Submission

Establishment of a National Aged Care Mandatory Quality Indicator Program for In-home Aged Care Services

Submission by the **Australian Physiotherapy Association**

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Authorised by:

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Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community.
We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples today.

About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 32,000 members. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

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1. Executive Summary

The Australian Physiotherapy Association (APA) is pleased to provide feedback to the Department of Health and Aged Care on the Establishment of a National Aged Care Mandatory Quality Indicator Program for in-home aged care services and welcomes further opportunity to engage in the development of this critical program and any subsequent guidance materials.

The establishment of the National Aged Care Mandatory Quality Indicator Program represents an opportunity to ensure consistent standards and improve outcomes for people receiving aged care services and supports at home.

However, in the absence of specific clinical measures embedded within them to support improved health outcomes, the APA believes the draft quality indicators lack the specificity to be as effective as required to deliver high quality and safe services to older people in their homes.

Quality indicators should provide measurable benchmarks upon which to assess the safety, effectiveness and responsiveness of healthcare services. For in-home care, where environments are diverse and needs often complex, standardised quality indicators are essential. When specific, measurable and evidence-based, quality indicators promote transparency and patient-choice, accountability and continuous improvement within the sector, benefitting the ageing and service providers.

In-home services have an essential role in supporting older people maintain their independence and quality of life and remain in their homes for as long as possible. Evidence-based physiotherapy, as an integral component of aged care and collaborative multidisciplinary teams, focuses on optimising physical function including mobility, preventing falls and managing chronic co-morbidities.

An additional benefit of quality indicators is overlooked in the draft program. Improved early access to evidence-based reablement care based on clinical need, as provided by physiotherapists, prolongs independence – meeting the goals of both the program and older people wishing to delay entry to residential care and/or hospitalisation for as long as possible.

While the lack of detailed, meaningful and disaggregated (by profession) data must be addressed, data collection must not be the key driver of this program.

Quality of care, recipient pathways and access to needs-based care to improve health outcomes must be prioritised. They must act to support the effectiveness of healthcare providers, who should be incentivised to adopt to new indicators and reporting requirements.

A proactive approach capturing actions to prevent incidents and injury and functional decline – rather a traditional reactive approach of using post-event data as a measure of quality – is strongly recommended.

The APA would like to see data capture of the actions taken to clinically assess, treat and manage in-home care recipients, whether the patient was clinically assessed and treated according to their care plan, which referrals to healthcare practitioners were made and what evidence-based care provided if the findings of the Royal Commission into Aged Care Quality And Safety are to be addressed.

We recognise this is the first step in a staggered program of reform and expect to see an expansion of the program and to be involved in the review of complementary guidelines and resources, which we expect to be publicly shared.

The APA has provided feedback to this consultation via an online survey and further recommendations outlined in this submission

2. Summary of recommendations

Recommendation 1	Due to the diversity and range of services provided under In-Home Aged care arrangements the Quality Indicator Program cannot be effective if applied broadly. Specific indicators must be developed to ensure effectiveness of specific services– e.g domestic supports, healthcare.
Recommendation 2	The proposed timing of the QI Program – to be implemented 12 months after the implementation of the Support at Home program (1 July 2026) is too late. It is critical that the Support at Home Program is implemented with clear quality indicators in place to support quality care from inception and enable data capture upon which future benchmarks can be set.
Recommendation 3	We recommend the development of a dedicated reablement indicator to support quality of life and independence of older people living at home.
Recommendation 4	Adopt a proactive approach to measurement, capturing actions to prevent falls, injury and fractures, and functional decline.
Recommendation 5	The quality indicators must support the use evidence-based processes and responses from care planners and providers, and prioritise action over accounting.
Recommendation 6	The APA calls for the development of clinical indicators in the home setting to ensure the delivery of effective, evidence-based health care and guide care planners and practitioners in quality care.
Recommendation 7	Data capture must be a true reflection of the services used and how this aligns to each individuals care plan and disaggregated according to profession/service.
Recommendation 8	The Program must be developed to support continuous improvement in services, incentivising healthcare and support providers to adopt them into their practice and deliver consistent standards of care and support.
Recommendation 9	Involve the Australian Physiotherapy Association extensively in the development in the guidance materials underpinning the Quality Indicators.

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3. Responses to survey questions

Part 1: Services/providers covered by the QI Program

Do you agree that the QI Program should apply to all services and supports under the new Support at Home Program?

No – the APA supports this concept in principle, however we acknowledge the diverse range of support services within in-home aged care and the need for selective application of the indicators as relevant to the individual support services. To be effective, the quality indicators must be specific to the area of support, evidence-based and measurable, not broad catch-all categories that risk rendering them too onerous for domestic support services to adopt or diluted to include measurable and meaningful health data.

Part 2: Implementation strategy

To what extent do you agree with this implementation strategy?

Disagree – a lengthy staggered approach to implementation will enable ongoing uncertainty for both recipients and service providers, inconsistency of care and variable standards of care and support. While the APA welcomes opportunity to work with the Department to refine the indicators, the proposed implementation should be accelerated.

The proposed timing of the QI Program – to be implemented 12 months after the implementation of the Support at Home program (1 July 2026) is too late. It is critical that the Support at Home Program is implemented with clear quality indicators in place to support quality care from inception and enable data capture upon which future benchmarks can be set.

When selecting the initial quality indicators for the staged implementation of the QI Program, which approach do you believe would be most effective? Please rank the options in order of priority, with 1 being the most effective and 3 being the least effective.

1. Start with quality indicators that focus on participants with higher care needs and/ or more complex service types:
2. Start with quality indicators that have the broadest application across all in-home aged care services and participants
3. balanced approach that includes a mix of broadly applicable and higher-risk focused quality indicators, to address both the general needs of the in-home aged care population and the specific needs of high-risk groups

Please provide any additional comments or rationale for your preferred approach to selecting the initial quality indicators for the staged implementation of the QI Program:

We support an approach that focuses on understanding and delivering the quality care needs of people receiving aged care and taking into account their goals. The selection of the indicators to implement first must prioritise quality health care that slows progress of functional decline and aligns with in-home care recipients goals for independence.

Part 3: Implementation timing

Do you consider an implementation date of 1 July 2026 achievable? If not, what would be a preferred implementation timeframe and why?

Agree. The guidance materials will be key pieces to ensuring the effectiveness of the program and supporting providers and recipients to transition to them and the APA expects this material to be developed in consultation with the sector and individual peaks including the Australian Physiotherapy Association.

Part 4: Priority Quality Indicators

Do you agree that QIs focusing on these seven areas should be given the highest priority for development and implementation?

Yes.

Are there any other critical areas of care that you believe should be prioritised for quality indicator development that are not covered by the seven areas listed above?:

The APA recommends the inclusion of a specific reablement quality indicator to reflect the critical importance of mobility and functional capacity in the determining quality of life and supporting independence.

Considering a staged implementation of the QI Program, please rank the following areas in order of priority, with 1 being the highest priority and 7 being the lowest priority.

1. Function
2. Quality of life
3. Service delivery/care planning
4. Workforce
5. Consumer experience
6. Weight loss/nutrition
7. Falls/fractures/injury

Measures must be proactive, not reactive, and focus on ensuring appropriate clinical assessment and service delivery planning reflecting care plans based on clinical need. When these components are provided and well delivered, and older people are receiving early intervention multidisciplinary services, they are less likely to suffer preventable falls. The emphasis must be on setting up the pathways to the right care and workforce to deliver the support to reduce functional decline, not on capturing incidents. Measuring the number of incidents is ineffective without a fuller context.

To what extent do you agree that consumer experience should be a priority area for quality indicator development and implementation?

Somewhat agree. While consumer experience is important, it cannot be an entirely reflection of quality unless consumers are well-informed of their clinical needs and exercise choice and control on the basis of clinical assessment and advice provide by qualified healthcare practitioners.

How important are the following factors in shaping a positive consumer experience and delivering person-centred care? Rank from 1 to 14, with 1 being most important.

1. Supporting older people to exercise choice and make decisions about their care and services, with support when needed
2. Tailoring care and services to the older person's needs, goals, and preferences
3. Competency and skill of care and service delivery staff
4. Coordination and integration of care services
5. Monitoring and responding to changes in the older person's quality of life
6. Timeliness and reliability of services
7. Providing timely, accurate, and accessible information to enable informed decision-making
8. Involvement of participants in decision-making about their care.
9. Communication and information sharing with participants and families
10. Empathy and respect shown by care or service delivery staff
11. Understanding and valuing the older person's identity, culture, abilities, diversity, beliefs, and life experiences
12. Emotional and social support provided by care staff
13. Continuity of care (e.g. having the same care staff over time)

14. Promoting the older person's autonomy and quality of life through positive risk-taking.

Please provide any additional comments or rationale for your ranking, particularly for the factors you ranked as the highest and lowest priorities.

It was challenging ranking such an extensive list that includes behavioural, service delivery and consumer-focused priorities. The APA fully supports the rights of the older people to make informed decisions about their care and quality of life and to receive respectful, appropriate and timely care based on clinically assessed need and care plans – these should be the principles that underpin this program. The APA has focused on quality improvements of services in the view that access to qualified healthcare professionals, such physiotherapists, who are Ahpra-regulated and adhere to strict professional codes of conduct, should encompass some of the behavioural, information-sharing and communication priorities by virtue of their disciplines and training (e.g., empathy and respect shown by care or service delivery staff; communication and information sharing with participants and families) as part of their professional practice. We note the omission of reference to clinical or health needs throughout and suggest this is borne out in the priorities.

Amendments for consideration in bold:

Tailoring care and services to the older person's **clinical and domestic support** needs, goals, and preferences

Monitoring and responding to changes in the older person's **health, function and** quality of life

Supporting older people to exercise choice and make decisions about their care and services, with support **and referral to appropriate health services** when needed