OPINION

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.

cholar 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

Elements of current

& new standards

No. of current standards

No. of requirements in

No. of new standards

No. of requirements -

actions in new standards

No. of areas of evidence

No. of domains, areas

Total pieces of evidence

of evidence in new

required for new

standards excluding

standards

duplication

current standards

in new standards

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

Table 1 – Aged Care Quality Standards Vs

strengthened Aged Care Quality Standards

Applicability of

elements to

residential care today

& tomorrow

8

61

7

272

21

Refer to Table 2

8

1,236

Refer to Table 2



Mark Sheldon-Stemm

Michael Goldsworthy

Applicability of

elements to

HCP/CHSP, thereafter

Support at Home

8

57

5

234

20

Refer to Table 2

8

1,092

Refer to Table 2

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.

commission are refining the associated

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

commenced strategic discussions

let alone developed and applied

transformational strategies for

not familiarised themselves with nor

about the aforementioned documents,

guidance materials in consultation

with stakeholders.

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.

Ĝiven 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

Areas c 1. Person-cer 2. Dignity 3. Choice 4. Agreement 5. Clinical gov 6. Quality sys 7. Risk manag 8. Incident ma 9. Feedback 10. Informatio 11. Workforce 12. Emergend 13. Assessme 14. Care and 15. Clinical sa 16. Care coor 17. Environme 18. Infection c

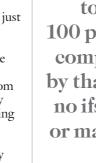
> 19. Medication 20. Food and

21. Palliative **Total pieces**

Total pieces excluding du

between cate

"A provider will need to be 100 per cent compliant by that date, no ifs, buts or maybes."



•	-	
f evidence	Residential care (registration category 6), pieces of evidence required	Support at Home services in registration categories 4 & 5*, pieces of evidence required
ntred	29	29
	38	42
	36	29
ts	37	40
vernance	51	51
stem	70	71
igement	35	34
anagement	58	59
& complaints	63	63
on systems	55	55
e – HR	83	81
су	30	28
ent planning	90	88
services	130	96
afety	65	58
rdination	57	56
nent	37	49
control	73	100
on management	86	51
d nutrition	95	0
care	68	65
of evidence	1,286	1,145
of evidence, uplications regories	1,236	1,092
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Table 2 – Evidence required under the strengthened Aged Care Quality Standards

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

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