Star Ratings for Residential Aged Care

Helping older Australians and their representatives make informed decisions about aged care.

Prepared by:



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An older Australian woman and two pre-teen children are smiling and laughing while playing cards. 



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Older Australians, their families and carers contributed generously to our understanding of their priorities and preferences for Star Ratings and the selection of residential aged care homes.

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# Summary

Development of Star Ratings for residential aged care in Australia was a key recommendation by the Royal Commission into Aged Care Quality and Safety. The Department of Health and Aged Care (the department) partnered with the Centre for Health Services Research at The University of Queensland (UQ), the Aged Care Industry Information Technology Council (ACIITC), and PricewaterhouseCoopers (PwC) to design the Star Ratings and to build a website where older Australians and their families can access Star Ratings for all residential aged care homes in Australia.

From December 2022, all residential aged care homes in Australia will receive an overall Star Rating between 1 and 5 stars. The ratings will be displayed on the My Aged Care website and will be made up of 4 sets of performance information (Star Ratings components):

* + - Quality Indicators.
    - Consumer Experience Reports.
    - Service Compliance Ratings.
    - Care Minutes.

The Star Ratings model for Australia has been co-designed with older Australians and the aged care sector and guided by international evidence. It is user-friendly, intuitive, and has been extensively tested with end users, including older Australians, their families and carers, and aged care providers.

The Star Ratings for residential aged care homes are determined by a combination of rules for each of the 4 components, and for the overall Star Rating. The rules used for each component of the Star Rating are specific to the type of information presented. Their contribution to the overall Star Rating is based on their importance (based on consultation) and data maturity.

Chart

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# Background

Developing Star Ratings for residential aged care homes in Australia was recommendation 24 in the Final Report of the Royal Commission into Aged Care Quality and Safety (the Royal Commission), released in February 2021.

In September 2021, the department engaged a consortium led by the Centre for Health Services Research at The University of Queensland (UQ), along with the Aged Care Industry Information Technology Council (ACIITC), and PricewaterhouseCoopers (PwC) to assist in the development of a Star Ratings prototype for residential aged care in Australia.

The consortium looked at performance-based rating systems used in other countries to understand how they worked and whether they shared principles that might suit Australian residential aged care homes. This information was presented to older Australians, their families and carers, aged care providers and peak bodies in workshops, information sessions and online surveys during November and December 2021.

Participants in the consultations were asked about their views on Star Ratings and what was important to them in terms of quality when making decisions about aged care. Feedback from older Australians and aged care providers built on international research to identify fundamental rules for Star Ratings for residential aged care in Australia.

# Royal Commission into Aged Care Quality and Safety

Recommendation 24: Star Ratings: performance information for people seeking care

1. By 1 July 2022, the Australian Government should develop and publish a system of star ratings based on measurable indicators that allow older people and their families to make meaningful comparisons of the quality and safety performance of services and providers. The star ratings and accompanying material should be published on My Aged Care.
2. The star ratings should incorporate a range of measurable data and information, including, at a minimum:
   * + - 1. graded assessment of service performance against Standards
         2. performance against relevant clinical and quality indicators
         3. staffing levels
         4. robust information from people receiving aged care services, their families and advocates, when available.
3. The overall star rating should be accompanied by appropriate additional information on performance and outcomes, in a readily understandable form and capable of comparison across services and providers. This should include all performance information that is relevant to the performance of a service, even if it is not reflected in the overall star rating outcome. For example, it should include:
4. details about current and previous assessment by the Quality Regulator, including notices of non-compliance, sanctions, withdrawal of accreditation or approved provider status
5. benchmarked performance for all quality indicators that are suitable for publication, including changes in performance over time
6. information from older people, their families and advocates
7. serious incident reports data
8. complaints data.

# About Star Ratings

The Royal Commission recommended that Star Ratings should include a range of information, including:

* how an aged care home performs against quality standards,
* performance against relevant clinical and quality indicators,
* information about staffing levels, and
* the views of people receiving residential aged care services, their families and advocates.

Initial Star Ratings for residential aged care homes in Australia will be based on these 4 different types of information.

## Quality Indicators

Since 2019, all residential aged care homes in Australia are required to provide information about quality indicators every 3 months. The information is reported as part of the National Aged Care Mandatory Quality Indicator Program. Since July 2021, residential aged care homes provide information about:

1. Pressure injuries – the percentage of care recipients with pressure injuries, reported against 6 pressure injury stages.
2. Physical restraint – the percentage of care recipients who were physically restrained.
3. Unplanned weight loss – the percentage of care recipients who experienced unplanned weight loss (5% or more); and the percentage of care recipients who experienced consecutive unplanned weight loss.
4. Falls and major injury – the percentage of care recipients who experienced one or more falls; and the percentage of care recipients who experienced one or more falls resulting in major injury.
5. Medication management – the percentage of care recipients who were prescribed 9 or more medications; and the percentage of care recipients who received antipsychotic medications.

## Consumer Experience Reports

Older Australians residing in aged care are interviewed by a third-party workforce using 14 simple questions about their lived experience. Of these questions, 12 are used to generate the Consumer Experience Report score. The answers provided are used to create a Consumer Experience Report for each residential aged care home. At least 10% of residents are interviewed, including those from special needs groups. Potential participants in the Consumer Experience Interviews are identified through a randomised process undertaken by a third party.

The 12 questions in the Consumer Experience Interview used to generate the Consumer Experience Report Star Ratings score are:

* 1. Do staff treat you with respect?
  2. Do you like the food here?
  3. Do you feel safe here?
  4. Is this place well run?
  5. Do you get the care you need?
  6. Do staff know what they are doing?
  7. Are you encouraged to do as much as possible for yourself?
  8. Do the staff explain things to you?
  9. Do staff follow up when you raise things with them?
  10. Are staff kind and caring?
  11. Do you have a say in your daily activities?
  12. Do you feel at home here?

## Service Compliance Ratings

Every aged care provider is required to meet government regulations and standards. Compliance with these regulations and standards is monitored by the Aged Care Quality and Safety Commission (ACQSC). This is to protect and maintain the safety, health, wellbeing, and quality of life of people using aged care services.

‘Compliance’ is the process of monitoring and checking that providers meet these requirements and taking action when they do not. If an aged care provider fails to meet its obligations, the ACQSC will act to ensure the provider fixes the issue.

Since July 2020, the Service Compliance Rating has provided information on whether an aged care provider is meeting its quality and safety obligations including under the Aged Care Quality Standards and the Aged Care Act. The performance of each residential aged care home has a dot rating out of 4. This shows if it is meeting its compliance requirements for quality and safety. The performance of each residential aged care home is presented through a dot rating between 1 and 4 dots as shown in the table below:

|  |  |
| --- | --- |
| **Service Compliance Ratings** | |
| One dot out of four is inadequate | Inadequate |
| Two dots out of four identifies that significant improvements are needed | Significant improvements needed. |
| Three dots out of four identify that some improvements are needed | Some improvements needed. |
| Four dots out of four indicates that the facility meets requirements | Meets requirements. |

If the ACQSC is satisfied a residential aged care home has implemented actions to ensure compliance with its responsibilities, the Service Compliance Rating will become a four-dot rating.

## Care Minutes

The way residential aged care homes in Australia are funded will change from 1 October 2022 with the introduction of the Australian National Aged Care Classification (AN-ACC) funding model. The AN-ACC funding model specifies Care Minutes requirements for registered nurses, enrolled nurses and personal care workers, based on the person’s needs. Each residential aged care home will have its own Care Minute target reflecting the AN-ACC case mix of residents in that home.

From 1 October 2023, Australian residential aged care homes will be required to meet a sector-wide average Care Minutes target of 200 minutes per resident per day, including 40 Registered Nurse minutes per resident per day. From 1 October 2024, the Care Minute requirements will increase to a sector-wide average of 215 minutes per resident per day, including a minimum of 44 Registered Nurse minutes.

From August 2022, providers can view their AN-ACC Care Minutes targets in the My Aged Care Service and Support Portal. The targets are indicative of the amount of care that would need to be delivered once Care Minutes become mandatory, based on the needs of residents of that residential aged care home over the last 3 months.

Approved aged care service providers are also required to submit a Quarterly Financial Report from July 2022. The new report provides information for the Star Ratings and monitors direct Care Minutes delivered by residential aged care homes.

# Star Ratings development process

## Step 1: International evidence review

The ways we measure aged care quality and performance have changed in recent years. The quality of life of older Australians has become an important part of measuring quality of care, as has improving health outcomes for older Australians as we learn more about healthy ageing. There has also been an increased focus on whether aged care is meeting the needs of the person receiving care.

This changing focus on how we measure performance and quality in aged care has led to publicly available performance rating systems developing around the world. The consortium team carried out a review of existing aged care rating systems to learn more about the different rating methods used for residential aged care. The review found 20 ratings systems for residential aged care, and the 11 systems that provided a public performance rating were studied in detail. These systems were:

1. The National Quality Certificate for Retirement and Nursing Homes, in Austria.

2. Long-Term Care Home Performance, in Ontario, Canada.

3. Care finder, in Germany.

4. Health Information & Quality Authority, in Ireland.

5. Locating nursing homes, in Israel.

6. Long-term Care Insurance, in South Korea.

7. The Nursing Home Accreditation Program, in Taiwan.

8. Nursing home care decision aid, in the Netherlands.

9. Care Quality Commission, in England.

10. Care Inspectorate, in Scotland.

11. Care Compare, in the United States of America (USA).

Although no two rating systems were the same, some of the better systems shared things that worked well and were considered suitable for an Australian performance review system, such as:

* Star Ratings should include a **range** of performance measures that show current performance and improvements over time.
* Star Ratings should think about quality from **different perspectives**.
* Star Ratings should be based on the **best available evidence**.
* Star Ratings should show providers and older Australians what **actions** can be taken to improve performance.
* Star Ratings should match the **priorities** of older Australians, providers and governments.
* Star Ratings should be **easy to use and understand**.

The evidence review also raised some questions that could only be answered through consultation with older Australians, their families and carers, aged care providers, peak bodies and government. These questions were:

* What quality does 1 – 5 stars represent?
* How can Star Ratings best differentiate performance, for example should it be devised using a rules based or distribution approach?
* What is the relative importance and optimal weighting of each of the 4 components when calculating Star Ratings?
* How often should the 4 components in the Star Ratings be refreshed?
* How should the Star Ratings treat new or specialised residential aged care homes?
* How should we adjust for different characteristics of residential aged care homes, for example size or remoteness?
* What core design principles should we use for Star Ratings for residential aged care homes in Australia, for example how do we account for data accuracy, how do we balance conflicting priorities, and should we rely on evidence to resolve conflicts?
* What information should be provided to support the use, understanding and benefit of Star Ratings?

### Two diagrams. Diagram 1 shows that the USA has an aged care star rating system with an overall rating and they also provide individual ratings for certain performance measures. In Austria, Netherlands, Israel, Taiwan, Korea and the UK, they also have systems with an overall rating but do not publicly provide individual ratings for their performance measures. Diagram two shows that Ontario (Canada), Scotland, Ireland and Germany have systems without an overall rating.

## 

## Step 2: Consultation and co-design

Consultation and co-design have been at the heart of developing Star Ratings for residential aged care in Australia. Older Australians, their families and carers, residential aged care services, peak bodies and government agencies have contributed to all stages of the Star Ratings for Residential Aged Care Project through two main activities: aged care sector consultation activities and User Experience Testing (UX).

### Consultation activities that took place

Workshops, information sessions and online surveys were used to understand the needs and priorities of older Australians, their families and carers, service providers, peak bodies and government agencies in the design of Star Ratings for residential aged care homes in Australia. Consultation activities followed the international evidence review and were designed to answer the questions the review raised about how Star Ratings might work in Australia.

In addition to the workshops, all interested Australians were invited to complete an online survey about Star Ratings. The public survey asked similar questions to those in the workshops and invited participants to upload a written submission on Star Ratings.

Between late October and mid-December 2021 the project:

* Received 154 submissions to online surveys (56 older Australians, 68 providers and 30 aged care workers).
* Carried out 18 workshops with 156 attendees, plus 6 dedicated consumer workshops with 59 attendees.

### Outcomes of the consultation activities

The key themes that emerged from consultation activities included:

* Support for using 1 to 5 stars to show the quality of residential aged care homes, where 1 star represents significant improvement needed, 2 stars represents improvement needed, 3 stars represents acceptable, 4 stars represents good and 5 stars represents excellent.
* Star Ratings must be clear, transparent and fair. There should be rules and clear requirements for each Star Ratings level.
* The 4 components were not considered equal. The preferred weighting of each component within the overall Star Rating was based on **importance** and **maturity**, with Consumer Experience Report given the highest weighting (33%), followed by Service Compliance Rating (30%), Care Minutes (22%), and Quality Indicators (15%).
* A residential aged care home should be limited to an overall Star Rating of 1 if there is an active sanction on the home or serious non-compliance.
* Historical information should be displayed to show performance over time.
* New residential aged care homes should receive Star Ratings only once data is available.
* Clear supporting information should be provided, including transparent details on the sources and calculation of Star Ratings.
* Provider preview of Star Ratings before publication should be enabled to allow for early remediation if an IT or data problem is detected.

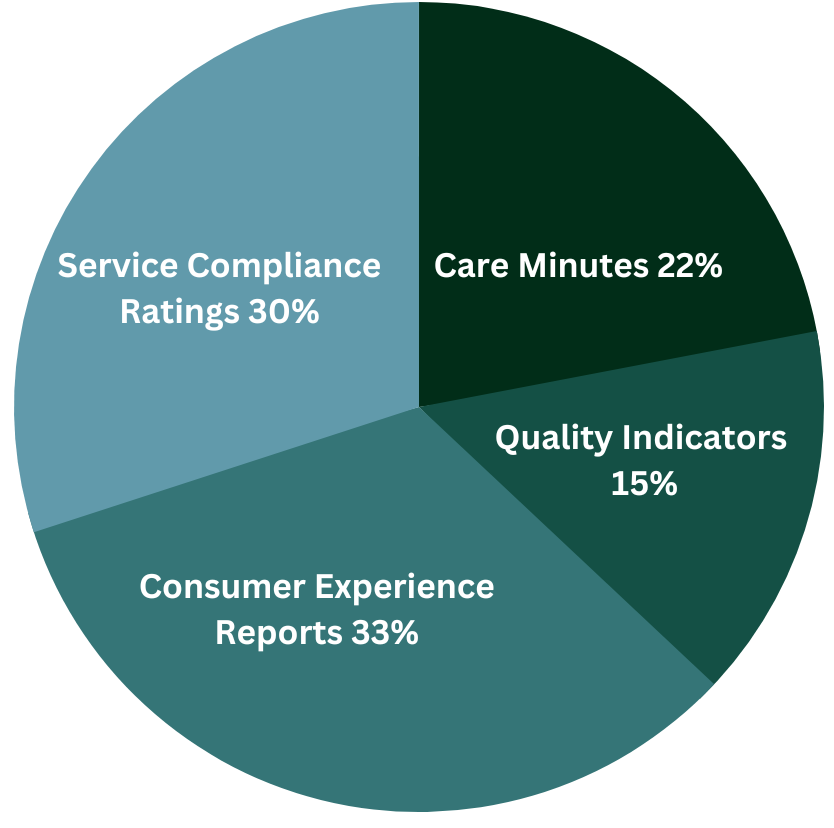
## Step 3: Developing the rules for Star Ratings

Information from the international evidence review and consultation activities was used to develop 3 main rules for determining Star Ratings for each of the 4 components and for an overall Star Rating for each residential aged care home.

1. The **importance** to older Australians of the 4 components should be considered when calculating overall Star Ratings.
2. The **maturity**, or quality, of the data should be considered when calculating overall Star Ratings.
3. Star Ratings for each of the 4 components should be determined by clear **rules** that suit the type of data used.

## Overall Star Ratings

The Star Ratings for each of the 4 components are used to calculate the overall Star Ratings for a residential aged care home. Each of the Star Ratings makes a different contribution to the overall rating, depending on how important it was considered by older Australians and providers, and the quality, or maturity, of the data included in each Star Ratings. To do this, each measure was given a score out of 100 for importance and a score out of 100 for maturity. The maturity score was determined based on expert opinion. These scores were combined to determine the size of its contribution to the overall Star Rating.

The **Quality Indicator** Star Ratings were given an importance score of 67, a maturity score of 10, and this makes a contribution of **15%** to overall Star Ratings.

The **Consumer Experience Report** Star Ratings were given an importance score of 100, a maturity score of 70, and this makes a contribution of **33%** to overall Star Ratings.

The **Service Compliance** Star Ratings were given an importance score of 67, a maturity score of 90, and this makes a contribution of **30%** to overall Star Ratings.

The **Care Minutes** Star Ratings were given an importance score of 67, a maturity score of 50, and this makes a contribution of **22%** to overall Star Ratings.

### Quality Indicator Star Ratings

All residential aged care homes in Australia are required to report information about 5 areas of care, or quality domains, every 3 months. The clinical and care needs of individual residential aged care recipients vary greatly between homes.

To make sure these differences are reflected in the Quality Indicator Star Ratings of each home, and to allow for fair comparisons to be made, data provided by residential aged care homes is adjusted for risk. Anonymous information about care recipients in each residential aged care home is used to calculate the ‘risk’ of an event occurring during the reporting period. This information is then used to adjust Quality Indicator data before the Star Ratings are calculated:

* Pressure injury data is adjusted using care recipients’ Braden Scale scores (a validated tool used to measure elements of risk that contribute to pressure injuries) and their mobility (drawn from their individual AN-ACC assessment).
* Significant weight loss data is adjusted using care recipients’ AN-ACC classification and their frailty (also drawn from individual AN-ACC assessments).
* Falls data is adjusted using care recipients’ mobility data (drawn from their individual AN-ACC assessment).

No risk adjustment is applied for the percentage of care recipients who were prescribed 9 or more medications, care recipients prescribed antipsychotic medications without a diagnosis of psychosis, or care recipients physically restrained. The varied clinical and care needs of individual residential aged care recipients should not impact the Star Ratings scores for these measures, as no clinically valid risks could be identified.

**How Quality Indicator Star Ratings are calculated**

* Quality indicator data from residential aged care homes is risk adjusted.
* The measures for each of the 5 quality domains are used to calculate a **score for each domain**. Scores out of 5 are calculated depending on how each home compares to other residential aged care homes (where 1 is the best and 5 is the worst).
* Most measures contribute equally to their quality domain, but different types of pressure injury are weighted more heavily depending on seriousness: Stage 2 pressure injuries (x1); Stage 3 pressure injuries (x2); Stage 4, unstageable and deep tissue pressure injuries (x4).
* All 5 quality domains are treated equally. Their scores are added for a total score out of 25. Rules used to allocate Quality Indicator Star Ratings:

1 to less than 10 points «««««

10 to less than 12 points ««««

12 to less than 16 points «««

16 to less than 18 points ««

More than 18 points «

**One additional rule** is applied to Quality Indicator Star Ratings:

* If a residential aged care home does not submit Quality Indicator data within the required reporting period, it automatically receives 1 star for the Quality Indicator Star Rating due to its non-compliance with legislated reporting requirements.

### 

### Consumer Experience Report Star Ratings

Residential aged care homes receive Consumer Experience Report Star Ratings based on the results of their annual Consumer Experience Interviews.

**How Consumer Experience Report Star Ratings are calculated**

* There are 12 questions used from the Consumer Experience Interview. Each question has 4 response options, with points assigned to each option:
  + Never (1 point)
  + Some of the time (2 points)
  + Most of the time (3 points)
  + Always (4 points)
* The residential aged care home receives points based on how many people provide a particular response. For instance, if most people in the survey provide positive responses to each of the questions, the residential aged care home will receive a higher overall score (between 12 and 48) than if most people provided negative responses to some or all of the questions.
* The points for all 12 questions are added for a total score out of 48, where 12 is the lowest and 48 is the highest.
* Rules are used to allocate Consumer Experience Report Star Ratings:

45 to 48 points «««««

41 to less than 45 points ««««

36 to less than 41 points «««

30 to less than 36 points ««

Less than 30 points «

**One additional rule** is applied to Consumer Experience Report Star Ratings:

* If a residential aged care home does not allow older Australians living there to participate in the Consumer Experience Interviews, it automatically receives 1 star for the Consumer Experience Report Star Rating.

### Service Compliance Star Ratings

As part of meeting government regulations and standards, residential aged care homes must be accredited. As part of this process, the ACQSC assess the residential aged care home against 8 Aged Care Quality Standards (every 3 years). The ACQSC can also check compliance at any time.

Where the ACQSC is not satisfied that an accredited residential aged care home is meeting the Quality Standards or other responsibilities, the ACQSC may apply a range of actions, including varying or reducing the period of accreditation for the residential aged care home. The Service Compliance Star Ratings use this information to allow older Australians to easily compare residential aged care homes.

**How Service Compliance Star Ratings are calculated**

* Rules used to calculate Service Compliance Star Ratings:

|  |  |
| --- | --- |
| ««««« | No non-compliance for 3 years AND has been granted accreditation for a 3-year period |
| «««« | No non-compliance for a 1-3 year period |
| ««« | No non-compliance at this time OR has a current Direction and is working towards compliance with the ACQSC |
| «« | Notice to Remedy  Compliance Notice - Code of Conduct  Compliance Notice – Incident Management  Compliance Notice - Restrictive practices |
| « | Notice of Decision to impose Sanction  Notice of Requirement to Agree  Issuance of Infringement Notice - Victimisation  Issuance of Infringement Notice - Compliance Notice |

**Two additional rules** are applied to Service Compliance Star Ratings:

* If a residential aged care home receives 1 star for Service Compliance Star Ratings, its overall Star Ratings score is automatically capped at 1 star.
* If a residential aged care home receives 2 stars for Service Compliance Star Ratings, its overall Star Ratings score is automatically capped at 2 stars.

**Care Minutes Star Ratings**

The way residential aged care homes in Australia are funded will change from 1 October 2022. The new funding arrangements will include payment for the Care Minutes they provide to residents. Targets for individual residential aged care homes will be set based on the care needs of their residents. From 1 October 2023, Australian residential aged care homes will be required to meet two Care Minutes targets:

1. An average of 200 Care Minutes per resident per day that includes Nursing and Midwifery Board of Australia registered enrolled and licensed nurses, personal care staff and other unlicensed nurses.
2. An average of 40 Registered Nurse Care Minutes per resident per day.

**How Care Minutes Star Ratings are calculated**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Registered Nurse  Care Minutes target and % target met** | **Overall Care Minutes (including RN minutes) target and % target met** | | | | |
| Well below (<90%) | Below  (90-<100%) | Meets  (100-<105%) | Above (105-<115%) | Well above  (>115%) |
| Well below (below 75%) | « | « | «« | «« | ««« |
| Below (75-<100%) | «« | «« | «« | ««« | ««« |
| Meets (100-<115%) | «« | ««« | ««« | ««« | «««« |
| Above (115-<125%) | ««« | ««« | «««« | «««« | «««« |
| Well above (>125%) | ««« | «««« | «««« | ««««« | ««««« |

**One additional rule** is applied to Care Minutes Star Ratings:

* If a residential aged care home does not submit Care Minutes data in the required reporting period, it automatically receives 1 star for Care Minutes Star Ratings due to failure to comply with mandatory reporting requirements.

### Sample Star Ratings

Star Ratings for the 4 components are weighted differently to calculate overall Star Ratings:

* Consumer Experience Report Star Ratings contribute 33%. The Consumer Experience Report Star Ratings algorithm is a combination of distribution-based cut-offs and rules that were determined by analysing the distribution of the data.
* Service Compliance Star Ratings contribute 30%. The Service Compliance Star Ratings algorithm was determined using a rules-based approach.
* Care Minutes Star Ratings contribute 22%. The Care Minutes Star Ratings algorithm was determined using a rules-based matrix that combines overall Care Minutes and RN Care Minutes to determine an overall rating.
* Quality Indicator Star Ratings contribute 15%. The Quality Indicators Star Ratings algorithm was determined by using a distribution-based approach to assign a score out of 5 (1 is the best, 5 is the worst) for each domain.

**Sandy Acres Aged Care**

Graphical user interface

Description automatically generated

5 Quality Indicator stars x 0.15 **plus** 5 Consumer Experience Report stars x 0.33 **plus** 5 Service Compliance Star Ratings stars x 0.3 **plus** 4 Care Minutes stars x 0.22 **equals** 4.78.

This residential aged care home receives 5 stars.

**Lakeshore Aged Care**

A picture containing chart

Description automatically generated

4 Quality Indicator stars x 0.15 **plus** 4 Consumer Experience Report stars x 0.33 **plus** 4 Service Compliance Star Ratings stars x 0.3 **plus** 2 Care Minutes stars x 0.22 **equals** 3.56.

This residential aged care home receives 4 stars.

**Ocean Shores Aged Care**

Chart

Description automatically generated with low confidence

2 Quality Indicator stars x 0.15 **plus** 1 Consumer Experience Report stars x 0.33 **plus** 2 Service Compliance Star Ratings stars x 0.3 **plus** 3 Care Minutes stars x 0.22 **equals** 1.89.

This residential aged care home receives 2 stars.

## Step 4: Building the Star Ratings website

The Star Ratings prototype is a website that calculates and displays the Star Ratings of Australian residential aged care homes. It has the same look and feel as the My Aged Care website, which will present Star Ratings information when the Star Ratings are launched in late 2022.

The website was co-designed with older Australians, representatives from the aged care industry and government. User experience (UX) testing was used during the development of the Star Ratings website to understand how people engaged with Star Ratings. The people involved in UX testing were asked about:

* Their overall views and understanding of Star Ratings.
* The experience of searching, comparing and viewing the Star Ratings of residential aged care homes.
* Whether the information displayed made it easy to understand what Star Ratings mean and how they are calculated.
* Whether they thought Star Ratings data was displayed in a fair way, and whether the Star Ratings allocated to sample residential aged care homes were fair.
* Whether it was clear what a provider needs to change for their Star Ratings to improve.
* Any questions they have about how Star Ratings will be introduced into residential aged care in Australia.

UX testing took place in January and February 2022 over 5 weeks with 29 people, including:

* Older Australians who are considering moving into residential aged care.
* Older Australians who started receiving residential aged care in the last 6 months.
* The support networks of older Australians, for example people looking at care options for a loved one, or for those receiving care.
* Aged care providers.
* Aged care navigators, for example professionals who help older Australians to find support.

Everyone involved in the UX testing was supportive of introducing Star Ratings for aged care homes in Australia and saw the value in providing more transparency about the quality of aged care homes, as well as the opportunity to identify actions for quality improvement. Participants thought that Star Ratings could help older Australians and their families when they are making decisions about residential aged care.

The input provided during UX testing was used to further develop and test the Star Ratings design. The final Star Ratings design reflects feedback and refinement through the UX testing process.

## Step 5: Ready for launch

The consortium, in partnership with the department, have now completed this important work which will help inform Ministerial decision on the final Star Ratings design.

This project is one stream of work that will support the department’s delivery of Star Ratings that will be available on the My Aged Care website by December 2022. Key activities planned in the lead up to the launch include:

* Materials will be provided to support Australians and the sector in understanding how the Star Ratings will work. Documents such as fact-sheets and Frequently Asked Questions will be published, as well as short video guides to enable aged care providers and older Australians to understand the purpose, function and benefits of the Star Ratings.
* The IT infrastructure will be built to enable integration of Star Ratings with information on the My Aged Care site.
* Star Ratings has been legislated to allow for the Secretary of the department to use protected information for the purposes of creating and calculating a Star Rating. The legislation will also provide that the Secretary is not liable for any loss suffered by a provider as a result of the publication of Star Ratings.
* Further UX testing will be conducted with older Australians to refine the way Star Ratings are displayed and to ensure older Australians can make the most of the Star Ratings information.





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