Aged Care Assessment Program (ACAP)  
2018 - 2020

Quarterly Performance Report Commentary Template

Northern Territory

Approved by: [Name]

Date of Report: 11 March 2019

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

High Priority Clients – 2 Calendar Days
NT met this KPI.

Medium Priority Clients – 10 Calendar Days
NT met this KPI with a noted improvement from last reporting period.

Low Priority Clients – 25 Calendar Days
NT met this KPI.

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

High Priority Clients – 2 Calendar Days
NT met this KPI.

Medium Priority Clients – 5 Calendar Days
NT met this KPI.

Low Priority Clients – 10 Calendar Days
At 85% this KPI has not been met across 3 teams. As the assessments are conducted in Hospital and the client is under the care of a medical team; other than on triage when the likely outcome is a rejected referral the first clinical intervention occurs at time of assessment. Assessor’s report access to family identified as required to attend the assessment can also impact on timeliness. Further support will be provided to the Teams to ensure this KPI can be met.
KPI 3A – ACAT will complete 90% of all assessments (in a community setting) within the allocated priority timeframes

*High Priority Clients – 10 Calendar Days*
NT met this KPI

*Medium Priority Clients – 20 Calendar Days*
This KPI was not achieved with an overall 88.9% for the NT ACAT Teams. This unmet KPI equates to a value of 5 assessments across the NT. However, despite the low numbers, it is evident that recruitment strategies have been successful to improve this KPI for the Alice Springs Team achieving 75% from a previous 62.5% met. The timeliness with in the remote Barkley Team continues to impact on this KPI particularly with the transient client nature; ability to locate the client and appropriate family and interpreter support.

*Low Priority Clients – 40 Calendar Days*
NT met this KPI

KPI 3B – ACAT will complete 90% of all assessment (in a hospital setting) within the allocated priority timeframes

*High Priority – 5 Calendar Days*
NT met this KPI

*Medium Priority – 10 Calendar Days*
NT met this KPI with improvement from previous 86.8% to 97.5%

*Low Priority – 15 Calendar Days*
This KPI was not achieved with an outcome of 71.9% met. This outcome equates to 9 assessments not met. This is as a result of the medically complex clients being assessed and timely acceptance and action of the referrals. Improved practices will include the rejection of the referral when a change occurs in hospital prior to assessment and rejections if the client as at the time of assessment has become unwell. Previously assessors have left referrals open and adjusted the assessment for when the client is stable with clear discharge pathway identified.

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: 4 of 4

Individual outlets that did not meet the KPI

<table>
<thead>
<tr>
<th>Outlet</th>
<th>Advice on rationale and actions to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Springs ACAT</td>
<td>Small sample.</td>
</tr>
<tr>
<td>2 audits undertaken</td>
<td>Wallet checks continue to be difficult in the remote setting and with clients in complex social situations.</td>
</tr>
<tr>
<td>Total score 83%</td>
<td>In the remote assessment environments supplementary tools are not always appropriate or suitable. This has resulted in poor outcome on the NSAF Audit.</td>
</tr>
<tr>
<td>Barkly And Central Australia Remote</td>
<td>Other noted area requiring attention is to ensure all vulnerable clients are identified to guarantee ACATs receive notifications of when HCP’s are assigned. This is particularly an issue where living in remote settings with no access to mail or phones.</td>
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<tr>
<td>2 audits undertaken</td>
<td>Not all CHSP referrals have an end date however assessors have improved practices around review date.</td>
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<tr>
<td>Total score 82%</td>
<td></td>
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</tbody>
</table>

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

Total # of outlets that met the KPI: 2 of 4. Score of 94.13 % Very Satisfied.

Individual outlets that did not meet the KPI

<table>
<thead>
<tr>
<th>Outlet</th>
<th>Advice on rationale and actions to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top End Rural and Remote ACAT</td>
<td>As indicated in our previous report the Consumer Survey is not an appropriate tool for our traditional population. We are trialling a simple feedback sheet with Smiley Face responses which could be delivered by a service provider following an ACAT assessment. This will be reported on in the future report.</td>
</tr>
<tr>
<td>Barkly and Central Australia Remote</td>
<td></td>
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<tr>
<td>ACAT</td>
<td></td>
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</table>
Current strategy for urban settings is that where appropriate a Client Satisfaction Survey is sent out with copy of the Support Plan and delegate letters. We have introduced a return paid envelope to hopefully increase response rates. This will be reported on next period.

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 Home Care Package levels 1, 2 and 3.

Home Care Packages Level 4 approvals for High Priority has increased from 28% to 40% this period.

Anecdotal feedback from ACAT’s identify that many of these approvals are for clients previously approved as a Medium priority. Due to change in circumstances, increase in care needs and for many an identified risk they are reassessed for a change in priority.

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. All changes in priority meet the guidance for Home Care Package High Priority.

We are finding the NT are continuing to have less HCP’s assigned which is impacting on all other aged care services and providers in the NT.

Prior to the changes in 2017 the NT had just under 1000 HCP’s assigned to providers. In 2017 this reduced to 777 and 680 at 30 June 2018. As per data to hand from Feb 2019 the NT has lost a further 168 HCP with a total of 512 HCP across the NT.

Our ACAT’s continue to be very stringent in the allocation of a high priority, however this is becoming more of a concern as we are getting a reduced number of packages assigned. We are receiving reports from service providers whose sustainability and viability is of concern.

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
As in previous reporting period NT ACAT’s recorded no approvals for Level 1 home care packages.

Home Care Package Level 2
This PE was met in the NT.

Home Care Package Level 3
This reporting period saw a slight increase in the approvals for HCP 3’s from 30.1% to 31.7 %

As with approvals for level 4 packages, assessors are assessing care needs using the required tools and clinical experience. Delegates approve on the same principles and skills. 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.
Feedback from ACAT teams are indicating increasing referrals for clients who have high care needs currently supported on several CHSP services.

**Home Care Package Level 4**
Clients with high care needs remain the highest numbers of referrals to ACAT. However this reporting period saw a slight reduction form 48.5% to 47.1%.

Reasoning for this result is similar to that of Level 3 packages. Clients are not agreeing to referrals for home care packages until their care needs are around the Level 3 and 4 level. 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.

This is also impacting on our CHSP service availability, as they are being increasingly used as interim services for people waiting packages and have high care needs.

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.

Unfortunately with our reduced number of high level HCP's being assigned we are seeing an increase in the numbers of clients moving into residential care prematurely. This is then impacting on long stay numbers in acute care as we do not have sufficient numbers of residential beds.

**Support Plan Reviews**
NT ACAT's conducted 239 Support Plan reviews. This activity varies from a 15min activity to a 2hr activity.

Risk is identified on triage when the SPR request is in fact from hospital or health professional and requires a new ACAT assessment for services under the ACT. There has been several cases where the referral has gone to RAS for a SPR and not been sent to ACAT in a timely manner for potential TCP's.

The majority of reviews are for changes in care needs and for increase in interim CHSP services while clients wait for home care packages.

Further discussion has occurred with assessors to ensure the use of "other" as a reason for SPR is reduced and reported accurately.

**Additional Input**
The main issue in the NT currently affecting aged care across all sectors is the delays in access to home care packages. This has been commented on in previous sections of this report but it is worthwhile to single out in this section.

We are finding the NT are continuing to have less HCP's assigned which is impacting on all other aged care services and providers in the NT.

Prior to the changes in 2017 the NT had over 1188 HCP's assigned to providers. In 2017 this reduced to 777 and 680 at 30 June 2018. As per data to hand from Feb 2019 the NT has lost a further 168 HCP with a total of 512 HCP across the NT.
Remote Assessment Workforce Pilot
We have continued to collaborate with Commonwealth in regard to a proposed pilot project to trial ACAT’s in remote East Arnhem region undertaking both ACAT and RAS assessments. Recent meeting are indicating that rather than a trial Commonwealth will evaluate current management of assessments in remote to inform considerations for the streamlined assessment workforce discussions.

My Aged Care
Feedback from Darwin and Alice Springs ACAT’s report no significant issues with MAC. We are still finding referrals sent to RAS, requiring an approval under the Act are still being assessed by a RAS rather than transferred to ACAT. We are highlighting these and discussing with RAS to try to improve this issue.