Aged Care Assessment Program (ACAP) 2018 - 2020

Quarterly Performance Report

Commentary Template

Northern Territory

Approved by: [Redacted]

Date of Report: 15 November 2018

Version 1.0
September 2018
Key Performance Indicators (KPIs)

KPI 1 – ACAT will action 90% of referrals, including self-referrals, for Comprehensive Assessments (Accepted or Rejected) within 3 Calendar Days

NT met this KPI.

KPI 2A – ACAT will undertake 90% of First Clinical Interventions of Clients (in a community setting) within the allocated priority timeframe

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Two NT ACAT teams, the Darwin Urban and Alice Springs did not meet this KPI. The Darwin team scored 80.4% for medium priority referrals. Feedback after discussion with the team leader indicated that initial communications and strategies to address this new KPI were the main reason given for not meeting this KPI. Adjustments to assessor planning particularly, as the team have several part time assessors has meant a change in referral assignment for medium priority hospital referrals. This as well as the new visual display tracking KPI’s on the assessor portal should improve this KPI.

The Alice Springs team scored 77.8% for medium priority and 71.4% for low priority referrals. Similar feedback was received from the team leader in Alice Springs in regard to assessors changing their time management and response times for hospital referrals, however their main issue was low staffing due to staff illness and personal leave. This team only have 2.5 FTE assessors so leave has significantly impacted their KPI’s. On a positive note, a new assessor has been recruited and she will commence in the New Year.

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With increased communication of these new KPI's and assessors monitoring their timelines in regard to KPI's these results are expected to improve.

**KPI 4 – 90% of all delegate decisions completed within 2 Calendar Days of the assessment being completed**

NT met this KPI

**KPI 5 – Achievement of the stated quality requirements for Assessment Services**

85% of sampled NSAFs and Support Plans meet the agreed quality score, as measured by the ACAT using the "NSAF Self-Audit Tool"

Total # of outlets that met the KPI: 2 of 3

Darwin Urban and Alice Springs Urban- KPI met

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The Barkly Central Australia ACAT team only completed 10 assessments during this period and the 2% meant this wasn't applicable. As this will be an ongoing issue we will instruct this team do undertake at least one Self Audit per reporting period.

The Top End Rural & Remote ACAT completed 32 ACAT assessments which also meant that the 2% sampling required was also under 1. This team did however undertake 2 self-audits both of which were Partially Met.

The Alice Springs Urban Team completed 50 ACAT assessments and were required to complete 1 Self-Audit which they achieved meeting the KPI. The Darwin Urban Team completed 133 ACAT assessments and undertook 8 Self Audits meeting this KPI.

**85% of Clients are satisfied or very satisfied with the overall quality of service delivery, as measured independently using the template “ACAT Satisfaction Survey”**

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Individual outlets that did not meet the KPI
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Discussions with both of the remote teams have indicated that the ACAT Satisfaction Survey tool is not appropriate for their Indigenous clients or their families. This group has limited English, no literacy and would find it difficult to respond to this survey. It was also felt that if an ACAT assessor attempted to verbally gain responses, this group would respond positively at any face to face session even if they were in fact not happy. We have previously raised this and are currently exploring a more culturally appropriate method to gain feedback from this population group.

Home Care Performance Expectations (PEs)

**PE 1 – Maximum 15% of Clients approved as ‘high priority’ under each package level (Levels 1 to 4)**

The NT met the 15% KPI's for all Home Care Package levels except Level 4 which was 34.7%. NT ACAT's continue to utilise our recommendation to have two delegates involved in case conferences where the assessor is recommending a High level Priority.

While this is keeping our approval numbers down to is becoming more apparent that many of these cases are the result of Support Plan Reviews for consumers who have been waiting for a level 4 HCP as a medium priority. While requests for increasing CHSP services may maintain consumers waiting for lower level packages, for those requiring services that reflect high care needs, namely a level 4 package, there comes a point that the need to receive a higher package becomes paramount.

We regularly discuss these results with our ACAT assessors and delegates, and continue to access each case on its merit, providing justification when a high priority is approved.

This issue is further compounded as we are also aware that other ACAT teams in other jurisdictions have significantly higher percentages of high priority approvals which mean their clients are receiving packages much quicker than our NT clients. It is difficult to maintain and justify our stringency and practices under these conditions.

**PE 2 – For every 1,000 Clients, approvals for Home Care Packages should not exceed the following % for each level**
Home Care Package Level 1

NT ACAT recorded no approvals for Level 1 home care packages. This is consistent since their introduction several years ago. ACAT do not receive referrals for clients who require such minimal assistance with referrals for CHSP being the outcome. This is particularly so with current client contribution arrangements between CHSP and the means tested HCP costs. Further to this ACAT's are not choosing to identify Level 1 packages as interim support option while waiting for a higher package, which further indicates the very low level of support that can be offered by service providers, in comparison to a CHSP service.

Home Care Package Level 2

This PE was met in the NT. Level 2 packages continue to be the main level of support provided in remote communities. Historically this level of package was the only level available in remote and as such aged care providers in remote have tended to have a suite of services, (meals, transport and laundry) which informally is a level 2 package.

Home Care Package Level 3

This reporting period did see an overall reduction down to 28% however this level is still over the 25% expected. As with approvals for level 4 packages, assessors assess care needs using the required tools and clinical experience. Delegates approve on the same principles and skills.

We have had concerns raised by our teams when various publications appear to place the blame for the higher than expected numbers of clients needing higher packages with ACAT assessors. Our assessors are basing their assessments on current care needs at the time of assessment. They are not assessing for potential future needs or take into account possible waiting time for packages.

Home Care Package Level 4

Clients with high care needs remain the highest numbers of referrals to ACAT. This reflects what we are seeing on the ground, where people receive CHSP and remain on CHSP only agreeing to an ACAT referral then their care needs increase. This is predominantly driven by financial factors, particularly the 17.5 % means tested rate which is deemed value for money only when a client is in receipt of a level 3 or 4 package.

In the NT the higher numbers of approvals for level 4 packages also reflect our jurisdictional preference to remain in the community and not move into residential care. The NT have significantly lower numbers of residential care approvals and also have lower number of operational beds per population base than all other States & Territories.

Support Plan Reviews

Referrals to ACAT's for SPR's continue to increase. The majority are for interim CHSP services while clients wait for home care packages.
In reviewing the data for SPR Reasons we noted the significant number of “Other” responses being 53 out of 245.

For Reviews coming from the Contact Centre the following responses were found under “Other”:
- Needs CHSP while awaiting HCP
- Physiotherapy
- More respite
- Need ACAT
- Post TCP
- Equipment
- Moved interstate

For ACAT Generated Reviews the following reasons were found under “Other”:
- Safety in home-Home Modification
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- Ongoing services post TCP/STRC

It may be of value to expand the Reasons list or in the case of the Contact Centre revisit use of “other”.
For example more respite would usually be Carer burden or change in caring arrangement.

**Other SPR General Comments.**

The most common complaint from ACAT was the timeliness issue for TCP referrals which continue to go to the RAS as the most recent assessor. We are aware that this is a well-known concern.

In the Darwin Urban Team the ACAT Team Leader works closely with the RAS team leader tracking TCP referrals in particular. This is possible as our acute care discharge planners usually email ACAT advising them of when a referral has been submitted, or similarly, as our TCP Unit sit beside ACAT and they are usually aware of possible clients they also ensure referrals are made known to ACAT.

While this works well in Darwin, other regions do not have as close relationships with RAS’ so occasionally timeliness is impacted.

Another concern raised is in regard to rejections of CHSP following SPR’s. ACAT’s are not in a position to monitor all referral outcomes so they usually only hear of this when a client phones ACAT to state they have not been contacted regarding a CHSP service. In addition we occasionally have periods where there is no available CHSP which leaves ACAT with no options to redirect a referral. In these situations all we can do is advise the NT Commonwealth DoH office. While this is more of a CHSP issue it does impact on time involved in sourcing alternative services.

**Additional Input**

**General Comments**

The role of ACAT in the NT remains broader than many other ACAT teams.

The ACAT Teams in both Darwin and Alice Springs are central to the aged care sectors in both their regions. Representatives from ACAT attend community service provider forums, long stay meetings with acute care, local Commonwealth meetings with residential care DON’s to name a few.
Remote ACAT assessors covering rural and remote towns and communities are key points of contact between aged care providers, medical clinics, acute care, respite agencies and other departments including Housing and Centrelink.

ACAT assessors are frequently required to case co-ordinate clients post assessment until a sustainable service is set up. ACAT's are also a proxy feedback site by aged clients and their families who still see ACAT as an overarching authority on services and care issues. With not a lot of alternate options in parts of the NT, ACAT's do tend to link or direct clients and their families to achieve their required outcomes.

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