	Australian Government			
WHAT TO WONT AN	Department of Health		s 22(1)(a)(ii)	
		RECEIVE 1 3 DEC 2017	Date sent to MO: 11/12/2017	
То:	Minister Wyatt	Parliamentary Sect.		

## Subject: PUBLICATION OF DRAFT AGED CARE QUALITY STANDARDS

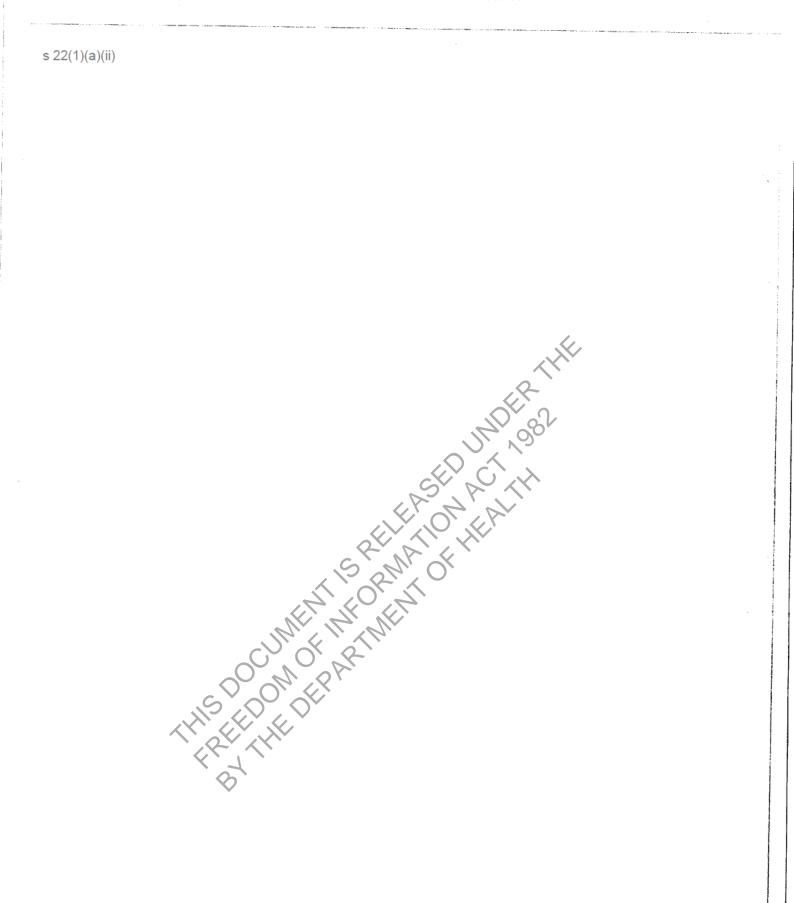
S 22(1)(a)(ii)

Recommendations: S 22(1)(a)(ii)	
NDF82	
Signature Date: 13/12/2017	
Comments:	
L' O' L'	
Contact Amy Laffan Assistant Secretary, Aged Care Quality and Ph: (02) 6289 2994	
Officer: Regulatory Reform Branch, Aged Care Reform \$ 22(1)(a)(ii)	
Taskforce	
Clearance Catherine Rule Acting Deputy Secretary, Aged Care, Sport Ph: (02) 6289 1479 Officer: Acting Deputy Secretary, Aged Care, Sport S 22(1)(a)(ii)	

## Issues:

- 1. On 27 February 2017, you approved public consultations on the draft single set of aged care quality standards over a six-week period (9 March 21 April 2017).
- 2. The Report on the Outcomes of Consultation on the Single Aged Care Quality Framework is available on the Department's website, as advised in \$ 22(1)(a)(ii)
- 3. Following public consultation, the draft standards have been retined on advice from the Standards Technical Advisory Group (TAG) in consideration of:

• feedback received from a broad range of stakeholders during public consultations: S 22(1)(a)(ii)



S 22(1)(a)(ii)

Sensitivities: S 22(1)(a)(ii)

- 15. Feedback from public consultations concerning the detail in the draft standards ranged from the draft standards being too prescriptive through to the draft standards not being too prescriptive and therefore not stifling innovation. There has also been some criticism of the fewer number of requirements under the draft standards at a time when the quality of aged care and services is under close scrutiny. However TAG considers that the draft standards, with the support of the Quality Agency's guidance material, will address all issues.
- 16. The public consultation version of the draft standards listed a number of high prevalence or high risk clinical issues that would need to be addressed in the delivery of care and services. Feedback ranged from the need to include many more clinical issues through to not listing any separate clinical care issues. The Department accepted TAG advice that to list clinical issues would risk omitting others and would focus providers on only those listed (as is the case in the current Accreditation Standards). Rather, the provider is responsible for identifying and addressing the care needs, goals and preferences of each consumer.
- 17. The Department also consulted publicly on options for improving the quality assessment of the new standards, including a safety and quality declaration for services providing low risk services readily available in the community. s 22(1)(a)(ii) s 22(1)(a)(ii)

**Consultations:** During March and April 2017, the Department consulted widely and engaged with as many individuals and organisations with an interest in aged care as possible, including those from urban, regional, rural and remote areas. The Department received around 350 written submissions: s 22(1)(a)(ii)

S 22(1)(a)(ii)

THIS FOOM OF ARTINE AND OF ARTINE