Australian Government
Department of Health and Aged Care

HealthConsult

Department of Health and Aged Care

Pilot for the establishment of a Quality Indicator Program for in-home aged care services

Pilot Provider Pack

2 October 2024

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1. Pilot Overview

1.1. Introduction

Following work to identify suitable Quality Indicators (QIs) for in-home aged care services, the Department of Health and Aged Care (the Department) is conducting a pilot of these QIs.

The Department has engaged HealthConsult to lead the pilot. Together with the Registry of Senior Australians (ROSA), HealthConsult will:

- Recruit a representative sample of approximately 150 service outlets across the Home Care Packages (HCP) program, Commonwealth Home Support Programme (CHSP) and Short-Term Restorative Care (STRC) Programme, geographic locations and ownership models
- Pilot the identified QIs with participating provider service outlets and in-home aged care participants
- Analyse the pilot data to assess the relevance, usability, and feasibility of the QIs in the Australian in-home aged care context
- Evaluate the readiness of the QIs for implementation and identify necessary refinements.

Your participation in this pilot will help ensure that QIs for in-home aged care services are practical, relevant, and effective in improving quality of care and services.

1.2. Pilot objectives

The purpose of the pilot is to test the proposed QIs to:

- ensure aged care providers can collect and report the requested data, or alternatively determine the effort and changes required to do so
- understand any possible data collection or data quality issues that may arise
- explore variations in the QIs amongst providers and the relationship between QIs, to establish which QIs are the most reliable, consistent and effective at differentiating between provider performance, and the potential redundancy of any QIs
- understand the impact on aged care providers, workforce and/or aged care participants or other unintended consequences of the proposed QIs.

We will use the results of the pilot to inform recommendations for the implementation of the proposed QIs or the scope of any further refinements required for introducing the QI Program for in-home aged care.

1.3. QIs to be piloted

Based on an evidence review and extensive consultation, the QIs being piloted cover three key domains: consumer experience, quality of life and service delivery/care planning.

These domains are to capture various aspects of quality, including participants' satisfaction with services, their overall well-being, and the effectiveness of care planning and service delivery. The following seven QIs will be piloted, with the intention of refining the list to two to three robust, effective, and efficient QIs for initial implementation.

Table 1: Quality indicators to be piloted

Quality Indicator	Definition	Data source	Lookback period for pilot	Collection Frequency for Pilot
Consumer Experience				
Participant overall satisfaction rating	Percentage of participants who report good or excellent overall satisfaction with the service delivered by the provider in the last three months	Participant survey (1 item)	Three months	One four week data collection period from 28 October to 22 November 2024. Data to be reported by 20 December 2024.
Willingness to recommend	Proportion of participants who rated their likelihood of recommending the service as either 9 or 10 out of 10	Participant survey (1 item)	Three months	
Consumer experience	Percentage of participants who report 'good' or 'excellent' experience of the service delivered by the provider in the last three months	Participant survey (QCE-ACC, 6 items)	Three months	
Quality of Life				
Quality of life	Percentage of participants who report 'good' or 'excellent' quality of life	Participant survey (QOL-ACC, 6 items)	N/A	As above
Service delivery/care planning				
Participant involvement in care planning	Percentage of participants who agreed or disagreed (on a 5-point Likert scale) that they felt involved in developing their home care plan	Participant survey (1 item)	Before 30 September 2024	As above
Missed visits	Proportion of planned visits during the reporting period that were missed by the provider	Administrative data	1 July 2024 to 30 September 2024	One data collection for a 3 month period. Data to be reported by 20 December 2024.
Review of home care plan	Percentage of participants whose care plan was reviewed with them within 12 months of their previous care plan review or initial care plan	Administrative data	1 July 2024 to 30 September 2024	

1.4. Pilot Overview

Throughout the pilot program, you will be responsible for collecting and reporting data on the seven Quality Indicators (QIs) that are being tested. This process involves two main types of data: participant survey and administrative data.

- For participant surveys, you'll need to send these surveys to your participants within the first four weeks of the pilot commencement. Participants will have a four-week window to complete the surveys, from 28 October to 22 November 2024.
- Administrative data, which includes information on missed visits and care plan reviews, should be collected for the 3-month period from 1 July 2024 to 30 September 2024.

All data should be submitted via the secure IT platform HealthConsult will provide. At the conclusion of the pilot, we will provide you with a benchmarking report. This report will compare your organisation's performance on the QIs with anonymised data from other participating organisations. This will give you valuable insights into your relative performance and areas for potential improvement.

The pilot process will run for approximately 3 months, from mid-October to mid-December 2024.

1.5. Support and resources

We understand that participating in this pilot may present some challenges, and we're committed to providing comprehensive support throughout the process.

In addition to this Pilot Provider Pack, we will provide a suite of support materials. These will include:

- detailed instructions for using the data collection templates
- regularly updated FAQs on the pilot website (https://qi.healthconsult.com.au)
- participant information sheets available on the pilot website (https://qi.healthconsult.com.au/ResourcePage)

Throughout the pilot period, we will host two **webinars** to address common issues, share best practices, and provide updates on the pilot's progress.

Helpdesk function

There is a helpdesk function that can be accessed by emailing:

QI@healthconsult.com.au

If you need any assistance or have any questions during the data collection process, please contact the helpdesk for assistance.

1.6. Purpose and structure of this document

This document has been developed to provide practical guidance for piloting the QIs and being part of the pilot project. This document, and information provided as part of the training, serve as your centralised resources for navigating the pilot process, ensuring you have the necessary tools and knowledge at your fingertips.

This document is structured as follows:

Chapter 2: Pilot preparation including the pilot information and application for inclusion

Chapter 3: Prepare for collection

Chapter 4: Collect data

Chapter 5: Submit data

Chapter 6: Post pilot including pilot evaluation and benchmark report

Chapter 7: Frequently asked questions

Chapter 8: Contact information

Appendices

Figure 1: Overview of pilot activities

Phases	Pilot Preparation	Prepare for collection	Collect Data	Submit Data	Post Pilot
Time frames	Sept to Mid Oct	1 to 28 Oct	28 Oct – 25 Nov	25 Nov to mid Dec	Mid Dec to Feb
Activities	• Introduction webinar • Register EOI • Nominate Pilot sponsor • Decide survey tool • One-on-one briefing session with Relationship Manager (RM)	• Prepare/ access survey tool • Two-hour, group-based, virtual training sessions	• Send Participant Survey and consolidate data collection template • Collect administrative data and consolidate data collection template	• Prepare file for upload • Undertake data checks • Submit on data collection template to website	• Provider feedback survey • Receive and review QI benchmarking reports
Support and training available	• Pilot Participation Pack	• RM check in	• RM check in • Progress update webinar	• Regular feedback on QI data	• Post-pilot webinars with pilot providers
Resources available	• Fact Sheet • Helpdesk • Website	• Helpdesk • Website	• Helpdesk • Website Updated FAQs • Data collection templates	• Helpdesk • Website data upload	

2. Pilot Preparation

The objectives of the Pilot Preparation phase are to access information to understand this pilot, and apply for inclusion. Table 2 provides an overview of the activities involved in this stage.

Table 2: Activities to be completed in the Pilot Preparation phase

Activity	Date
1. Pilot information ☐ Read fact sheet ☐ Attend information webinar	From 16 September
2. Apply for inclusion ☐ Complete EOI ☐ Designate a Pilot Sponsor: Nominate a key person within your organisation to oversee the pilot. This individual will be our primary point of contact. ☐ Access to a dedicated Relationship Manager and one-on-one briefing session	16 September – 10 October

2.1. Pilot information

Pilot information is available from early September including via:

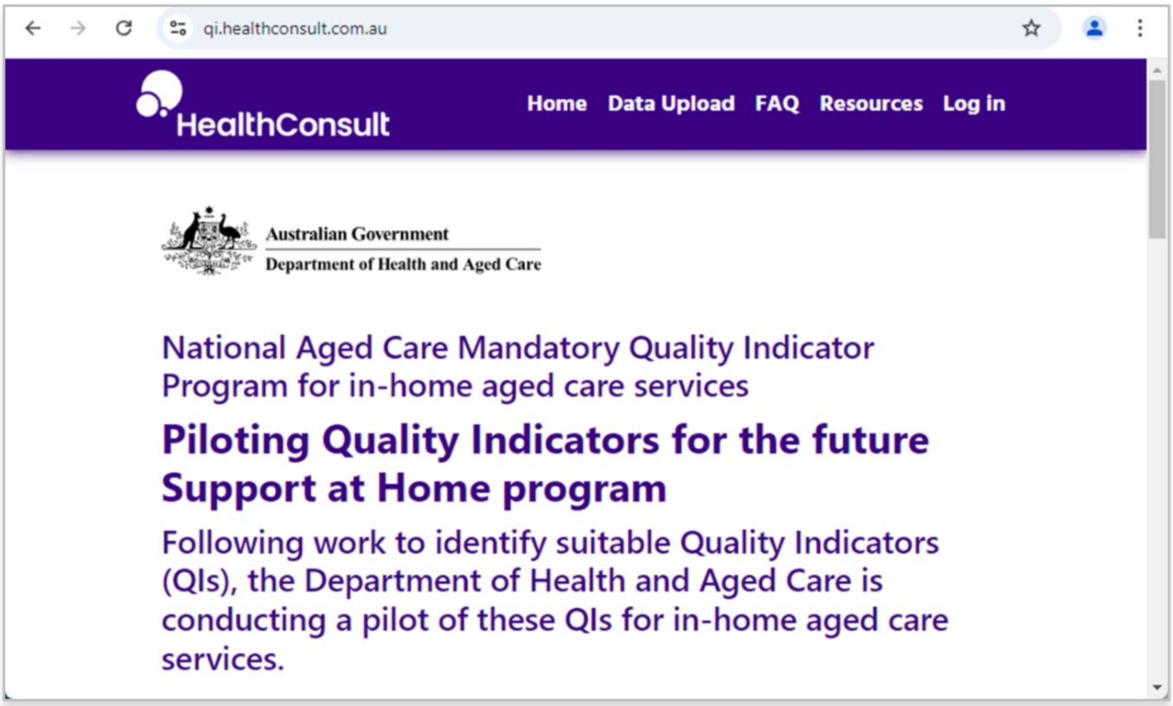
- Publication of an article in **September** in the Department's Your Aged Care Update – and distributed via third-party channels
- Publication of the webinar and pilot EOI forms from early September
- A public information webinar on 25 September to publicise the pilot and answer questions from prospective pilot participants
- The public information webinar was recorded and is available on the pilot website https://qi.healthconsult.com.au/Content/Docs/Home Care QI Pilot Webinar Recording 25 September 2024.mp4
- Promoting the pilot via HealthConsult, ROSA and the Department's networks.

The pilot website is the main source of current information:

- The website can be accessed at https://qi.healthconsult.com.au/
- The website contains:
  - General information on the QI Program Pilot

  - Dates of upcoming webinars
  - Access to past webinars that have occurred
  - Links to available resources (including this Pilot Provider Pack)
  - FAQs: https://qi.healthconsult.com.au/FAQ

Figure 2: Website overview



National Aged Care Mandatory Quality Indicator Program for in-home aged care services

Piloting Quality Indicators for the future Support at Home program

Following work to identify suitable Quality Indicators (QIs), the Department of Health and Aged Care is conducting a pilot of these QIs for in-home aged care services.

2.2. Apply for inclusion in the pilot

2.2.1. Complete EOI and nominate a Pilot Sponsor

Recruitment began in early September when the first communication materials were released and the pilot EOI form was published. Recruitment will continue until the sampling strategy quota/s is achieved. **The EOI form will collect key details about providers** (e.g. operating model, size, location, and service categories). If there are gaps in particular areas of the sampling strategy, targeted recruitment strategies will be considered in collaboration with the Department and peak bodies to achieve the required mix of services.

2.2.2. Nominate a Pilot Sponsor

Within one day of receiving an EOI form prospective pilot providers will receive a confirmation email. Prospective pilot providers will then be sent a Pilot Provider Pack (an email and this document) and asked to **nominate a Pilot Sponsor (name, position, email, and phone**

number). There will be one Pilot Sponsor per provider and the role of the Pilot Sponsor will be to communicate with the individual service outlets that are part of the study for that provider.

A prospective pilot provider becomes confirmed once they submit these details, indicating their commitment to the pilot and readiness to begin data collection.

2.2.3. Access to a dedicated Relationship Manager and one-on-one briefing session

A **dedicated Relationship Manager (RM)** will be assigned to the provider and will schedule a one-on-one briefing session with each provider. These sessions will ideally include key decision-makers from your provider organisation and will be used to communicate the benefits of participation, address concerns, and explain requirements and resource impacts.

3. Prepare for Collection

Table 3 provides an overview of the activities involved in the **Prepare for Collection** phase.

Table 3: Activities to be completed in the Prepare for Collection phase

Activity	Date
Prepare for Collection ☐ Attend training session ☐ Prepare systems	October 2024

3.1. Training session and support

HealthConsult's Relationship Managers (RMs) will schedule a series of two-hour training sessions for providers to attend in groups, according to their availability. Training sessions will cover the topics set out in **this document**, including roles and responsibilities, how to complete data collection templates, how to raise issues/questions, and processes for regular check-ins and providing feedback at the end of the pilot.

Table 4 describes the training and support that will be provided to pilot providers before and during the pilot data collection period.

Table 4: Preparation support

What	Details	Purpose	When
Training session	Two-hour, group-based, virtual training sessions with providers to cover all topics within the Pilot Provider Pack prior to beginning data collection. At or before these sessions you will be provided with • Data collection templates and detailed instructions for using them • Troubleshooting tips • Instructions for using the survey platform	• Address providers' questions about the pilot and ensure readiness to begin data collection • Agree a date to commence data collection	Early to Mid October 2024

What	Details	Purpose	When
Regular check-ins	Relationship Managers will proactively contact providers weekly during the data collection period by email and phone.	Address providers' questions/ issues and identify common issues (update processes if necessary)	Weekly throughout this period
HealthConsult Help desk	There is a helpdesk function that can be accessed by emailing: QI@healthconsult.com.au	If you need any assistance or have any questions, please contact the helpdesk to receive assistance	9 am – 6 pm AEDT Monday - Friday

3.2. Prepare Systems

Providers will be largely responsible for distributing, collecting and reporting survey data. **Importantly, all survey responses must be entered into the Data Collection Template, regardless of the distribution method chosen.** All eligible participants should be offered a survey. However, we understand some participants may not be comfortable completing the survey online. **Whilst the survey has been designed to be predominantly delivered online, all providers are able to access a hard copy of the survey to provide to participants or you can administer the survey face-to-face or via phone**. A how-to-guide on conducting the survey via phone is available in **Appendix C**.

The online survey can be delivered in one of three ways:

1. **Providers can build the survey questions into their existing survey processes**. This is the preferred option as it will enable us to identify potential issues with the implementation of the quality indicators in the future.

   If providers choose to integrate survey questions into their existing processes, the modified survey must be checked by their RM before distribution to participants. This ensures consistency and compliance with the pilot study requirements.

2. **Providers can engage a 3rd party benchmarking company**. Many providers participating in the pilot will already have contractual arrangements in place with a benchmarking company. In preparing for this pilot, we have been working with these companies, including MOA, QPS Benchmarking, CarePage, Tell Touch and CareLynx. These companies specifically configured their survey tools to collect survey data for this pilot.

3. **HealthConsult can provide access to a survey tool** (Qualtrics XM). This solution would involve providers uploading an Excel list of participants (and their proxies) to the pilot website. HealthConsult would then send bulk emails or SMS messages to participants, containing a link to the survey.

Important Notes:

- **The survey is available in Appendix B.**
- A complete version of the survey (including question logic) is available on the pilot website (see **Figure 3**).

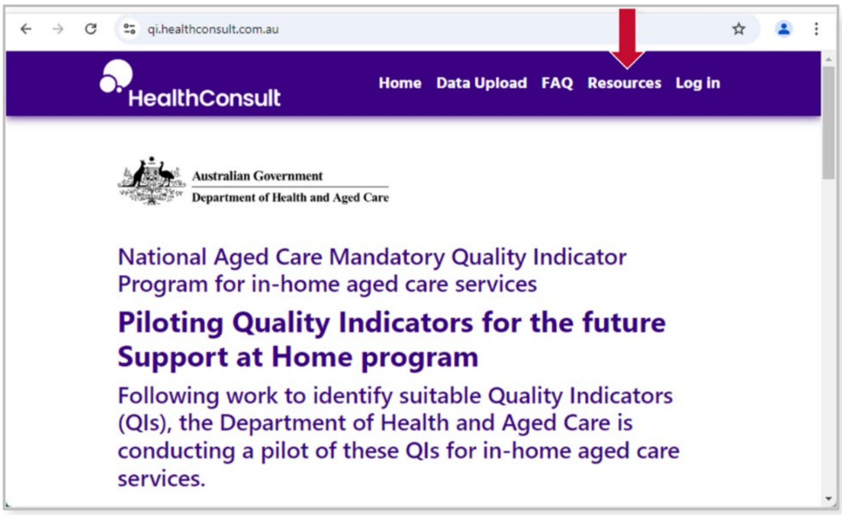
For providers building the survey questions into their existing survey tool, HealthConsult will need to test the survey prior to the start of data collection to ensure study consistency.

A PDF version of the survey is accessible under the resources tab on the website (https://qi.healthconsult.com.au). This can be utilised as a supplement to the electronic versions of the survey when it is not feasible to input survey data directly to your tool during an interview, where the participant requests a hard copy of the survey, or where an email/mobile phone number is not available and therefore a hard copy of the survey should be mailed (with a stamped return envelope) to the participant.

Please ask for help. If *you encounter any issues with preparation, contact your* ***Relationship Manager****.*

Reminder. Regardless of the chosen distribution method, all survey responses must be entered into the Data Collection Template to ensure standardised data analysis and reporting.

Figure 3: Resources on website



National Aged Care Mandatory Quality Indicator Program for in-home aged care services

Piloting Quality Indicators for the future Support at Home program

Following work to identify suitable Quality Indicators (QIs), the Department of Health and Aged Care is conducting a pilot of these QIs for in-home aged care services.

4. Collect Data

Table 5 provides an overview of the activities involved in the **Collect Data** phase.

Table 5: Activities to be completed in the Collect Data phase

Activity	Date
Collect Data □ Participant Survey □ Administrative data	Late October – Mid December

The pilot will be conducted from **late October 2024** to **mid December 2024.** Within this timeframe, each provider will have an eight-week data collection and reporting period. This timing is based on the following considerations:

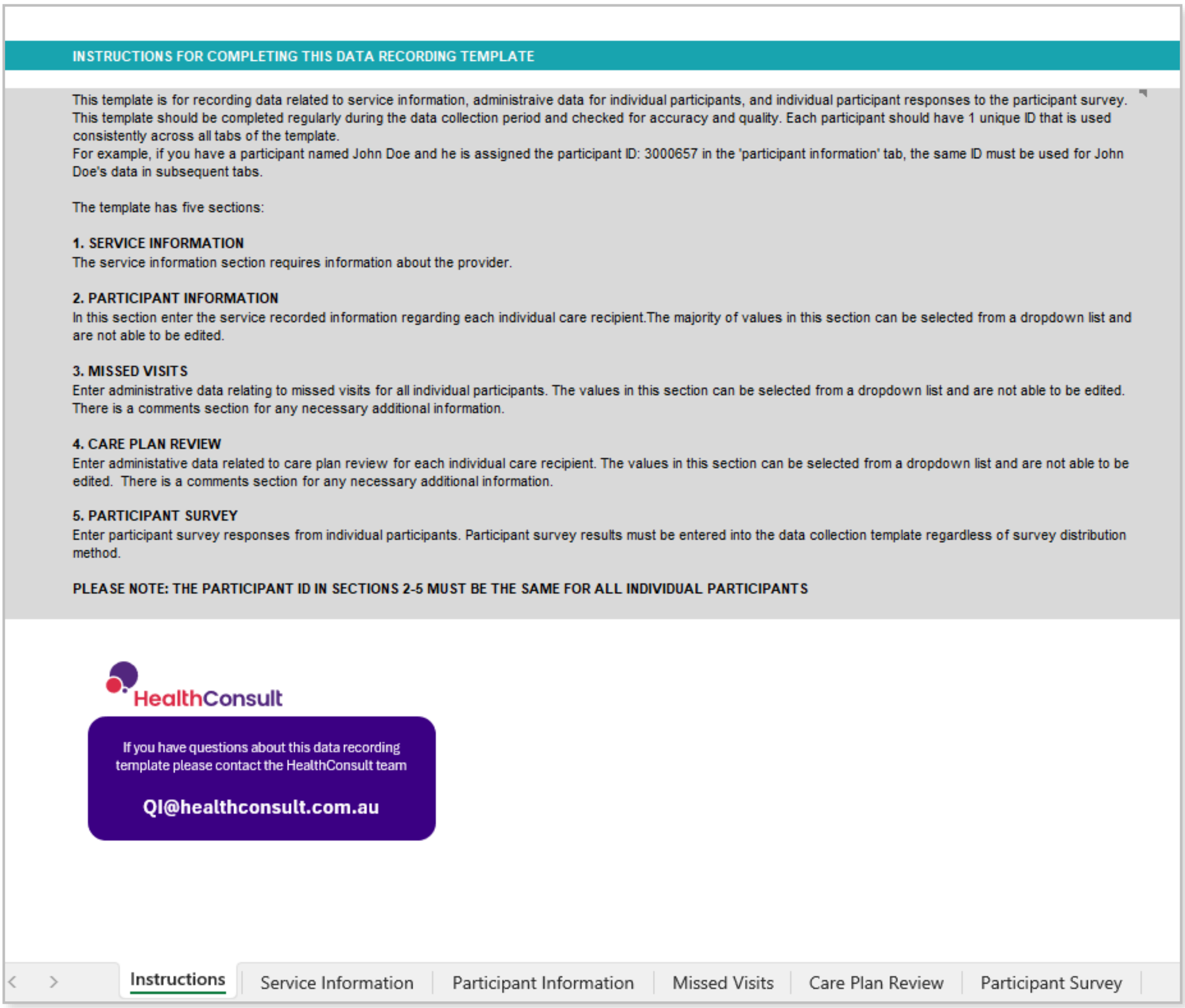
- It allows for a four-week lead time between the information webinar (25 September) and data collection – in this period, set-up meetings and training will take place to prepare you and ensure the quality of collected data
- Allows for parallel data collection over four weeks: (a) distributing and collecting real-time QIs (e.g. satisfaction surveys); (b) collecting and analysing administrative data for other QIs (e.g. care plan reviews, missed visits). This parallel structure enables you to efficiently manage your time and resources by focusing on compiling administrative data while surveys are in circulation.
- Allows a four-week period to submit collected data, allowing time for you to address any data quality issues.

Administrative data should be reported for all participants enrolled with the service. The survey should only be sent to and reported for participants who were enrolled with the service on 28 October 2024 (i.e., the survey distribution date).

4.1. Data collection templates

To streamline the process, HealthConsult has developed a user-friendly data collection template. The template contains detailed instructions on how to complete and submit the data, as well as definitions of technical terms. An example of the Data Collection Template is shown in Figure 4. The functional template will be available on the QI website from Tuesday 8 October 2024.

Figure 4: Data Collection template



INSTRUCTIONS FOR COMPLETING THIS DATA RECORDING TEMPLATE

This template is for recording data related to service information, administraive data for individual participants, and individual participant responses to the participant survey. This template should be completed regularly during the data collection period and checked for accuracy and quality. Each participant should have 1 unique ID that is used consistently across all tabs of the template.
For example, if you have a participant named John Doe and he is assigned the participant ID: 3000657 in the 'participant information' tab, the same ID must be used for John Doe's data in subsequent tabs.

The template has five sections:

1. SERVICE INFORMATION
The service information section requires information about the provider.

2. PARTICIPANT INFORMATION
In this section enter the service recorded information regarding each individual care recipient.The majority of values in this section can be selected from a dropdown list and are not able to be edited.

3. MISSED VISITS
Enter administrative data relating to missed visits for all individual participants. The values in this section can be selected from a dropdown list and are not able to be edited. There is a comments section for any necessary additional information.

4. CARE PLAN REVIEW
Enter administative data related to care plan review for each individual care recipient. The values in this section can be selected from a dropdown list and are not able to be edited. There is a comments section for any necessary additional information.

5. PARTICIPANT SURVEY
Enter participant survey responses from individual participants. Participant survey results must be entered into the data collection template regardless of survey distribution method.

PLEASE NOTE: THE PARTICIPANT ID IN SECTIONS 2-5 MUST BE THE SAME FOR ALL INDIVIDUAL PARTICIPANTS

HealthConsult

If you have questions about this data recording template please contact the HealthConsult team

QI@healthconsult.com.au

The data collection template will require **five points** of information **per provider organisation**:

1. **Service Information** including service details for all services included in the pilot.
2. **Participant Information** including high level demographic and service details.
3. Administrative data relating to **Missed Visits**.
4. Administrative data relating to **Care Plan Reviews.**
5. **Participant survey results. Note:** *Regardless of the chosen survey distribution method, all survey responses must be entered into the Data Collection Template to ensure standardised data analysis and reporting.*

4.2. Provider details

The data from your administrative system should relate to the 3 month reporting period from 1 July 2024 to 30 September 2024.

It incorporates the following information:

1. **Service Information** including service details as outlined in Table 6. Note this may be a single service or require multiple lines of information for all the services as outlined in the EOI. Please clarify with your RM if the services included differ from the EOI.

   Important Notes:

   - Ensure all provider information is current and accurate.
   - Enter all provider data into the designated section of the Data Collection Template.
   - Ensure consistency in data entry across all services if you're a multi-service provider.
   - If any provider information changes during the pilot study period, update the Data Collection Template and notify your RM.
   - While provider data is not anonymised it will be treated confidentially and used only for the purposes of the pilot study.
   - A designated person within your organisation should verify the accuracy of all provider data before submission.

Table 6: Service information details

Data collection	Description
Provider ID	This is the provider's NAPS ID
NAPS Service ID	The NAPS Service ID
Service name	The name associated with the NAPS Service ID
State	Add state that is related to your NAPS Service ID
Postcode	Add the postcode that is related to your NAPS Service ID. This may be different from where the service is provided
Service size	Small ≤60 clients Medium 61 to 100 clients Large 101 to 500 clients Extra large ≥501 clients
Ownership model	e.g., for-profit, not-for-profit, government If your organisation doesn't fit neatly into a category, consult with your RM for guidance.

2. **Participant Information** including demographic and service detail as outlined in Table 7. Only record participant details if they received one or more services during the reporting period (1 July 2024 to 30 September 2024)

   Important Notes:

   - Ensure participant ID in sections 2-5 of the data collection template is the same for an individual participant across all the tabs
   - Ensure all participant information is up-to-date and accurate as at the end of the reporting period.
   - Complete all fields for each participant of the service (care recipient) who received services during the reporting period. Even if they are no longer enrolled in the service or do not submit a survey.
   - Enter all participant data into the designated section of the Data Collection Template.
   - Have a second staff member verify the accuracy and completeness of the data before submission.
   - Record data for all participants enrolled in the service during the reporting period.

Table 7: Participant Information details

Data collection	Description
Participant ID	The provider system identifier (Care recipient ID)
NAPS Service ID	The NAPS Service ID
Date first ever service received.	DD/MM/YYYY This may not be during the reporting period.
Was the participant still enrolled with service at 28/10/24?	Enter option: - YES - NO
If no, what was the participant's last day enrolled with the service?	Enter the last date the participant received a service from you DD/MM/YYYY
If no, reason the participant is no longer enrolled in the service	Enter option: - Participant moved to residential care - Participant deceased - Other-please specify
If other, please specify:	Free text
At any point during the reporting period was the participant in receipt of a HCP?	Enter option: - YES - NO
If YES, what was their HCP level as of 30 September 2024 or the last day of enrolment with service?	Level 1 - 4

Data collection	Description
At any point during the reporting period was the participant in receipt of CHSP?	Enter option: -YES -NO
If CHSP, how many different services were received during the reporting period? (e.g., domestic help, personal care, meals)	Select a number Dropdown response
At any point during the reporting period was the participant in receipt of STRC?	Enter option -YES -NO
Participant gender	Enter option: - Male - Female - Non-binary -Another/ or different identity -Prefer not to say
Participant Year of birth	YYYY
Does the participant have a confirmed dementia diagnosis from a geriatrician or neurologist?	Enter option: - Yes - No - Unknown
Is the participant receiving help from a carer, family member, friend or someone else?	Enter option: - Has a carer(s) - Has no carer - Unknown
Does the participant identify as being Aboriginal and/or Torres Strait Islander?	Enter option: - No, neither - Yes-Aboriginal - Yes-Torres Strait Islander origin - Yes-both - Not stated/inadequately described
Participant preferred language	Enter option: - English - Other - Unknown
Participant postcode	Postcode of residency. Note this may be different to where the service is provided

4.3. Administrative data

The data from your administrative system should relate to the 3 month reporting period from 1 July 2024 to 30 September.

This incorporates the following information including:

1. **Missed visits.** Only visits planned within the reporting period (1 July 2024 to 30 September 2024) should be recorded as outlined in Table 8.
    - Record data for all participants enrolled in the service within the reporting period.

- Planned visits cancelled by participants are excluded (i.e., this is not a missed visit.
- Examples:
    - A support worker was scheduled to deliver personal care between 9 a.m. and 11 a.m. The support worker arrives at 9.30 a.m. and finishes at 11.30 a.m. This is not a missed visit.
    - A support worker was scheduled to deliver personal care between 9 a.m. and 11 a.m. The support worker arrives at 1.30 p.m. and the participant is not home or not able to receive the care. The service is rescheduled for the following day. This is a missed visit.
    - A support worker was scheduled to deliver personal care between 9 a.m. and 11 a.m. The support worker advises the service that they are unwell and cannot deliver the care as planned. As no other staff are available, the service contacts the participant and advises the need to reschedule. This is a missed visit.
    - A support worker was scheduled to deliver personal care between 9 a.m. and 11 a.m. The support worker advises the service that they are unwell and cannot deliver the care as planned. The service contacts the participant and advises that another support worker is available to attend the appointment. The participant is not happy with an unfamiliar person delivering their care and chooses to wait until their usual support worker is available. This is not a missed visit.

Table 8: Missed visit details

Data collection	Description
Participant ID	The provider system identifier (Care recipient ID)
Number of planned visits	Visits include any instance of service, whether it was to be delivered in the participant's home or in another location, e.g. allied health care, excursions, etc.
Number of planned visits missed by provider	A visit is a missed visit if it was not delivered by the provider at the agreed time, even if it was later rescheduled. Late visits become missed visits only if they start after the end of the scheduled end time. This excludes visits cancelled by the participant.
Comments	Free text

2. **Care Plan Reviews.** This includes recording care plans reviewed or initiated prior to 30 September 2024 as detailed in Table 9. Note: Care plan reviews that do not meet the minimum requirements to be classified as a care plan review should not be recorded. As a minimum, a care plan review must involve:

- the participant (and/or their proxy) receives a copy of the current care plan.
- the participant (and/or their proxy) discusses their current care and ongoing care needs with the provider, either in person or via telephone, and a clinical reassessment is conducted if required
- Provide participant (and/or their proxy) with an updated copy of their care plan.

A care plan is a document that outlines:

- a person's aged care needs
- the services they will receive to meet those needs
- who will provide the services and when.

A person's care and services plan should include:

- their goals, needs and preferences
- the services that you will provide or organise
- who will provide the services
- when services will be provided, such as frequency, days and times
- care management arrangements
- how involved the person will be in managing their package
- how often you will do formal reassessments.

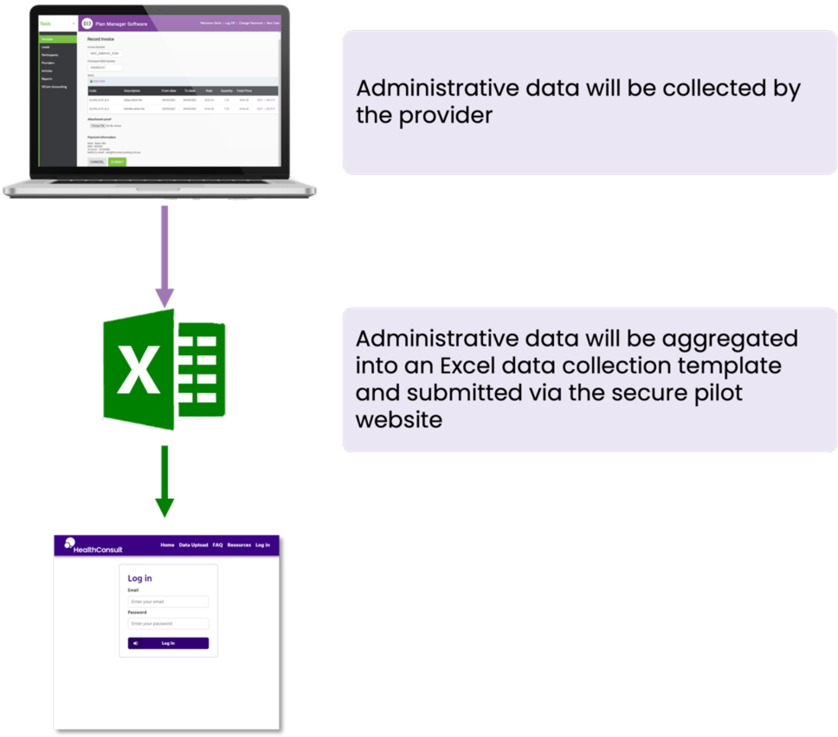
When preparing a care plan, you must:

- work with the person receiving care
- let them decide how involved they want to be in planning their care.
- record data for all participants enrolled in the service within the reporting period.

Table 9: Care plan review details

Data collection	Description
Participant ID	The provider system identifier (Care recipient ID)
Date of most recent care plan (review or initial care plan)	• Must be on or before 30 September 2024, • DD/MM/YYYY or N/A if no care plan
Date of previous care plan (review or initial care plan)	• Must a date before the date entered in the previous field, • DD/MM/YYYY or N/A if no care plan or has only had one care plan
Comments	Free text

Figure 5: Collection of administrative data



Administrative data will be collected by the provider

Administrative data will be aggregated into an Excel data collection template and submitted via the secure pilot website

4.4. Participant Survey

Provider organisations must distribute the survey to your participants from 28 October – 22 November 2024. Ensuring surveys are completed within a four-week period. During this time, you can assist participants with survey completion if needed, while maintaining objectivity. Appendix B includes details of the information being collected.

Important Notes:

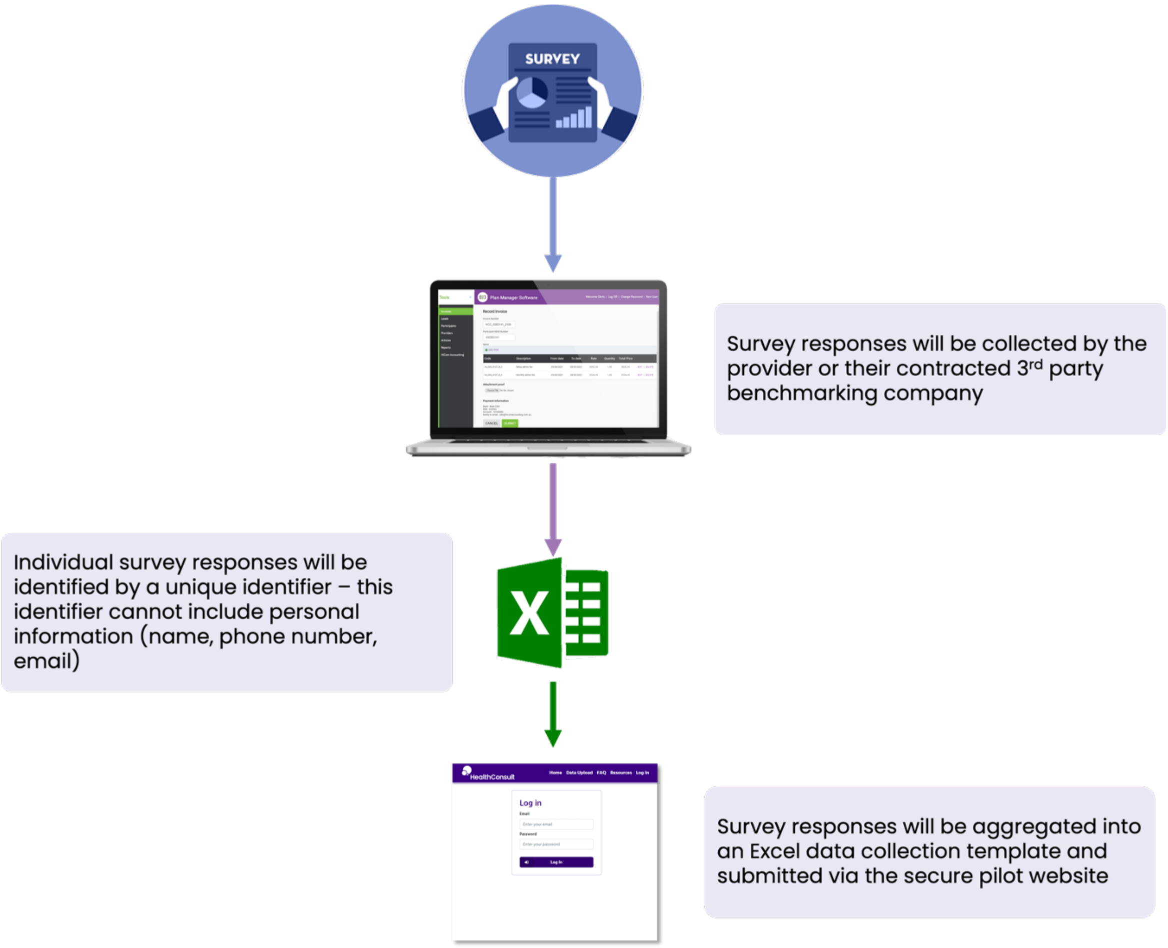
1. Only send the survey to participants **that are enrolled in the service as of 28 October 2024**.
2. Each participant should have one unique ID that is used consistently for all data. For example, if you have a participant named John Doe and he is assigned the participant ID: 3000657 for administrative data, the same ID must be used for John Doe's data in the participant survey.
3. Responses to the survey should be linked by you to individual participants so that you can report survey responses against the Participant ID.
4. While the preference is to collect Participant ID, if your organisation has supplemented the electronic survey with the pdf survey format and you receive a survey response that does

not include this information, please still include the survey responses in your data submission.

5. **Survey Method**
    - Providers may use their existing survey processes, engage a third-party benchmarking company, or use HealthConsult's Qualtrics tool (as outlined in section 3.2).
    - If using existing processes, the modified survey must be approved by the RM before distribution.
6. **Participant Privacy**
    - Include the relevant Privacy notice on the survey (delete the text that does not apply to your distribution method)
    - Collect and store data in compliance with privacy regulations.
    - Use Participant IDs to maintain anonymity in reporting (the survey does not include names to avoid any unwanted disclosure of personal information).
7. **Data Entry**
    - All responses must be entered into the standardised Data Collection Template, regardless of the collection method. Only survey results entered into the spreadsheet will be accepted as part of the project. This is to ensure that the process is as close as possible to the process that may be implemented as part of the QI program.
8. **Quality Assurance**
    - Implement measures to ensure accurate data entry.
    - Regularly check for completeness and consistency of responses.

Remember, consistency in data collection across all providers is crucial for the validity of the pilot study. If you have any questions about data collection or entry, please contact your RM.

Figure 6: Collection of Participant Survey data



Survey responses will be collected by the provider or their contracted 3rd party benchmarking company

Individual survey responses will be identified by a unique identifier – this identifier cannot include personal information (name, phone number, email)

Survey responses will be aggregated into an Excel data collection template and submitted via the secure pilot website

4.5. Support and progress update

Throughout the data collection period, RMs will provide regular support and check-ins with providers. This support will include guidance on collecting all QI data to ensure data quality and consistency. In addition to responding to ad-hoc questions and requests for clarification, RMs will provide regular check-ins, at least weekly with each participating pilot provider. These check-ins will aim to identify and address challenges or issues being faced by providers to maintain their involvement and enhance their data collection. RMs will log any questions/feedback, update the FAQ page on the IT platform and communicate solutions to common issues to the entire cohort of pilot providers to support consistency and understanding.

Additionally, a Progress Update Webinar will be held part way through the pilot period (week beginning **11 November 2024**) to sustain interest in the pilot. The webinar will share information about progress to date and any early insights from the pilot.

During this period support will be available as outlined in Table 10Table 10.

Table 10: Collect data support

What	Details	Purpose	When
Regular check-ins	Relationship Managers will proactively contact providers weekly during the data collection period by email and phone	• Ensure QI data is being collected and reported consistently and accurately • Support providers to continue collecting data and enhance their data collection	Weekly throughout the pilot data collection period
Progress update webinar	A webinar will be held to share progress and early insights from the pilot	• Sustain interest in the pilot and enhance buy-in from participants • Provide updates to all providers based on feedback	11 November (pilot midpoint)
HealthConsult Help desk	There is a helpdesk function that can be accessed by emailing: QI@healthconsult.com.au	• If you need any assistance or have any questions during the data collection process, please contact the helpdesk to receive assistance	9 am – 6 pm AEDT Monday - Friday

Please ask for help. If *you encounter any issues with data collection or submission, contact your* ***Relationship Manager***

5. Submit Data

Table 11Table 11 provides an overview of the activities involved in the **Submit Data** phase.

Table 11: Activities to be completed in the Submit Data phase

Activity	Date
Submit Data ☐ Prepare the file for upload ☐ Undertake data checks ☐ Submit data	Mid November – Mid December

RMs will communicate with participating providers to ensure data submissions are provided in a timely manner, and to provide feedback on each data submission after it has been checked and quality assured.

1. Prepare the file for upload

- Make a copy of the Excel file that will be emailed to you. This file will also be available on the website from October 2024.
- Rename the copied Excel file in the specified format provided by your RM. It will include your NAPS provider ID and the submission date NAPS ID_DDMMYYYY.

2. Undertake data checks

- Completeness check: Check the data to ensure that all required fields have been filled out and that there are no missing values.
- Validity check: Check the data to ensure that it is valid and conforms to the expected format.

3. Submit data

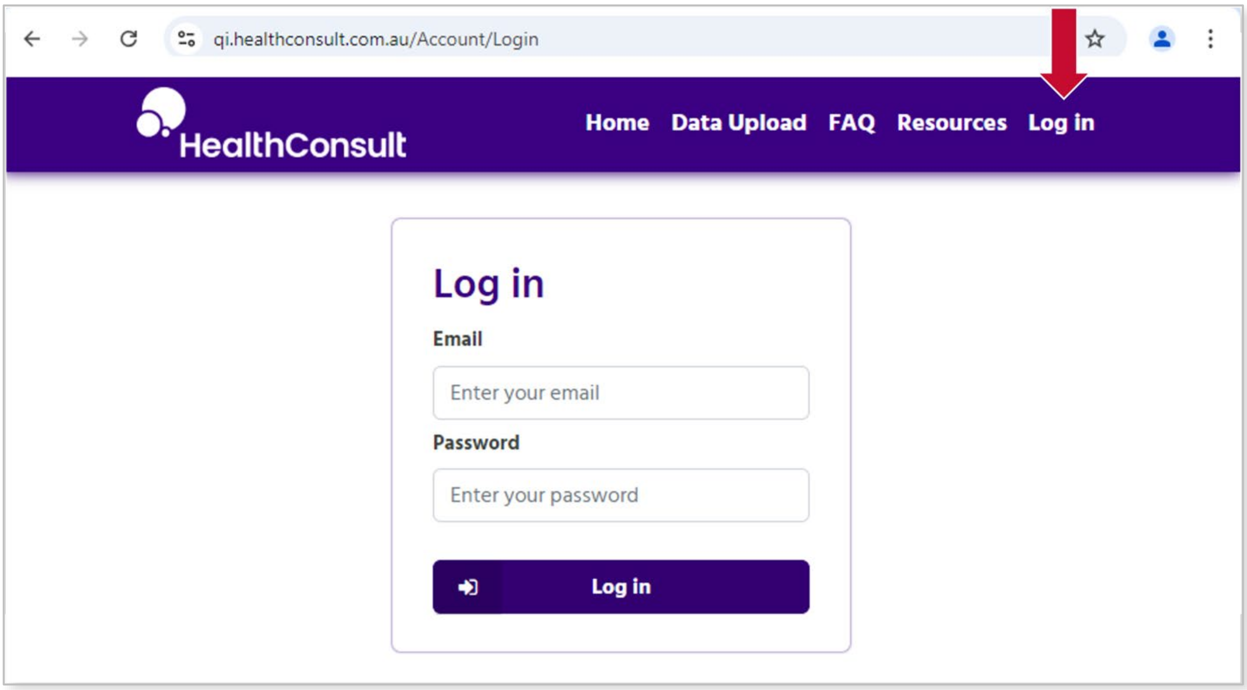
- Login with the email that was used to register the EOI as outlined in Figure 7.
- When the data submission period is open Go to https://qi.healthconsult.com.au and click on 'Data Upload' at the top of the page; this will provide you access to the submission portal as illustrated in Figure 8.
- Click on the 'Choose File' button and select the renamed copy of the Excel file, click 'Upload File'.
- The data will be reviewed on submission. In the case of errors, RMs will request that pilot providers provide an updated data submission.

During this period support will be available as outlined in Table 12 Table 12: Submit data support.

Table 12: Submit data support

What	Details	Purpose	When
Regular feedback on QI data	Following each data submission, Relationship Managers will proactively communicate with providers by email/phone confirming receipt of the data, including feedback on data.	• Enhance data accuracy • Encourage ongoing data collection and reporting	Ad hoc throughout the pilot data collection period (following data submissions)
HealthConsult Help desk	There is a helpdesk function that can be accessed by emailing: QI@healthconsult.com.au	• If you need any assistance or have any questions during the data submission process, please contact the helpdesk to receive assistance	9 am – 6 pm AEDT Monday - Friday

Figure 7: IT Platform log in



Log in

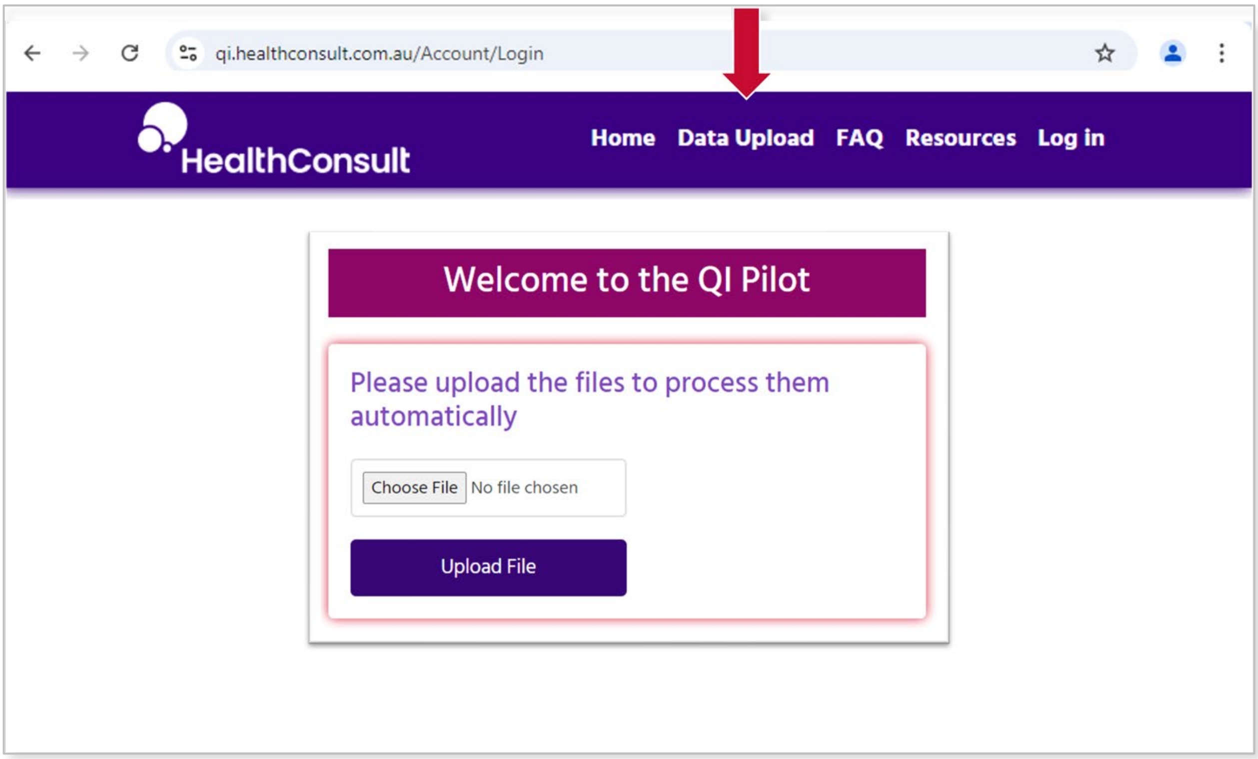
Email

Enter your email

Password

Enter your password

Figure 8: IT Platform data upload



Welcome to the QI Pilot

Please upload the files to process them automatically

Choose File No file chosen

6. Post-Pilot Analysis, Evaluation and Reporting

The objective of the **Post-Pilot** phase is to analyse the pilot data, collect evaluation data and report findings to both the pilot providers and the Department.

Table 13: Activities to be completed in the Post-Pilot phaseTable 13 provides an overview of the activities involved in this stage.

Table 13: Activities to be completed in the Post-Pilot phase

Activity	Date
☐ Provide post-pilot feedback	25 November – mid/late December
☐ Review benchmarking reports	17 February 2025

6.1. Collect post-pilot participant feedback

To capture timely feedback and identify process improvements, feedback will be collected via:

- **Close-out meetings** are conducted by RMs with the Pilot Sponsor and management staff, which will be held shortly after each provider completes their data collection. These meetings will gather qualitative information on the relevance, appropriateness, and usability of the proposed QIs; data capture processes; reporting preferences; and implementation enablers. During this meeting, the format of the benchmarking reports that will be generated from submitted QI data, will be discussed.
- An **online pilot survey,** which will be distributed to each Pilot Sponsor immediately following the data submission period. This survey will focus on provider experiences, identifying strengths and areas for improvement in the QI program.
- Up to **six user experience focus groups with providers** which will be conducted periodically throughout the pilot (with up to six provider representatives in each group). These focus groups will include a diverse range of providers from different home care service types and roles. They will explore user interactions with the data collection infrastructure, identify difficulties and challenges, and gather suggestions for enhancing user experience and efficiency in data submission.

- Up to **30 interviews (of 20-30 minutes) with home care participants** to capture their insights into the data collection processes for QIs that require survey data (e.g. consumer experience). Participants will be recruited through two mechanisms – an EOI will be built into the survey platforms, and participating providers will be asked to provide names and contact details of their home care participants who are interested in participating and have consented to share their details. Interviews will be conducted between November-January and will explore issues such as survey burden, preferred channels/methods of collection and the useability of the QIs.

6.2. Analyse pilot data and develop benchmarking reports

Following the data checks completed in stage 6.1, this stage will involve analysing the checked and cleaned data and reporting the findings to pilot providers.

After we gather all the data from the pilot, we'll examine it carefully to understand what it tells us. Here's what we plan to do:

1. **Compare different types of home care services.** We'll sort the information based on:
   - The kind of care provided (Home Care Packages, Commonwealth Home Support Programme, or Short-Term Restorative Care)
   - The size of the service
   - Service location (metro, regional, rural/remote area)
   - Type of provider organisation (government, for-profit, not-for-profit)

This will help us see if there are any differences in quality depending on these factors.

2. **Look for connections between quality indicators.** We want to check if some quality indicators are related to others. This could show us if we're measuring the same thing in different ways, or if improving one area of care might also improve another.
3. **Understand how personal factors might affect care quality**. If we have enough detailed information, we'll also look at how things like a person's age, gender, care needs, health conditions (such as dementia), and cultural background might relate to or impact the quality of care they receive.

By doing this, we hope to get a clear picture of what affects the quality of home care services.

6.3. Develop and distribute QI benchmarking reports

We will develop benchmarking reports for each pilot provider. Each provider will be given a report containing their results on each QI and benchmarked against the average of all pilot providers (inc. standard distribution) as well as against a subset of providers with similar characteristics (e.g. size, state/territory, remoteness and ownership model). Reports will be provided via email and providers will be given the opportunity to arrange a meeting to discuss their results in more detail and to provide their feedback about the usefulness of the benchmarking reports. See Figure 9 for an example excerpt from a benchmarking QI report.

Figure 9 – Example of excerpt of benchmarking report

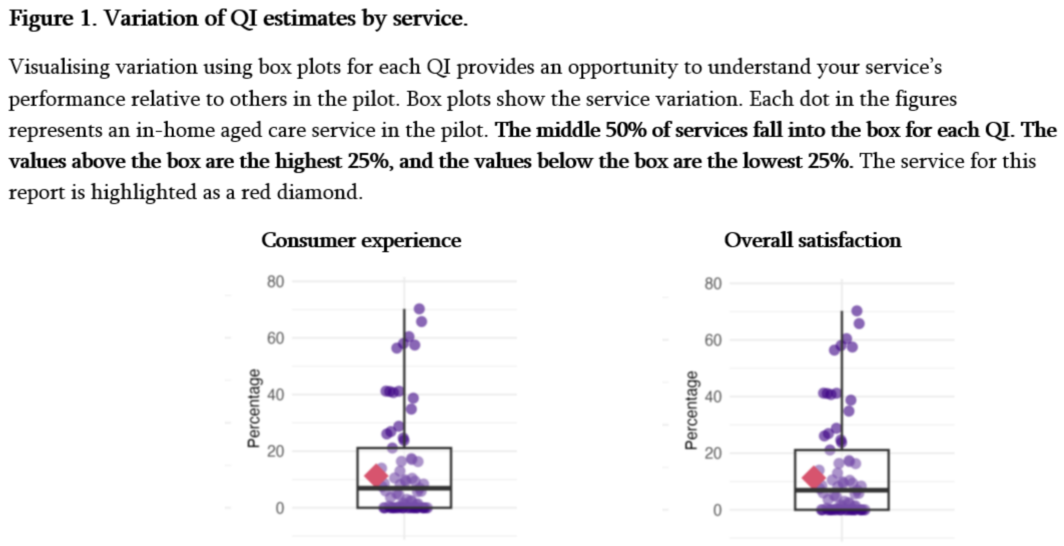


Figure 1. Variation of QI estimates by service.

Visualising variation using box plots for each QI provides an opportunity to understand your service's performance relative to others in the pilot. Box plots show the service variation. Each dot in the figures represents an in-home aged care service in the pilot. **The middle 50% of services fall into the box for each QI. The values above the box are the highest 25%, and the values below the box are the lowest 25%.** The service for this report is highlighted as a red diamond.

6.4. Post-pilot webinars with pilot providers

We will hold up to five post-pilot webinars for pilot providers (up to 30 in each) to collaboratively review and reflect on the pilot findings and provide additional feedback.

7. Frequently Asked Questions (FAQs)

1. **How long will the pilot run for?** The pilot is scheduled to run for approximately 3 months, from mid-October to mid-December 2024. This timeframe allows us to collect sufficient data while minimising the burden on participating organisations.
2. **What if a person refuses to participate in the survey?** Participation in the surveys is entirely voluntary.
3. **How will our organisation's data be used?** Your data will be used to assess the feasibility and effectiveness of the Quality Indicators. We will analyse the data to understand how well the indicators work across different types of providers and service contexts. You will receive benchmarking reports comparing your performance to anonymised data from peer organisations.
4. **What support will be available if we encounter difficulties during the pilot?** You will have access to a designated Relationship Manager for ongoing support. We will also provide comprehensive training, regular webinars, email and phone support, and detailed user guides. If you encounter any issues, your Relationship Manager should be your first point of contact.
5. **How often will we need to submit data during the pilot?** For participant surveys, you'll need to report data within the four weeks following the survey data collection. Administrative data on missed visits and care plan reviews will need to be submitted once, by 20 December 2024.
6. **What if we can't collect data on all the Quality Indicators?** We understand that some organisations may face challenges in collecting data on all indicators. If you're unable to collect data on a particular indicator, please inform your Relationship Manager as soon as possible. Your feedback on these challenges is valuable for assessing the feasibility of the indicators.
7. **Will our organisation be identified in any reports resulting from the pilot?** No, all data will be de-identified in any public reports resulting from the pilot. Your organisation's individual data will only be visible to you in your benchmarking report.
8. **What happens after the pilot ends?** After the pilot, we will analyse all collected data and gather feedback from participants and pilot providers. You may be invited to participate in post-pilot evaluation activities. We will use the insights gained to refine the Quality Indicators and develop recommendations for their implementation.
9. **How much time should we expect to dedicate to this pilot?** The time commitment will vary depending on your organisation's size and structure. However, you should anticipate spending time on initial training (about 2 hours), ongoing data collection, regular check-ins with your

Relationship Manager, and end-of-pilot feedback activities. We estimate this may total about 2-4 hours per week over the 3 month period.

10. **How will providers be selected for this pilot?** Providers will be selected to ensure a representative sample across different types of providers (HCP, CHSP, STRC), geographical locations, and organisational sizes. We aim to include a diverse range of providers to test the Quality Indicators across various contexts.
11. **Will we need to purchase any additional software or equipment for this pilot?** If you choose to use the online survey we provide, you won't need to purchase any additional software. However, if you decide to integrate the QIs into your existing systems, you may need to allocate resources to update your software. All other necessary tools and platforms for data submission and management will be provided at no cost to participating organisations.
12. **What if there's a significant event (e.g. a natural disaster) during the pilot that affects our ability to provide services or collect data?** We understand that unforeseen events can occur. If your organisation experiences any significant event that impacts your ability to participate in the pilot, please contact your Relationship Manager immediately. We will work with you to determine the best course of action, which may include adjusting data collection periods or providing additional support.
13. **Will participating in this pilot affect our status as an approved provider or our funding?** No, participation in this pilot will not affect your status as an approved provider or your funding arrangements. The purpose of the pilot is to test the feasibility and effectiveness of the Quality Indicators, not to assess individual provider performance or compliance with the Aged Care Quality Standards or broader legislative requirements.
14. **How will you ensure the privacy and security of the data we submit?** We take data privacy and security very seriously. All data will be collected and stored in compliance with the Privacy Act 1988 and the Australian Privacy Principles. The pilot website used for data submission employs robust security measures, including encryption and secure access controls. Only authorised personnel will have access to the raw data, and all reporting will use de-identified data. If you have specific concerns about data security, please discuss these with your Relationship Manager.

8. Contact Information

General Support

Email: QI@healthconsult.com.au

Phone: (02) 9261 3707

Hours: Monday to Friday, 9 am to 5 pm AEST

Project Leadership

HealthConsult Project Lead:

Dr Lisa Fodero

Email: lisa.fodero@healthconsult.com.au

Appendix A Glossary

Term	Definition
Aged Care Quality Standards	The standards outline what good care should look like for older Australians.
Benchmarking	The process of comparing one's performance metrics to industry bests or best practices from other organisations.
Care Plan	A document outlining an individual's care needs, goals, and services to be provided.
CHSP	Commonwealth Home Support Programme
Consumer Experience	The overall perception and satisfaction of in-home aged care participants with the services they receive, including aspects such as respect, dignity, decision-making involvement, and quality of care.
Department	Department of Health and Aged Care
EOI	Expression of Interest - A formal indication of interest to participate in the pilot program.
FAQ	Frequently Asked Questions
HCP	Home Care Package
In-Home care	Care services that are provided to older people in Australia in their own homes or community.
NAPS ID	National Approved Provider System Identifier - A unique identifier for approved aged care providers.
Participant	A person/participant receiving in-home aged care services from an approved aged care provider
Participant Survey	A questionnaire designed to collect feedback from aged care recipients about their experiences and quality of life.
Pilot Provider	An organisation that delivers in-home aged care services to older people in Australia participating in this pilot.
Pilot Sponsor	A key person within a provider organisation overseeing the pilot implementation.

Term	Definition
QI	Quality Indicator - A measure used to assess the quality of care provided.
Quality of Life	A measure of an individual's general well-being, including physical, mental, and social aspects.
RM	Relationship Manager - A designated point of contact for providers participating in the pilot.
ROSA	Registry of Senior Australians - A research group focused on improving the quality of ageing.
STRC	Short-Term Restorative Care

Appendix B Participant Survey

Introduction and welcome

Thank you for completing this survey.

This survey consists of 15 questions and should take approximately 5-10 minutes to complete. Your participation is voluntary, and you may exit the survey at any point if you decide you no longer wish to continue.

Privacy Notice

Your privacy matters to us.

The information you provide in this survey is protected by law, including the Privacy Act 1988 and the Australian Privacy Principles.

[*For Providers distributing their own survey*] We will share de-identified survey responses with HealthConsult Pty Ltd.

[*For Providers using a benchmarking company*] Your aged care provider has asked us to collect survey responses on their behalf. [Insert third party benchmarking provider name] will share de-identified survey responses with your provider and HealthConsult Pty Ltd.

[*For Providers using HealthConsult's survey*] Your aged care provider has asked HealthConsult Pty Ltd to collect survey responses on their behalf. HealthConsult will provide de-identified survey responses to your aged care provider.

HealthConsult is collecting survey responses on behalf of the Department of Health and Aged Care.

HealthConsult has been contracted by the Department of Health and Aged Care to conduct a pilot of Quality Indicators for in-home aged care.

Your participation in this survey will help ensure that Quality Indicators for in-home aged care services are practical, relevant, and effective in improving quality of care and service delivery. **Only de-identified, aggregated, data from this survey will be used for this purpose.**

It's okay if you don't want to take part in this survey. This will not have any impact on the care or services that you receive.

By completing this survey, you agree that we can share your survey responses with HealthConsult Pty Ltd. You also agree that HealthConsult can provide de-identified, aggregated, data to the Department of Health and Aged Care.

For full details on how we handle the information you provide in this survey, please see our complete privacy policy at https://qi.healthconsult.com.au/ResourcePage.

About you

Who is completing the survey:

- The person receiving care from [provider name]
- A family member, friend or carer of the person receiving care from [provider name]
- Interviewing a person receiving care from [provider name] or their proxy

If participant is selected	If caregiver is selected	If interviewer is selected
		Enter your interviewer or administrator ID Who are you interviewing: • The person receiving care • Proxy of the person receiving care.
What is your gender? (Male, Female, Non-binary, Another/or different identity, Prefer not to say)	What is the care recipients gender? (Male, Female, Non-binary, Another/or different identity, Prefer not to say)	What is the care recipient's gender? (Male, Female, Non-binary, Another/or different identity, Prefer not to say)
What is your year of birth?	What is the care recipient's year of birth?	What is the care recipients year of birth?
What is your postcode?	What is the care recipient's postcode?	What is the care recipient's postcode?

About the planning of your care

Everyone receiving in-home aged care services should have a care plan, and a copy should have been provided to you when the care plan was developed or was last reviewed and updated.

A care plan is a document (or set of documents) describing your aged care and service needs, including any clinical care you receive to meet those needs. Care plans include relevant information about your needs, goals and preferences and they describe how and when services are delivered in line with these.

If person receiving care is selected	If family member, friend or carer is selected
1. Thinking about the planning of your care, please tell us whether you agree or disagree with the statement: I felt involved in planning my care.	1.. Thinking about the planning of your family member/friend's care, please tell us whether you agree or disagree with the statement: The care recipient felt involved in planning their care.
• Strongly agree • Somewhat agree	• Strongly agree • Somewhat agree

• Neither agree nor disagree	• Neither agree nor disagree
• Somewhat disagree	• Somewhat disagree
• Strongly disagree	• Strongly disagree
• I am not aware that I have a care plan	• I am not aware that they have a care plan

About satisfaction with care

In answering these questions think about the care you / the participant received from [provider name] in the past 3 months.

If person receiving care is selected	If family member, friend or carer is selected
2. Overall, how would you rate the service you receive from [provider name]?	2.. Overall, how would you rate the service your family member/friend receives from [provider name]?
• Excellent	• Excellent
• Good	• Good
• Moderate	• Moderate
• Poor	• Poor
• Very poor	• Very poor

If person receiving care is selected	If family member, friend or carer is selected
3. On a scale from 0 to 10, where 0 is very unlikely and 10 is very likely, how likely are you to recommend [provider name]?	3.. On a scale from 0 to 10, where 0 is very unlikely and 10 is very likely, how likely is your family member/friend to recommend [provider name]?
0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10

About your experience of care

Your participation is voluntary, and you may exit the survey at any point if you decide you no longer wish to continue.

When thinking about the care you / the participant received from [provider name] in the past 3 months, please tell us how often the following statements are true.

Question	Always	Mostly	Sometimes	Rarely	Never
4. I am treated with respect and dignity					
5. I am supported to make my own decisions about the care and services I receive					
6. I receive care and support from aged care staff who have the appropriate skills and training					

7. I receive services and supports for daily living that are important for my health and wellbeing					
8. I am supported to maintain my social relationships and connections with the community					
9. I am comfortable lodging complaints with confidence that the appropriate action will be taken*					

* This question will have an N/A response added.

About your quality of life

Your participation is voluntary, and you may exit the survey at any point if you decide you no longer wish to continue.

When answering these, please tell us what you think/your family member/friends thinks about your/their quality of life today.

Question	All of the time	Most of the time	Some of the time	A little of the time	None of the time
10. I am able to get around as much as I want to (with the use of mobility aids e.g. wheelchair, walker, stick if you use them)					
11. When I experience pain, it is well managed*					
12. I am generally happy					
13. I have as much independence as I want					
14. I have good social relationships with family and friends					
15. I have leisure activities/ hobbies I enjoy					

* This question will have an N/A response added.

Feedback on the survey

Are you happy to be contacted by HealthConsult about your experience completing the survey?

- Yes
- No

If yes, please complete this short form (will open a new link).

Appendix C How to guide for administering the survey via phone

This guide provides services with a process to follow if offering the survey to participants via phone.

Step	Actions
Preparation	• Familiarise yourself with the survey questions and objectives • Prepare a script for introduction and closing • Have all necessary materials ready (survey questions, response recording method) • Choose a quiet location for making calls • Open the Data Collection Template
Making the Call	• Dial the participant's phone number and wait for an answer • Introduce yourself and the purpose of the call • Confirm you're speaking with the intended respondent • Ask if it's a convenient time to talk (if not, schedule a callback) • Explain the estimated duration of the survey, there are 15 points in the survey and should take less than 10 minutes to complete • Obtain verbal consent to proceed
Conducting the Survey	• Read the survey questions exactly as they are written • Use a neutral tone to avoid influencing responses • Allow sufficient time for the respondent to answer • Clarify questions if asked, without leading the respondent • Record responses accurately • Ask if they "Are you happy to be contacted by HealthConsult about your experience completing the survey?" • Access the following link to a separate survey to add phone details (Link to input contact details)
Closing the Survey	• Thank the respondent for their time and insights

Step	Actions
	• Answer any final questions • End the call politely
Post-Survey	• Review responses for completeness and clarity • Note any issues or unusual circumstances during the call • Prepare the data for analysis as required
Interviewing a CALD Participant	• Eligible participants that speak a language other than English may have a proxy complete the survey on their behalf or can have the interview administered in person or via a phone call • There should be someone with the participant that is able to translate the survey question from English into the participants spoken language
Tips	• Speak clearly and at a moderate pace • Stay neutral and avoid sharing personal opinions • Be patient and respectful throughout the call • Follow data protection and privacy regulations