

Submission by the Australian Nursing and Midwifery Federation

**ANMF Submission to the Department of Health
and Aged Care Consultation: Establishment of a
National Aged Care Mandatory Quality Indicator
Program for in-home aged care services.**

Date: 4 July 2024



**Australian
Nursing &
Midwifery
Federation**

Annie Butler
Federal Secretary

Lori-Anne Sharp
Federal Assistant Secretary

Australian Nursing and Midwifery Federation
Level 1, 365 Queen Street, Melbourne VIC 3000
E: anmffederal@anmf.org.au
W: www.anmf.org.au



Part 1: Services/providers covered by the QI Program

1-4. Contact details of the organisation making the submission.

Contact details are as listed above.

5. Do you agree that the QI Program should apply to all services and supports under the new Support at Home Program?

Yes

(Optional) Please elaborate on your response:

Support QI program applying to all services & supports. Supports consistent best practice and shared understanding of high-quality. Supports workers and consumers to make informed decisions about the provider they work for or use. Workers operate in environment with less delineation between observation and tasks. Carer often only person regularly seeing client and almost always works alone. E.g. weight loss picked if carer educated to recognise & act. All service providers & staff must have an understanding in at least 7 priority QIs. Inconsistent approach will exacerbate issues of variable quality. Do not want 'cherry picking', i.e. providers only offering services/supports subject to minimal assurance. Inconsistency will affect data quality.

Additional QIs can apply as program matures and may be applied on risk-proportionate basis. Requires ongoing consultation & QI data analysis.

Part 2: Implementation Strategy

6. To what extent do you agree with this implementation strategy?

Somewhat disagree

(Optional) Please provide further comments about your response, including any suggested alternatives or considerations of the implementation strategy:

Program must start with at least 3 QIs, standardised across providers, but ideally 7 priority QIs will apply from outset. Clear workplan with timeframes must be available showing data collection points, publication dates, indicative dates for more consultation and program expansion. Recognise home care sector is complex, but 1/7/26 is reasonable preparation time. Delaying or restricting implementation will only exacerbate home care quality issues. problems. Large program is one (overdue) means to improve data quality and provide Department/sector opportunity to identify and address quality trends and issues. Only 1 QI will not produce a large sample size or scalable program. Importantly, starting too small will not improve the behaviour of providers.



7. When selecting the initial quality indicators for the staged implementation of the QI Program, which approach do you believe would be most effective? Please rank the options in order of priority, with 1 being the most effective and 3 being the least effective.

When selecting the initial quality indicators for the staged implementation of the QI Program, which approach do you believe would be most effective? - Start with quality indicators that have the broadest application across all in-home aged care services and participants:

3

When selecting the initial quality indicators for the staged implementation of the QI Program, which approach do you believe would be most effective? - Start with quality indicators that focus on participants with higher care needs and/ or more complex service types:

2

When selecting the initial quality indicators for the staged implementation of the QI Program, which approach do you believe would be most effective? - A balanced approach that includes a mix of broadly applicable and higher-risk focused quality indicators, to address both the general needs of the in-home aged care population and the specific needs of high-risk groups:

1

(Optional) Please provide any additional comments or rationale for your preferred approach to selecting the initial quality indicators for the staged implementation of the QI Program:

At least 3 QIs allows at least 1 QI per above category. Services provided and QI outcomes do not occur in isolation. Person with complex needs accesses broader services E.g. every participant needs appropriate size and skilled workforce with training and qualifications to deliver quality care in line with assessed and changing needs. Robust QI program provides effective data collection and has the most impact on improving provider and quality outcomes. Providers must think of aged care as part of health care. Robust QI program essential to health service provision. In Aged Care Work Value, FWC accepted evidence that home care needs are increasingly complex and acute (see 2022 FWCFB 200 and 2024 FWCFB 150). Reflects preferences to remain at home longer. Changing and increasing age-related health needs require an appropriately and diversly skilled workforce. And an appropriate and enforced regulatory system, including quality indicator reporting.

Part 3: Implementation timing

8. Do you consider an implementation date of 1 July 2026 achievable? If not, what would be a preferred implementation timeframe and why?

Do you consider an implementation date of 1 July 2026 achievable? If not, what would be a preferred implementation timeframe and why?:

Must commence no later than 1/7/26. Support at Home will be largest component of aged care sector.



Critical that quality and regulation are foundational elements of Support at Home from outset. QI program important information gathering and policy design tool. Delayed implementation indicates failure to consider long-term policy and meaningful regulation in home care. As mandatory residential QI program will have been in effect in 7 years at 1/7/26, there will be significant data and learnings to utilise in home care QI program. Appreciate home care is more complex, but reporting and IT needs will be largely known, particularly for the many providers already operating residential and home care services.

ACQSC and Department by 1/7/26 will be well versed in data collection, analysis and integration with regulatory and system activities. Sector readiness concerns can be anticipated and planned for by ACQSC & Department, rather than delay implementation.

Part 4: Priority Quality Indicators

9. Do you agree that QIs focusing on these seven areas should be given the highest priority for development and implementation?

Yes

(Optional) Are there any other critical areas of care that you believe should be prioritised for quality indicator development that are not covered by the seven areas listed above?:

Recommend QI measuring safety for workers and clients be introduced in future. Design should/could draw from data collected through complaints and incident reporting, including to state and national safety regulators. Consumer experiences will be informed by the presence or absence of safe work environments.

Recommend QI 4 'Service delivery and care planning' be amended to include 'Whether care is planned and individualised for each aged care recipient, maintained to be current and regularly reviewed.' Want to ensure providers are accountable for the services provided and they are required to demonstrate transparency of funding and a connection between expenditure and quality.

10. Considering a staged implementation of the QI Program, please rank the following areas in order of priority, with 1 being the highest priority and 7 being the lowest priority.

Considering a staged implementation of the QI Program, please rank the following quality indicators in order of priority, with 1 being the highest priority and 7 being the lowest priority. - Consumer experience:

2

Considering a staged implementation of the QI Program, please rank the following quality indicators in order of priority, with 1 being the highest priority and 7 being the lowest priority. - Quality of life:

5



Considering a staged implementation of the QI Program, please rank the following quality indicators in order of priority, with 1 being the highest priority and 7 being the lowest priority. - Function:

4

Considering a staged implementation of the QI Program, please rank the following quality indicators in order of priority, with 1 being the highest priority and 7 being the lowest priority. - Service delivery/care planning:

3

Considering a staged implementation of the QI Program, please rank the following quality indicators in order of priority, with 1 being the highest priority and 7 being the lowest priority. - Workforce:

1

Considering a staged implementation of the QI Program, please rank the following quality indicators in order of priority, with 1 being the highest priority and 7 being the lowest priority. - Weight loss/nutrition:

6

Considering a staged implementation of the QI Program, please rank the following quality indicators in order of priority, with 1 being the highest priority and 7 being the lowest priority. - Falls/fractures/injury:

7

Free text field: (Optional) Please provide any additional comments or examples to explain your ratings, particularly for indicators where you believe providers have limited or no influence:

Important contribution of nursing and skills mix must be recognised by prioritising workforce and developing specific staffing QIs as program matures, as in recent residential QI expansion. Acknowledge care minutes and 24/7 RN cannot be transferred to home care, but believe safe staffing and skills mix requirements in some form must be introduced under Support at Home. Every provider must employ RNs, ENs, carers, allied health professionals & assistants, cleaners and cooks, as well as have demonstrated connections to nurse practitioners, GPs and gerontologists. Skills mix must be available as and when clients require services and to meet individual, assessed health and support needs. Intersections between aged and health sectors must be improved. Nursing care delivered by RNs and ENs in aged care setting must be considered specialist contexts of practice, same as in primary care. Reforms must support workforce development and client health and safety.

11. Based on the interviews, focus groups, and evidence review conducted in preparation for this public consultation, in-home care participants, providers, advocacy groups, professional bodies, and peak bodies have emphasised the importance of consumer experience. To what extent do you agree that consumer experience should be a priority area for quality indicator development and implementation?

Somewhat agree



(Optional) Please provide further comments about your response:

Support consumer experience as priority, particularly as sector moves to a rights-based system. Reiterate high-quality care that meets the needs of individual is fundamental to positive experience. High-quality care can only be delivered by a highly skilled, multidisciplinary, stable workforce with access to quality jobs and fair pay.

Recognise interrelationships of QIs and how they come together to inform provider behaviour, workforce development, consumer experience and care outcomes. Intersections must be front of mind when evaluating data. E.g. poor consumer experience can be deduced when other QIs are not being met, and assessing function, which can be measured objectively, has potential to identify a decline in health status which can enable earlier intervention and support for people at home. A consumer experience QI must reflect the principles of high-quality and person-centred care and the needs of the workforce to provide such care.

12. How important are the following factors in shaping a positive consumer experience and delivering person-centred care? Please rank the following factors in order of priority, with 1 being the highest priority and 13 being the lowest priority.

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? - Understanding and valuing the older person's identity, culture, abilities, diversity, beliefs, and life experiences:

3

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? - Empathy and respect shown by care or service delivery staff:

6

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? - Continuity of care (e.g. having the same care staff over time):

2

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? - Supporting older people to exercise choice and make decisions about their care and services, with support when needed:

13

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? - Emotional and social support provided by care staff:

12

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? - Tailoring care and services to the older person's needs, goals, and preferences:

4



How important are the following factors in shaping a positive consumer experience and delivering person-centred care? - Timeliness and reliability of services:

11

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? - Providing timely, accurate, and accessible information to enable informed decision-making:

10

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? - Involvement of participants in decision-making about their care:

9

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? - Promoting the older person's autonomy and quality of life through positive risk-taking:

14

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? - Communication and information sharing with participants and families:

8

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? - Monitoring and responding to changes in the older person's quality of life:

5

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? - Coordination and integration of care services:

7

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? - Competency and skill of care and service delivery staff:

1

(Optional) Please provide any additional comments or rationale for your ranking, particularly for the factors you ranked as the highest and lowest priorities:

Without a valued, highly trained and qualified, stable and multi-disciplinary workforce with fair and decent wages and conditions, consistently high-quality and safe care cannot be delivered, and consumers will experience poorer outcomes. As to the other factors, we support consumer self-assessment or supported assessment of experiences. Factors encompassing communication, information sharing, consumer and/or representative involvement and promotion of autonomy and quality are critically important. This is based on evidence of best practice quality assessments (see Ratcliffe J et al. 'Measurement tools for assessing quality of life, consumer satisfaction and consumer experience across residential and in-home aged care', Flinders University, 2021).



Part 5: Questions for providers

13. Are you responding on behalf of a provider?

No



Part 6: Summary

20 (Optional) Please provide any additional comments or feedback you feel is important for consideration in the development and implementation of a QI Program for in-home aged care services.

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