



Overwhelming evidence or overwhelmed by evidence?

Many leaders are unaware of the complexities of the reforms or the strategic impacts for their aged care services, write MARK SHELDON-STEMM and MICHAEL GOLDSWORTHY.

Scholar and futurist Joel Barker once said that when a paradigm shifts, all the rules go back to naught. No statement could be more prophetic yet pragmatic for customers, stakeholders and leaders of aged care organisations overseen by the Commonwealth Department of Health and Aged Care and the Aged Care Quality and Safety Commission.

The Aged Care Bill 2023 – to implement a new Aged Care Act – and new regulatory model to complement it are anticipated to be passed by federal parliament in late 2024. Meanwhile, the strengthened Aged Care Quality Standards are in final draft form and the department and quality and safety



Mark Sheldon-Stemm



Michael Goldsworthy

commission are refining the associated guidance materials in consultation with stakeholders.

With the announcement of a delay in the passing of Aged Care Bill 2023, some boards, chief executive officers and executives have breathed a sigh of relief. Possibly because they have not familiarised themselves with nor commenced strategic discussions about the aforementioned documents, let alone developed and applied transformational strategies for their organisation.

They foolishly await the official commencement date – now slated for 1 July 2025 – but in due course some will face a day of reckoning. For example, those private providers who are resistant to appointing independent non-executive directors or addressing similar governance matters.

Proactive leaders, however, have ensured their existing or new strategic plan, operational plan or quality improvement plan includes specific strategies or projects to address these reforms. They are well underway with strategies such as:

- developing or implementing new service, business or financial models
- updating or establishing new governance and organisational policies and procedures
- creating new or improved systems and processes
- rolling out change management and professional development activities for directors, managers, staff and volunteers.

Regardless of a provider’s position and response to these extensive and significant reforms, the fact is a new Aged Care Act and the strengthened standards will be enacted, supported by the guidance materials. The commencement date will be the commencement date – a provider will need to be 100 per cent compliant by that date, no ifs, buts or maybes.

A few of the key changes coming into effect include:

- the new Aged Care Act and strengthened standards will apply to residential services and the new Support at Home program and potentially the existing Home Care Packages program if the new Act commences first
- six registration categories for approved providers that aim to group together services based on common characteristics and provide a risk based regulatory model – that is higher risk activities will be regulated more heavily and lower risk activities more lightly
- seven standards, where all seven apply to residential care and five to Support at Home, with Standard 6: Food and Nutrition and Standard 7: Residential Communities not being applicable
- the new Support at Home program will replace the Home Care Packages and Short-Term Restorative Care programs from 1 July 2025; with the Commonwealth Home Support Program transitioning to Support at Home no earlier than 1 July 2027.

Regarding the key changes for Support at Home, if you think a reduced number of standards and a risk-based regulatory model will mean less compliance for providers, nothing could be further from the truth.

As always, the devil is in the detail. The *Draft Evidence Mapping Framework January 2024* published by the quality and safety commission and the strengthened standards allow for the following detailed analysis of the number of requirements and analysis and collation of the number of pieces of evidence a provider will need on hand during an accreditation assessment or spot visit.

Given the strengthened standards are in their final draft, it is unlikely there will be any variations to the requirements – now titled actions or areas of evidence for both residential care and Support at Home services. See Table 1 (opposite) for a summary of these elements.

The aforementioned documents and tables 1 and 2 speak for themselves; in essence they provide the legislative and regulatory, compliance and quality framework for the paradigm shift of aged care.

Whilst the overall intent of the new Aged Care Act and strengthened standards are welcomed by many leaders, discussions and research indicates many are ignorant of the detail and complexities of the changes, the amount of work required or the strategic impacts and implications for their organisations and services.

Typical statements include:

- “there isn’t a great deal of change or much to be done that I can see”
- “things will remain much the same, we will just tweak our policies”
- “I don’t know what all the fuss is about, we will wait until the new Act and standards are finalised and required.”

Unfortunately, nothing could be further from the truth. There is no doubt that a good many boards, particularly of mid-to-low end following or resisting organisations, will be blindsided when the commencement date arrives.

In essence they will be left questioning why they have not been fully informed by their chief executive officers and enacted a transformational strategy. Meanwhile, the leaders of leading and upper-following organisations will continue

Table 2 – Evidence required under the strengthened Aged Care Quality Standards

Areas of evidence	Residential care (registration category 6), pieces of evidence required	Support at Home services in registration categories 4 & 5*, pieces of evidence required
1. Person-centred	29	29
2. Dignity	38	42
3. Choice	36	29
4. Agreements	37	40
5. Clinical governance	51	51
6. Quality system	70	71
7. Risk management	35	34
8. Incident management	58	59
9. Feedback & complaints	63	63
10. Information systems	55	55
11. Workforce – HR	83	81
12. Emergency	30	28
13. Assessment planning	90	88
14. Care and services	130	96
15. Clinical safety	65	58
16. Care coordination	57	56
17. Environment	37	49
18. Infection control	73	100
19. Medication management	86	51
20. Food and nutrition	95	0
21. Palliative care	68	65
Total pieces of evidence	1,286	1,145
Total pieces of evidence, excluding duplications between categories	1,236	1,092

* Under the risk-based regulatory model services under registration categories 1–3 are not subject to the strengthened Aged Care Quality Standards

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to power onwards and upwards on their transformational journey.

Either way, every provider will need to meet the significant number of requirements – actions and areas of evidence – that arise from the new Aged Care Act and strengthened standards and have on hand, if requested, the 1,286 or 1,145 pieces of evidence.

As the standards are a minimum and of no strategic competitive advantage, the following strategic question comes to mind.

How can leaders not only build or enhance a contemporary compliance and quality platform, but create one upon which best practice or business excellence principles and practices can be applied in the future? Yet another story for another day. ■

Mark Sheldon-Stemm is principal at Research Analytics and undertook the analysis referenced above
Michael Goldsworthy is principal consultant at Australian Strategic Services and authored the article

Table 1 – Aged Care Quality Standards Vs strengthened Aged Care Quality Standards

Elements of current & new standards	Applicability of elements to residential care today & tomorrow	Applicability of elements to HCP/CHSP, thereafter Support at Home
No. of current standards	8	8
No. of requirements in current standards	61	57
No. of new standards	7	5
No. of requirements – actions in new standards	272	234
No. of areas of evidence in new standards	21 Refer to Table 2	20 Refer to Table 2
No. of domains, areas of evidence in new standards	8	8
Total pieces of evidence required for new standards excluding duplication	1,236 Refer to Table 2	1,092 Refer to Table 2