

Implementation Plan for the Aged Care Assessment Program

NATIONAL PARTNERSHIP AGREEMENT ON HEALTH SERVICES

PRELIMINARIES

1. This Implementation Plan is created subject to the provisions of the National Partnership Agreement on Health Services and should be read in conjunction with that Agreement. The objective in the National Partnership is to improve the health and wellbeing of Australians through the delivery of high quality health services.
2. This Implementation Plan also reflects the objectives and outcomes related to aged care in the National Healthcare Agreement that older Australians receive high quality, affordable health and aged care services that are appropriate to their needs and enable choice and seamless, timely transitions within and across sectors¹.
3. The Aged Care Assessment Program (ACAP) is a cooperative working arrangement between the Commonwealth and State and Territory (State) governments to fund and operate Aged Care Assessment Teams (ACATs) across Australia. The core objective of the ACAP is to comprehensively assess the care needs of frail older people and to assist them to gain access to the most appropriate types of care, including approval for Commonwealth Government-subsidised care services.
4. This Implementation Plan reflects the Council of Australian Governments' (COAG) decision in February 2006 that there be more timely and consistent assessments for frail older people by ACATs².
5. The Commonwealth and the States recognise that arrangements for the provision of aged care assessment services under this Implementation Plan will be replaced by new arrangements from 1 July 2012, further to the decisions of the COAG regarding health and hospitals reform.³ To assist in the transition to and implementation of these arrangements as they relate to the ACAP, the Commonwealth and the States commit to working cooperatively to share information and for the States to transfer agreed information to the Commonwealth on a six-monthly basis to facilitate the implementation of the COAG reforms.
6. During the term of this Implementation Plan, the Commonwealth, state and territory governments will work together to develop the arrangements for the one-stop shop model and to consider the future arrangements for ACATs in this approach in context of the broader national health and aged care reforms.

TERMS OF THIS IMPLEMENTATION PLAN

7. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Minister for Ageing and the State of Tasmania, represented by the Minister for Health.

¹ National Healthcare Agreement pA13, 2009.

² Communiqué p21 Council of Australian Governments' Meeting, 10 February 2006.

³ Communiqué p4 Council of Australian Governments' Meeting, 19 and 20 April 2010.

8. The role of the State to deliver ACAT services under this Implementation Plan will cease on 30 June 2012 and final payment under this Implementation Plan will be made before it expires on 31 October 2012. The subsequent role of the State in ACAT service delivery will be clarified by the Commonwealth, States and Territories by 30 June 2011.
9. This Implementation Plan may be varied by written agreement between the Ministers.
10. Either Party may terminate this agreement by providing 30 days notice in writing. Where this Implementation Plan is terminated, the Commonwealth's liability to make payments to the State is limited to payments associated with performance benchmarks achieved by the State by the date of effect of termination of this Implementation Plan.
11. The parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the parties' commitment to this Implementation Plan.

INTERPRETATION

- (a) "Aged Care Assessment Program" (ACAP) means a Commonwealth government initiative where the Commonwealth Government, under a cooperative working arrangement, provides funding to State and Territory Governments specifically to operate Aged Care Assessment Teams (known as Aged Care Assessment Services in Victoria);
- (b) "ACAP National Training Strategy" means the overarching training strategy that promotes best practice and national consistency in key practices and core processes for all ACAT members. The ACAP National Training Strategy includes the set of national minimum training standards required for all members of ACATs;
- (c) "ACAP Minimum Data Set" is the minimum reporting requirements between the Commonwealth and the State and Territory governments for the ACAP. The Commonwealth government is responsible for the storage and governance of the ACAP MDS as collected under the *Aged Care Act 1997*;
- (d) "Relevant Officials" means the representative officers from the Commonwealth and the State and Territory Government departments with responsibility for the ACAP;
- (e) "Aged Care Assessment Team" (ACAT) means the persons engaged by the State under the ACAP, to conduct thorough and comprehensive assessments of the physical, medical, psychological, social and restorative care needs of frail older people, to provide information on a choice of appropriate available services to meet those needs and to approve eligibility for Australian Government subsidised aged care services when appropriate;
- (f) "Aged Care Client Record" (ACCR) is the form approved by the Secretary of the Department of Health and Ageing on which a person applies to be approved as a recipient of one or more types of aged care, ACATs record client information related to an aged care assessment and the approval or non-approval of the person for the type of care applied for;
- (g) "Ageing and Aged Care Data Warehouse" means the Commonwealth data storage for the ACAP MDS;
- (h) "Council of Australian Governments" (COAG) is the peak intergovernmental forum in Australia. COAG comprises the Prime Minister, State Premiers, Territory Chief Ministers and the President of the Australian Local Government Association (ALGA);

- (i) "Evaluation Units" mean the organisational units which collate, analyse and report data at the state and territory level to the Ageing and Aged Care Data Warehouse in order to monitor the performance of ACATs; and
- (j) "Quality Improvement Program" means a systematic approach to assessing and evaluating services in order to improve practice and/or the quality of service delivery and to fostering a consumer-focused continuous quality improvement approach.

REVIEW OF THIS IMPLEMENTATION PLAN

- 12. A review of this Implementation Plan by relevant Officials will commence 6 months prior to the expiration of the funding period.

ACAP OBJECTIVE, OUTCOMES AND OUTPUTS

Objective

- 13. Older Australians receive equitable access to high quality ACAT assessment services that determine their eligibility for subsidised aged care to meet their care needs.

Outcomes

- 14. Recognising that the Commonwealth and the States have a mutual interest in improving outcomes in the timeliness, consistency and quality of ACAT assessments and need to work together to achieve those outcomes, this Implementation Plan will contribute to the outcomes agreed in the National Healthcare Agreement to:
 - (a) ensure the delivery of comprehensive aged care ACAT assessment services to eligible people to facilitate access to available care services appropriate to their care needs and enable choice;
 - (b) improve the quality, timeliness and consistency of ACAT assessments; and
 - (c) ensure the delivery of ACAT assessment services to facilitate seamless, timely transitions within and across sectors.

Outputs

- 15. The objective and outcomes of this Implementation Plan will be achieved by implementing the activities set out in the agreed program milestones at Table 1:
 - (a) successful uploading of data files by the States into the Aged Care Data Warehouse;
 - (b) the performance reporting as outlined at Items 31 to 33;
 - (c) six-monthly reporting by the States to the Commonwealth of agreed information to assist in the implementation of decisions of the COAG regarding ACAP; as outlined at Item 34.

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

16. The Commonwealth is responsible for providing funding to support ACATs as specified under Performance Reporting and Financial Arrangements in this Implementation Plan.
17. The Commonwealth will publish ACAP data, monitor the performance of ACATs against the ACAP benchmarks specified in this Implementation Plan and provide any consequential financial contribution to the State for that performance.
18. The Commonwealth, in consultation with relevant Officials, will set the policy and operating guidelines for the ACAP including the National Training Strategy and coordination of national communication.
19. The Commonwealth is responsible for managing the process under the *Aged Care Act 1997* which allows the Secretary of the Department of Health and Ageing to delegate to ACATs the authority to approve people for Commonwealth Government subsidised aged care services.
20. The Commonwealth is responsible for the storage and governance, and provision of routine and ad hoc reports on the ACAP Minimum Data Set (MDS) as collected under the *Aged Care Act 1997*.
21. The Commonwealth will work cooperatively with the States and Territories in preparation for full funding and policy responsibility for ACAP by the Commonwealth consistent with the health and aged care reforms agreed by COAG, including clarifying the role of the States and Territories in ACAT service delivery.

Role of the State

22. The State is responsible for the delivery, management and performance of ACATs including:
 - (a) meeting all conditions including providing reports in accordance with this Implementation Plan;
 - (b) the day to day operation of the ACAP in a timely and professional manner in accordance with the ACAP guidelines and this Implementation Plan;
 - (c) state-wide delivery of ACAT services to eligible persons in accordance with ACAP guidelines and facilitation of equity of access by people with special needs in accordance with the *Aged Care Act 1997* and associated principles;
 - (d) liaising with the Commonwealth to ensure all ACATs can lodge Aged Care Client Records with Medicare Australia electronically⁴ and provide data in the required format;
 - (e) collecting and providing data for the ACAP Minimum Data Set (MDS) in accordance with ACAP Guidelines and the *Aged Care Act 1997*;
 - (f) all members of the ACAT meet the National Minimum Training Standards as set out in the ACAP National Training Strategy;
 - (g) ensuring that all ACATs participate in a Quality Improvement Program that assesses and evaluates services in order to improve practice and/or the quality of service delivery and fosters a consumer-focused approach to continuous improvement; and

⁴ This will not apply in Northern Territory.

- (h) working cooperatively with the Commonwealth in preparation for full funding responsibility for ACAP by the Commonwealth and the reforms agreed by COAG.

Joint Roles and Responsibilities

- 23. The Commonwealth and the States will work together to establish communication protocols to facilitate effective national and state administration of the program in line with the Implementation Plan.
- 24. The States will work with the Commonwealth to provide information to assist and support the implementation of full funding and policy responsibility for ACAP by the Commonwealth consistent with the health and aged care reforms agreed by COAG.
- 25. The Commonwealth and the States will be represented at relevant Officials meetings and actively contribute to discussion of the national administration of the program.
- 26. The Commonwealth and the States will work together to develop a Data Management Transition Plan to achieve the effective transfer by the States of agreed data to the Commonwealth in preparation for the Commonwealth assuming full funding and policy responsibility for ACAT consistent with the reforms agreed by COAG.

PERFORMANCE REPORTING AND FINANCIAL ARRANGEMENTS

- 27. The maximum financial contribution to be provided by the Commonwealth for the ACAP is \$4.412 million payable in accordance with program milestones and performance benchmarks set out in Table 1. All payments are exclusive of GST. The State contribution is to be determined by the State.

Table 1: Program milestone payments⁵

Program milestone	Due date ⁶ for submission of data and/or reports to the Commonwealth	Percentage of Annual Estimated Commonwealth contribution to ACAP Budget ⁷
i. Six-monthly transfer of information to the Commonwealth to facilitate the implementation of the COAG reforms as outlined at Item 34.	By 31 October By 30 April	5% 5%
ii. The successful upload of Quarter 4 data files for the previous financial year into the Aged Care Data Warehouse ⁸	By 14 August	20%
iii. The successful upload of Quarter 1 data files for the current financial year into the Aged Care Data Warehouse	14 November	20%
iv. The successful upload of Quarter 2 data files for the current financial year into the Aged Care Data Warehouse	14 February	20%
v. The successful upload of Quarter 3 data files for the current financial year into the Aged Care Data Warehouse	14 May	20%
vi. Submission of an annual performance report to the Commonwealth Department of Health and Ageing that meets the requirements specified in Item 31, demonstrating: <ul style="list-style-type: none"> (a) an improved percentage⁹ of priority one¹⁰ clients seen on time across all settings in the reporting period¹¹ compared with the previous twelve month period; (b) an improved percentage of priority two¹² clients seen on time in all settings in the reporting period, compared with the previous twelve month period; (c) an improved percentage of priority three¹³ clients seen on time in all settings in the reporting period, compared with the previous twelve month period. 	By 31 August 2011 and 2012	10%

⁵ Payments will be made, subject to acceptance by the Commonwealth, within six weeks of submission.

⁶ Or the next business day

⁷ Percentage of the annual Commonwealth ACAP budget as described in Table 2

⁸ To meet the required format, data must be submitted in the current version of the National Transaction File Format (NTFF). The number of non-fatal errors should not exceed 0.1% of the number of fields contained within the records uploaded. The data is able to be reloaded until this requirement is met. Milestone payment will be made when data is loaded in the required format.

⁹ 'Improved percentage' will be measured by comparing the current reporting period to the previous reporting period. The improved percentage could be 0.01% or meeting the provisional benchmark of 85% in that reporting period. The Commonwealth could grant an exception to this requirement for a relevant period in the event of a state or national emergency being declared that requires ACAT staff to be utilised in the emergency response.

¹⁰ Priority one clients should be seen within 48 hours and refers to a client who, based on information available at referral, requires an immediate response.

¹¹ The reporting periods are 1 July 2010 to 30 June 2011 and 1 July 2011 to 30 June 2012.

¹² Priority two clients should be seen between 3 and 14 days when the information available at referral indicates that the client is not at immediate risk of harm.

¹³ Priority three clients may be seen in more than 14 days: refers to cases where the referral information indicates that the client has sufficient support available at present, but that they require an assessment in anticipation of their future care requirements.

28. Any Commonwealth financial contribution payable will be processed by the Commonwealth Treasury and paid to the State Treasury in accordance with the payment arrangements set out in Schedule D of the *Intergovernmental Agreement on Federal Financial Relations*.

BUDGET

29. The Commonwealth ACAP budget (exclusive of GST) is set out in Table 2.

Table 2: Overall Commonwealth ACAP budget (\$ million)

State or Territory	Estimated Commonwealth contribution ²⁴	Estimated Commonwealth contribution
	2010-2011 \$m	2011-2012 \$m
New South Wales	\$27.384	\$29.435
Victoria	\$19.693	\$21.168
Queensland	\$14.212	\$15.276
Western Australia	\$8.161	\$8.772
South Australia	\$7.280	\$7.825
Tasmania	\$2.126	\$2.286
Australian Capital Territory	\$0.882	\$0.948
Northern Territory	\$1.071	\$1.151
TOTAL	\$80.809	\$86.861

30. Having regard to the estimated Commonwealth budget, the State will not be required to pay a refund to the Commonwealth if the actual cost of the project is less than the agreed estimated cost of the ACAP. Similarly, the State bears all risk should the costs of the ACAP exceed the estimated costs. The State commits to delivering the ACAP as cost-effectively and efficiently as possible.

PERFORMANCE REPORTING

31. The State agrees to provide annual performance reports to the Commonwealth to demonstrate its achievement of agreed performance indicators and benchmarks set out in Table 1 and Attachment A.
32. Under this Implementation Plan, a performance report is due by 31 August 2011 and by 31 August 2012 or within three months of the termination of this Implementation Plan.
33. The performance report will be a stand-alone document that can be used for public information dissemination purposes regarding the ACAP in the previous financial year and must:
- (i) describe the operation, benefits and outcomes of the ACAP at the State level;
 - (ii) evaluate the performance of the State to achieve the activities outlined in Item 22 (c) – (h) inclusive;

²⁴Based on estimates in the Commonwealth Budget Paper No. 3, 2010-11, *Australia's Federal Relations*

- (iii) assess the extent to which the ACAP outputs specified in 15 (a)-(c) inclusive and in Table 1 in this Implementation Plan have been met and explain why any aspects were not achieved; and
 - (iv) include a discussion of any other matters relating to the ACAP, which the Commonwealth negotiates and agrees with the State for inclusion in the performance report at least 90 days before it is due.
34. The States will provide to the Commonwealth on a six-monthly basis information that both parties have agreed will assist in the implementation of full funding and policy responsibility for ACAP by the Commonwealth consistent with the reforms agreed by COAG. This information is described in Attachment B.

KEY PERFORMANCE INDICATORS FOR AGED CARE ASSESSMENT PROGRAM IMPLEMENTATION PLAN

The State agrees to provide annual performance reports to the Commonwealth to demonstrate its achievement of agreed performance indicators and benchmarks set out in Table 1 of the Implementation Plan and this Attachment. A performance report is due by 31 August each year or within three months of the termination of this Implementation Plan.

- KPI 1** Improve the percentage of priority one clients seen on time across all settings in the reporting period, compared with the previous twelve month period.
- KPI 2** Improve the percentage of priority two clients and priority three clients seen on time in all settings in the reporting period, compared with the previous twelve month period.
- KPI 3** All members of the Aged Care Assessment Team meet the National Minimum Training Standards and complete the national training resources relevant to their roles and responsibilities as set out in the Aged Care Assessment Program National Training Strategy.
- KPI 4** The data about the Aged Care Assessment Program is maintained to a high level of accuracy and is provided within the specified timeframe by the state/territory government to the Commonwealth.
- KPI 5** 100% of Aged Care Assessment Teams participate in a Quality Improvement Program.

KPI 1 Improve the percentage of priority one clients seen on time across all settings in the reporting period, compared with the previous twelve month period.

Definition

The length of time within which the person needs contact of a clinical nature (i.e. non-administrative) by an Aged Care Assessment Team (or their representative), based on the urgency of the person's need as assessed by the Aged Care Assessment Team at referral.

Priority Category one: Within 48 hours: refers to a client who, based on information available at referral, requires an immediate response (i.e. response within 48 hours). An urgent assessment is required if the person's safety is at risk (e.g. high risk of falls or abuse), or there is a high likelihood that the person will be hospitalised or required to leave their current residence because they are unable to care for themselves, or their carer is unavailable. This may be due to a crisis in the home involving either the client or the carer or a sudden change in the client's or carer's, medical, physical, cognitive or psychological status.

All settings: Includes acute hospital and other inpatients, residential aged care service, community and no setting.

Hospital: Includes Acute Hospital (patients in hospitals classified by the hospital as 'acute care' patients) and Other Inpatients (other than acute hospital), in which the person is an admitted patient receiving overnight care, admitted patients in extended care or rehabilitation facilities or other non-acute wards / beds in a hospital.

Residential aged care service: Includes all government-funded residential care services and multipurpose services / centres regardless of the level of care received by the person or whether the person is a permanent or respite resident at the first face-to-face contact.

Community: Include settings such as private homes, retirement villages, independent living units, and supported accommodation setting in the community.

No Setting: Includes assessments that have not reached a point where a Setting has been determined and would include assessments that do not progress beyond the First Intervention.

Methodology

This will be measured by the percentage of all category one clients seen within 48 hours from the date of referral for assessment to the date of first intervention by the ACAT. 'Improved percentage' will be measured by comparing the current reporting period to the previous reporting period. The improved percentage could be 0.01% or meeting the provisional benchmark of 85% in that reporting period.

This KPI is calculated as:

Numerator: The number of Assessments with an End of Assessment Date within the specified period with a priority category of one and the period of time from Referral Date to First Intervention Date is equal to or less than 2 calendar days.

Denominator: The number of Assessments with an End of Assessment Date within the specified period with a First Intervention Date and with a priority category of one.

Data Collection

Numerator: Ageing and Aged Care Data Warehouse ACAP MDS.

Denominator: Ageing and Aged Care Data Warehouse ACAP MDS.

KPI 2 Improve the percentage of priority two clients and priority three clients seen on time in all settings in the reporting period, compared with the previous twelve month period.

Definition

The length of time within which the person needs contact of a clinical nature (i.e. non-administrative) by an Aged Care Assessment Team (or their representative), based on the urgency of the person's need as assessed by the Aged Care Assessment Team at referral.

Priority Category two: Between 3 and 14 days: should be used when information available at referral indicates that the client is not at immediate risk of harm. Referrals that indicate progressive deterioration in the client's physical, mental or functioning status, or that the level of care currently available to the client does not meet their needs or is not sustainable in the long-term, should be allocated to this priority category.

Priority Category three: More than 14 days: refers to cases where the referral information indicates that the client has sufficient support available at present, but that they require an assessment in anticipation of their future care requirements. Examples include the carer planning a holiday, which will result in the care recipient requiring the provision of substitute care or recognition that the person is having increased difficulty living independently and options for future care need to be discussed with the client and their carer or family. In deciding to use this code the ACAT is making a judgement that delaying an assessment for more than 14 calendar days will not jeopardise the client's health and well-being. Clients in this priority category are considered to have been seen on time if they are seen within 36 days.

All settings: refer to definition in KPI 1.

Methodology

Priority two clients seen on time: this will be measured by the percentage of all category two clients seen within 14 days from the date of referral for assessment to the date of first intervention by the ACAT.

Priority three clients seen on time: this will be measured by the percentage of all category three clients seen within 36 days from the date of referral for assessment to the date of first intervention by the ACAT.

'Improved percentage' will be measured by comparing the current reporting period to the previous reporting period. The improved percentage could be 0.01% or meeting the provisional benchmark of 85% in that reporting period.

This KPI is calculated as:

Numerator: The number of Assessments with an End of Assessment Date within the specified period and the period of time from Referral Date to First Intervention Date is equal to or less than 14 days for Priority Category 2.

Denominator: The number of Assessments with an End of Assessment Date within the specified period with a First Intervention Date and a priority category of two.

AND

Numerator: The number of Assessments with an End of Assessment Date within the specified period and the period of time from Referral Date to First Intervention Date is less than or equal to 36 calendar days for Priority Category 3.

Denominator: The number of Assessments with an End of Assessment Date within the specified period with a First Intervention Date and a priority category of three.

Data Collection

Numerator: Ageing and Aged Care Data Warehouse ACAP MDS.

Denominator: Ageing and Aged Care Data Warehouse ACAP MDS.

KPI 3 All members of the Aged Care Assessment Team meet the National Minimum Training Standards and complete the national training resources relevant to their roles and responsibilities as set out in the Aged Care Assessment Program National Training Strategy.

Definition

The Aged Care Assessment Program (ACAP) National Training Strategy provides the overarching training strategy that will promote best practice and national consistency in key practices and core processes for all ACAT members.

The ACAP National Training Strategy has been designed to recognise and build on existing training practices utilised in each state/territory. Each state and territory government continues to be responsible for ensuring ACAT members have a sound knowledge of the issues in their local environment and that they are provided with the opportunities to maintain their specific professional clinical skills.

Under the *Aged Care Act 1997*, the Secretary of the Department of Health and Ageing (DoHA) has the power to approve eligibility as a care recipient for entry to residential aged care facilities, community care, residential respite care and flexible care. This power is delegated to specific Aged Care Assessment Team (ACAT) position numbers and may only be exercised by the occupants of the designated position numbers, referred to as 'Delegates'. ACAT Delegates play a very important role in ensuring that assessments of older people are conducted to a high standard, and that the care services recommended aim for the optimum outcome for the person assessed. Individuals occupying a Delegate position are subject to ongoing review and must:

- (a) continue to meet the selection criteria as specified in the ACAT Delegation Policy (one of which is to successfully complete Delegation Training); and
- (b) operate in accordance with relevant legislation, policy and guidelines.

ACAT National Delegation Training: The training approved by DoHA for ACAT Delegates as contained in the ACAP National Training Strategy. The initial form of this training is available for face to face training, self-directed learning and self-directed e-learning. The Refresher version of this training is available for self-directed e-learning.

This KPI is calculated as:

Numerator: The number of ACAT members who meet the National Minimum Training Standards who have completed the relevant training as set out in the ACAP National Training Strategy.

Denominator: The number of ACAT members as reported in the Annual Staffing Profile.

Within the timeframe of this Implementation Plan, 75% achievement is to be reported for 2010-11 and 100% achievement reported by 30 June 2012.

Data Collection

Numerator: Training data collected by www.acat.moodle.com.au and reports from National ACAP Training Reference Group.

Denominator: Staffing profile data.

KPI 4 The data about the Aged Care Assessment Program is maintained to a high level of accuracy and is provided within the specified timeframe by the state/territory government to the Commonwealth.

Definition

Data about the Aged Care Assessment Program is specified in the National Transaction File Format and the Aged Care Assessment Program Data Dictionary. The ACAP Minimum Data Set includes information about people who are assessed by the Aged Care Assessment Team and is collected via the Aged Care Client Record.

An error is defined as a field within a record that does not confirm to the format for that field as defined in the National Transaction File Format or the content of a field does not meet the requirements of a Business Rule relevant to that field contained in the National Transaction File Format.

Data files will be successfully uploaded into the Ageing and Aged Care Data Warehouse ACAP MDS Upload facility by the date specified. A successful upload would be classified as an upload that contains no fatal errors.

Methodology

This KPI is calculated as:

Numerator: The number of Errors recorded in the ACAP MDS Audit Report for the reporting period.

Denominator: The number of fields contained in the records uploaded into Ageing and Aged Care Data Warehouse for the reporting period (there are 166 fields in each record).

- The number of errors will not exceed 0.1% of the number fields contained within the uploaded records. This equates to 1 error for every 6 uploaded records.

AND

Numerator: Data files received and successfully uploaded in the Ageing and Aged Care Data Warehouse ACAP MDS Upload facility on or before the due date.

Denominator: Data files due for receipt.

Data Collection

Numerator: Ageing and Aged Care Data Warehouse ACAP MDS.

Denominator: Ageing and Aged Care Data Warehouse ACAP MDS.

KPI 5 100% of Aged Care Assessment Teams participate in a Quality Improvement Program.

Definition

A *Quality Improvement Program* is an organised process that assesses and evaluates services in order to improve practice and/or the quality of service delivery and fosters a consumer-focused approach to continuous quality improvement. A Quality Improvement Program may take the form of:

- (a) a quality improvement process initiated by the ACAT to improve a particular client service
- (b) an internal process for meeting service standards
- (c) an external accreditation process
- (d) a service evaluation
- (e) a national program evaluation
- (f) an audit process.

Consumer focus is service delivery designed to meet the needs and expectations of clients. An important measure of quality is the extent to which consumer needs and expectations are met. This may be measured through the administration of a client survey as part of one of the Quality Improvement activities identified above.

Participation in a Quality Improvement Program may be at the ACAT level or as part of broader participation in the auspice organisation's external Quality Improvement Program (including, but not limited to: the EQulP 4 program, the Quality Improvement Council or the ISO 9001 quality framework).

Methodology

This KPI is calculated as:

Numerator: Number of ACATs in a jurisdiction reporting participation in a Quality Improvement Program.

Denominator: Number of ACATs in a jurisdiction.

Data Collection

Numerator: Item included as a requirement in reporting arrangements for the Implementation Plan.

Denominator: Ageing and Aged Care Data Warehouse ACAP MDS.

TASMANIA INFORMATION TO ASSIST WITH THE TRANSITION ARRANGEMENTS (ITEM 34)

To assist in the transition to and implementation of full funding and policy responsibility for ACAP by the Commonwealth, consistent with the reforms agreed by COAG, the State will provide to the Commonwealth, on a six-monthly basis:

By 31 October 2010

Tasmania will provide an overview of the organisational, reporting and clinical links for the operation of the ACATs occurring with the Tasmanian Health system to demonstrate the current scope, role and function of the teams in Tasmania.

By 30 April 2011

Tasmania will be in a position to provide provisional information about how ACATs will map within the Local Health and Hospital Network/s, Medicare Locals and One Stop Shop environment.

Tasmania will provide staffing profiles by profession for the ACAT teams, detailing full time equivalent by profession and position vacancies.

By 31 October 2011

Tasmania will provide an update on staffing information for the ACAT teams, detailing full-time equivalents by profession and position vacancies.

Information regarding current award rates and conditions for all disciplines.

By 30 April 2012

Final mapping of the ACATs teams for the Local Health and Hospital Network/s, Medicare Locals and One Stop Shops.

Provide further updates to staffing profiles if required.