 - 22	Select correct service The following service could not be matched to a service that you has active too below to assign your data to the correct service. Reporting period: Quarter 1 FY 21 - 22 Outlet ID: X0XX Facility name: Service Name Service Name Codet name Proving period Outlet name Proving period Codet name Proving period	Select correct service The following service could not be matched to a service that you have access to submit search tool below to assign your data to the correct service. Reporting period: Quarter 1 FY 21 - 22 Outlet ID: XXXX0 NAPS Service ID: XXXX Facility name: Service Name Outlet name MAPS Service D Outlet name Service Name Outlet name Service Name Outlet name Service Name Outlet name Service Name Facility name is Service Name and NAPS Service ID is xxxx and Outlet ID is xxxx	Select correct service The following service could not be matched to a service that you have access to submit OI Program data for search tool below to assign you data to the correct service. Reporting period: Outlet 10 :: Outlet 1D: XOXO NAPS Service 1D: XOXO Facility name: Service Name Outlet name Service Name Facility name Service Name Pacility name Service Name Pacility name Service Name Facility name Service Name Pacility name is Service Name and NAPS Service ID is xxx and Outlet ID is xxx and Reporting perior Fy 21 - 22 Service Name	Select correct service The following service could not be matched to a service that you have access to submit OI Program data for. Please use the correct service. Reporting period: Quarter 1 FY 21 - 22 Outlet ID: XOXO Reporting period: Service Name Search by MMS denome ID Quarter 1 FY 21 - 22 Outlet name Service Name Pacifity name is Service Name and NAPS Service ID is xxx and Outlet ID is xxx0 and Reporting period is Quarter 1 PY 21 - 22 Cancer	Select correct service Select correct service The following service could not be matched to a service that you have access to submit 01 Program data for. Please use the service to below to assign your data to the correct service. Reporting period: Quarter 1FY21-22 Quarter 1FY21	Select correct service X Select correct service X The following service could not be matched to a service that you have access to submit 01 Program data for. Please use the service below to assign your data to the correct service. Image: Content of the matched to a service that you have access to submit 01 Program data for. Please use the service to below to assign your data to the correct service. Reporting period: Content of the matched to a service that you have access to submit 01 Program data for. Please use the service 1D: NAPS Service ID: XXXX Searche by Number of the correct service. Pacing period: Number of the correct service. Construct 1D: XXXX Searche by Number of the correct service. Pacing period: Number of the correct service. Content 1P 21 - 22 XXXX Service Name Service Name Facility name Service Name Pacing period: Service Name Pacing period: XXXXX Content 1P 21 - 22 XXXXX Pacing period: Service Name Pacing period: Service Name Pacing period: Service Name Pacing period: Service Name Pacing period:	Select correct service Select correct service The following service could not be matched to a service that you have access to submit OJ Program data for. Please use the service to be based on your data to the correct service. Reporting period: Quarter 1F Y 21 - 22 Quifet 1D: Service Name Service Name Service Name Service Name Facility name Service Name Not found Outlet ID is you? and Reporting period is Quarter 1 FY 21 - 22

8. Delete data for services that you cannot match.

You must re-upload for the services you have removed, or you can enter them manually.

How do I manually enter the quality indicator data for a service?

1800 836 799 Mon-Fri 8am - 8pm Sat 10am - 2pm			Welcome Mahmoud from Bendigo
Provider Portal			Logout
Welcome Mahmoud			
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, A	My Aged Care interactions	Reports and documents	Outlet administration
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Tasks and notifications	Staff administration	Quality indicators	CHSP grandfathered clients
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Form submission portal	Serious incident reports		
Accessibility Privacy Disclaimer Terms of use Copyright Copyright & Commonwealth of Australia ABN 36 342 015 855			tartela Corrent Deschart trub

From the Provider Portal home page, click on the 'Quality Indicators' tile.

1. Select the service you wish to enter quality indicator data.

1800 836 799 Mon-Fri 8am - 8pm Sat 10am - 2pm					Welco	me B Test from	Aged Care Organis	ation
Provider Portal	Staff administration	Outlet administration	Reports and documents	Tasks and notifications	My Aged Care interactions	Quality indicators	CHSP grandfathered clients	Logout
♣ Home QI Data Entry & Submission								
QI Data entry & Submission		UPLOAD	FILE QI REPOR	RTING DASHBOARD	FREQUENTLY ASKE	D QUESTIONS	QI PROGRAM MANU	IAL
Selected Services								
Select a service to start entering the relevant data Service Name NAPS Service ID: 111 Addess Test Address							ADD SERVICE	

2. Scroll downward on the screen. The Quality Indicator questionnaire is displayed for your selected service.

ou are reporting on:	Quarter 1 FY 21 -	22 (1/04/2021 - 30/06/2021)		REVISE ANOTHER QUARTER
eporting period end date: tatus	30/06/2021 in progress	Reporting period due date:	21/07/2021	
		All fields marked with asterisk(") must be completed before submission		
				Current revision number
et up QI Target/s		Set up QI Target/s		
ressure Injury hysical Restraints nplanned Weight Loss alls and Major Injury iedication Management		Pressure Injuries Targets Number of care necipients with (one or more) pressure injuries 3 Number of care recipients with (one or more) pressure injuries, reported a Stage 1 Pressure injury	ngainst each of the six pressure injury stages: Step 2 Pressure Injury	
		1	1	
		Stage 3 Pressure Injury	Stage 4 Pressure Injury	

- 3. Enter data for:
 - Set up QI targets (optional)
 - Pressure Injuries (mandatory)
 - Physical Restraint (mandatory)
 - Unplanned Weight Loss (mandatory)
 - Falls and Major Injury (mandatory)
 - Medication Management (mandatory)

		All fields marked with asterisk(") must be completed before submission	nc
			Current revision number: 2 VIEW OLDER REVISION
Set up QI Target/s		Set up QI Target/s	
Pressure Injuries Physical Restraint Unplanned Woight Loss Falls and Major Injury Medication Management	* * *	Pressure injuries Targets Number of care recipients with one or more pressure injuries 4 Number of care recipients with one or more pressure injur 80age 1 Pressure injury 2	ries reported against each of the six pressure injury stages: Stage 2 Pressure injury
		Stage 3 Pressure Injuny 3 Untilageable Pressure Injuny 4	Stage 4 Pressue Injury 3 Suspected Deep Tessue Injury 5
		Physical Restraints Targets Number of care receivers who were physically restrained 70	(

Validation checks will be presented if you need to update data. A green tick will be displayed next to the quality indicator once you have correctly inputted your facility's service data.



4. Click 'submit' or save as a draft.

Provider Portal		Staff administration	Outlet administration	Rep doc	oorts and cuments	Tasks and notifications	My Aged Care interactions	Quality indicators	CHSP grandfathered clients	Logout
A Home QI Data Entry & Submission										
	Antipsychotics Collection date * 09/06/2021			۲	Number of ca	re recipients assessed fo	r receipt of antipaychotic medi	ation *		
	Number of care recipients excluded because they were period *	admitted to hospital for the e	intire seven-day assessmer	1	Number of ca	re recipients who receive	d an antipsychotic medication			
	Number of care recipients who received an antipsycholic psychosis *	c medication for a medically	diagnosed condition of							
	Comments ?									
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	BACK									
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Copyright © Commonwealth of Australia ABN:36 342 015 855								Australian Governmen Department of Health	myagedca	TE J

5. A green box will appear at the bottom of the screen to inform your data has been successfully submitted.

~	Your QI Program data has been successfully submitted

More information

For further information refer to the <u>National Aged Care Mandatory Quality Indicator</u> <u>Program Manual</u> which can be downloaded from the Department of Health website <u>www.health.gov.au</u>.

You can also call the My Aged Care Service Provider and Assessor Helpline on **1800 836 799**. If you have a technical issue, don't forget you can ask the call centre staff to escalate your query to the tier 2 team for resolution.