Australian Government
Department of Health and Aged Care

Care minutes and 24/7 registered nurse responsibility guide

11 June 2024

Contents

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Purpose

The purpose of the Care minutes and 24/7 registered nurse responsibility guide (the Guide) is to provide information to approved providers on their current care minute targets, and legislative responsibility in relation to care minutes and the incoming 24/7 registered nurse responsibility. The Guide explains the categories of workers that can deliver care minutes, the activities that can qualify as care minutes, care minutes targets for services and how these are calculated, the 24/7 registered nurse responsibility, and reporting obligations.

From 1 July 2023, approved providers will be required to have a registered nurse on-site and on duty at all times in each residential facility. From 1 October 2023, care minutes will be introduced as an approved provider responsibility. Upon commencement, these responsibilities will be governed by the applicable aged care legislation.

Disclaimer

Approved providers of residential aged care services are responsible for understanding and complying with all legislation that is relevant to the delivery of residential care and respite care provided in a residential setting. This Guide is a general guide only and aspects of the policy and legislation, including proposed legislation, have been simplified for ease of understanding. It is not a substitute for, and is not intended to replace, independent legal advice or legal obligations under the aged care legislation or provide any interpretation of the legislation, or proposed legislation.

Residential aged care providers and care recipients should consider the need to obtain their own independent legal advice relevant to their particular circumstances.

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Guide updates

Date	Version	Content
9/11/2022	1.0	• Initial publication
28/11/2022	1.1	• Section 1.5 – information about future work on the care minutes and 24/7 registered nurse requirements • Section 2 – clarification around AN-ACC funding for registered nurses, enrolled nurses and personal care workers • Section 2.1 – update to definition of Registered Nurse • Section 2.2 – update to definition of Enrolled Nurse • Section 5.4 – project work regarding workforce shortages and alternative models of care • Section 6.4 – project work on review of data collected in reports • Section 7.1 – options to include the 24/7 registered nurse requirement in Star Ratings • Section 8.4 – information about QA of worked hours trends • Section 8.5 – project work on auditing of reports • Appendix 2 – update to example – Melanie (Grade 4 personal care worker, Level 5 Award)
22/12/2022	1.2	• Section 3.1 – revised information on direct care activities • Section 4.4 - revised information on care minutes targets, including calculations • Appendix 3 – revised calculation example
5/01/2023	1.3	• Section 4.3 – update to respite care minutes • Appendix 2 – enrolled nurse care worker example • Appendix 3 – revised calculation example
10/01/2023	1.3.1	• Appendix 3 – update to calculation example
15/2/2023	1.4	• Section 2 – update to registered nurse, enrolled nurse and personal care worker definitions • Section 4.4 – update to care minutes targets calculation • Section 6 – update to Quarterly Financial Report (QFR) requirements • Section 8 – update to quality assurance and QFR data validation process • Appendix 3 – revised table 6 and inserted table 7, including explanatory content
28/2/2023	1.5	• Update of ‘requirement’ to ‘responsibility’ through document • Section 1.5 – explanation of provider/service/facility • Section 5.1 – more information on co-located services • Section 5.2 – information on services with multiple locations • Section 5.3 – expanded rationale for 24/7 RN exemption • Section 6.3 – expanded information on 24/7 RN reporting

Date	Version	Content
20/3/2023	1.5.1	• Update to formatting and minor revisions in Sections 2, 5.3 and 6.3
21/4/2023	1.6	• Workforce initiatives moved from Section 2 to Appendix 2 • Added section 1.6 on Regulation of care minutes and the 24/7 registered nurse responsibility
8/5/2023	1.7	• Section 1.2 updated to include new AN-ACC funding in the 2023-24 Budget • New Section 1.7 on changes to care minutes from 1 October 2023 • Update to section 4 to include new care minutes allocations and information on estimating targets prior to 1 October 2023
12/5/2023	1.7.1	• Correction to respite care minutes in Table 3
16/5/2023	1.7.2	• Correction to care minutes in Table 2
2/6/2023	1.8	• Section 1.4 – definitions of on-site and on duty • Section 5.1 – update on co-located services • Section 5.6 – information on receipt of 24/7 RN supplement, and update to Table 5 on 24/7 RN supplement rates • Section 5.7 – information on temporary threshold for 24/7 RN supplement • Section 6.3 – information on 24/7 RN reporting, including the impact on the 24/7 RN supplement • Appendix 4 – new case studies for on-site and on duty
15/6/2023	1.8.1	• Section 6.3 – more detail on 24/7 RN reporting, including lists of common absence reasons and alternate arrangements used in reporting
20/6/2023	1.8.2	• Correction to Section 6.3.2 on utilisation of 24/7 RN report data

Date	Version	Content
21/6/2023	1.8.3	• Restoring some removed data to Section 6.3
29/09/2023	1.9	• Revisions throughout the guide to account for the 1 October 2023 transition to mandatory care minutes • Provision of further guidance on 24/7 RN reporting
1/12/23	2.0	• Revisions throughout the guide to clarify provider responsibility to calculate care minutes targets • Updates to reflect the new AN-ACC price
7/12/23	2.1	• Revisions throughout the guide to clarify provider responsibility regarding care minutes targets
13/12/23	2.2	• Updated 24/7 RN exemption information in Section 5.3 • Update to 24/7 RN supplement information in Section 5.4 • New Section 5.7.1 on reduced rate 24/7 RN supplement for smaller facilities
29/2/24	2.3	• Update to location of care minutes targets to Government Provider Management System from My Aged Care Service and Support Portal in Section 4.4 • Removal of links to defunct QFR training videos and 24/7 RN coverage list
4/3/24	2.3.1	• Update to timing of care minutes targets publication in Section 4.4
18/3/24	2.3.2	• Revisions to Section 4 on timing of calculation and publication of care minutes targets
16/5/24	2.3.3	• Updates to: Sections 1.1, Figure 1 on p.13; 2.2; 4.1; 4.7 and Appendix 2 to explain that service providers will have flexibility to meet up to 10% of their 24/7 registered nurse responsibility targets with care time provided by enrolled nurses from 1 October 2024 • Update to Section 4.4.2 including Table 3 regarding target calculation periods for upcoming quarters

Date	Version	Content
		• Update to Section 5.7 for new 247 RN supplement threshold
11/6/24	2.3.4	• Update for 24/7 RN reporting changes in Section 6.4.4


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Section 1: Introduction

1 Introduction

Care minutes refers to the minimum direct care time provided to residents by approved residential aged care services through registered nurses (RNs), enrolled nurses (ENs), and personal care workers and assistants in nursing (PCW/AINs), who are performing direct care activities that are consistent with the activities set out at Section 3.

The Royal Commission into Aged Care Quality and Safety (Royal Commission) found that the routine care of older people in residential aged care often did not meet expectations for assistance with the activities of daily living, with many examples of substandard care in providing for the most basic of human needs.

The Royal Commission's Final Report:

- identified staffing levels as vital to the quality of care that older people receive;
- recommended introducing a minimum care minutes responsibility to increase care time for the people living in aged care homes across Australia; and
- recommended linking a minimum care minutes responsibility to a casemix-adjusted funding model, like the Australian National Aged Care Classification (AN-ACC) funding model.

For more information, see Recommendation 86 of the Final Report.

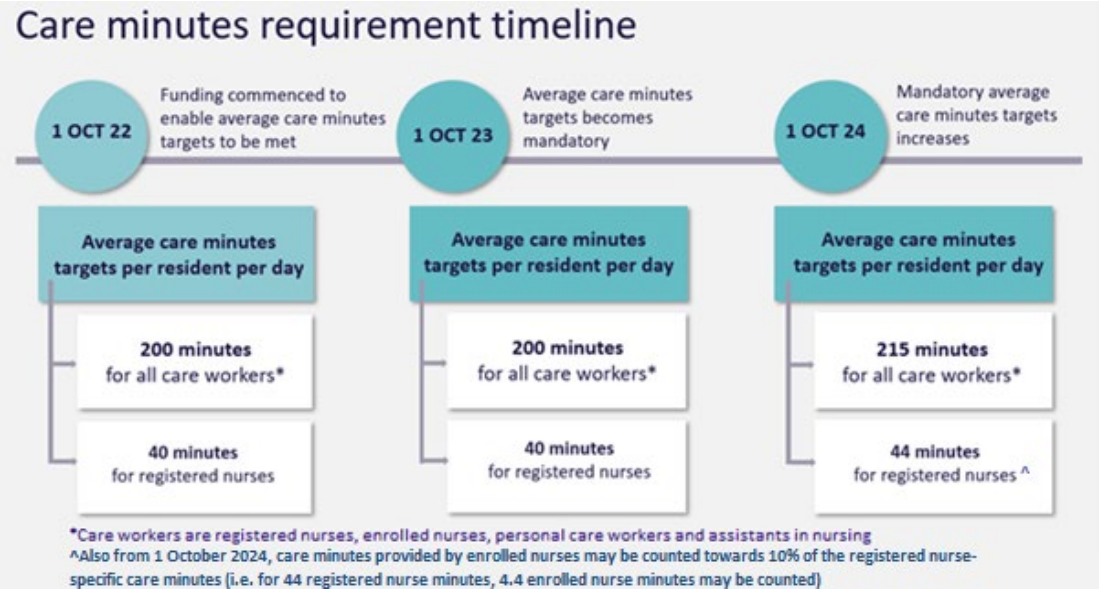
Funding for care minutes is delivered through the AN-ACC model, to ensure approved services are funded to provide residents with an appropriate standard of skilled care. The provision of allied health and lifestyle services is not included as part of care minutes but is funded separately under AN-ACC and is required under legislation for all residents who need these services (see Section 3.2.1).

1.1 Care minutes implementation timeline

The Australian Government is implementing care minutes in stages:

- from 1 October 2022, providers were funded to meet non-mandatory care minutes **targets** set at a sector average of 200 care minutes per resident per day, including a minimum of 40 minutes of RN time per day;
- from 1 October 2023, providers have been required to meet their **mandatory** care minutes targets set at a sector average of 200 minutes per resident per day, including a minimum of 40 minutes of RN time per day; and
- from 1 October 2024, care minutes targets will be increased to a sector average of 215 minutes per resident per day, including a minimum of 44 minutes of RN time per day. Also, enrolled nurses (ENs) from this time may deliver 10% of RN-specific care minute targets.

Figure 1 Care minutes timeline



The target shown above are averages across the residential aged care sector. Each service has individual targets based on their resident casemix, which may differ from the sector-level averages. Providers are required to meet the individual target for their services not the sector average of 200 total minutes, including 40 RN minutes. For more information on individual targets, see Section 4.2.

1.1.1 Enrolled nursing change from 1 October 2024

From 1 October 2024, you will have the flexibility to meet up to 10% of your service-level RN targets with care time provided by ENs. For example, for a service with an RN target of 44 minutes, 4.4 EN minutes may be counted. This follows substantial stakeholder feedback including from providers, workers (particularly ENs), worker representatives, older people, state governments and the TAFE sector.

This adjustment recognises the important role of ENs in aged care, and will improve recruitment and retention of these skilled workers. It will also help you deliver your care requirements when facing workforce shortages.

This change does not impact the responsibilities of nurses in your service. The care outcomes, which an EN contributes to, will continue under the delegation and supervision of an RN and is supported by the 24/7 RN responsibility. The Nursing and Midwifery Board of Australia regulates the nursing profession in Australia, and more information on the scope of practice for nurses can be found in their fact sheet Scope of practice and capabilities of nurses.

You will still be funded to meet your care minutes from 1 October 2024 as though the full 44 minute target is met by RNs, ensuring you have the option to meet your full nursing target with RNs.

1.2 Funding under AN-ACC

The AN-ACC funding model includes funding to cover the cost of providing direct care (through RNs, ENs and PCW/AINs) to residents, including the wages for these aged care workers. Allied health and lifestyle services are funded under AN-ACC but excluded from care minutes.

1.3 Care minutes responsibility

Care minutes establish a minimum quantity of care (by RNs, ENs and PCWs/AINs) that is required to be provided to residents. The care minutes responsibility is established by amendments to the

Quality of Care Principles 2014 made through the *Aged Care Legislation Amendment (Care Minutes Responsibilities) Principles 2023*.

This responsibility is in addition to the existing responsibility of approved providers under the *Aged Care Act 1997* (the Act) to maintain an adequate number of appropriately skilled staff to ensure the care needs of care recipients are met and to provide safe, respectful and quality care and services (see obligations under the *Aged Care Quality Standards* (Quality Standards) in Schedule 2 to the *Quality of Care Principles 2014*.

1.4 Registered nurse on duty 24 hours a day

Approved providers must ensure that there is at least one RN on-site and on duty 24 hours a day, 7 days a week, at each residential facility they operate (24/7 RN requirement). The 24/7 RN responsibility is established by section 54-1A of the Act.

For the purposes of the 24/7 RN responsibility:

- On-site means an RN must be within the confines of the residential facility or the immediate surrounds.
- On duty means the RN must be available to provide care to care recipients and oversight of the care provided by other care staff as needed.
- Multi-Purpose Services are not required to provide 24/7 RN coverage.

1.4.1 Reporting changes from 1 July 2024

From 1 July 2024, there will changes to how providers report on 24/7 RN. For information, see Section 6.4.4.

1.5 Difference between service/facility

The care minutes responsibility applies to residential care services. A residential care service is the undertaking through which subsidy is paid to an approved provider of residential care.

The 24/7 RN responsibility applies to residential facilities. For the purposes of the 24/7 RN responsibility, a residential facility is 'a building or complex of buildings (inclusive of their immediate surrounds) used for a specific purpose', with the relevant specific purpose being to provide residential aged care. A facility can consist of one, two or more services. Facilities consisting of two or more services are considered co-located facilities.

1.6 Regulation of care minutes and the 24/7 RN responsibility

The Aged Care Quality and Safety Commission (Commission) has published a Regulatory Bulletin Workforce-related responsibilities – including 24/7 registered nurse and care minutes (RB 2023-19).

The bulletin explains how the Commission regulates the 24/7 RN responsibility and mandatory care minutes.

The Commission has stated that it is unlikely to consider escalated compliance action in relation to providers not meeting the 24/7 RN or care minutes responsibilities where a provider makes genuine ongoing effort to meet these responsibilities, is providing safe and quality care to consumers, and there are no other concerns about their compliance or performance.

Section 2: Care minutes: care workers

2 Care workers

Care minutes can only be delivered by the following specified care workers:

- registered nurses (RN)
- enrolled nurses (EN)
- personal care workers and assistants in nursing (PCWs/AINs).

Providers are funded through AN-ACC to have a sufficient mix of RNs, ENs and PCWs/AINs on duty to meet the care needs of residents at all times. This is so providers can deliver safe and quality care to residents living at their residential aged care services. For example:

- RNs provide nursing care including complex patient assessment, care plan development and evaluation of care
- ENs provide nursing care as delegated by the RN which includes but is not limited to patient assessment, wound management and administration of prescribed medications
- PCWs/AINs assist with daily living routines and perform tasks as delegated by nurses.

Nurses in Australia are registered by the Nursing and Midwifery Board of Australia (NMBA). The NMBA are assisted in performing their functions under the Health Practitioner Regulation National Law (National Law) by the Australian Health Practitioner Regulation Agency (AHPRA). The titles of 'nurse', 'registered nurse' and 'enrolled nurse' are protected under the National Law and only those appearing on the Register of practitioners published by AHPRA may use the titles.

2.1 Registered nurse

An RN is a person who has completed the prescribed education preparation, demonstrates competence to practice, and is registered under the National Law as an RN in Australia.

In Victoria, an RN may also be known as a division 1 nurse.

To maintain their registration, an RN must continue to meet the core registration standards including recency of practice, continuing professional development, professional indemnity insurance, as well as all relevant professional codes and guidelines including the codes of conduct and ethics, and registered nurse standards for practice.

An RN has supervisory responsibilities for ENs and PCWs/AINs as well as delegating care and responsibilities to the care team.

2.2 Enrolled nurse

An EN is a person who provides nursing care under the direct or indirect supervision of an RN. They have completed the prescribed education preparation and demonstrate competence to practice under the National Law as an EN in Australia. ENs are accountable for their own practice and remain responsible to an RN for the delegated care.

In Victoria, an EN may also be known as a division 2 nurse. The labelling of an EN as a division 2 nurse does not make them an RN for the purposes of care minutes reporting or the 24/7 RN responsibility.

In order to maintain their registration, an EN must continue to meet the core registration standards including recency of practice, continuing professional development, professional indemnity insurance as well as all relevant professional codes and guidelines including the codes of conduct

and ethics and enrolled nurse standards for practice.

An EN works with an RN as part of the care team and demonstrates competence in the provision of person-centred care. Core practice generally requires an EN to work under the direct or indirect supervision of an RN. At all times, an EN retains responsibility for their actions and remains accountable in providing delegated nursing care. The need for an EN to have a named and accessible RN at all times and in all contexts of care for support and guidance is critical to patient safety.

Direct supervision is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.

Indirect supervision is when the supervisor works in the same service or organisation as the supervised person but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the resident receiving care, and the needs of the person who is being supervised.

ENs can perform appropriate nursing tasks that allow RNs more time to provide RN-specific care minutes. An EN's time providing direct care to residents is included in the service's total care minutes (see Figure 1 in Section 1.1). From 1 October 2024, minutes of care by ENs can be counted towards 10% of RN-specific care minutes (i.e. for 44 RN minutes, 4.4 EN minutes may be counted).

2.3 Personal care worker (PCW) and assistant in nursing (AIN)

For the purposes of care minutes:

- a PCW is an employee classified under Schedule B.2 in the Aged Care Award 2010 as an Aged Care employee – direct care Level 2 (Grade 1 PCW) to Aged Care employee – direct care Level 7 (Grade 5 PCW) (excluding Aged care employee- direct care Level 6), or in an equivalent role in an equivalent award or enterprise agreement or individual contract/agreement, and
- an AIN (or Nursing Assistant) is an employee classified under Schedule B.2.1 in the Nurses Award 2020

PCWs and AINs work under the supervision and guidance of a nurse (RN/EN).

Activities of a PCW/AIN that can be reported as care minutes include assisting residents with:

- daily living routines and direct care activities (such as self-care or personal care) for example, assistance with eating and drinking, monitoring fluid intake, skin care, ambulation, bathing and washing, dressing, hair care, mouth care, positioning, shaving, bladder and bowel care (continence management), mobility and transfers (such as getting in and out of bed or to and from the toilet)
- social and emotional support for residents and their families, for example, supporting residents to be and feel connected, heard, valued and fulfilled
- regular monitoring and support of residents' health and wellbeing.

The relevant awards for aged care employees distinguish a PCW/AIN from other employees such as gardeners, drivers, food services assistants, cooks, chefs, clerical, cleaners, laundry hands, and lifestyle coordinators.

Activities not consistent with the PCW/AIN role include, but are not limited to, organising recreational/social activities, allied health (including exercise physiologists) and hotel services such

as catering, cleaning, and laundry.

For examples of care workers and the activities they can report as care minutes, see Appendix 2.

2.4 Workforce support

For department programs to help recruit and retrain care workers, see Aged care workforce.

Section 3: Care minutes: direct care activities

3 Direct care activities

Only direct 'clinical care' and 'personal care' activities provided by specified workers (RNs, ENs or PCWs/AINs) can be counted for the purposes of meeting the care minutes responsibility.

Direct care activities may include both direct in person assistance and those that are not face to face (for example writing up care plans or organising a referral for an allied health service are considered direct care activities that are not carried out face-to-face).

Only direct care activities provided by a specified care worker on-site can count towards a service's care minutes targets. This means support provided through on-call and virtual telehealth arrangements can not contribute towards the care minutes targets.

See Appendix 2 for examples of what different activities by different care workers can count towards care minutes.

3.1 Activities included in care minutes

Time spent by RNs, ENs or PCWs/AINs providing direct 'clinical care' and 'personal care' activities that can be counted towards care minutes include but are not limited to:

Table 1: Care minutes activities

Direct care type	Activities	Examples
Clinical care	Treatments and procedures	• Medication management • Nutrition and hydration management • Pressure care management
	Assistance in obtaining health practitioner services	• Engaging with health providers including arranging and supporting to attend appointments to ensure residents' needs are met
	Assistance in obtaining access to specialised therapy services	• Engaging with allied health services, such as speech therapists, podiatrists, occupational or physiotherapy practitioners to ensure residents' needs are met
	Nursing services	• Assessing residents' clinical needs, including collecting clinical data such as vital signs, weight and other body measurements • Providing advice about or performing Wound management • Diabetes and other chronic disease management • Behavioural management • Identifying and documenting changes to a resident's health status • Developing care plans and strategies • Liaising with residents and families on care issues including family meetings

Direct care type	Activities	Examples
Personal care	Resident social activities	• Assisting a resident to take part in social activities such as group lifestyle classes • (Only to the extent of one-on-one assistance to a resident to participate in the activities, and excludes the planning or delivery of activities to a group of residents)
	Daily living activities assistance	• Continence management • Bathing and washing residents • Grooming or shaving residents where the resident cannot perform these tasks • Mobility assistance
	Emotional support	• Social and emotional support to residents (person-centred holistic care)
	Recreational therapy	• Accompanying residents on outings to assist residents with direct care activities • (Only to the extent of one-on-one assistance to a resident to participate in the activities, and excludes the planning or delivery of activities to a group of residents)
	Support for residents with cognitive impairment	• One-on-one support to residents with cognitive impairment (for example, dementia and behavioural disorders), including individual therapy activities and specific programs designed to prevent or manage a particular condition or behaviour and to enhance the quality of life

3.2 Social and emotional support

Social and emotional support is a vital part of residential aged care. Care workers can, and do, support residents' social and emotional needs as a part of their duties, and this component of their duties can be included in care minutes. Consistent with the need to improve the standard of personal care in residential aged care, social and emotional support should enhance, and not be at the expense of, personal assistance with daily living routines and direct care activities such as bathing and washing, dressing, feeding, getting in and out of bed, getting to and from the toilet and continence management.

Social and emotional support includes activities that support residents to be and feel connected, heard, valued and fulfilled. Examples of the activities that could be counted include, but are not limited to:

- when a care worker spends social time with a resident to have a conversation

- assists them personally to undertake personal interests (for example reading or playing a game)
- assists them personally to participate in a group activity.

Running group lifestyle activities (for example painting, singing, bingo, excursions, etc.) do not count towards care minutes. However, a care worker personally assisting a resident to take part in these activities can be counted.

3.3 Activities not included in care minutes

Non direct care activities that are not counted as care minutes include but are not limited to:

- rostering and other administrative tasks
- funding management related tasks including assessing residents for the purposes of determining whether to ask for an AN-ACC reclassification
- recruitment
- facility-level planning and reporting
- staff training
- catering
- laundry
- hotel services
- room cleaning
- decorating rooms
- craft activities
- maintenance
- gardening
- planning and running recreation and lifestyle activities.

3.3.1 Allied health and lifestyle exclusions

Allied health and lifestyle services are excluded from care minutes reporting. However, these services are funded under the AN-ACC funding model. The AN-ACC funding model provides residential aged care services with sufficient funding to supply residents with allied health treatment and lifestyle services consistent with their individual care plans, including rehabilitation support and therapy services.

Allied health and lifestyle services are an important component of residential aged care. Providers must continue to provide these services to residents who need them, consistent with the *Aged Care Act (1997)* and the Quality Standards. This includes specified care and services that must be provided without cost to residents who need them, as detailed in Schedule 1 of the Quality of Care Principles 2014.

Residents and carers with concerns about the provision of allied health in a service can contact the Older Person's Advocacy Network (OPAN) on 1800 237 981 for advocacy services and assistance working with the service.

3.3.2 Performance of direct care activities

Only worked time is counted towards care minutes. This excludes all staff leave, training and unpaid

breaks.

Where a specified worker is employed in a hybrid role, for example, performing both personal and/or clinical care activities and non-care activities, only the portion of the worker's time on 'direct care' activities will count towards care minutes.

Where a specified worker works across separate services, their time should only be counted at a service based on the time they are allocated to and perform the specified personal care and clinical care activities in relation to residents at that service. That is, a worker's time must be apportioned based on the direct/clinical care provided in each service.

Section 4: Care minutes: targets

4 Care minutes targets

Care minutes targets indicate the average amount of care time in minutes that must be provided through each aged care home by direct care staff members per resident per day.

4.1 Sector-wide targets

The sector-wide care minutes target is an average of 200 minutes per resident per day, including 40 minutes of RN time per day. This will increase to 215 minutes per resident per day, including 44 minutes of RN time from 1 October 2024. Also from 1 October 2024, ENs may be counted towards 10% of RN-specific care minutes (i.e. for 44 RN minutes, 4.4 EN minutes may be counted).

4.2 Care minutes allocations by AN-ACC and respite class

Under the AN-ACC funding model, each resident receives an independent assessment and is assigned an AN-ACC class or a respite class.

There are 13 AN-ACC classes and 3 respite classes.

As outlined in Table 2 below, each AN-ACC class has specific care minutes allocations that reflect the care needs of residents in that class, which are matched to the level of class funding provided under the AN-ACC funding model (based on data from the Resource Utilisation and Classification Study).

For more information on AN-ACC and respite classes, or the AN-ACC assessment process, see the AN-ACC Funding Guide.

The care minutes associated with each AN-ACC or respite class are used to calculate the service-level care minutes targets for each residential care service (see Section 4.4).

Table 2 Care minutes allocations associated with each AN-ACC and respite class from 1 October 2023

For a care recipient classified as…	The combined staff daily amount (or total care minutes allocation) is… (minutes)	And the registered nurse daily amount (or RN minutes allocation) is… (minutes)
Class 1	317	57
Class 2	110	30
Class 3	143	32
Class 4	115	28
Class 5	157	39
Class 6	152	34
Class 7	186	36
Class 8	200	38
Class 9	202	46

For a care recipient classified as…	The combined staff daily amount (or total care minutes allocation) is… (minutes)	And the registered nurse daily amount (or RN minutes allocation) is… (minutes)
Class 10	282	56
Class 11	274	41
Class 12	269	42
Class 13	317	57
Class 101 – Respite	120	31
Class 102 – Respite	165	36
Class 103 – Respite	273	48

4.3 Service-level targets

Each approved provider of a residential care service has a responsibility to meet the average care minutes targets for that service. The care minutes targets are calculated based on the assessed care needs (that is, the AN-ACC and respite classes) of their residents.

In general, a residential care service with mainly higher needs residents will have higher care minutes targets than a service with mainly lower needs residents. For example, a service with higher needs residents might have a target of 210 minutes per resident per day, while a service with lower needs residents could have a target of 190 minutes per resident per day.

4.4 Calculation of care minutes targets

Approved providers of residential care services are required by law to ensure a certain amount of direct care minutes is provided to care recipients at a service each quarter, worked out in accordance with section 9 of the *Quality of Care Principles 2014*.

On the 15th day of the month prior to the start of the performance quarter, the department uses the method set out in section 9 to work out the required amount of direct care minutes for each service. The department performs quality assurance on this data. The department then makes targets publicly available, including publishing on the Government Provider Management System (GPMS), prior to the start of the performance quarter. Providers can use GPMS to view current and upcoming care minutes targets, access notifications when their targets become available and view historical targets. For more information, see Government Provider Management System User Guide: Care Minutes Targets.

Approved providers of residential care services should contact the department through emailing rcfrbdataandanalysis@health.gov.au if there appears to be an error with the amount of direct care minutes it has published in respect of a service. A care minutes target calculator is available to assist with this. Further guidance on how to calculate care minute targets is included in Appendix 3.

In addition, approved providers should ensure the list of residents (permanent and respite) for each of their services in the My Aged Care Service and Support Portal is up to date and correct, to support accurate publication of care minute target calculations by the Secretary. This list of residents can be found by navigating to the 'Residential care' tile (details are included in Section 8 of the user guide). Any retrospective changes to this data after the targets are calculated (on the 15th of the month in

advance of the quarter commencing) will not be taken into account.

If approved providers do not meet their direct care minutes responsibility, the Aged Care Quality and Safety Commission may take compliance action to address the approved provider's non-compliance.

4.4.1 Hospital leave and residents without an AN-ACC class

Residents with an AN-ACC classification who are on leave, for example social or hospital leave (including extended leave), are included in the care minute target calculation.

Residents without an AN-ACC classification (i.e., those without an AN-ACC class and attracting a default payment rate) are not included in the care minute target calculation.

See **Appendix 3** for examples on how to calculate care minute targets, including factors that should be taken into account when undertaking these calculations.

4.4.2 Period used for care minutes targets calculations

The reference period for a quarter is the period of 3 months beginning on the day that is 4 months before the first day of the quarter. In other words, the reference period commences four months prior to the first day of the relevant performance quarter and continues for a period of 3 months.

For example, for the 1 April to 30 June quarter of 2024, care minutes targets should be calculated using AN-ACC classification data from 1 December to 29 February 2024 period.

See Table 3 below for the target calculation periods for upcoming quarters and when the department aims to publish care minutes targets.

Table 3 Target calculation periods for upcoming quarters

Performance quarter	April to June 2024	July to September 2024	October to December 2024	January to March 2025
Targets are calculated based on residents in care from:	December 2023 to February 2024	March to May 2024	June to August 2024	September to November 2024
Target calculation date	15 March 2024	15 June 2024	15 September 2024	15 December 2024

4.5 Delivery of quarterly targets

The service-level care minutes targets need to be met on a quarterly basis.

Approved providers must ensure that the average amount of care minutes provided through a residential care service per counted care recipient per day during the performance quarter is at least the required care minutes calculated under section 9 of the *Quality of Care Principles 2014*.

For example, a residential care service with a total care minutes target of 190 minutes per resident per day for the October-December quarter, that had 1,000 counted care recipients during this quarter, is required to deliver 190,000 minutes of care from RNs, ENs and PCWs/AINs per day for the quarter.

- **Unclassified residents** (i.e., those assigned to a default class), while not included in the care minutes target calculation, are a counted care recipient for the purposes of care minutes, and so for each day an unclassified resident receives residential care in the above example, 190 minutes needs to be delivered in the quarter.
- **Residents on leave**, are also a counted care recipient for the purposes of care minutes performance, except where the resident is on extended hospital leave for 29 consecutive days (even though this care recipient would be included in the care minutes target calculation). In this instance, the first 28 days of leave are included, but not the 29th and subsequent days.

Residential aged care services can access their current care minutes targets in the Government Provider Management System (GPMS). For more information, see Government Provider Management System User Guide: Care Minutes Targets.

4.6 Accessing and viewing care minutes targets and performance in meeting care minutes

Care minutes targets for each residential care service are calculated by the Department on the 15th of the month prior to the commencement of each performance quarter (see Table 3 above for upcoming dates). Before the start of the quarter, the government makes these targets available in GPMS and on the department's website so that aged care residents, their family members and other interested members can see their service's current care minute targets.

Service level care minutes performance is published on the My Aged Care Find a Provider as part of each services Staffing Star Rating page.

Section 5: 24/7 registered nurse responsibility

5 24/7 registered nurse responsibility

Approved providers of residential aged care must have at least one RN on-site and on duty at each residential facility they operate 24 hours a day, 7 days a week.

The 24/7 RN responsibility is aligned with providers' existing responsibilities under the *Aged Care Act (1997)* and the Quality Standards to provide safe and quality care at all times.

For the purposes of the 24/7 RN responsibility:

- on-site means an RN must be within the confines of the residential facility or the immediate surrounds
- on duty means the RN must be available to provide care to care recipients and oversight of the care provided by other care staff as needed.

The responsibility aims to:

- reduce the risk of resident harm that can occur when qualified and experienced care staff are not available at a residential facility to identify and address potential risks
- give residents better access to care in a residential facility, enabling RNs to manage some issues as first responders, improving resident safety, and preventing unnecessary trips to hospital emergency rooms.

For purposes of the 24/7 RN responsibility, a residential facility is a building, or a complex of buildings (inclusive of their immediate surrounds), used for providing residential care. For more information on the difference between service, and facility, see Section 1.5.

RN coverage information is published alongside Star Ratings on the Staffing page via the My Aged Care Find a Provider tool. Also available is information by state and territory on the Registered nurse coverage in residential aged care dashboard.

5.1 Co-located services

Where 2 or more services belong to the same approved provider and are co-located at a single address, or across neighbouring addresses that effectively form a single location, they may form a single residential facility for the purposes of the 24/7 RN responsibility.

In assessing whether co-located services form a single facility, the department will also take into consideration other features that indicate they operate as a single facility, such as:

- a single governance or management structure across the services
- common policies, procedures, systems, and processes
- clinical and care staff are shared across the services
- easily accessible, common resources such as dining and/or recreational areas.

Compliance with the 24/7 RN responsibility for co-located services will be considered with respect to the residential facility as a whole. This means co-located services will only be required to have one RN on-site and on duty at all times across the 2 or more residential aged care services.

Where 2 or more services are situated on the same site but are operated by different providers, each service will be treated as a separate facility and must have their own RN on-site and on duty.

An approved provider of co-located services can choose to combine services. Information on combining residential aged care services is available at Combining and transferring residential aged care places.

5.2 Services with multiple locations

Some services deliver care at multiple physical locations (that is, not at the same site or across neighbouring addresses that effectively form a single location). These are considered split services for the purposes of the 24/7 RN responsibility.

Split services will be required to have at least one RN on-site and on duty at each site, as the different locations are considered different facilities.

5.3 Exemption from the 24/7 RN responsibility

An exemption process is available to help small facilities in rural and remote areas impacted by RN workforce shortages, by providing a temporary exemption from the requirement to provide 24/7 RN care while they work to build their workforce.

5.3.1 Eligibility criteria

Residential facilities with 30 or fewer operational places in Modified Monash Model (MMM) 5-7 locations may be eligible for an exemption from the 24/7 RN responsibility.

For co-located services that form a single residential facility, the combined operational places must be no more than 30 at the facility-level to be eligible for an exemption.

To be granted an exemption, the provider must also demonstrate it has taken reasonable steps to ensure that the clinical care needs of the residents at the facility will be met during the exemption period.

5.3.2 Exemption period

Exemptions are available until 30 June 2026 and may be granted for up to 12 months at a time. Note, policy regarding exemption arrangements from 1 July 2026 is subject to a future decision of government.

An exemption from the 24/7 RN responsibility for a facility does not remove any of the approved provider's other obligations under the *Aged Care Act 1997* and the Aged Care Quality Standards, including the provider's obligations to meet the mandated care minutes responsibility from 1 October 2023.

5.3.3 How to apply

The exemption application form is available on the department's website. For enquiries about the exemption process, please contact us at exemptions@health.gov.au.

A list of approved providers with an exemption from the 24/7 registered nurse responsibility is available on the department's website.

5.4 24/7 RN funding supplement

A monthly supplement is available to help smaller residential facilities employ extra RNs to deliver 24/7 RN care. It is a non-means tested supplement payable to facilities with, on average, up to 60 residents per day over the month (based on occupied places) that have met the RN reporting and

coverage threshold criteria (see section 5.5 for information on eligibility).

There are 2 supplement rates payable depending on whether the facility is in a:

- metropolitan area (MMM 1–4)
- rural, remote and very remote area (MMM 5–7) to account for the additional costs that come with working in these areas.

The supplement is not payable to:

- facilities that have an exemption from the 24/7 RN responsibility
- Multi-Purpose Services (MPS).

Residential facilities with an exemption in place may opt out of the exemption at any time and will become eligible to be paid the supplement (if the eligibility criteria are met) in the calendar month following the cessation of the exemption.

The supplement rate is viewable on the Schedule of Subsidies and Supplements for Aged Care.

Facilities with more than 60 residents are fully funded through AN-ACC to deliver RN care to residents at all times.

From October 2024, the supplement rate will reduce and only be available to facilities with 50 residents or less. This is because AN-ACC funding will be provided to support delivery of an additional 15 minutes of care per resident per day, including an additional 4 RN minutes.

For more information on the supplement see 24/7 registered nurse supplement for residential aged care.

5.5 Eligibility for the supplement

Eligibility for the supplement and the amount of the supplement payable is based on facility-level characteristics. However, the supplement is paid through services, as with all other supplements.

Approved providers of eligible facilities do not need to apply for the supplement.

The supplement will be paid automatically by Services Australia to eligible facilities that:

- have no more than 60 residents per day (based on occupied bed days) on average over a calendar month
- provide a minimum of 20 hours of RN coverage a day (83.33%), on average over a calendar month (increasing to 87.5% from 1 July 2024)
- correctly report their RN coverage at the facility by 11:59pm AEST on the 7th calendar day after the end of the month.

The 24/7 RN supplement will be paid each month to approved providers in respect of care recipients who are eligible to receive the supplement.

Each service should submit their correctly completed 24/7 RN report before they submit their monthly claim to Services Australia, to ensure the supplement is paid for the current claim cycle.

Where the 24/7 RN report is submitted within 7 calendar days, but after the service has made their monthly claim, the payment will be reflected as an adjustment in the subsequent claim month.

Where a service does not provide the 24/7 RN report in respect of a facility within 7 calendar days, the supplement will not be paid for the relevant reporting period.

Advice of payment will be included in the monthly payment statement from Services Australia, with adjustments appearing on future payment statements.

5.6 24/7 RN supplement for co-located services

In line with the supplement applying at the facility level, eligibility for payment of the supplement for co-located services will also be calculated at the facility level.

This means the number of occupied places at each service that make up the facility will be combined for the purposes of assessing the occupancy criterion (that is, up to 60 residents on average over the month). However, as the supplement is paid through services, each service will receive a proportion of the relevant amount of payment (if eligible) based on the number of residents they had in care for the claim month.

If the co-located services have a combined total of more than 60 residents per day, on average, over the month, the facility will not be eligible for the supplement, even if the individual services have less than 60 residents.

5.7 Threshold for the supplement

The minimum average of 20 hours of RN care a day over a calendar month (83.33% coverage) is a temporary lower threshold for the supplement to help facilities transition to the new responsibility. The threshold allows for unplanned absences and gives providers time to recruit RNs to provide full 24/7 RN coverage.

From 1 July 2024, a facility must instead provide a minimum average of 21 hours of RN care a day over a calendar month (87.5% coverage) to receive the supplement.

Payment of the supplement to help eligible facilities meet the cost of providing 24/7 RN care is not the same as compliance with the 24/7 RN responsibility. Providers must work towards providing full 24/7 RN coverage as intended by the new responsibility.

5.7.1 Reduced rate 24/7 RN supplement for smaller facilities

In addition to the full 24/7 RN supplement, the government intends to introduce a reduced rate 24/7 RN supplement from 1 July 2024.

The reduced rate supplement will be a non-means tested supplement for facilities with, on average, no more than 30 residents per day over the month (based on occupied places) that have met the RN reporting criteria and provide RN coverage at least 50% of the time (but less than 87.5%), but do not meet the coverage threshold for the full supplement. This aims to help smaller facilities grow their RN workforce towards 24/7 RN coverage.

The reduced rate supplement will be provided at half the rate of the 24/7 RN supplement based on the facility's location.

Like the full 24/7 RN supplement, the reduced rate supplement will not be payable to facilities that have an exemption from the 24/7 RN responsibility, or MPS.

For more information on the reduced rate supplement see 24/7 registered nurse supplement for residential aged care.

Section 6: Reporting

6 Reporting

Approved providers of residential aged care services are required to report care time delivered at the service-level in the Quarterly Financial Report (QFR). The QFR is used to assess each service's performance against their care minutes targets, and supplements the annual Aged Care Financial Report (ACFR).

Providers are also required to report their RN coverage in relation to the 24/7 RN responsibility through the Government Provider Management System (GPMS) portal every month.

6.1 Purpose of QFR reporting

Information reported in the QFR is used to monitor care staffing time to ensure that additional care minute funding that commenced with the implementation of AN-ACC on 1 October 2022 is being appropriately targeted.

This information may be used for purposes including, but not limited to:

- financial and prudential oversight: to track, monitor, and benchmark the sector
- consumer choice and transparency: to provide information, including on care minutes for the purposes of calculating Star Ratings (see Section 7)
- policy development: to inform policy planning and development
- funding and regulation: to inform the AN-ACC pricing model and monitor direct care minutes delivered by aged care services.

Care data reported in the QFR is used to calculate each service's Staffing Star Rating, which contributes to the overall Star Rating for a service. Incomplete or misleading care minutes reporting may impact a service's overall Star Rating.

Providers that submit late or fail to submit their QFR will be referred to the Aged Care Quality and Safety Commission (Commission). The Commission will consider a range of escalating regulatory actions and will closely monitor those providers who consistently fail to meet their legislated reporting obligations.

Regulatory actions may include issuing a non-compliance notice requiring the provider to take specific actions, and/or proportionate enforcement action.

Providers can submit their QFR at any time through the Forms Administration QFR portal from the first day of the following quarter until the legislated due date.

6.1.1 Performance of services

The residential care labour cost and hours reporting section of the QFR captures the direct care-related labour expenses and hours at the service level. Like the ACFR, this is broken down into care types that include RNs, ENs, and PCWs/AINs.

This information will directly inform the:

- performance of services against their care minutes targets
- Staffing Star Rating, as well as contribute to the service's Overall Star Rating.

This will allow consumers to easily compare and make choices on residential aged care services.

6.1.2 QFR due dates

The legislated QFR due dates are outlined below:

Figure 2 Legislated QFR dates

Approved providers have a legislated responsibility to submit the QFR by the due date for each quarter. The department has no authority to grant an extension to due dates.

Failure to submit a QFR, or to submit by the due date, will result in a 1 Star Staffing Rating and will subsequently affect the service's overall Star Rating.

Care data reported in QFRs submitted after the due date will not be included in the Star Ratings process. This will result in a 1 Star Rating for the Staffing sub-category.

6.2 QFR support

The template for the QFR is available as an excel spreadsheet on the Forms Administration homepage. This template shows the information that needs to be provided in relation to direct care labour hours and direct care labour costs.

Reporting support is also available on this page through the QFR guides, fact sheets, Frequently Asked Questions (FAQs) register, and QFR definitions.

We recommend approved providers review these documents to understand their QFR reporting responsibility. Approved providers are responsible for ensuring that they have appropriate systems in place to collect and provide quality data for this report. Approved providers may wish to consider whether distinguishing care minutes from other tasks in rosters is appropriate for their service.

A help desk is available to assist providers with the residential care labour cost and hours reporting section of the QFR. Send questions on these topics to health@formsadministration.com.au

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6.2.1 Allied health reporting

Approved providers must report on all staff time in their ACFR and QFR, including time provided by allied health professionals. Allied health is not counted towards care minutes because these services are funded separately under AN-ACC.

See the allied health reporting video to help with reporting time provide by allied health

professionals.

6.2.2 Costing activities

Data from the QFR will contribute to costing and pricing activities undertaken by the Independent Health and Aged Care Pricing Authority (IHACPA) for the AN-ACC funding model, including ongoing matching of funding to resident needs and equitable distribution of funding.

6.3 Review of data collected in reports

The department undertook a review of how care hours are reported in the ACFR and QFR in preparation for the responsibility becoming mandatory in October 2023. This review included the definitions and explored options for enhancements to these reports. Refinements to the QFR and the supporting definitions based on the recommendations have been implemented or are in the progress of implementation.

6.4 24/7 RN responsibility reporting

Approved providers are required to submit a monthly report in respect of each of their residential facilities in relation to the 24/7 RN responsibility. This is a legislated requirement and applies to all residential facilities, including those that have an exemption from the 24/7 RN responsibility.

For reporting changes from 1 July 2024, see Section 6.4.4.

Approved providers must report the following information in Table 4 via the GPMS portal for each day of the month. The report can be updated and saved daily or completed in its entirety at the end of the month.

Table 4 24/7 RN reporting information

Type of information	Description
Whether or not an RN was on-site and on duty at all times.	An RN is considered to be on duty for the purpose of the 24/7 RN responsibility when taking breaks but remaining on-site during a continuous period of work if those breaks are prescribed in their employment conditions. If an RN goes off-site during a break, they are not considered to be on-site and on duty for the purposes of the 24/7 RN responsibility. The particular employment conditions and staffing arrangements at each residential facility to meet the 24/7 RN responsibility are matters for the relevant approved provider. In some circumstances, the same person may work within a facility in more than one role. In order to count towards the 24/7 RN responsibility, a person needs to be engaged by the provider as an RN with their prime purpose for that shift being to provide care to residents and oversight to other staff. Examples of how to determine when an RN is considered on-site and on duty for the purposes of the 24/7 RN responsibility can be found in Appendix 3.
Every period of 30 minutes or more (e.g., 45 minutes, 2 hours) on a day that an RN was not on-site and on duty at the residential facility and the reason an RN was not on-site and on	The reporting system will only support the selection of one ‘reason’. If there is more than one reason, approved providers should select the most relevant reason.

Type of information	Description
duty (or both) for each such period.	
Alternative arrangements that were made to ensure the clinical care needs of residents at the residential facility were met while an RN was not on-site and on duty (or that alternative arrangements were not made) for each such period.	The reporting system will only support the selection of one 'alternative arrangement'. If there is more than one alternative arrangement, approved providers should select the main alternative arrangement.

Approved providers **can choose one** of the following options in Table 5 to explain why an RN was not on-site and on duty.

Table 5 Reasons an RN was not on-site and on duty

Reason an RN was not on-site and on duty	Reason description
Temporary absence – unplanned	A temporary unplanned leave of absence is a period of time during when an employee is away from work unexpectedly. This includes leave resulting from illness, carer's responsibilities, and miscellaneous causes, such as deaths, emergencies, and any unauthorised absences.
Temporary absence – planned	A temporary planned leave of absence is a period of time during which an employee is away from work with the approval of the employer. This includes leave such as annual and recreational leave, study leave, and other planned personal leave.
S/term (short-term) RN vacancy – successful recruitment last 4 weeks	A period of short-term vacancy (up to one month) that cannot be filled by existing staff and recruitment for the role was successful within 4 weeks from when it became vacant.
S/term (short-term) RN vacancy – unsuccessful recruitment last 4 weeks	A period of short-term vacancy (up to one month) that cannot be filled by existing staff and recruitment for the role was unsuccessful for 4 weeks or more from when it became vacant.
Long term RN vacancy – recruitment last 4 weeks	A period of long-term vacancy (more than one month) and recruitment for the role was undertaken within 4 weeks from when it became vacant.
Long term RN vacancy – no recruitment last 4 weeks.	A period of long-term vacancy (more than one month) and no recruitment for the role was undertaken within 4 weeks from when it became vacant.

Approved providers **can choose one** of the following options in Table 6 to describe the alternative arrangements in place while an RN was not on-site and on duty.

Table 6 Alterative arrangements when RN was not on-site and on duty

Alterative arrangements when RN was not onsite and on duty	Alternative arrangement description
Access to RN in co-located health/aged	An arrangement with a co-located health care service (such as a hospital or acute care unit) or aged care service to access their

Alterative arrangements when RN was not onsite and on duty	Alternative arrangement description
care service	RNs for clinical support via phone or in-person attendance.
EN/PCW on site employed at facility	ENs (including Endorsed Enrolled Nurses or EENs) and PCWs employed at the facility are rostered when an RN is not available and can escalate clinical issues and/or deterioration to an on-call GP, NP, or RN for support and advice on management and treatment.
EN/PCW temporary or agency staff on site	ENs (including EENs) and PCWs not employed at the facility are rostered when an RN is not available and can escalate clinical issues and/or deterioration to an on-call GP, NP, or RN for support and advice on management and treatment.
GP/NP/RN on call can attend in less than 15 mins	An arrangement with a GP, NP, RN (including RNs employed at the facility) or other clinician who can attend the facility within 15 minutes in response to clinical issues and/or deterioration.
GP/NP/RN on call can attend in more than 15 mins	An arrangement with a GP, NP, RN (including RNs employed at the facility) or other clinician who can attend the facility in more than 15 minutes in response to clinical issues and/or deterioration.
GP/NP/RN on call for advice but unable to attend	An arrangement with a GP, NP, RN (including RNs employed at the facility) or other clinician for on-call support and advice (but cannot attend the facility in person) about clinical issues and/or deterioration.
EN/PCW on-site phone/video access to GP/NP/RN	ENs (including EENs) and PCWs employed at the facility, or by an agency, with phone and/or video access to off-site RN, GP, or NP for advice and support to manage clinical issues and/or deterioration.
EN/PCW on-site & access to specialist telehealth	ENs (including EENs) and PCWs employed at the facility or by an agency with phone and/or video access to a specialist telehealth service (such as wound care and palliative care) for advice and support to manage clinical issues and/or deterioration.
Transfer to local health facility incl. ambulance	Resident will be transferred to a local health facility, such a hospital or acute care unit, in the event of clinical deterioration.
Other	Other arrangements, such as linkages with other health services, phone, or video access to general telehealth services etc.
No alternative arrangement	Alternative arrangements not in place during the period an RN was not on-site and on duty.

6.4.1 24/7 RN monthly reporting deadline and implications for the 24/7 RN supplement

The *Accountability Principles 2014* require approved providers to submit a report detailing RN coverage as part of the 24/7 RN responsibility for each facility (including an exempt facility), within 7 calendar days (including weekends and public holidays) after the end of the relevant calendar month (or a later date if advised in writing by the department).

Submission of the 24/7 RN report within the 7-day timeframe is required to be eligible for payment of the 24/7 RN supplement (specifically the report needs to be submitted by 11:59pm AEST of the 7th calendar day after the end of the month).

Timely submission of the 24/7 RN report will allow for the supplement to be paid in the current claim cycle and be included in advance payment calculations. Where the 24/7 RN report is submitted within 7 calendar days, but after the approved provider has made their monthly claim, the payment will be reflected as an adjustment in the subsequent claim month.

Where an approved provider does not provide the 24/7 RN report in respect of a facility within 7 calendar days, the supplement will not be paid for the relevant reporting period.

6.4.2 24/7 RN monthly reporting for co-located services

As the 24/7 RN reporting obligation is at the facility level, co-located services will share the responsibility and submit a single report via the GPMS portal.

The department has notified relevant approved providers of co-located services as to which service is responsible for submitting their monthly reporting for the facility. Only reports submitted by the reporting service in relation to the facility will be considered for the purposes of the 24/7 RN responsibility.

6.4.3 Utilisation of 24/7 RN report data

The data collected in the 24/7 RN report will be used to:

- support the Commission's regulatory activities relating to the 24/7 RN responsibility
- assist the department in determining eligibility for the 24/7 RN supplement for the month
- support the development of future policy regarding the 24/7 RN exemption
- provide consumers with information about 24/7 RN coverage through the My Aged Care website.

A list of registered nurse coverage in residential aged care by facility is available on the department's website. Also available is information by state and territory on the Registered nurse coverage in residential aged care dashboard.

6.4.4 Reporting changes from 1 July 2024

From 1 July 2024, the information collected in the 24/7 RN report is changing to better support the Commission's monitoring and compliance activities.

Providers will still need to report whether an RN is on-site and on duty at all times and any gaps in RN coverage by exception only.

However, the existing questions regarding the reason an RN was not on-site and on duty and the alternative arrangements in place for each 30 minutes or more where an RN was not on-site and on duty will change to include:

- whether the absence was planned or not planned
- who had delegated responsibility for nursing practice and clinical care delivery
- the main additional support (or alternative arrangements) available to the person with delegated responsibility
- whether any on-call support had access to resident clinical records.

The following additional questions will also display at the end of the month if the provider reported any gaps in RN coverage at any time during the month. These questions are only asked once and

must be completed before the report can be submitted:

- whether the alternate arrangements included an option to transfer residents to a local health facility; and if so, what type of health facility this was
- whether an RN position was vacant during the reporting month; and if so:
  - how long the position was vacant
  - whether recruitment is active
  - whether the position was filled during the reporting month.

All questions in the report are single select via a drop-down menu or radio button options to reduce administrative burden on providers.

Detailed guidance on completing the new 24/7 RN report is available at 24/7 registered nurse reporting – training video.

Section 7: Star Ratings

7 Star Ratings

The Star Ratings system provides simple at-a-glance information on residential aged care services to support older people, their families, friends, and carers, to compare services and make informed choices regarding their care options.

Ratings are based on:

- 5 existing quality indicators
- compliance ratings
- consumer experience
- staffing minutes derived from reporting under the QFR.

Star Ratings are made up of an overall quality rating and 4 sub-category ratings, including Staffing (based on care minutes). Staffing is displayed as a rating out of 5 stars. This provides a quick way to compare approved residential aged care services based on the amount of care they deliver.

Star Ratings are published on the My Aged Care website through the Find a provider menu option.

For more information, including the algorithm for the Staffing Rating, see the Star Ratings Provider Manual.

Section 8: Quality assurance

8 Quality assurance

8.1 Data validation

The department will look closely at provider reporting to ensure only care time that fits within the scope of care minutes as outlined in this Guide is counted.

The department will undertake a data validation process to check the reasonableness of submitted data for care hours and labour costs. These checks will be conducted as QFRs are submitted to the department and will include the following:

- care funding claimed compared with care hours reported
- care funding claimed compared with care expenses reported
- average hourly rates for RNs, ENs and PCWs/AINs compared with average hourly rates reported across the sector
- consistency compared with previously submitted care hours and expense data.

Quality checking will identify discrepancies and questionable patterns that suggest inaccurate information has been reported, or that non-care activities are being counted as care minutes.

8.1.1 Resubmission of data

Providers will be notified in writing if data submitted needs to be reviewed and resubmitted.

Resubmissions must be made within the data validation period, which is approximately 3 weeks from the QFR due date.

The resubmission due date will be advised by the department in the written notice. Providers must re-submit their data by this date to allow the department sufficient time to review the re-submitted data for Star Rating purposes.

Any data that is submitted after the notified resubmission due date will not be accepted.

If providers leave their data unchecked, or the resubmitted data has not met the reasonableness checks, it will not be included in the Star Ratings process. This means the service will receive a 1 Star Rating for the Staffing subcategory, which will negatively impact a service's overall Star Rating.

8.2 Worked hours trends

Worked hours data collected for RNs, ENs and PCWs/AINs at the services level through the QFR will be monitored by the department for any trends around hours delivered by ENs over time to determine if providers are reducing ENs' time in favour of PCWs/AINs' time.

In addition, this data will be provided to the Commission, which may use this information, along with other regulatory intelligence, to monitor the nursing skills mix within services, including whether services have an appropriately qualified EN workforce. Residential aged care providers that have an insufficient nursing workforce are at risk of not meeting Quality Standard 7 and may be subject to regulatory action taken by the Commission.

8.3 Assessment of care time reports

In late 2023, the department introduced an ongoing program of reporting assessments to examine the accuracy of care time data submitted in QFRs/ACFRs and RN coverage data submitted in the

monthly 24/7 RN reports.

This involves cross checking the information submitted in QFRs/ACFRs and 24/7 RN reports against other information sources.

If discrepancies are identified, action may be taken to protect the integrity of the Commonwealth's expenditure, as well as the accuracy of information published through the residential aged care Star Ratings system.

The design of the reporting assessments program involves desktop review activities. Information may be referred to the Commission, for appropriate action, in relation to services that may be at risk of not meeting care time and 24/7 RN responsibilities.

If members of the public have concerns around the accuracy of a provider's 24/7 RN or care minutes reporting these can be raised by emailing anaccreportingassessments@health.gov.au.

8.4 Complaints

Staff, residents, and carers with concerns about level of care may complain to the Commission. Complaints may be lodged online, or by contacting the Commission directly on 1800 951 822. Complaints may be open, confidential, or anonymous. The Commission can also provide support with information and options.

Appendices

Appendix 1: Support

Table 7 Aged care funding reform resources

Information source	Description
Resources	Resources are located here.
Social media	Follow us on Facebook, X, LinkedIn and Instagram.
Subscriptions	Subscribe to the department's newsletters here for aged care updates.
Ageing and Aged Care Engagement Hub	Find engagement activities and register interest to be involved in workshops, focus groups, webinars, and surveys. Website: https://www.agedcareengagement.health.gov.au/
My Aged Care service provider and assessor helpline	For help with the Government Provider Management System or My Aged Care system or technical support for providers and assessors. Phone: 1800 836 799 The helpline is available from 8:00am to 8:00pm Monday to Friday and 10:00am to 2:00pm Saturday, local time across Australia.

QFR-related guides, fact sheets, FAQs, and definitions are available on the Forms Admin homepage.

The department has established a help desk to assist providers with the residential care labour cost and hours reporting section of the QFR. Questions in relation to the QFR can be sent to: health@formsadministration.com.au.

Appendix 2: Care worker examples for care minutes

Lifestyle Staff

Liza – Lifestyle Activities Officer, Level 3 Award

Liza is employed as a Lifestyle Activities Officer at Service X and spends her day providing recreational and lifestyle services to residents including spending time with residents and planning and assisting with recreational and social activities and facilitating community participation. She also assists residents to decorate their rooms, organises craft activities for residents, and helps them engage in community activities outside the service and social gatherings in the service.

For the purposes of reporting of care minutes, care time provided by a Lifestyle Activities Officer are not care minutes. Liza's time worked in her role as a Lifestyle Activities Officer is captured under the Lifestyle heading in the QFR.

Registered Nurse and Care Management Staff

Beth – Registered Nurse and Care Manager

Beth is a qualified Registered Nurse and is employed as a Care Manager at Service X. Beth spends 60 per cent of her time undertaking administrative duties such as staff training, rostering, recruitment, facility-level planning and managing communication in the multidisciplinary team. This is not considered as direct care and time spent doing these activities are not care minutes. Beth spends the other 40 per cent of her time providing high-level clinical advice to residents and families, assessing residents' clinical needs, and overseeing and developing individual care plans for residents. This is considered direct care and is therefore counted as care minutes.

Enrolled Nurse

Georgia – Enrolled Nurse

Georgia has a Diploma of Nursing and is employed as an Enrolled Nurse at Service X. Georgia spends 100 per cent of her time administering medication under the guidance of a RN; checking and recording residents' temperature, pulse, blood pressure, and respiration; and helping residents with their activities of daily living. This is considered direct care and is reported as care minutes, and can be reported as 10% of RN-specific care minutes from 1 October 2024.

Personal Care Worker and Assistant in Nursing Staff

Ingrid – Grade 1 Personal Care Worker, Level 2 Award

Ingrid is employed as a Personal Care Worker at Service X and spends most of her time (80 per cent) attending to the basic daily needs of residents including bathing and washing residents, dressing residents, helping residents eat, assisting residents with toileting, and accompanying residents on daily outings to assist with these basic daily needs. This is considered direct care and is therefore care minutes. Ingrid also helps in the kitchen (20 per cent of her time) as a Kitchen Assistant with food prepping for residents. For example, Ingrid sometimes helps the Chef to plate up food and serves food to residents in the dining room. These activities are not considered direct care and cannot be counted towards care minutes.

Kate – Grade 2 Personal Care Worker/Lifestyle Activities Officer, Level 3 Award

Kate is employed as a Grade 2 Personal Care Worker and Lifestyle Activities Officer, Level 3 Award at Service X, and spends half of her rostered time on duty (50 per cent) attending to the basic daily needs of residents including toileting, bladder and bowel management, helping residents with mobility, and transferring and caring for existing pressure areas. While attending to their basic daily needs, Kate also provides social and emotional support to residents by listening to their concerns and feelings to provide person-centred holistic care. This is considered direct care and can be counted towards care minutes.

Kate spends the other half of her day (50 per cent) as a Lifestyle Activities Officer, organising and running activities and social outings, including community events outside the service. The time Kate spends performing these duties is not considered direct care and cannot be counted towards care minutes.

Frank – Grade 3 Personal Care Worker, Level 4 Award

Frank is employed as a Grade 3 Personal Care Worker and is also a qualified Handyperson as per Level 5 Award at Service X. Frank spends most of his time attending to the basic daily needs of residents and assisting residents with feeding, bathing and washing, dressing, getting in and out of bed, getting to and from the toilet and continence management, routine hygiene, and shaving or personal grooming. Frank also spends a few hours every week maintaining the gardens. Only the portion of time that Frank spends with residents attending to their basic daily needs can be counted towards care minutes. The time Frank spends on duty as a gardener cannot be counted towards care minutes.

Melanie – Grade 4 Personal Care Worker, Level 5 Award

Melanie is employed as a Grade 4 Personal Care Worker at Service Y which is run as a household model. The model sees around 20 residents live as part of a household, with a shared kitchen, dining room, and living room. There are no set routines for residents, with the emphasis on making the service like a home. Melanie spends around 40% of her time undertaking personal care tasks such as assisting with eating and drinking and bathing and washing residents, around 10% or her time planning and leading lifestyle activities, and the other 50% of her time working with food preparation and cleaning of the facility. As only 40% of Melanie's time is spent undertaking Personal Care Worker activities, only 40% of her hours can be counted towards care minutes, even though she is employed as a Personal Care Worker under the award.

Peter – Nursing Assistant (or Assistant in Nursing), 3rd year

Peter is employed as a Nursing Assistant (as per the Nurses Award 2020) 3rd year classification at Service X. Peter spends his time attending to the basic daily needs of residents, under the direction and supervision of Registered Nurses and Enrolled Nurses, including assisting with positioning and mobility care. He also applies simple wound dressings, tests residents' blood sugar levels, assists in the collection of residents' clinical data such as weighing and measurements, and clinical observations. All the duties performed by Peter in this role are considered direct care and can be counted towards care minutes.

Clinical Funding Manager

Miles – Enrolled Nurse and Clinical Funding Manager

Miles is a qualified Enrolled Nurse and employed in a hybrid role both caring for residents and performing a funding management role at Service X. Miles spends around 50 per cent of their time undertaking assessments of residents for the purposes of finding opportunities for AN-ACC reclassifications to achieve higher funding levels. These activities are not considered direct care and therefore should not be reported as care time. Miles spends the other 50 per cent of their time caring for and monitoring residents including attending to their basic daily needs such as toileting, helping with mobility and monitoring vital signs. These activities are considered direct care and should be reported as Enrolled Nurse care time.

Appendix 3: care minute targets

Example – calculating care minutes targets

The following example illustrates how a calculation of the care minutes targets for Service A for the 1 October to 31 December 2023 quarter should be undertaken.

Service A provided a total of 900 care days to residents with an AN-ACC class between 1 June to 31 August 2023.

Using the care minutes allocation associated with each of the AN-ACC classes and the days residents were in care for each AN-ACC class, Service A's care minute targets for the 1 October to 31 December quarter are 206.8 total minutes and 40.3 RN minutes per resident per day.

AN-ACC class	(a) Care minutes allocations for class	(b) RN care minutes allocations for class	(c) Total no. of days in care for class in calc period	(a) x (c) Total care minutes for class	(b) x (c) Total RN minutes for class
AN-ACC class 5	143	32	276	39,468	8,832
AN-ACC class 9	157	39	250	39,250	9,750
AN-ACC class 10	186	36	276	51,336	9,936
AN-ACC class 11	282	56	230	64,860	12,880
AN-ACC class 13	274	41	276	75,624	11,316
		Total	**1308**	**270,538**	**52,714**
Average care minutes targets (in minutes) Equals sum of minutes divided by total days				**206.8**	**40.3**

Scenarios that providers should consider when calculating care minutes targets

When calculating care minutes targets, approved providers should consider whether the following scenarios apply.

Scenario 1: Residents with changes in AN-ACC classes during the calculation period

Li is determining Service X's care minute targets for the period 1 October to 31 December 2023. The targets will be based on Service X's AN-ACC class mix and days of recognised residential care provided through the service for the period 1 June to 31 August 2023 (total of 92 days). During this period, Service X:

- counted care recipients did not have any new residents
- 2 residents exited care
- 3 residents had changes to their AC-ACC classes on 1 July as a result of reclassifications.

When calculating the service's care minute targets, Li should take into account that:

- 2 counted care recipients had less than 92 days in care (the 2 residents that exited care)
- the days of recognised residential care in respect of the 3 reassessed counted care recipients are correctly apportioned between the old and new AN-ACC classes (30 days for the original AN-ACC class and 62 for the new AN-ACC class).

Scenario 2: New residents without AN-ACC classes

Jean is determining Service Z's care minute targets for the period 1 January to 31 March 2024. The targets will be based on Service Z's AN-ACC class mix and days of recognised residential care provided through the service for the period 1 September to 30 November 2023 (total of 91 days).

During this period, Service Z had three new residents enter care towards the end of the period used to calculate the targets. These residents have not received an AN-ACC assessment by the day the targets must be calculated (15th day of month prior to the start of the quarter) and as such, do not have assigned AN-ACC classes.

As each of these residents do not have an AN-ACC class, Jean excludes them from the data used to calculate the targets for the next quarter, however, Service Z must ensure that they provide the required care time for these residents during the quarter.

Jean will include them in the calculation of future quarterly targets once they have been assigned AN-ACC classes.

Appendix 4 24/7 RN responsibility on-site and on duty

Scenario 1: hybrid role - RN and Care Manager

Beth is a qualified RN and is employed as a Care Manager. As Beth's primary role is care manager, her time working in that role does not generally count towards the 24/7 RN responsibility. However, at times Beth covers some shifts, or part shifts where the regular RNs are not available. At these times, Beth's primary role is to care for residents and oversee care provided by other staff as needed, and as such this time counts towards the 24/7 RN responsibility.

Scenario 2: hybrid role - RN and Service Manager

Caroline is trained as an RN and, after completing her MBA qualification, now works as a Service Manager for 2 residential aged care services which are run by the same approved provider. She works in the office located in the largest residential care service in her management role. As Caroline is registered with the Nursing and Midwifery Board of Australia (NMBA) as an RN, she occasionally works some shifts as an RN in the facilities she manages and provides clinical care to care recipients, for example when the rostered RN is unavailable.

The 2 RNs rostered for the 8-hour morning shift at the same service where Caroline works have both called in sick. An agency RN is available to cover the second half of the morning shift. Caroline is only available to provide care to care recipients for the first 2 hours of the shift, setting aside her work as the service manager. After that, she must resume her role as service manager to attend an off-site meeting and is therefore no longer considered to be on-site and on duty for the purposes of the 24/7 RN responsibility. This means there is a 2-hour gap in RN coverage before the agency RN arrives. The approved provider must record the 2-hour gap in 24/7 RN coverage at the residential facility when no RN was on-site and on duty.

Scenario 3: Service Manager was formerly an RN

Justine is the manager of a residential facility. She used to be an RN but her registration with the NMBA has lapsed. Justine cannot cover any unexpected RN absences in a capacity as a RN, nor can her time working at a residential facility be counted towards the 24/7 RN responsibility.

Scenario 4: The RN is running late

Jo is an RN whose car breaks down on the way to work and it takes 45 minutes to arrange a tow driver and transport to the residential facility. Since there are no RNs available on-site to provide care to care recipients while Jo is off-site, the approved provider must record the 45-minute absence in the monthly 24/7 RN report.

Scenario 5: The RN leaves for part of a shift

Simone is an RN. She schedules a break for an hour with her manager's approval to attend her child's school assembly, which is away from the residential facility. While Simone is off-site, if another RN is not on-site and on duty, the approved provider must report the one-hour absence in the monthly 24/7 RN report.

Scenario 6: An RN is on-site but not on duty

Michael and Simone are RNs who are undertaking further study and are required to complete an online workshop as part of their training requirements. During the training period, Michael and Simone are unable to provide care to care recipients and oversee care provided by other staff at the residential facility at which they work. If the approved provider is unable to organise another RN to be on-site and on duty during the time that Michael and Simone are at training, the approved provider must record the absence of an RN for the period in their monthly 24/7 RN report.

Scenario 7: The RN is absent but there is an EN on-site

The rostered RN has been unable to make their shift. Gloria is an EN and has nearly completed her RN

training. Gloria offers to cover the shift. The approved provider is still required to report the absence of an RN in their monthly 24/7 RN report and Gloria cannot carry out duties restricted to fully qualified RNs.

Scenario 8: Co-located services that operate as a single residential facility

Sally works the late shift as an RN in services A and B, which are located in adjoining properties and operated by the same approved provider. Services A and B operate in practice as a single facility with shared staffing, shared management, common policies and procedures and easy access between the 2 services. The Department considers the 2 services comprise one residential facility, which means that when Sally is on site and on duty, her time can be counted towards an approved provider meeting its 24/7 RN responsibility in respect of that facility for both services.

Scenario 9: Aged care service is located in a facility with a health service

Amanda is an RN who works in a small rural residential facility with both a residential aged care service and a health service, and therefore the facility has a purpose of providing residential aged care. She is employed to work across the 2 services as needed, but generally spends around 40 per cent of her time doing work related to the residential aged care residents and the remaining 60 per cent of her time doing work related to the health service. She is available flexibly to provide care to care recipients and oversee care provided by other care staff at any time during a shift.

As she is working in a residential facility, employed to work across the aged care and health services and is available to provide care to aged care recipients as needed, Amanda is considered to be on-site and on duty for the purposes of the 24/7 RN responsibility. However, only the time Amanda spends providing care to care recipients of the residential aged care service (and not those in the health service) will be able to count towards the RN care minutes responsibility in future.

Scenario 10: RN has accommodation at the residential facility

Pari is an RN who moved to a regional town to take up a role at the aged care facility. As part of her employment, she was offered accommodation on-site at the residential facility.

The facility was unable to find an RN to fill a night shift on a particular night. Although she had already worked a shift that day, Pari agreed to be on-call overnight. Staff could wake her to deal with an emergency if one arises. Pari is considered to be on-call but not on duty for the night shift and as such does not count towards the 24/7 RN responsibility. The approved provider must record the absence of an RN for the whole shift, unless Pari is called to provide care to a care recipient, in which case she is considered to be on-site and on duty for the period of time she is providing care.

Appendix 5: Previous allocations of care minutes by AN-ACC and respite class

Table 8 Care minutes allocations associated with each AN-ACC class from October-December quarter of 2022 to July-September quarter of 2023

AN-ACC class	Total care minutes allocation per day	Registered nurse minutes allocation per day
Class 1	284	53
Class 2	135	32
Class 3	157	34
Class 4	139	30
Class 5	169	39
Class 6	166	35
Class 7	189	37
Class 8	200	38
Class 9	200	44
Class 10	261	52
Class 11	254	41
Class 12	250	42
Class 13	284	53

Table 9 Care minutes allocation associated with each respite class from October-December quarter of 2022 to July-September quarter of 2023

Respite class	Total care minutes allocation per day	Registered nurse minutes allocation per day
Class 101	137	33
Class 102	173	37
Class 103	257	46