
Consultation Paper

Streamlining of the Quality Reporting Programme

The Department of Social Services (the department) has recently undertaken a review of the processes contained in the Quality Reporting Programme with the aim of streamlining the processes.

Objectives of Streamlining the Quality Reporting Programme

The objectives of the proposed changes are to:

- reduce administrative burden whilst maintaining strong adherence with the Home Care Standards (the Standards) under the *Aged Care Act 1997*; and
- deliver greater consistency in approach to quality reviews of home care services with the process to review residential aged care.

This consultation paper seeks sector input on the proposed streamlining activities for the Quality Reporting Programme (the Programme). The four proposed changes are as follows:

1. Service Provider self-assessment

- Services can choose their own self-assessment tool or continue to use the department's template.
- No requirement to submit self-assessment to the department prior to the site visit.

2. Service Type Reviews

- Simplifying quality reviews by assessing systems and processes in place across all service types rather than assessing each service type individually. Further, a single finding of Met or Not Met will be allocated for each outcome.
- Further two days following the exit interview to submit evidence.

3. Quality Review Report

- Outcome 1/2/3 scores to be removed from Quality Review Reports.
- Introduction of an interim Quality Review Report (QRR) for comment prior to the final decision being taken by the department's decision maker.
- Introduction of a Timetable for Improvement to provide a framework around identifying and rectifying Not Met findings, which is consistent with the process for residential aged care.

4. *Annual Improvement Plan*

- No requirement to submit an Annual Improvement Plan.

Implementation approach

The department is considering a phased approach to implementing the changes, commencing with ceasing the requirement to submit:

- the self-assessment prior to the site visit; and
- the Annual Improvement Plan.

The proposed streamlined quality review process would remove the requirement for service providers to submit a self-assessment tool prior to the site visits. As a result, service providers would no longer use the online portal to submit the self-assessment tool. The department proposes to implement this change including removing the online portal by November 2013.

The department proposes to implement the removal of the requirement for service providers to submit the Annual Improvement Plan. However, service outlets must maintain a continuous improvement plan in accordance with the Standards as the department may, at any time, request it.

Following consultation on the proposed changes as outlined above, the department anticipates that they could be implemented in December 2013.

The remainder of the paper outlines detail on the proposed changes and implementation approach and timeframes. Representations on the proposed changes can be made to Susanne Lander, Director, Quality Development Section, at qr@health.gov.au by 15 November 2013.

BACKGROUND

The Programme is one component of the Department of Social Services' comprehensive quality aged care framework. The Programme, developed in consultation with the sector as well as state and territory governments, places a strong emphasis on promoting continuous improvement.

The Programme requires providers of aged care services in the community to appraise their performance against the Home Care Standards (the Standards) and demonstrate the outcome during an on-site quality review visit at least once during a three-year cycle. This is consistent with the requirements of approved providers of residential aged care.

The Programme assesses and monitors performance of aged care services providing Home Care Packages Levels 1-4, the National Respite for Carers (NRCP) Programme and Commonwealth Home and Community Care (HACC) services. The Programme,

based on a continuous improvement model, requires providers to demonstrate and report on how their service meets the three Home Care Standards comprising the 18 expected outcomes. These standards focus on:

- service providers' effective management with a focus on continuous improvement, planning and effective programme delivery.
- ensuring that all prospective users of Home Care, NRCP and HACC services have access as appropriate and a say in how these services are planned and delivered.
- that each user of Home Care, NRCP and HACC services is equipped with the information they need to make informed choices about the care they receive.

The Programme has evolved over time and the department continues to seek feedback from stakeholders to ensure that the programme still meets aged care needs in the community. Experience shows that while service providers continue to meet the Standards, service providers report that aspects of the quality review process are time consuming because they often undertake duplicate administrative steps across programmes.

To address these issues, the department has identified four key areas of the Programme which could be simplified. This would reduce the administrative burden on service providers, increase flexibility and support continuous improvement, whilst maintaining a focus on the provisions of high quality care.

Streamlining of four key areas of the Quality Reporting Programme

1. Service provider self-assessment

- Choice of self-assessment tool.

Service providers are currently required to complete the department's self-assessment tool (SAT) and submit it via the Quality Reporting Portal prior to the department conducting a site visit.

Regular self-assessment is an invaluable practice for service providers to support continuous improvement and to identify any system or process issues. The purpose of undertaking a self-assessment prior to a quality review commencing is to validate performance against the Standards in the preparation for a site visit. The SAT can be used to assist in collating evidence of compliance with the Standards to present to the review team as well as demonstrate improvement in the provision of services.

Service providers have given feedback that using the Quality Reporting Portal can be complex and time consuming.

The department has been advised that many service providers use their own tool to assess their progress against the Standards which results in the need to transfer

information from the tool they use to the department's mandated self-assessment tool for submission to the department.

Under the proposed changes it would no longer be mandatory to use the department's tool. Service providers would be able to use the tool of their choice in preparation for the site visit, whilst still having the option to use the department's self-assessment tool if they choose. This would result in the removal of the requirement to submit the SAT to the service provider portal.

An electronic copy of the department's SAT, in Word document format, would still be available for use.

- No requirement to submit self-assessment to the department prior to site visit.

Service providers would no longer be required to submit the self-assessment to the department prior to the site visit. However, the self-assessment must be made available if requested by the department during a site visit.

This proposed change is consistent with residential care.

2. Service Type Reviews

- Simplifying quality reviews by assessing systems and processes in place across all service types whilst ensuring high quality care is maintained.

Review officers currently review each service type against each expected outcome when conducting a site visit. Providers have advised that they encourage consistency through standardising the systems, policies and procedures staff use in the delivery of care and services across the services types. Therefore the department has reassessed this process.

It is proposed that a quality review would involve an assessment of the policies, systems and procedures that a service provider has in place to ensure it is delivering care and services in accordance with the Standards across all service types.

This approach to the review of care and services is consistent with the approach to reviews of residential care.

Under this model, providers would be required to demonstrate effective systems and processes are in place to meet the Standards. For large service providers, Standard 1 would be reviewed in detail at the first service outlet, and the provider would be required to give the quality review team evidence demonstrating that each expected outcome has been met.

The results from the first outlet would then be tested at subsequent outlets. Adopting this approach would mean that if the evidence is satisfactory, and systems and processes are in place at the first service outlet, they would be evidenced at any additional outlets. This allows for a risk-based approach to quality monitoring.

Standards 2 and 3 would be reviewed at all service outlets. Assessment of the evidence provided by the service outlets would focus on confirmation the delivery of quality outcomes for care recipients. This would be further supported through interviews with staff and care recipients and/or their families.

This would ensure a timely process for service providers by reducing the time required to undertake the site visit and reducing service outlet staff disruption, resulting in benefits to the service provider and the consumer.

- Further time to submit evidence.

In some circumstances, a service outlet may not have access to a document/s for various reasons outside its control. For this reason, the review officer would allow two business days after the date of the site visit for the service outlet to forward the document/s for consideration.

3. Quality Review Report

- Outcome 1, 2 or 3 scores to be removed from Quality Review Report (QRR).

In the current QRR, a service outlet receives a Met or Not Met finding against each expected outcome for each service type. In addition, a numerical based outcome score (i.e. Outcome 1, 2 or 3) is given as the overall finding of the review. The outcome score reflects the level of compliance with the Standards.

Services providers have indicated a preference for the findings of a review to reflect the Met or Not Met outcomes supported by evidence, rather than an overall outcome score. This approach would be consistent with review processes for residential care reviews.

For greater transparency of decisions it is proposed that an outcome score would not be assigned. The QRR would contain a Met or Not Met finding for each expected outcome, accompanied by a Statement of Reasons for the rating supported by evidence.

The purpose of a Statement of Reasons in the QRR is to clearly establish the findings, reference the material on which the findings were based and the reason for the decision, delivering improved transparency.

The layout of the QRR would change slightly to reflect the new approach.

- Introduction of an interim QRR

The department proposes to introduce an interim QRR, which would give service outlets an opportunity to see the preliminary findings of the quality review.

The interim QRR would detail the findings within a Statement of Reasons, including the evidence on which the finding is based.

Upon receipt of the interim QRR, the service provider would have more time to submit evidence, or reference existing evidence that may support a reconsideration of the not met finding.

If additional evidence is not received within the given period, the interim findings would be sustained. However, additional information received would be considered in making a recommendation to the delegate. The outcome of the decision would be detailed in the final QRR.

- Continuous improvement in service delivery.

In the current QRR, the service provider is given a summary of required improvements and improvement opportunities against each expected outcome. Upon receipt of the QRR, the service provider is required to complete an Improvement Plan to demonstrate the actions taken in response to any required improvements and improvement opportunities identified.

The streamlined Programme would continue to support improvements in home care service delivery. However, the required improvements and improvement opportunities would no longer be provided in the QRR.

If an outcome is assessed as having not been met, the QRR would detail the basis for this finding in the Statement of Reasons. Service providers would use the information contained in the report, along with their own experience and knowledge within aged care service delivery, to identify and develop strategies, systems and processes to rectify each of those outcomes assessed as Not Met.

To foster continuous improvement throughout the three-year cycle, the strategies and treatments identified would be captured in the provider's Plan for Continuous Improvement (PCI) for action and delivery. The Plan should be reviewed regularly to ensure currency and amended where necessary throughout the review cycle.

The department considers the continuous improvement process facilitates capacity building, achieves ongoing staff expertise and delivers robust high quality aged care services to consumers.

- Plan for Continuous Improvement and Timetable for Improvement.

Under the streamlined Programme, service providers who receive one or more Not Met findings would be placed on a Timetable for Improvement (TFI) and required to revise their Plan for Continuous Improvement.

The TFI provides a time frame for action, generally 12 weeks. Service providers placed on a TFI would be required to complete a PCI template, which details the actions that would be undertaken in order to rectify the expected outcomes that have not been met.

The service provider would be given 14 days to identify the appropriate actions for all the expected outcomes that were assessed as Not Met and return the PCI to the

review officer for approval. At this stage, the review officer would assess whether the proposed action is sufficient to address the expected outcome that was not met.

If the PCI is sufficient, it would then be approved by the review officer and the service provider would be notified in writing. This marks the commencement of the 12-week time frame.

It should be noted that in some instances, the identified remedy may not require the full 12-week period. In these circumstances, the service provider should advise the review officer of the reduced time period for remedy.

The department is committed to supporting industry in improving the delivery of aged care services. Whilst simplifying administrative processes and reducing the administrative burden would make it easier for service providers to meet the expected outcomes of the Standards, there remains the expectation for service providers to implement appropriate improvements for expected outcomes that are assessed as Not Met.

The intention of the TFI is to assist service providers to remedy issues identified in the QRR in a timely manner, giving assurance to care recipients that quality care continues to be delivered.

4. Annual Improvement Plan

- Annual Improvement Plan (AIP)

Service providers are currently required to develop and maintain a Plan for Continuous Improvement (PCI) which identifies strategies for ongoing improvements. In addition, they are required to submit an Annual Improvement Plan reflecting improvements made during the past year.

Under the proposed new arrangement to simplify the Programme the requirement to submit an AIP would be removed making it easier for service providers as there is a reduction in administrative burden. However, as noted above, service outlets must maintain a PCI as a requirement of the home care standards.

A PCI should be guided by the three Standards and 18 expected outcomes. It should demonstrate an improvement in processes, focussing on providing high quality care to care recipients.

When drafting a PCI, service providers should consider any potential issues that could arise and counteract these by developing and implementing appropriate solutions. This encourages improved process knowledge and standardisation across the organisation, builds continuous improvement skills and behaviours and improved aged care service delivery.

Service providers must ensure that a PCI is in place and updated regularly as it could be requested by the department at any time throughout the three-year cycle.

Benefits of simplifying the Programme for service providers and consumers

The department is confident that the changes identified in simplifying the Programme would deliver administrative efficiencies for service providers whilst maintaining a robust regulatory framework for aged care services delivered in the community. It also delivers consistency with the regulatory framework applied in residential care, which will simplify processes for organisations delivering services across the aged care continuum.

Whilst some activities are being removed and others are simplified, robust monitoring of the quality of aged care services would continue. This presents an opportunity to strengthen the delivery of aged care services to the community.

By using the skills, knowledge and experience held by service providers within the aged care industry, ongoing improvements would build the capacity and assurance that industry would continue to deliver high quality home care services.

Timing

Following consultation with the sector, it's anticipated that implementation of the streamlined process for the Programme would be finalised in December 2013.

The removal of the requirement to submit a self-assessment tool and annual improvement plan would be the first of the changes for implementation. These changes would result in the removal of the on-line portal for services by 15 November 2013. Implementation of the remainder of the changes outlined in this paper related to the quality review process would be complete in December 2013.

Implications for current quality reviews

The department acknowledges that some service outlets would have already commenced the review process and therefore may be caught in the transitional phase due to the cyclic nature of the Programme. The department regrets any inconvenience that service providers may experience. However, appropriate transition arrangements would be put in place to assist service providers through the process.

The department would ensure that clear communication is undertaken with service providers currently undergoing the quality review process should any of these changes impact the finalisation of a quality review.

Proposed communication activities

It is expected that implementation of the simplified activities would be phased. The department would commence communications about this revised approach to quality reporting directly with service providers and service outlets from November 2013.

Timing of communication activities

Communication through this consultation paper to the sector will commence in the week beginning 28 October 2013. There will be three weeks to allow for dissemination of the paper and associated feedback, with all feedback due by 14 November 2013.

One week will be allocated to clarify feedback and incorporate as necessary. The department will communicate advice to industry from 21 November with all changes to take effect from December 2013.

How will the department communicate?

Advice to all Home Care, HACC and NRCP service providers will be disseminated via email through the department's Bulk Information Distribution Service.

All HACC services will receive communication via the Aged Care Provider Portal and a phone number for service providers to call will be provided if further information or clarification is required.

The My Aged Care website will be updated with revised content to reflect the new quality review process. All existing communication materials will be reviewed and updated as required.