

ACCPA WA

Star Ratings and Quality Indicators

29 June 2023 | Andrew Farmer





Our People and Tech Solutions

AN-ACC	Workforce	Quality	Occupancy	Aged Care Reform Agenda
Mirus Metrics AN-ACC Management Software	Mirus Works Rostering Software	Quality Audits and Reporting	Mirus Admissions CRM	Transition Service
Mirus Partner Service	Care Minute Manager	Quality Indicators or SIRS program auditing and capacity support	Sales and Marketing Diagnostic	Star Ratings Analysis and Influence
AN-ACC & Roster Optimisation Program	AN-ACC & Roster Optimisation Program	Care Management System audits and data transfer	Facility Pricing Reporting	Transitioning 4b Pain Management Workshop
AN-ACC Assessment Audit and Resident Reviews	Care Minutes compliance and reporting workshop	Quality Standards Transition Workshop & Implementation Support	Mystery Shopper Program	
Mirus Academy AN-ACC Essentials and Advanced courses	Mirus Academy Rostering Essentials course	Mirus Academy Quality Standards Explained course	Mirus Academy Art of Admissions course	

Hypothesis on Star Ratings

The Star Ratings are not just a consumer index.

They are also a summary of all the key performance areas for your business.



Available for every site in Australia

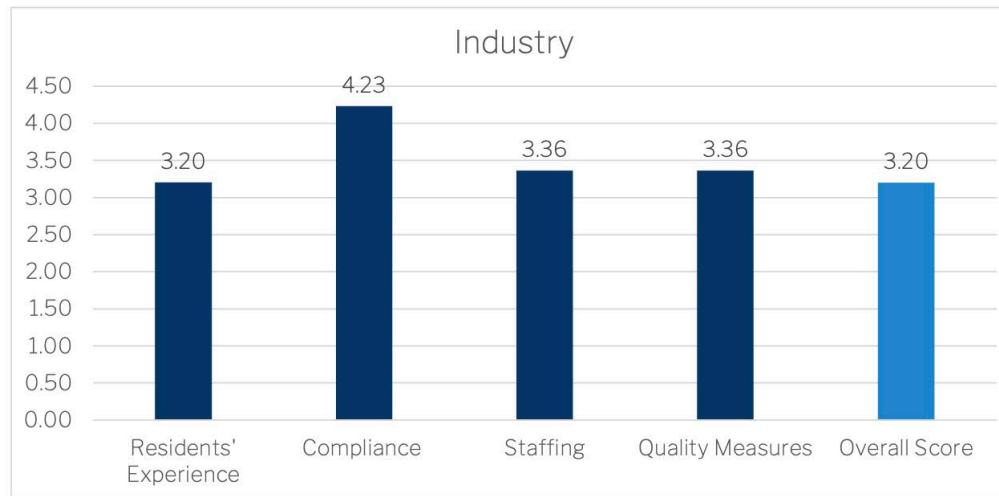
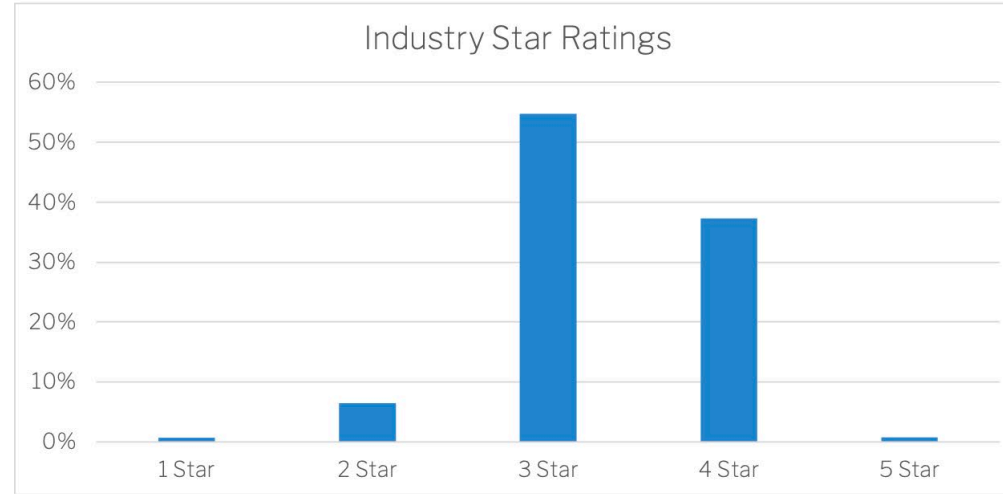


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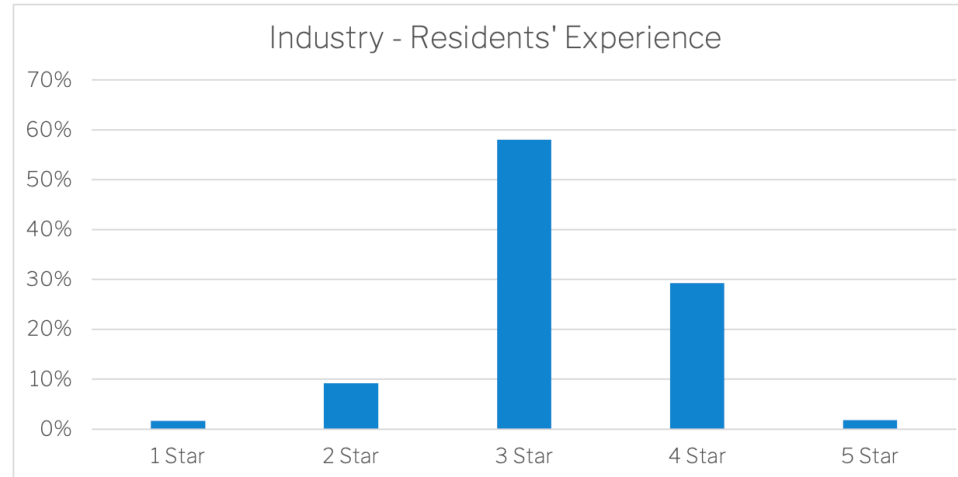
Overview

Star Ratings will support older Australians and their representatives to compare aged care services and make choices about care that is right for them, based on an overall Star Rating and 4 sub-categories. The overall rating for the Industry is currently 3 stars, which is rounded down from the raw score of 3.20.



Residents' Experience

The Residents' Experience Rating shows what current residents think of the facility. The average Resident Experience score for the industry is 39.59 which aligns to a 3 star rating. Improving the score by 1.41 would achieve a 4 star rating.



Industry	Always	Most of the time	Some of the time	Never
• Do staff treat you with respect?	70%	24%	5%	1%
• Do you feel safe here?	73%	22%	4%	1%
• Is this place well run?	41%	44%	13%	2%
• Do you get the care you need?	54%	36%	9%	1%
• Do staff know what they are doing?	40%	46%	13%	1%
• Are you encouraged to do as much as possible for yourself?	48%	34%	14%	5%
• Do the staff explain things to you?	38%	38%	20%	4%
• Do you like the food here?	27%	43%	25%	5%
• Do staff follow up when you raise things with them?	39%	40%	17%	3%
• Are staff kind and caring?	65%	28%	6%	0%
• Do you have a say in your daily activities?	53%	28%	13%	6%
• Do you feel at home here?	43%	32%	15%	10%

Key insights

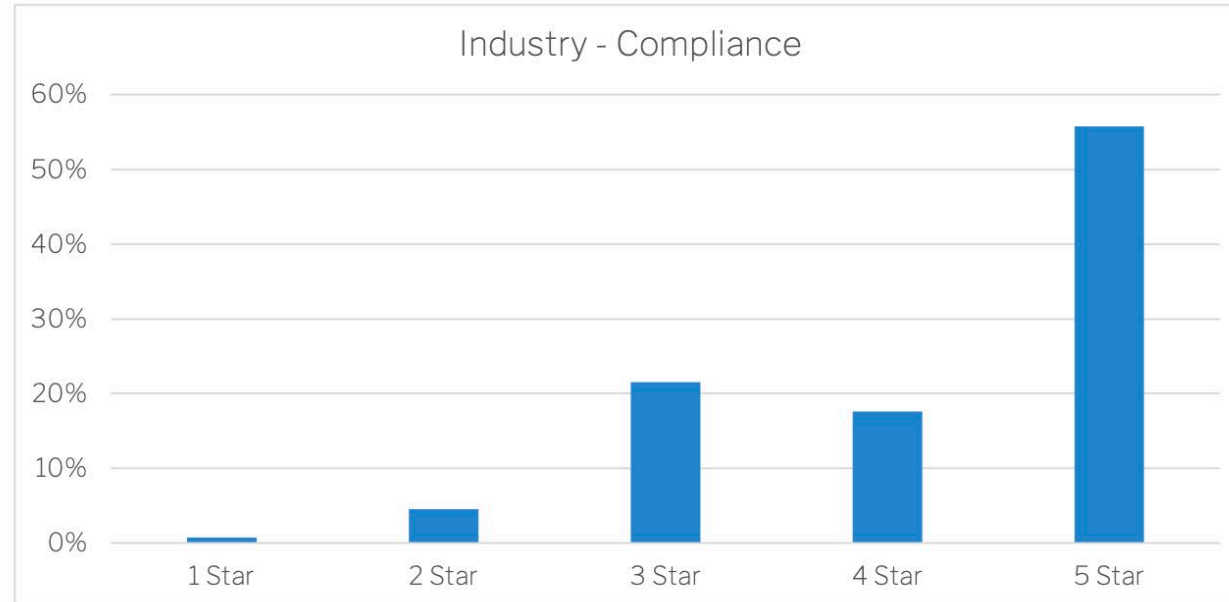
Food and Nutrition is going to be called out specifically as a new Standard under the revised quality standards

As much as this appears an indictment of catering services it is also a reflection of the resident population. Aged Care providers are catering to a much more discerning consumer. Baby boomers are much wealthier and have much higher standards compared with their depression/war era parents.

Is this place well run? How can a resident measure this?

Compliance

This information is based on regulatory decisions by the Aged Care Quality and Safety Commission including compliance with the Aged Care Quality Standards. It is based on the type of compliance action or period without a non-compliance decision. The industry currently has an average Compliance Rating of 4.23 stars.



Industry



- Service with no non-compliance for 1-3 years

Compliance

Over the past 4 quarters requirement 3(3)(a) Safe and effective personal and clinical care has been found to be the most frequently non-complaint requirement.

The top 10 most frequently found non-compliant requirements interlink, for example; 3(3)(a) Safe & effective personal and clinical care directly relates to 7(3)(a) Number and mix of workforce, resulting in this requirement being in the top 10 consistently over the same reporting period.

	Jan - March 2023		Oct - Dec 2022		July - Sept 2022		April - June 2022
3(3)(a)	Safe and effective personal and clinical care	3(3)(a)	Safe and effective personal and clinical care	3(3)(a)	Safe and effective personal and clinical care	3(3)(a)	Safe and effective personal and clinical care
8(3)(c)	Effective governance systems	3(3)(b)	High impact or high prevalence risks managed effectively	8(3)(c)	Effective governance systems	7(3)(a)	Number and mix of workforce
8(3)(d)	Risk management systems and practices	7(3)(a)	Number and mix of workforce	3(3)(b)	High impact or high prevalence risks managed effectively	3(3)(b)	High impact or high prevalence risks managed effectively
3(3)(b)	High impact or high prevalence risks managed effectively	8(3)(c)	Effective governance systems	8(3)(d)	Risk management systems and practices	8(3)(c)	Effective governance systems
7(3)(a)	Number and mix of workforce	8(3)(d)	Risk management systems and practices	7(3)(a)	Number and mix of workforce	8(3)(d)	Risk management systems and practices
2(3)(e)	Regular reviews of care and services	2(3)(e)	Regular reviews of care and services	2(3)(e)	Regular reviews of care and services	2(3)(e)	Regular reviews of care and services
2(3)(a)	Assessment and planning informs safe and effective services	2(3)(a)	Assessment and planning informs safe and effective services	2(3)(a)	Assessment and planning informs safe and effective services	2(3)(a)	Assessment and planning informs safe and effective services
6(3)(d)	Feedback and complaints used to improve quality	8(3)(e)	Clinical governance framework	8(3)(e)	Clinical governance framework	8(3)(e)	Clinical governance framework
8(3)(e)	Clinical governance framework	7(3)(d)	Recruitment training & support for workforce	7(3)(d)	Recruitment training & support for workforce	7(3)(d)	Recruitment training & support for workforce
7(3)€	Regular performance assessment and monitoring of workforce	5(3)(b)	Service environment is safe and clean	2(3)(b)	Assessment and planning identifies current needs	6(3)(d)	Feedback and complaints reviewed for improvement

Compliance

For sector performance reports visit: <https://www.agedcarequality.gov.au/sector-performance>

However, the landscape of compliance is changing with the Strengthened Quality Standards, which is expected to have a go-live date of 1 July 2024.

Most recent Strengthened Quality Standards was released on 30 May 2023

<https://www.health.gov.au/resources/publications/strengthened-aged-care-quality-standards-pilot-program?language=en>

So, what does this mean for providers?

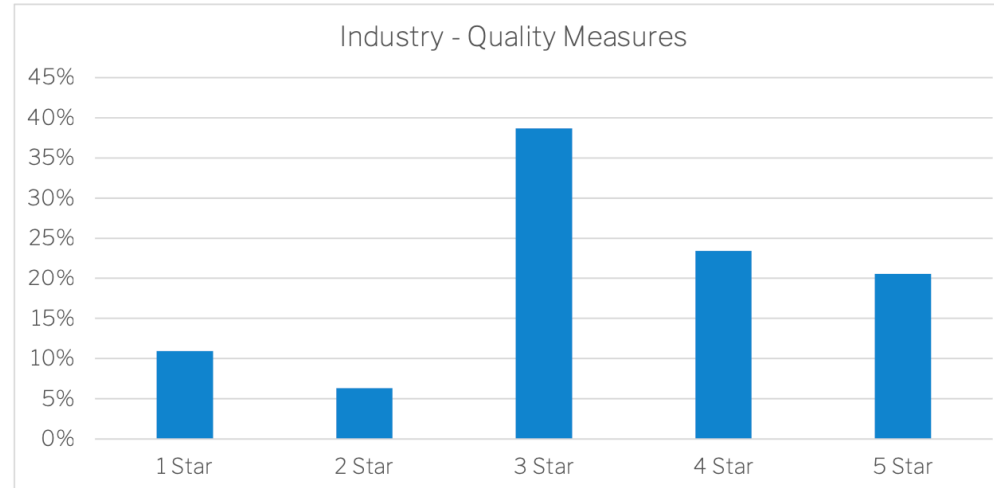
The DoHAC released a framework analysis on the Strengthened Quality Standards

The DoHAC advised that the auditing process for the Strengthened Quality Standards will include a digital / virtual audit along with on-site visits.

So, while there is hesitancy being reported to commence transitions plans, providers should be thinking about their current systems and testing them to ensure they remain fit for purpose. Now is also the time to commence gap analysis to identify areas for improvement.

Quality Measures

Quality Measures consider if the Industry is delivering good clinical care. These Quality Measures target aspects of health and wellbeing that are more likely to affect older people but can be minimised when good quality care is provided. The average score is approximately 15.0 and the average rating is 3.36 stars.



Industry	Quintile	Score
Pressure injuries	3	3.00
Physical restraint	3	3.00
Unplanned weight loss	3	3.00
Multiple falls	3	3.00
Falls w/ major injury	3	
9 or more medications	3	3.00
Antipsychotic medications	3	
Total		15.00
Star Rating		3

Quality Measures

Quality Indicators

Under the new QI reporting, providers should already be capturing data on the additional QI reporting components, feedback from our clients suggest that there was initial concern about their capacity to undertake additional assessments and surveys using their current workforce which impacts their ability to manage this reporting internally

Our clients shared that their Lifestyle or activities employees were identified quickly to support the undertaking of surveys in order to best capture data for the reporting purpose, though this additional workload would take away time from lifestyle programs.

Clients also raised concerns about workforce skills and the need to roll out education programs for clinical staff in order for them to effectively complete the clinical assessment component which includes the Barthel Index of Activities of Daily Living and the Ghent Global Incontinence-associated dermatitis (IAD) categorisation Tool – both of which have not previously been widely used within the sector.

Quality Measures

Helpful tips

Understand your workforce skills mix, support your workforce through education and competency to ensure accurate data reporting.

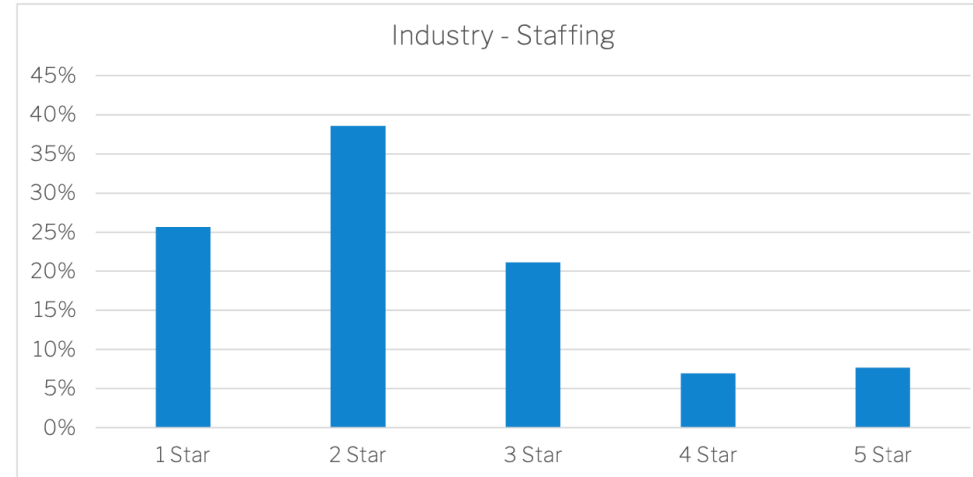
Consider the time required to undertake the assessments/surveys and factor that into delivery expectations

With the changes to QI reporting and the wider aged care reform agenda, providers should also consider what system/s they are utilising for quality indicator data and how they can streamline their business process to better utilise the data they capture.

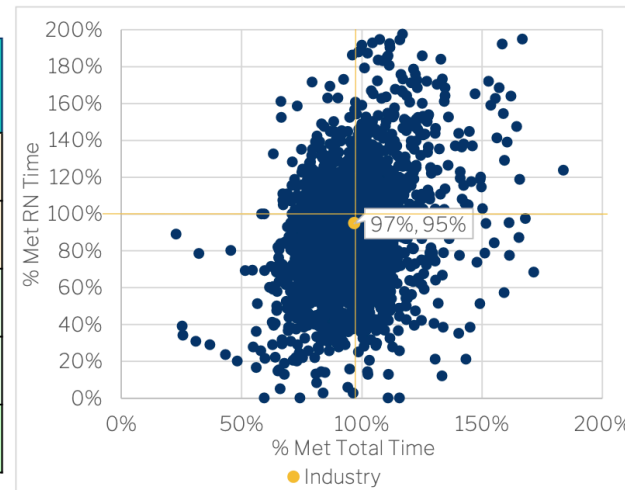
Consider, what data is meaningful and will drive improved care outcomes for older people within the organisation. Identifying data points that add value and enables you to make informed decisions and monitor the effectiveness of programs that have been implemented to drive improvement.

Staffing

The Staffing Rating considers the average amount of care delivered per resident per day compared to a target for total care time and specifically for registered nurses. Currently the Industry delivers 96.85% of the total care target and for RN time 94.85%



RN	Well below (<90%)	Below (90- <100%)	Total 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%)	★★★★	★★★★★	★★★★★	★★★★★	★★★★★



Staffing

RVU changes coming in October

AN-ACC Class	1-Jan-23		1-Oct-23		Variance	
	Total	Registered Nurse	Total	Registered Nurse	Total	Registered Nurse
Class 1	284	53	317	57	↑ 33	↑ 4
Class 2	135	32	110	30	↓ -25	↓ -2
Class 3	157	34	143	32	↓ -14	↓ -2
Class 4	139	30	115	28	↓ -24	↓ -2
Class 5	169	39	157	39	↘ -12	↘ 0
Class 6	166	35	152	34	↓ -14	↓ -1
Class 7	189	37	186	36	↘ -3	↓ -1
Class 8	200	38	200	38	→ 0	↘ 0
Class 9	200	44	202	46	→ 2	↗ 2
Class 10	261	52	282	56	↗ 21	↑ 4
Class 11	254	41	274	41	↗ 20	↘ 0
Class 12	250	42	269	42	↗ 19	↘ 0
Class 13	284	53	317	57	↑ 33	↑ 4
Class 101	137	33	120	31	↓ -17	↓ -2
Class 102	173	37	165	36	↘ -8	↓ -1
Class 103	257	46	273	48	↗ 16	↗ 2

Staffing



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Staffing



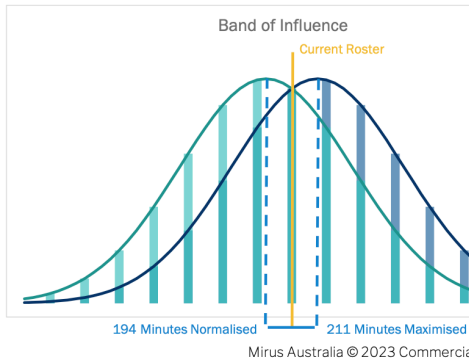
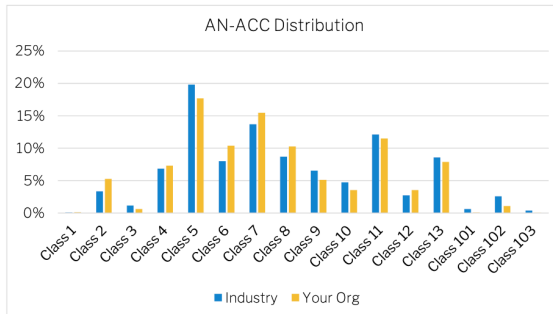
Summary



The introduction of Australian National Aged Care Classification (AN-ACC) in October 2022 produced the largest ever aged care subsidy increase. In July this year both the Aged Care Award and subsidy will realise the largest jumps ever. The largest ever pay increase for aged care workers signifies real progress towards genuinely valuing their dedication and skill and will help aged care providers attract and retain staff. Government will invest \$36 billion in aged care workers, a new regulatory model, enhanced Star Ratings and strengthening Medicare in the form of:

- AN-ACC price increase
- increase to the 24/7 registered nurse supplement
- new hotelling supplement
- new grant opportunity under the AN-ACC Transition Fund

This further affirms the direct takeaway from the Royal Commission, which led to the implementation of a care minute mandate; providers must spend more on clinical care. How much more is an exercise to be undertaken site by site. We have visibility of the mandated minutes, and we can see what subsidy revenue we'll be entitled to. This allows each facility to determine the budget for the appropriate skill mix based on a defined model of care in turn provides a target for subsidy management and a known position in relation compliance. Taking control of this data and managing towards desired outcomes requires the right tools to efficiently analyse available data and make informed decisions.



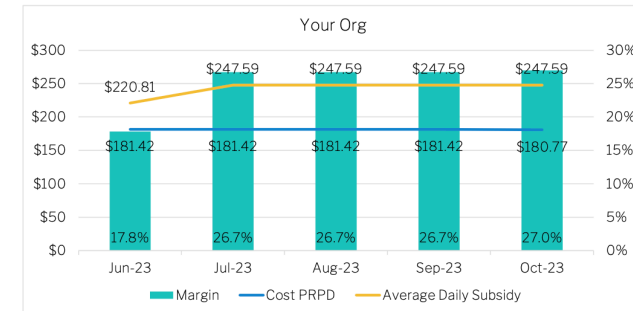
2 FY24 Budgeting Report Prepared for Your Org - Data as of 28.06.2023

Roster Cost



Care minutes establish a minimum quantity of care. This responsibility is in addition to the responsibility of approved providers under the Aged Care Act to maintain an adequate number of appropriately skilled staff to ensure the care needs of care recipients are met. Residential aged care providers that do not have an appropriately skilled workforce are at risk of not meeting the Aged Care Quality Standards. How you choose to align your staff skill mix to resident casemix to remain compliant can take on many forms. Models of care across the industry vary widely and can be adapted to meet availability constraints region by region or the varying complexity of care required service by service. Every service must determine the appropriate balance between Medicare claiming and rostering in order to remain compliant and sustainable. Cost assumptions can be modeled further in Mirus Metrics. Based on the assumptions used for AIN/RN, margin considers staffing costs over total subsidy.

Annualised	Jun-23	Jul-23	Oct-23
Margin	\$36,798,996	\$61,828,875	\$62,439,091
Change		\$25,029,879	\$610,216



Cost assumptions	Hourly Wage	Loading	Per Minute
RN	\$48	68%	\$1.34
AIN	\$29	68%	\$0.81

For this analysis we have used a single cost assumption for RN and AIN as an approximate industry standard based on award, which includes the 15% increase. 68% loading is a multiplier that considers typical agency usage and all additional employment on-costs over a financial year. Cost assumptions can be modeled further in Mirus Metrics and compared to subsidy and care minute requirements to determine sustainability.

How to ensure quality care while maintaining financial viability

- ❑ Improved reporting at a management level to provide oversight on daily funding and care minutes, including forecasting your 1 July (new price) and 1 October (new care minute levels) changes.
- ❑ Improved systems and data capability at a resident level to support decision making for your funding team on reclassification potential (An AN-ACC management system).
- ❑ Embedding a new process for reviewing all residents for potential changes in AN-ACC on a minimum 2-3 monthly basis.
- ❑ Efficient care minute reporting for quarterly financial reporting (QFR) process and working on the ability to forecast your position within the quarter.
- ❑ A review of the efficiency of your rosters and what is the optimal (normal) operating balance between funding and care minutes for each facility.
- ❑ An efficient rostering process (system) with costed rosters and shift offers to allow you to make real time decisions on cost and availability of staff to avoid agency as much as possible.
- ❑ A review process on the new quality indicators (currently in first quarter of data collection) and planning beginning on the new standards and impact on your operations
- ❑ An understanding of your Star Ratings and how each element is affected by the above initiatives, what your overall strategy is and how you can make short term improvements to your ratings.



Questions?



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