



**A New Strategy for Community Care**  
*The Way Forward*

## **Consultation Paper**

**April 2007**



# Streamlining Quality Reporting

Developed by the Australian Government in partnership with State and Territory Governments

The aim of this consultation paper is to obtain community care stakeholders' input into the development of a consistent National Quality Reporting Framework, including common standards.

## 1. Overview

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Australia's ageing population will place increasing demands on community care. Reforms outlined in *A New Strategy for Community Care – The Way Forward* are now underway to prepare for the future and address problems identified by the community care sector.

Activities currently in train under *The Way Forward* can be viewed at [www.health.gov.au/communitycare\\_thewayforward](http://www.health.gov.au/communitycare_thewayforward).

One of these reforms is to streamline the different quality processes that community care providers report against. Currently, there is no single set of standards that service providers report against for community care programs. Instead, there is a variety of standards and frameworks. As a result, service providers report against various standards to different bodies and there is a high degree of overlap and duplication. Therefore, a key aim of streamlining Quality Reporting is to reduce this administrative burden.

The work completed so far includes review of current practices and development of a proposed:

- common set of standards for HACC, CACP, EACH and NRCP<sup>1</sup> services
- consistent reporting approach for these services.

It is envisaged that the standards and/or the reporting approach could also be used for other community care programs or services.

The purpose of this document is to provide details of this work and the future work planned and obtain your views and input, prior to further development and testing.

This document contains the following sections:

1. Overview
2. Background
3. Common set of standards
4. Reporting approach
5. Consultation questions.

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<sup>1</sup> Home and Community Care (HACC); Community Aged Care Package (CACP); Extended Aged Care at Home (EACH); National Respite for Cares Program (NRCP).

## 2. Background

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The Australian Government, in partnership with State and Territory Governments, is working on making improvements to community care. This will be done in part by drawing on the expertise in the community care sector through consultation.

The reforms will build on and strengthen the current community care system and aim to reduce gaps and overlaps in service delivery and provide easier access for those in need of community care services. Key areas of work include developing consistent approaches (known as common arrangements) in areas such as:

- assessing services and testing eligibility and assessing needs for service recipients
- determining user fees and financial reporting
- quality reporting
- information management, data collection and planning.

The outcomes of the reforms will bring benefits to both service providers and service recipients. The common arrangements aim to reduce the administrative burden and encourage more effective planning. Consistent eligibility criteria will assist service providers to make decisions about allocating service priorities. A streamlined quality reporting process will ensure providers are clear about their community care responsibilities and will simplify the way they report across programs.

### **What is Quality Reporting?**

Quality Reporting is a reporting framework that requires service providers to consider the care and business practices they have in place and develop ways to improve them. Quality Reporting requires service providers to show how they are meeting specified care standards and accountability requirements.

The proposed streamlined Quality Reporting will build on and replace existing systems for HACC, CACP, EACH and NRCP service providers. The focus will be on assisting providers to tailor their services to better meet service recipients' needs and to improve their processes. Providers should benefit from Quality Reporting by using it as a means to understand their quality requirements and continuously improve their service delivery.

### **How is Streamlining of Quality Reporting Being Achieved?**

In 2005, a project called – *The Development of a National Quality Reporting Framework and Common Standards, for the Management of Quality Assurance across Community Care Programs* – was initiated.

This project comprises:

#### **Stage 1**

- a mapping exercise to review the range of existing community care quality standards, processes and reporting tools (this was primarily a desktop audit)
- development of options for enhancing and/or modifying those standards and a framework to report performance against the standards
- consultation with the community care industry

## Stage 2

- following consultation feedback, the standards and reporting processes and tools will be further developed
- these will then be tested across a range of providers and further refined based on the outcome of an evaluation of their effectiveness
- development of other components of the National Quality Reporting Framework, including assessment/monitoring processes and follow up/support
- completion of a National Quality Reporting Framework with over-arching principles and protocols, a common set of minimum standards for community care programs and tools applicable across the sector.

This current consultation process is the final component of Stage 1 above. This work is being guided by the Planning and Accountability Working Group, comprising representatives from the Australian and State and Territory Governments. Further information about the Planning and Accountability Working Group can be found at [www.health.gov.au/communitycare\\_thewayforward](http://www.health.gov.au/communitycare_thewayforward).

Australian Healthcare Associates (AHA) has been engaged as consultants for this project, which is expected to be completed in 2007.

### 3. Common Set of Standards

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Under Stage 1 of the project, AHA compared existing standards to determine which standards are common across all programs. Following this analysis, AHA developed an options paper, identifying options for developing a single set of standards.

Four main options were identified to streamline the current standards for HACC, CACP, EACH and NRCP services:

1. No change to existing standards
2. Standardising the language and structure of the existing standards
3. Develop consistent standards, based on HACC standards, with some flexibility for specific programs and varying outcomes
4. Develop completely new standards and outcomes.

The Planning and Accountability Working Group agreed to proceed with Option 3 and further consider Option 4 in the longer term. These options are presented in this paper for consideration by the community care sector. The benefits of both options include:

- Resolve inconsistencies between the various standards
- Standardise the language and structure
- Improve the assessment of quality and risk systems and
- Streamline the quality reporting process for all community care programs

The Working Group preferred Option 3 over Option 4 as it maximises continuity for the community care sector by minimising the amount of change required to implement it.

To assist with feedback, an outline of the proposed standards is provided. This is based on the structure and format of existing HACC and NRCP standards and includes flexibility for clinical care aspects of programs such as CACP and EACH.

Each standard will include a statement of overarching principle and expected outcomes consistent with the service recipient focus of the current standards. It is proposed that some outcomes will be minimum requirements, representing the basic quality outcomes that must be achieved by all providers receiving Government funding.

#### **Strategies to Address Differences Between the Standards**

The basis for the proposed approach and the strategies proposed to address the differences between the HACC/NRCP standards and CACP/EACH program standards are explained below.

The HACC/NRCP standards include:

- Efficient and Effective Management Systems and
- Access to Services.

Currently, there are no equivalent standards for the CACP and EACH programs. It is proposed that these standards will apply to all programs, thereby bolstering a provider's capacity to monitor and improve their management practices.

The CACP and EACH program standards include:

- Social Independence and
- Identifying Care Needs.

There is, however, no equivalent for these in the HACC and NRCP programs.

It is difficult to objectively measure the financial or social independence of a service recipient. Therefore, it is proposed that this standard be excluded from a revised common set of standards. However, given the importance of this aspect of care, it is proposed that the requirements of the 'Social Independence' standard be included as an expected outcome against the 'Coordinated, Planned and Reliable Service Delivery' standard.

The areas covered under the CACP and EACH program principle, 'Identifying Care Needs', are addressed within the proposed standard 'Access to Services' – 'Each client can expect formal assessment to occur'.

### Relevance of Standards to Different Programs

The outcomes for some standards may have varying relevance to certain programs. For example, an expected outcome of the 'Access to Services' standard is that access should be based on prioritised need. This expected outcome for the 'Access to Services' standard will need to take into consideration the right of an Approved Provider (CACP or EACH) to accept a client based on the provider's ability to meet their care needs (as specified in the *Aged Care Act 1997*).

### The Proposed Standards

The following table lists the proposed common community care standards and expected outcomes.

#### Proposed standards and expected outcomes

| Standard                        | Areas addressed by expected outcomes  |
|---------------------------------|---|
| 1. Access to Services           | Each service recipient can expect: <ol style="list-style-type: none"> <li>1. Formal assessment to occur</li> <li>2. Entry and reassessment procedures that are fair and equitable</li> <li>3. Access to services that is non-discriminatory</li> <li>4. Service access based on prioritised need (taking into account requirements for ACAT approval and Approved Provider rights for CACP and EACH)</li> </ol>   |
| 2. Information and Consultation | <ol style="list-style-type: none"> <li>1. Each service recipient is provided with information that enables them to make service choices including:               <ul style="list-style-type: none"> <li>– Rights and responsibilities</li> <li>– Services available</li> <li>– Fees</li> <li>– Advocacy</li> </ul> </li> <li>2. Each service recipient is provided with other important information related to:               <ul style="list-style-type: none"> <li>– Complaints processes</li> <li>– Privacy</li> </ul> </li> <li>3. Each service recipient is provided with information in a form accessible to that person, i.e. language and format</li> </ol> |

Proposed standards and expected outcomes (*continued*)

| Standard  | Areas addressed by expected outcomes   |
|---|--|
| <p><b>3. Coordinated Planned and Reliable Service Delivery</b></p>                    | <p>1. Each service recipient is provided with:</p> <ul style="list-style-type: none"> <li>– Ongoing assessment or review</li> <li>– Care/service planning based on needs and choice</li> </ul> <p>2. Care/service planning that takes into account:</p> <ul style="list-style-type: none"> <li>– Special needs groups</li> <li>– The need to aim for functional, social and financial independence</li> </ul> <p>3. Service integration, care coordination, case management occurs – including referral processes</p>  |
| <p><b>4. Privacy, Dignity, Confidentiality and Access to Personal Information</b></p> | <p>Each service recipient can expect:</p> <ol style="list-style-type: none"> <li>1. Services that meet legislative requirement – Australian and State/Territory</li> <li>2. Dignity and privacy respected</li> <li>3. Consent to obtain and release information to non-government parties</li> <li>4. Access to personal information</li> </ol>  |
| <p><b>5. Complaints and Disputes</b></p>  | <p>Each service recipient can expect:</p> <ol style="list-style-type: none"> <li>1. Complaints process that is fair and is dealt with promptly, confidentially and without retribution</li> <li>2. Processes for both formal and informal feedback</li> <li>3. Access to external complaints process</li> </ol>  |
| <p><b>6. Advocacy</b></p>   | <p>Each service recipient can expect to:</p> <ol style="list-style-type: none"> <li>1. Access an advocate if needed</li> <li>2. Have their choice of advocate accepted</li> </ol>  |
| <p><b>7. Efficient and Effective Management</b></p>                                   | <p>Each service recipient can expect that the service provider has:</p> <ol style="list-style-type: none"> <li>1. Accountable management processes – which includes appropriate corporate governance and processes to meet relevant legislation, Australian and State/Territory</li> <li>2. An understanding of the community in which services are provided</li> <li>3. Continuous quality improvement systems</li> <li>4. Risk management systems – financial, clinical, occupational health and safety, and management including brokerage</li> <li>5. Service recipient involvement in planning</li> <li>6. Human resource systems, including appropriately skilled and trained staff and ongoing staff development</li> </ol> |

## 4. Reporting Approach

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Three broad options were identified for the reporting framework:

1. No change
2. Consistent reporting using a compliance-based approach (similar to HACC approach)
3. Consistent reporting using a Continuous Quality Improvement (CQI) approach (similar to the CACP/EACH/NRCP approach).

### **Current HACC Program Quality Reporting Approach**

The HACC National Service Standards Instrument (NSSI) sets out a detailed list of requirements which service providers must satisfy. The requirements include:

- Providers must provide evidence to demonstrate achievement of each requirement
- Relatively little scope for flexibility in the requirements for different types of providers and services, eg large/small, city/rural etc.
- The NSSI includes a scoring system.

This model can be described as a compliance approach, which includes components that encourage continuous quality improvement.

### **Current CACP/EACH/NRCP Quality Reporting Approach**

Service providers are required to describe their approach to meeting standards and achieving the results, using the systems/processes they have in place. Providers must provide evidence of the results achieved and of their commitment to continuous quality improvement.

The Quality Reporting program for CACP, EACH and NRCP is based on a continuous quality improvement (CQI) cycle and involves four main steps:

1. Service providers prepare and submit their Quality Report
2. Desk review by the Department of Health and Ageing (DoHA)
3. Site visit by DoHA assessors
4. Notification of review outcome and implementation of improvement plan.

This CQI approach is less prescriptive than a wholly compliance-based approach and allows:

- Greater flexibility for providers in demonstrating that they meet the standards
- Different programs to be assessed within the framework
- Greater flexibility for jurisdictions to:
  - add their own jurisdiction or program specific requirements
  - determine the way in which assessments are conducted and by whom
  - include this process within their own accountability frameworks.

This model is designed to support and encourage providers to develop organisational structures and systems based on the principles of continuous improvement. DoHA notes the effectiveness of the provider's processes and quality improvement plan and/or notes areas for improvement.

## Proposed Reporting Approach – Continuous Quality Improvement

A Continuous Quality Improvement (CQI) reporting approach is proposed. The proposed approach provides flexibility to providers in how they achieve outcomes. The approach includes a requirement for a set of core minimum outcomes, representing the quality outcomes that must be achieved by all providers receiving Government funding. For some programs, there could be additional requirements specific to program or client outcomes required. A scoring or rating system could be utilised to assess achievement of core or specific outcomes.

The CQI assessment and reporting processes supports and encourages providers to develop organisational structures and systems based on the principles of continuous improvement. This approach will assist providers to meet the standards on an ongoing basis.

The principles that underpin CQI include:

- Being responsive to customers and their needs
- Achieving improvement through strong leadership
- Developing and involving staff
- Having a process and system focus and
- Using appropriate data and information to:
  - monitor performance and customer satisfaction
  - identify opportunities to improve and
  - demonstrate outcomes achieved.

A CQI approach to assessment and reporting will also:

- Encourage the ongoing strengthening of systems and processes within organisations
- Enable providers to respond individually to community needs and
- Allow providers to tailor their systems and processes to match their size and resources committed.

The proposed standards and approach to reporting will form major components of the National Quality Reporting Framework. The Framework will encompass:

- Standards, including overarching principles and expected outcomes
- Reporting
- Assessment
- Follow-up management process after assessment.

The project will also investigate the feasibility of mutual recognition whereby the results of other quality processes are recognised, eg: QIC<sup>2</sup>, ISO<sup>3</sup>, ACHS-EQuIP<sup>4</sup>, Disability Service Standards.

Each component of the standards and approach will be supported through comprehensive ongoing training and development provided to all community care service providers.

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<sup>2</sup> Quality Improvement Council

<sup>3</sup> International Organization for Standardization (ISO)

<sup>4</sup> Australian Council on Healthcare Standards–Evaluation and Quality Improvement Program (ACHS–EQuIP)

## 5. Consultation Questions

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### How you can help?

Your input is vital to the success of this project, designed to improve the services people receive and to reduce the administrative burden for service providers. Please respond to the following questions, relating to the proposed community care Standards and the Continuous Quality Improvement reporting approach, as detailed in this document. If more space is required for your response, please attach any further comments.

Please return your response **by 1 June 2007** to: Department of Health and Ageing  
Community Care Review Section  
MDP 32  
Reply Paid 9848  
CANBERRA ACT 2601

### 1. Are you from one of the following groups? (please tick one box)

- a) Service provider
  - b) Peak, special interests or professional body  
(describe below)
  - c) Other (describe below)
- 
- 
- 
- 

If you ticked *a) Service provider*, above:

- i) Do you provide services and receive funding under a single government program (eg HACCC) or under multiple programs? (tick one box)

Single program       Multiple programs       MPSs

- ii) Approximately how many people do you currently provide services to? (tick one box)

1–20       21–50       51–100       101–150       151–200       201+

- iii) Which State or Territory do you operate in (tick one or more boxes)

ACT       NSW       NT       Qld       SA       Tas       Vic       WA

- iv) Do you specialise in providing services to any of the following special needs groups? (tick one or more boxes)

Aboriginal and Torres Straight Islander   
Culturally and linguistically diverse   
Rural and remote   
Socially and financially disadvantaged   
Dementia   
Veterans

Please comment on the following (all respondents)

### A. Proposed Standards and Expected Outcomes

2. Are there any areas you believe should be addressed, that are not covered by the proposed standards and expected outcomes?

- Yes
- No
- Not sure

Refer to page 6 –  
*The proposed standards*

Please provide any comments in the space below

3. Are there any standards or expected outcomes proposed that you see as not relevant to the delivery of community based services?

- Yes
- No
- Not sure

Refer to page 6 –  
*The proposed standards*

Please provide any comments in the space below

It is proposed that some outcomes will be defined as minimum, representing the basic set of quality outcomes that must be achieved by all providers. Question 8 asks for your views on this approach

**4. Which outcomes, if any, do you believe should be included as minimum requirements?**

Please identify suggested minimum outcomes below,  
e.g 1.1 *Formal assessment to occur for each service recipient*

Refer to page 6 –  
*The proposed standards*

**5. What is your view on the proposal to develop in the future a completely new set of standards and outcomes to be used across government community care programs?**

- Agree
- Disagree
- Not sure

Refer to page 5, option 4 – *Develop completely new standards and outcomes*

Please provide any comments in the space below

**6. Do you report against any other<sup>5</sup> quality processes, which address standards or expected outcomes similar to those proposed in this document?**

- Yes
- No
- Not sure

Refer to page 6 –  
*The proposed standards*

<sup>5</sup> Other than HACC and Quality Reporting for CACP, EACH and NRCP providers.

Question 6 continued

Please identify such other quality process (eg QIC, ISO, ACHS-EQuIP, Disability Service Standards) and the particular standards or outcomes which are similar to the proposed standards

Name of quality process \_\_\_\_\_

Similar standards \_\_\_\_\_

Name of quality process \_\_\_\_\_

Similar standards \_\_\_\_\_

Name of quality process \_\_\_\_\_

Similar standards \_\_\_\_\_

**7. Do you wish to make any other comment on the proposed standards?**

Please provide any comments in the space below

Refer to page 5 –  
*Common set of standards*

## B. Reporting Approach

**8. What are your views on the proposed Continuous Quality Improvement (CQI) approach?**

This will include a minimum set of core outcomes, representing the basic quality outcomes that must be achieved by all providers.

Refer to page 8, section 4  
– *Reporting approach*

Agree

Disagree

Not sure

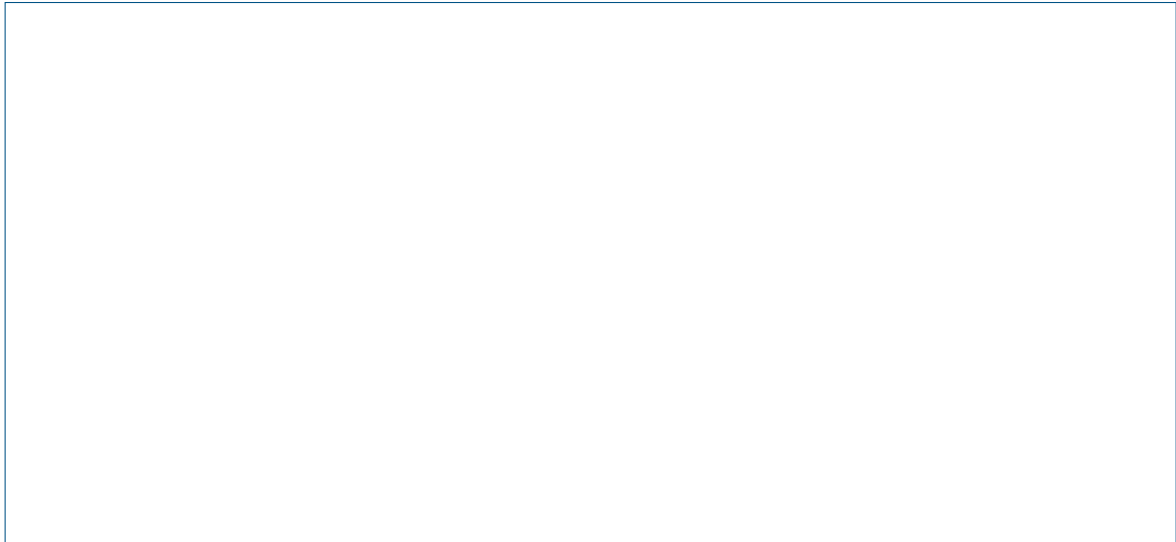
Please provide any comments in the space below

**9. Can you identify any issues that may need to be considered when your service is reporting its approach and achievements in relation to the proposed standards and expected outcomes?**

Are there any particular standards or outcomes proposed that it will be difficult to report against?


Refer to page 6 –  
*The proposed standards*

Refer to page 8, section 4  
– *Reporting approach*



**10. Are there any other issues you can identify for your service (or your constituents if you are a peak body), in adopting the proposed CQI approach?**

Refer to page 8, section 4  
– *Reporting approach*



Please post your response **by 1 June 2007** to: Department of Health and Ageing  
Community Care Review Section  
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