ACFI – The Current Impact

When ACAA was involved in the negotiations for the implementation of ACFI prior to 20th March 2008 startup, it was agreed by both the Department and industry that one of the major improvements, among others, that ACFI would generate a wealth of data and information that would better inform Government and industry about our clients; their diagnosis, prognosis, disease categorizations, length of stay and a raft of other information that would improve considerably, the ability to plan future services and deploy appropriate resources to ensure the most appropriate provision of care and support for our clients in the future.

This opportunity has been recognised by QPS Benchmarking who for the past 18 months has collected information on average funding levels and ACFI Domain scores. Clients of QPS Benchmarking can compare their subsidy level results at a time when management and staff are still learning about the best ways to implement ACFI. The information also provides great opportunity to cross correlate resident needs as assessed by ACFI with other indicators such as care staff work hours, clinical and safety outcomes. These correlations have enabled numerous facilities to challenge the way in which ACFI has been implemented and make substantial improvements.

The information below, provided by QPS Benchmarking provides the industry with some early information regarding the impact of ACFI, at a time when information from the Commonwealth is yet to emerge.

QPS Benchmarking

QPS Benchmarking provides a benchmarking service for over 14% of aged care facilities throughout Australia and New Zealand. It also provides services for community aged care, day surgeries and small rural multipurpose health care facilities. Since commencing its residential aged care benchmarking program in 1999, QPS Benchmarking has developed an extensive suite of financial, human resource, clinical, resident lifestyle and safety indicators to measure performance in critical areas. There are four compulsory indicators in the QPS Benchmarking program including average resident income, and the average ACFI domain scores. From this point, clients can then select from a range of other indicators that fulfill their strategic requirements. Clients can also access an extensive range of free audits and other tools on the QPS Benchmarking website. The quarterly newsletters contain over 100 articles submitted by clients on their successfully implemented best practice and improvement strategies.

“These correlations have enabled numerous facilities to challenge the way in which ACFI has been implemented and make substantial improvements.”

One of the biggest changes in residential aged care over the past two years has been the implementation of the Aged Care Funding Instrument (ACFI) to replace the Resident Classification Scale (RCS). Performance indicators based on these tools have always been considered compulsory by QPS Benchmarking because these instruments enable QPS Benchmarking to segregate and benchmark clients into high and low care. These indicators also provide valuable correlations between resident acuity (care needs) and other important indicators such as clinical outcomes and care staff work hours.

Prior to the implementation of ACFI, QPS Benchmarking used the average RCS scores to separate its clients into high and low care. Under the RCS system the cut off point between high and low care was 3.0 with the average RCS score for high care being 1.8 and the average RCS for low care being 3.9 in 2007. When ACFI was introduced, QPS Benchmarking created the Average ACFI / RCS Subsidy ($) (for permanent residents) indicator to replace the previous RCS indicator. From that point onwards the cut off point between high and low care has been $100. QPS Benchmarking clients have displayed increased understanding of the relationship between ACFI domain scores, affordable care staff work hours, clinical and other outcomes. This has helped them drive improvements in ACFI assessments and the management of resources in relation to income.

Average ACFI RCS Funding

Table 1 demonstrated the average daily subsidy level for permanent (formally assessed) residents per day, combined data for both high and low care.

Table 1 (see next page) →

Table 1

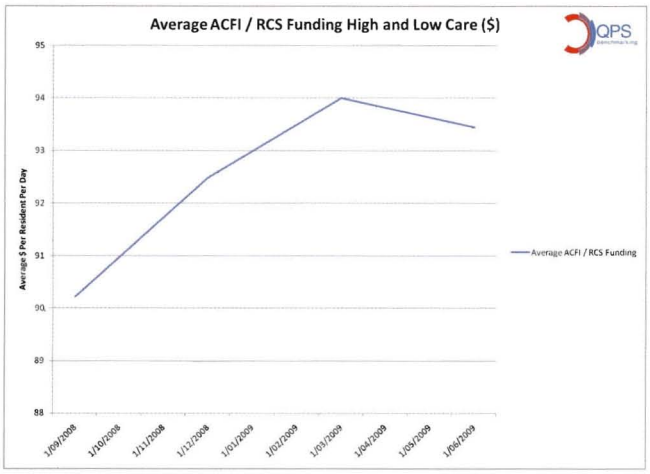


Table 2 demonstrated the average daily subsidy level for permanent (formally assessed) residents per day, data for high care.

Table 2

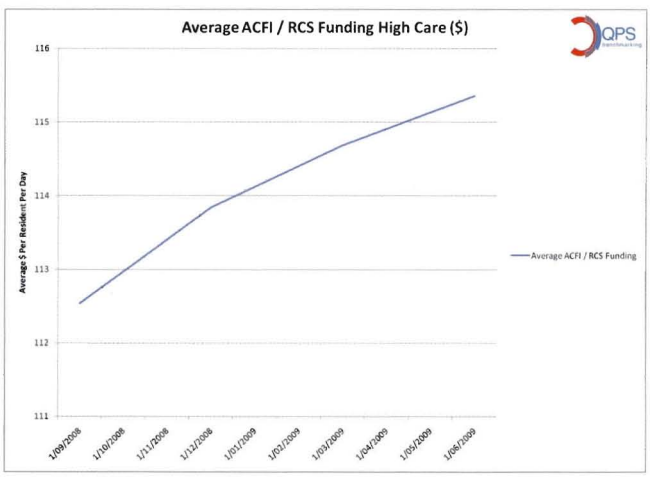
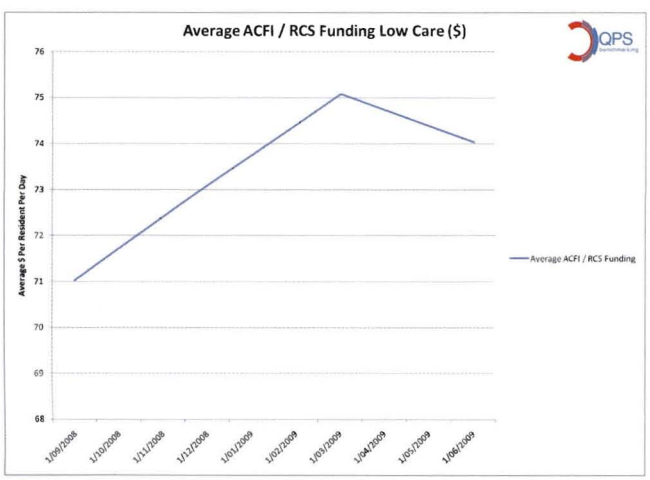


Table 3 demonstrated the average daily subsidy level for permanent (formally assessed) residents per day, data for low care.

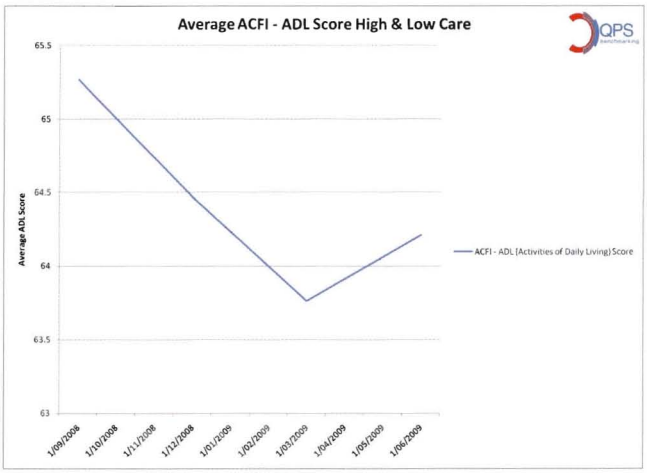
Table 3

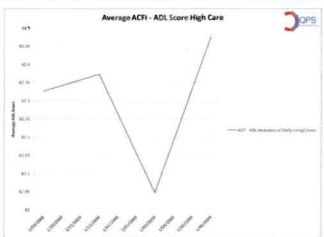


ACFI Domain indicators

Table 4 demonstrates the average domain score for ADL's, for all formally assessed residents, combined for both high and low care.

Table 4





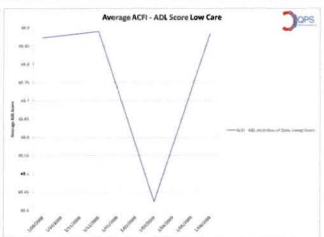


Table 5 demonstrates the average domain score for Behavioural Issues, for all formally assessed residents, combined for both high and low care.

Table 5