

# AUDITOR-GENERAL'S REPORT

## PERFORMANCE AUDIT

### Helping Older People Access a Residential Aged Care Facility

NSW Health



The Legislative Assembly  
Parliament House  
SYDNEY NSW 2000

The Legislative Council  
Parliament House  
SYDNEY NSW 2000

In accordance with section 38E of the *Public Finance and Audit Act 1983*, I present a report titled **Helping Older People Access a Residential Aged Care Facility**.

A handwritten signature in black ink that reads 'Peter Achterstraat'.

Peter Achterstraat  
Auditor-General

Sydney  
December 2006

**State Library of New South Wales cataloguing-in publication data**

New South Wales. Audit Office.

Performance audit : helping older people access a residential aged care facility : NSW Health / [New South Wales Auditor-General]

07347 21986

1. Older people - Functional assessment - New South Wales - Auditing. 2 Older people - Institutional care - New South Wales. 3. NSW Health - auditing. I. title: Helping older people access a residential aged care facility : NSW Health. II. Title: Auditor-General's report : performance audit : helping older people access a residential aged care facility : NSW Health.

362.6109944

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## **Foreword**

There is growing awareness across Australia of the increasing need to provide care and support for our ageing population. People are living longer and the amount of support they need from the health system is also increasing.

Most older people want to live at home in familiar surroundings for as long as possible. There is a range of support services that help them to achieve this. Health professionals also agree that living at home is best for most people.

However some older people must eventually move into residential care. Their condition may have deteriorated to the point where help in their home is no longer sufficient. Perhaps they are at increasing risk of injury because of their frailty. Or their family may no longer be able to care for them.

This audit looks at how NSW Health helps and supports those older people who are no longer able to live in their own home and who need to be accommodated in a residential aged care facility. I hope that it is of assistance to NSW Health and to those who dedicate their careers to helping older people.

Peter Achterstraat  
Auditor-General

December 2006



## Executive summary

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## **The focus of our audit**

Before anyone can move to a residential aged care facility (RACF) they must first be assessed according to Commonwealth requirements. This is performed by one of 44 Aged Care Assessment Teams (ACATs) in NSW. ACATs are funded by Commonwealth and state governments, but operate within Area Health Services (AHSs) of NSW Health.

ACATs function in a complex system of aged and other health and social services that are provided by the Commonwealth, state and local governments together with the community and the private sector. As ACATs are part of a Commonwealth Government program, NSW Health is required to confer with the Commonwealth on any changes which may impact on the program in NSW.

ACATs are part of larger teams that provide a range of support services to enable older people to live in their homes and maintain their independence. However if an older person is no longer able to live at home they may need to enter an RACF.

In 2004-05 ACATs assessed 63,000 older people, of whom nearly two-thirds were living in their homes at the time.

Around 18,000 were assessed while in hospital, and two-thirds of them were recommended for residential care. This represents 41 per cent of the 29,000 people in NSW recommended to enter an RACF.

Most older people approved by an ACAT for entry to an RACF will have to wait for a vacant place to become available. Those who are assessed and approved while in hospital often wait there until a place becomes available.

This audit examines how well NSW Health assists older people to access RACFs. It includes the ACAT assessment, and how those people who have to wait in hospital following an assessment are cared for. We did not review the other services provided to older people by NSW Health.

## **Audit opinion**

Assessment processes for older people needing to go to an RACF vary depending on the processes of the ACAT they see and whether or not they are in hospital.

ACAT members see themselves as advocates for older people. They focus on the welfare of their clients. The staff have specialised skills in dealing with older people, and know what support is available from different service providers.

The time taken by NSW ACATs in 2004-05 to first see clients was slightly slower than the national average. The time taken by individual ACATs to complete assessments varied from one day to several weeks. They also see clients in hospital faster than those with the same priority for assessment living in the community.



The data collected on ACAT performance was significantly revised during 2004 making comparisons with subsequent years problematic.

ACATs use different procedures to clinically assess clients, and there are no formal means of demonstrating that ACATs assess them consistently. However, the Commonwealth's approval process provides for assurance that the client has received an appropriate assessment and recommendations consistent with the guidelines.

ACATs have more responsibilities than assessing older people for residential care. It is not clear whether they have sufficient resources for this additional workload.

The management of patients waiting in hospital for a place in an RACF depends on the hospital. Some hospitals have dedicated wards with specialised staff to care for these patients. Others accommodate these older patients wherever there is a spare bed, which may include transfer to another hospital.

## Recommendations

We recommend that NSW Health:

- ensure that all clients are assessed and treated in accordance with Commonwealth guidelines whether they are in hospital or living at home (page 20)
- survey clients, carers, referrers and service providers to gauge satisfaction with services and identify improvement opportunities (pages 21 and 26)
- clarify the duties that ACATs should perform and ensure they have sufficient resources to meet this workload (page 22)
- improve the consistency and accuracy of data for performance management (page 25)
- ensure that consistent assessment approaches are adopted by all ACATs so that assessments completed by different ACATs produce consistent recommendations (page 26)
- publish ACAT performance (including the number of assessments and waiting times for assessment) in its annual report (page 27)
- evaluate approaches used by different types of hospitals for managing inpatients awaiting residential aged care to identify better practices and encourage their wider adoption (page 31)
- review existing data collections to provide more timely information on the number of older people waiting in hospital for entry into residential aged care (page 31).

## Key audit findings

### Chapter 1: How does NSW Health assist older people access residential aged care?

Before people can move into a Commonwealth-funded RACF they need to be assessed and approved by an ACAT. Anyone can refer an older person for a residential aged care eligibility assessment.

In 2004-05, around 63,000 assessments were completed by ACATs in NSW. Almost half of those assessed were eligible to go to an RACF.

ACATs are jointly supported by the Commonwealth and the states. The Commonwealth funds ACAT members, but in NSW they are employed through NSW Health and are under the direction of AHSs. The states are required to provide infrastructure and support necessary for ACAT members such as office accommodation, cars and administrative support.

An older person applies for a place in an RACF of their choice after being approved by an ACAT. Each RACF, however, has the right to decide whether it will offer a place to an approved person.

### Chapter 2: How accessible are ACATs for people seeking assessment?

ACAT members assess clients wherever they are located, whether in hospital or at home.

In 2003-04 NSW ACATs were slightly slower to commence assessments than the national average but faster than three other states. Timeliness of individual ACATs varies widely, so clients in different parts of the state may wait longer than others to be assessed.

ACATs see clients in hospital within target times. However this is not always achieved for those living in the community while awaiting assessment.

The data collected on ACAT performance was significantly revised during 2004 and more recent comparable data is not available.

ACATs have more responsibilities than assessing the eligibility of older people for residential care. It is not clear whether they have sufficient resources for this workload, with funding being provided by both the Commonwealth and state governments.

ACATs must prioritise their workloads and competing demands to achieve the best balance between the important functions they perform such as assessing eligibility for RACFs, coordinating care for clients and other aged care duties.

### Chapter 3: Are assessment processes sound?

ACATs use different clinical assessment tools, and there are no formal means of demonstrating that recommendations are consistent across all NSW ACATs. However, the Commonwealth's approval process provides for assurance that the client has received an appropriate assessment and recommendations consistent with the guidelines.

Based on 2003-04 data, assessments take longer to complete in NSW than the national average, and the performance of individual ACATs varies. However overall NSW timeliness has improved.

ACATs have procedures to advise clients and carers of assessment results and how to appeal. However, they do not all use feedback from clients, referrers and service providers to assess their satisfaction with the ACAT's service.

ACAT performance is monitored and reported, but not publicly. Performance information is not consistently used for accountability or improvement.

**Chapter 4:  
How are people  
looked after in  
hospital while  
they wait for  
residential aged  
care?**

Some hospitals have dedicated wards with specially trained staff for people awaiting a residential aged care place. In other hospitals this is not possible, perhaps due to hospital size and resources. In some cases patients awaiting entry to residential aged care may be moved to different wards or even to different hospitals to make room for new patients.

NSW Health conducts an annual census of the number of older people in hospital which includes those waiting for an RACF place, the reason they were admitted to hospital and how long they wait.

## Response from NSW Health

*NSW Health acknowledges the contents of the Auditor-General's Report: Performance Audit: 'Helping older people access a residential aged care facility', and appreciates the opportunity to respond to the report.*

*The audit report reinforces the work that NSW Health has already commenced to improve the overall operation of the Aged Care Assessment Program in NSW and specifically the service provided by Aged Care Assessment Teams to older people in hospital eligible for admission to a residential aged care facility.*

*Our efforts complement the more recent decision by the Council of Australian Governments (COAG) to contribute significant funding to improve and strengthen the work of Aged Care Assessment Teams in assessing the care needs of frail older people. The audit report will help to inform the improvement processes that NSW Health is currently undertaking.*

*The attached response confirms NSW Health's commitment to reviewing and improving practices and systems for helping older people access residential care, and the strategies we will pursue to implement the audit recommendations.*

*(signed)*

*Robyn Kruk  
Director General*

*Dated: 7 November 2006*

### ***Attached Response from NSW Health***

*NSW Health appreciates the opportunities highlighted in this audit report to strengthen efforts to maintain and improve the health of the people of NSW. The Audit Office's acknowledgement of the good practices of NSW Health in the care of older people is welcome.*

*The intent of the audit by the Auditor-General was to 'examine how well NSW Health assists older people to access a residential aged care facility'. The audit's scope was confined to a consideration of those older people waiting in hospital for admission to residential aged care.*

*NSW Health's aim is to ensure that older people can access the right care in the right place at the right time. Meeting the needs of older people in hospital awaiting residential care is complicated by a sharing of responsibilities between the NSW and Australian Governments. The care of acutely ill patients in public hospitals is a responsibility of the NSW Government. The residential care of older people is a responsibility of the Australian Government.*

*In 2004-2005, there were over 500,000 episodes of care for older people in NSW public hospitals, and older people accounted for 48% of total hospital bed days. In the same period Aged Care Assessment Teams (ACATs) assessed over 63,000 older people of whom 18,000 were in hospital.*

*ACATs, as a key component of the national Aged Care Assessment Program, assess older people for eligibility for residential aged care and community aged care. The Aged Care Assessment Program (ACAP) is funded by the Australian Government and supported by the NSW Government. A funding agreement between the Australian and NSW governments is signed annually and articulates the obligations of both the State Government and ACATs under the Aged Care Act 1997 and associated regulations and guidelines. As part of the agreement, the NSW Government agrees to manage the operations of ACATs in NSW.*

*Older people in hospital frequently have a multidisciplinary comprehensive assessment, which is not a formal ACAT assessment, in order to access a range of post-hospital care and support services including community health, community nursing, Community Acute/Post Acute Care, ComPacks, Hospital in the Home and Sub-Acute Fast Track Elderly Care. When this range of options does not meet the expected needs of an older person, they may be referred for an ACAT assessment in hospital.*

*The assessment of older people in hospital is one of a range of functions carried out by ACATs. The primary role of ACATs is to comprehensively assess the physical, medical, psychological and social needs of frail older people and to assist them and their carers to access available services appropriate to their care needs. An ACAT assessment results in completion of an Aged Care Client Record (ACCR) and, when appropriate, delegated approval for a Commonwealth-funded program. Assisting older people to access appropriate care may involve the coordination of aged care and other support services to improve the appropriateness and range of services available to frail older people.*

*NSW Health supports the approach that ACAT assessments are best conducted in an older person's home. However, the reality is that there will be some assessments and approvals which need to be conducted in the hospital setting. NSW Health seeks to ensure that older people are medically stable at the time of assessment and are given reasonable choice of residential aged care facility. This process is now being facilitated by the implementation of the Transitional Aged Care Program in public hospitals which provides opportunities for older people to have therapeutic support and time to consider their long term care options.*

*NSW Health has already identified opportunities for better practice. NSW has commenced improvement strategies, particularly through involvement in the Community Care Review as part of the Commonwealth strategy 'The Way Forward' introduced in 2004 and, more specifically, the national ACAP review instigated this year by the Council of Australian Governments (COAG) to strengthen and improve the ACAP nationally.*

*NSW Health will, with the support of Australian Government funding, undertake a number of projects over the next twelve months:*

- Conduct a statewide survey of key stakeholders, including clients, carers, service providers and general practitioners in order to inform the process of improving the consistency and overall quality of ACAT assessments.*
- Analyse client flows and map existing ACAT systems to better inform both program development and initiatives to improve consistency.*
- Provide training to ACATs to facilitate consistent local implementation of the NSW Aged Care Assessment Program Policy and Practice Guidelines.*
- Gather more appropriate and accurate evidence on which to evaluate ACAT practices, demand management and clinical reviews.*
- Provide support and training to strengthen monitoring and reporting mechanisms as part of improved clinical and corporate governance of the ACAP in NSW.*
- Build on identified opportunities to improve and strengthen the statewide management of the ACAP in NSW through the development and implementation of models of organisation for remote, regional and metropolitan ACATs that make best use of resources and support clinicians in providing timely and consistent assessments to frail older people.*

*Arrangements for the care and assessment of older people in hospital awaiting residential aged care demonstrates the complexity of managing the interface between the health and aged care systems. The Auditor-General's report highlights opportunities for NSW Health to work with the Australian Government to further improve the coordination between the two systems so that frail older people and their carers receive appropriate, timely and consistent support. The following table sets out NSW Health's specific responses to each of the recommendations made by the Auditor-General.*

**Attachment 1 to Management Response: Recommendations and NSW Health comments**

The following table details the response of NSW Health to the Audit Office's recommendations

<b>Recommendation</b>	<b>Response</b>
<p><b>1. Ensure that all clients are assessed and treated in accordance with Commonwealth guidelines whether they are in hospital or living at home</b></p>	<p>1.1 NSW Health has developed a draft Aged Care Assessment Program (ACAP) Policy and Practice Guidelines manual which will be released for field review by Area Health Services and adoption in 2007. Promulgation of the manual will be accompanied by a training package and on site follow-up sessions with Aged Care Assessment Teams (ACATs). This activity is part of a larger national project aimed at strengthening and improving the Aged Care Assessment Program in all States and Territories.</p> <p>Funding support for the above will be available from resources allocated under a bilateral agreement being negotiated with the Australian Government Department of Health and Ageing as part of the Council of Australian Governments (COAG) health reform program.</p> <p>1.2 NSW Health has undertaken a review of all ACAT delegates across the State to ensure compliance with the national selection criteria introduced in 2005. Delegates are approved by the Secretary of the Australian Government Department of Health and Ageing to have designated authority under the Aged Care Act 1997. Only ACAT members who are Delegates may exercise the authority to approve people to receive residential aged care, including residential respite care, Community Aged Care Packages and, in some circumstances, flexible care. Area Health Services will be reminded of their responsibility to ensure compliance with Delegate appointment processes which in turn will help to ensure that clients are assessed and treated in accordance with Commonwealth guidelines.</p>
<p><b>2. Survey clients, carers, referrers and service providers to gauge satisfaction with services and identify improvement opportunities</b></p>	<p>NSW Health will undertake in the first half of 2007 a statewide survey of key stakeholders of the ACAP, including clients, carers, service providers and general practitioners, in order to inform the process of improving the consistency and overall quality of ACAT assessments. It is intended to repeat this survey annually. Funding support for this work will be available under the bilateral agreement being negotiated with the Australian Government Department of Health and Ageing as part of the COAG health reform program.</p>



<p><b>3. Clarify the duties that ACATs should perform and ensure they have sufficient resources to meet this workload</b></p>	<p>3.1 NSW is an active participant in the national ACAP review being conducted as part of the COAG health reform program. Two of the key areas of work involve analysing the role and functions of ACATs and reviewing ACAT models and business practices. These reviews will assist in identifying the core duties of ACATs nationally. In accordance with COAG's expectations, significant progress in this area will be demonstrated by December 2007.</p> <p>3.2 NSW Health together with the NSW Department of Ageing, Disability and Home Care is also an active participant in the Community Care Review which is seeking a more streamlined and efficient approach to the delivery of community care and support services nationally and may impact directly on the future role and functions of ACATs.</p> <p>3.3 NSW Health will review and implement an improved ACAP infrastructure across NSW as part of the bilateral agreement being negotiated with the Australian Government Department of Health and Ageing. A key objective of this initiative is to determine the best use of resources to support clinicians in providing timely and consistent assessments to frail older people. Significant progress with implementation of change will be achieved by August 2007.</p>
<p><b>4. Improve the consistency and accuracy of data for performance management</b></p>	<p>4.1 NSW Health will take specific action to strengthen data quality and the monitoring and reporting of data by ACATs as part of the bilateral agreement being negotiated with the Australian Government Department of Health and Ageing. Significant progress with implementation of changes and improvements to data collection in NSW will be achieved by December 2007.</p> <p>4.2 NSW Health will continue to work with the NSW ACAP Evaluation Unit to improve data quality as a basis for performance accountability.</p>
<p><b>5. Ensure that consistent assessment approaches are adopted by all ACATs so that assessments completed by different ACATs produce consistent recommendations</b></p>	<p>5.1 A study of the consistency of ACAT recommendations is another of the key areas of work identified under the COAG health reform program. NSW is contributing to a national project being undertaken by the ACAP National Data Repository to analyse variability in outcomes from ACAP assessments in all States and Territories. This project will assist in identifying national performance measures.</p> <p>5.2 Statewide implementation of the NSW ACAP Policy and Practice Guidelines is expected to improve consistency of assessment approaches. The development and adoption of nationally agreed performance indicators will assist in monitoring, assessing and improving the performance of ACATs.</p>
<p><b>6. Publish ACAT performance (including the number of assessments and waiting times) in its annual report</b></p>	<p>6.1 NSW Health will include ACAT performance data in its 2007/08 annual report and thereafter. The data reported will take into account the work underway at a national level on the development of performance indicators.</p>

<p><b>7. Evaluate approaches used by different types of hospitals for managing inpatients awaiting residential aged care to identify better practices and encourage their wider adoption</b></p>	<p>7.1 NSW Health will evaluate the AARCS (Acute to Aged Residential Care Service) and similar models which specifically aim to improve the care and management of older people in hospital assessed as requiring admission to residential aged care. This intensive case management model initiated on the Central Coast is being extended across NSW under the COAG health reform program.</p> <p>7.2 NSW Health will continue to gather and analyse data on older people in public hospitals who have been assessed and approved by ACATs for residential aged care. This work will be undertaken with the aim of identifying and promoting effective and efficient approaches to managing older people's smooth transition from hospital to residential aged care where this form of care is required.</p>
<p><b>8. Review existing data collections to provide more timely information on the number of older people waiting in hospital for entry into residential aged care</b></p>	<p>8.1 NSW Health will strengthen data quality and the monitoring and reporting of data by ACATs as part of the bilateral agreement being negotiated with the Australian Government Department of Health and Ageing. Priority will be given to obtaining in a timely manner, appropriate, accurate and comprehensive data to support the evaluation of both ACAT practices and hospital demand management strategies. Significant work will be undertaken during 2006-07 with a view to demonstrating improved reporting of ACAT performance data by December 2007.</p>

## **1. How does NSW Health assist older people access residential aged care?**

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**At a glance**

**The key question we wanted to answer was:**

How does NSW Health assist older people access residential aged care?

**Our assessment:**

Before people can move into a Commonwealth-funded RACF they need to be assessed and approved by an ACAT. Anyone can refer an older person for a residential aged care eligibility assessment.

In 2004-05, around 63,000 assessments were completed by ACATs in NSW. Almost half of those assessed were eligible to go to an RACF.

ACATs are jointly supported by the Commonwealth and the states. The Commonwealth funds ACAT members, but in NSW they are employed through NSW Health and are under the direction of AHSs. The states are required to provide infrastructure and support necessary for ACAT members such as office accommodation, cars and administrative support.

An older person applies for a place in an RACF of their choice after being approved by an ACAT. Each RACF, however, has the right to decide whether it will offer a place to an approved person.

## **1.1 Why do older people need residential aged care?**

People move into an RACF because they are unable to look after themselves; or their family or carers are unable to look after them; or they are unable to live in their homes even with support.

Approximately one in four older people make some use of aged care services. At any one time there are about one in ten older people who have left their home to receive care in an RACF. In this context an older person is any person aged 70 years and over and any indigenous person aged 50 years and over.

## **1.2 How does an older person enter residential aged care?**

Anyone can refer an older person for a residential aged care eligibility assessment. Referrers include hospitals, general practitioners (GPs), service providers such as Meals on Wheels, family or friends, aged care facilities where they are currently living, or even the person themselves.

**People need to be assessed first**

Access to residential aged care is dependent on assessment by an ACAT. ACATs have a unique role under the Commonwealth *Aged Care Act 1997* as gatekeepers to Commonwealth-funded residential and community care programs for older people.

ACATs also fill an important role by providing a range of support and assistance to help older people find the most appropriate service to meet their needs.

Referrers usually contact an ACAT by telephone. An ACAT member will collect sufficient details of the older person to allow the ACAT to allocate a priority for assessment and make an appointment to visit the older person.

<b>Exhibit 1: Sequence for assessment and entry to an RACF</b>						
<b>Stage</b>	Concern about older person's welfare	Older person referred to ACAT	Assessment commenced	Assessment completed	Accepted by RACF	Move into an RACF
<b>People involved</b>	Older person, family, carer, GP	Older person, family, friends, carer, GP, hospital	ACAT, family, client, carer	ACAT	Client, carer, family, RACF	Client, RACF, GP

Source: Audit Office research.

In 2004-05, around 63,000 assessments were completed by ACATs in NSW. Almost half of these were assessed as eligible to go to an RACF.

Two-thirds of these people were living at home when they were assessed, and around one-quarter were in hospital. Others were already in an RACF but needed to be assessed for a different level of care.

ACATs are jointly supported by the Commonwealth and the states. The Commonwealth funds ACAT members, but in NSW they are employed through NSW Health and are under the direction of AHSs. The states are required to provide the infrastructure and support necessary for ACAT members such as office accommodation, cars and administrative support.

**Some ACATs do more than assessments**

Most ACATs are part of a multidisciplinary aged care team, which provides a wide range of services to older clients who are in the community, in a hospital or in an RACF. Few ACAT members spend all of their working day conducting assessments for residential care. Most will alternate between these assessments and doing other work within the aged care team.

ACAT members consider themselves as advocates for older people. ACAT staff we spoke to saw their job as assessing their clients' needs to ensure the most appropriate support and care, whether at home or in an RACF.

Some aged care teams we visited arrange respite and other support services for carers of older people. Some arrange short-term care for clients following hospital stays or provide specialised advice and assistance to older people and their carers.

**1.3 Who decides whether an older person enters a residential aged care facility?**

The older person applies for a place in RACFs of their choice after being approved by an ACAT. Each RACF, however, decides whether it will offer a place to an approved person.

All approved clients are entitled to decline as many offers as they wish and to choose which RACF they want to live in. Neither the ACATs, nor the families, nor hospitals can force an RACF to take a client, or a client to accept an offer of a place in an RACF.

Around half of all older people recommended for a residential place are able to find one within a month, and three-quarters of them will have a place within three months.

While waiting for entry to an RACF the approved person generally waits in the same place they were assessed, whether in hospital or at home.

#### **1.4 Why is this audit relevant?**

As the population's average life expectancy increases, more people require a variety of services to support them. The community needs to address how best it can look after an increasing number of older people. The challenge is to ensure equitable access for older people to the range of care and support services they need to maintain their health and independence in the community for as long as possible.

It is generally accepted that older people are better off staying in their own homes for as long as possible. Commonwealth and state governments fund programs to help the older person live at home and maintain independence. Much of the work of aged care teams, including ACATs, is providing such support for older people.

If an older person is no longer able to live in their own home, even with support, then they may need to enter an RACF. Our audit considers only this aspect of the care and support given to older people.

#### **1.5 What is the focus of the audit?**

This audit examined how well NSW Health assists older people to access a residential aged care facility.

This audit did not examine:

- other services available to the older person
  - moving into a residential aged care facility
- as these are beyond the control of NSW Health.

This audit did not review the care of patients waiting in the community for a residential place following approval by an ACAT. This care is managed by many Commonwealth and state-funded service providers, and is not the sole responsibility of NSW Health.

See Appendix 1 for further information on the lines of inquiry, scope, criteria and audit approach.

## **2. How accessible are ACATs for people seeking assessment?**

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**At a glance**

**The key question we wanted to answer was:**

How accessible are ACATs for people seeking assessment?

**Our assessment:**

ACAT members assess clients wherever they are located, whether in hospital or at home.

In 2003-04 NSW ACATs were slightly slower to commence assessments than the national average but faster than three other states. Timeliness of individual ACATs varies widely, so clients in different parts of the state may wait longer than others to be assessed.

ACATs see clients in hospital within target times. However this is not always achieved for those living in the community while awaiting assessment.

The data collected on ACAT performance was significantly revised during 2004 and more recent comparable data is not available.

ACATs have more responsibilities than assessing the eligibility of older people for residential care. It is not clear whether they have sufficient resources for this workload, with funding being provided by both the Commonwealth and state governments.

ACATs must prioritise their workloads and competing demands to achieve the best balance between the important functions they perform such as assessing eligibility for RACFs, coordinating care for clients and other aged care duties.

**2.1 Are assessments commenced in an acceptable time frame?**

**Our conclusion**

ACATs commence the assessment of clients in hospital within the Commonwealth's target times, but not of clients living in the community. Clients in hospital are seen faster than clients of the same priority in the community. Overall, based on 2003-04 data, NSW ACATs take slightly longer than the national average to commence assessments, and the performance of individual ACATs varies widely.

**Commonwealth sets targets for commencing assessments**

In conjunction with providing funding to support ACAT operations, the Commonwealth has established three priority categories to reflect the appropriate waiting time for an assessment. ACATs allocate clients to these priority categories based upon information on patient needs at the time of referral, and aim to see clients within the target times.



Exhibit 2: Assessment standards		
Priority category	Time frames to commence assessment	Client condition
1	Within 48 hours	Client's safety is at risk (e.g. high risk of falls) or the client may need to leave their current residence.
2	Between 3 and 14 days	Client not at immediate risk of harm, but may have progressive deterioration in physical or mental functioning.
3	More than 14 days (no maximum time specified)	Client has sufficient support available, but requires a comprehensive assessment in anticipation of future care requirements.

Source: Australian Institute of Health and Welfare Aged Care Assessment Program Data Dictionary.

**ACATs apply priority categories inconsistently**

NSW Health has advised all ACATs that they should classify clients waiting in hospital as priority 2 unless there is a clinical risk dictating a more urgent need for assessment.

Some ACATs give the majority of their inpatient clients the highest priority for assessment. This may be appropriate for the patients' conditions, but we could not tell.

**Clients in hospital are seen more quickly**

Furthermore, ACATs see clients in hospitals faster than clients of the same priority still living at home. It is of concern that older people in hospital are assessed before those living in the community who are allocated equal or greater priority.

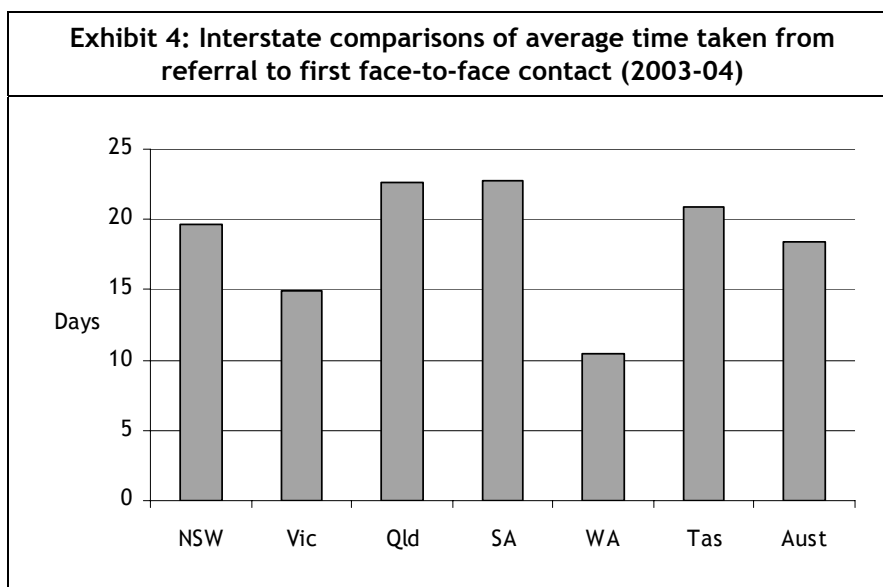
Exhibit 3: Average time to first see clients (January-March 2006)			
	Priority 1	Priority 2	Priority 3
Clients seen in hospital	1.4 days	4.0 days	11.6 days
Clients seen in the community	7.5 days	24.3 days	39.1 days

Source: NSW Health 2006.

It is also clear that priority 1 and 2 clients in the community are not seen within the target time frames.

**Assessments are commenced more slowly in NSW**

Another aspect of timeliness is how well NSW performance compares to other states. The latest published Commonwealth data shows that in 2003-04 the average time between a client being referred to an ACAT and starting an assessment in NSW was 19.6 days, slower than Victoria, Western Australia and the national average of 18.4 days but faster than the other states.



Source: Aged Care Assessment Program National Data Repository Annual Report 2003-04.

NSW Health has advised that the data collected on ACAT performance was significantly revised during 2004. As a result of national concern about the use of this data for interstate comparisons, data quality will be examined as part of a national review, and future comparisons should be more reliable.

**Performance of individual ACATs varies**

The time taken to commence an assessment in NSW varied widely. In the first three months of 2006 the quickest took on average 1.7 days from initial referral to first face-to-face visit, while the slowest took 47.3 days.

**Recommendation**

NSW Health should ensure that all clients are assessed and treated in accordance with Commonwealth guidelines whether they are in hospital or living at home.

**2.2 Are assessments easy to arrange?**

**Our conclusion**

ACATs have flexible practices to make it easy for clients to be assessed wherever they are located. NSW Health has no formal information on whether referrers find it easy to arrange assessments.

There are two aspects of arranging an assessment. The referrer must be able to contact an ACAT with all necessary information on the client. And the ACAT must then visit the client and conduct the assessment.

**ACATs will visit clients wherever they live**

Once a client has been referred for an assessment, ACATs will arrange to meet the client where they are living. This is consistent with Commonwealth guidelines. In 2004-05 two-thirds of all NSW assessments were carried out in the community, one-quarter of clients were seen in hospitals and the balance were already in RACFs.

**Anyone can refer older people to an ACAT**

Older people can be referred to an ACAT by anyone who is concerned that they may not be coping well in their current living arrangements.

All ACATs we visited advised that they liaise with potential referrers to inform them of ACATs' roles and how to arrange assessments. This includes aged care service providers such as hospitals, RACFs, Meals on Wheels and GPs.

Some ACATs make presentations to the community, e.g. at Seniors seminars and functions, which can be helpful in informing older people and their families or carers of the role of ACATs and how to contact them.

However, these efforts do not guarantee that all potential referrers, including members of the public, are familiar with the role of ACATs in aged care. We conducted a survey of 196 GPs covering both rural and metropolitan areas. The results showed that, of the 71 who responded:

- 93 per cent know how to contact ACATs
- 78 per cent said that they know what information ACATs require for referrals.

But of the same sample:

- 19 per cent believe that ACATs are not easy to contact
- 29 per cent do not understand ACAT roles.

**Inconsistent knowledge of referrer and client satisfaction**

While none of the ACATs visited used customer satisfaction surveys or meetings with service providers to gauge satisfaction with ACAT services, some other ACATs routinely do.

NSW Health does not have a standardised survey that all ACATs can use. It has limited understanding of whether clients or referrers find it easy to arrange an assessment and to identify areas they believe need to improve.

**Recommendation**

NSW Health should survey clients, carers, referrers and service providers to gauge satisfaction with services and identify improvement opportunities.

### **2.3 Are ACAT resources equitably distributed across the state?**

**Our conclusion**

The Commonwealth determines the area serviced and the funding of ACATs based upon the target population. AHSs determine ACATs' responsibilities for aged care work in addition to assessments. There is no assurance that AHSs provide resources to match this additional workload.

**ACATs are located and funded by the Commonwealth**

ACATs are located and funded in accordance with Commonwealth guidelines. The Commonwealth funds ACATs based on their target population: all people aged 70 and over and people from indigenous backgrounds aged 50 and over.

Commonwealth funds are for frontline assessment staff, some clerical support and training, data collection and some major equipment. The states are required to provide the infrastructure and support necessary for ACAT members such as office accommodation, cars, information systems and administrative support.

It has been estimated that the NSW Health share of ACAT funding is at least 52 per cent of the total, with the balance provided by the Commonwealth.

**AHS decides additional ACAT responsibilities and funding**

ACATs are part of aged care teams that have much wider responsibilities than conducting assessments to determine eligibility to enter an RACF. Each AHS decides what additional aged care activities are to be provided by its ACATs and how they are staffed and funded.

ACAT members may switch between performing Commonwealth-funded assessments of older people needing to enter an RACF, and providing other services for older people.

Two teams we visited operated in this way. As well as conducting assessments, they coordinated respite service for clients and their carers and transitional care for older patients returning home after being in hospital. One operated a Dementia Advisory Service, and both had staff who liaised with RACFs to assist inpatient clients find a place.

However, NSW Health does not collect workload data on any additional aged care duties that ACATs perform. Therefore, it is not possible to determine whether there is sufficient staff for all aged care work, or whether the additional duties affect ACAT assessments.

ACATs must prioritise competing demands. If they do not have sufficient resources for other aged care duties this may divert them from performing eligibility assessments for RACFs. Alternatively, when teams concentrate on assessing client eligibility for RACFs they may have less time for other important aged care functions such as coordinating care for clients.

**Stronger accountability framework for ACATs**

NSW Health has an Aged Care Integration Unit responsible for developing policies and guidelines for the state's aged care teams. However, there is considerable variation between and within AHSs with respect to the roles and operations of individual ACATs.

The Department of Human Services in Victoria has Service Agreements with their equivalent to AHSs and ACATs (and other programs) which specify:

- services or activities funded
- level of service to be provided (including target times for first face-to-face contact for ACATs)
- level and type of funding
- data and reports required
- how performance will be assessed
- service standards and guidelines.

This represents a more transparent funding, reporting and accountability structure for ACATs than used in NSW.

**Recommendation**

NSW Health should clarify the duties that ACATs should perform and ensure they have sufficient resources to meet this workload.

### **3. Are assessment processes sound?**

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**At a glance**

**The key question we wanted to answer was:**

Are assessment processes sound?

**Our assessment:**

ACATs use different clinical assessment tools, and there are no formal means of demonstrating that recommendations are consistent across all NSW ACATs. However, the Commonwealth's approval process provides for assurance that the client has received an appropriate assessment and recommendations consistent with the guidelines.

Based on 2003-04 data, assessments take longer to complete in NSW than the national average, and the performance of individual ACATs varies. However overall NSW timeliness has improved.

ACATs have procedures to advise clients and carers of assessment results and how to appeal. However, they do not all use feedback from clients, referrers and service providers to assess their satisfaction with the ACAT's service.

ACAT performance is monitored and reported, but not publicly. Performance information is not consistently used for accountability or improvement.

**3.1 Are assessments completed in an acceptable time frame?**

**Our conclusion**

Based on 2003-04 data, NSW ACATs are slower than the national average in completing assessments. The time that individual ACATs take varies from less than one day to several weeks.

**Completion of assessments is important**

Aged care clients may be more interested in how long it takes to complete an assessment rather than when it is started, as they cannot be accepted into an RACF until assessment is completed.

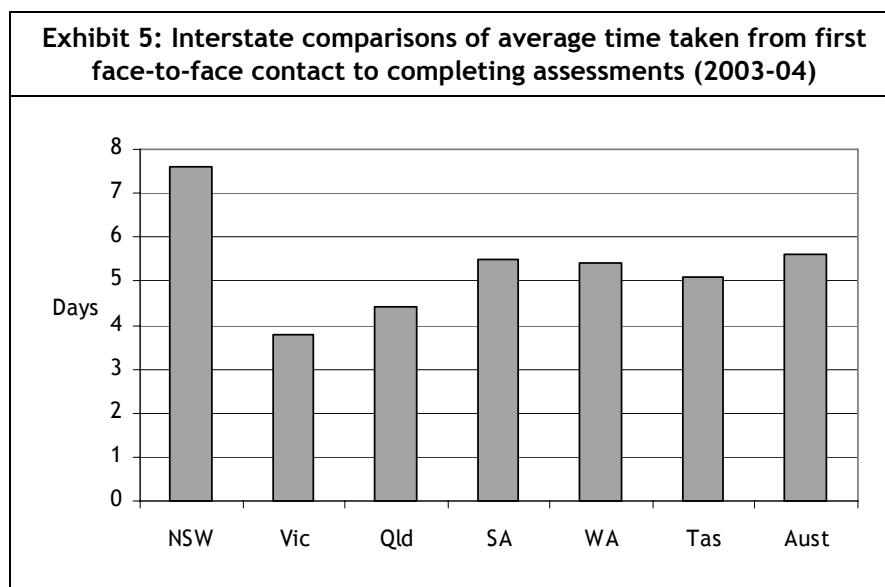
While the Commonwealth has targets for commencing assessments of clients, there are no targets for completing them.

One ACAT we visited balanced its workload and the needs of clients by setting an internal target of ten days to complete all of its assessments.

**Assessments are completed more slowly in NSW**

National data on ACAT performance shows that in 2003-04 the average time in NSW between commencing and completing an assessment was 7.6 days. This was slower than the national average of 5.6 days.

However over the last three years the average time taken in NSW to complete an assessment has decreased from 7.6 to 6.4 days.



Source: Aged Care Assessment Program National Data Repository Annual Report 2003-04.

As mentioned, NSW Health has concerns that interstate ACAT performance comparisons using data from this period may be misleading.

**Timeliness of assessments varies**

Within NSW the average time taken by different ACATs to complete an assessment after first seeing a client ranges from the same day up to several weeks.

**Recommendation**

NSW Health should improve the consistency and accuracy of data for performance management.

**3.2 Are assessments completed consistently?**

**Our conclusion**

ACATs use different clinical assessment tools to help determine whether older people need residential care. This may lead to inconsistency in recommendations, but there are no formal means to demonstrate consistency of assessments and recommendations between ACATs.

The Commonwealth approval process provides for assurance that the client has received an appropriate assessment and recommendations consistent with the guidelines. All ACATs visited followed this process by conducting case conferences or regular meetings to discuss assessments.

**Assessment methods differ**

The Commonwealth guidelines for assessments are broad and do not include specific advice on clinical assessment tools. Each ACAT we visited had developed its own set of assessment documents.

These assessment documents had some similar elements such as standardised tests for dementia. Otherwise, there was little consistency evident between ACAT assessment tools and procedures.

There is a risk that ACAT assessment quality may vary and may lead to inconsistent recommendations for clients.

We did not see any means of demonstrating that recommendations of different ACATs were consistent despite the use of different assessment tools and procedures.

However NSW Health is developing policy and procedure guidelines for ACATs which include improvements to the assessment system, risk management, quality improvement and information management. Adoption of the guidelines is planned for early 2007.

**Recommendation** NSW Health should ensure that consistent assessment approaches are adopted by all ACATs so that assessments completed by different ACATs produce consistent recommendations.

### **3.3 Are decisions and waiting times communicated to clients, carers and others?**

**Our conclusion** ACATs have a standard letter to advise clients of assessment results. They have no formal means to judge whether clients, carers and others are satisfied with their performance.

**Standard procedures to advise clients** ACATs send clients a standard letter advising the type of care approved, date of approval, how long the approval remains valid and a copy of the assessment.

ACATs also advise clients how to appeal decisions or make complaints.

ACATs are required to record complaints. However, the number of complaints received is not a reliable way of judging whether clients are satisfied with the assessment process or outcomes. Yet there are no other formal means of seeking feedback from clients, carers or referrers to assess levels of satisfaction or identify improvement opportunities.

**Recommendation** NSW Health should survey clients, carers, referrers and service providers to gauge satisfaction with services and identify improvement opportunities.

### **3.4 Is the performance of ACATs monitored and reported?**

**Our conclusion** The performance of individual ACATs in NSW is monitored and reported to state and Commonwealth but this data is not publicly available. Performance information is not used consistently for accountability or improvement by all ACATs.

**Performance is reported regularly by NSW and the Commonwealth** The *Aged Care Act 1997* requires ACATs to provide an agreed set of data on all clients assessed.

This data is collated by a special unit within NSW Health and reported at state and Commonwealth level quarterly and annually. These reports show the performance of individual ACATs, but are not made public.



The Commonwealth publishes a separate annual report of comparative data for all states and territories. As there are more than 100 ACATs across Australia these reports do not show performance at the level of individual ACATs.

Commonwealth guidelines include 16 key performance indicators for ACATs. These include:

- time taken to commence and complete assessments
- percentage of clients seen within target times
- number of special needs group clients assessed
- assessment recommendations (residential aged care, community care or other support).

**No public reporting by NSW Health**

NSW Health does not publish any performance information on ACATs in its annual report or on its website.

The 2004-05 annual report of Victoria's Department of Human Services includes targets and actual results for:

- number of assessments
- average wait (days) between referral and assessment for clients in hospital
- average wait (days) between referral and assessment for clients in the community.

**Performance information not consistently used for accountability or improvement**

We saw few examples of ACAT performance information being consistently used for accountability. One ACAT we visited had performance measures included in its performance agreement with its AHS, but this had not been updated since 2002-03.

All ACATs we visited monitored their own performance and the impact on their clients. Some used this information to identify opportunities for improvement.

**Exhibit 6: Using performance information to improve services**

One ACAT initiated an improvement project in 2004 which achieved:

- 50 per cent reduction in the number of clients waiting for assessments
- reduction in waiting time for assessment from eight weeks to five weeks
- reduction in the number of phone calls from clients awaiting assessment
- increased ACAT staff satisfaction.

Source: Reducing the Aged Care Assessment Team Waiting List, Hornsby Ku-ring-gai Health Service.

While the data in quarterly and annual reports enables ACATs to compare their performance, we saw no use of benchmarking, either between ACATs or with other states.

**Recommendation**

NSW Health should publish ACAT performance (including the number of assessments and waiting times for assessment) in its annual report.



#### **4. How are people looked after in hospital while they wait for residential aged care?**

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**At a glance**

**The key question we wanted to answer was:**

How are people in hospital looked after in the period they wait for residential aged care following an ACAT approval?

**Our assessment:**

Some hospitals have dedicated wards with specially trained staff for people awaiting a residential aged care place. In other hospitals this is not possible, perhaps due to hospital size and resources. In some cases patients awaiting entry to residential aged care may be moved to different wards or even to different hospitals to make room for new patients.

NSW Health conducts an annual census of the number of older people in hospital which includes those waiting for an RACF place, the reason they were admitted to hospital and how long they wait.

#### **4.1 Are services in place to support older people waiting in hospital for residential aged care?**

**Our conclusion**

The type of care that inpatients receive while waiting for residential aged care varies widely as it depends on the hospital, its size and available resources. Some good practices for caring for these patients have been developed. But these have not been evaluated to identify those which can be more widely adopted.

**Focus of the audit is on older people waiting in hospital**

We did not review the care of patients waiting in the community for an RACF place following approval by an ACAT. This care is managed by many Commonwealth and state-funded service providers, and is not the sole responsibility of NSW Health.

Hospitals need to use their beds for the benefit all patients. They must balance the needs of patients requiring hospital care with those of older people who are waiting for a place in their preferred RACF to become available.

The availability of RACF places varies between cities and regional areas across NSW. Hospitals in areas with fewer RACF places may have to accommodate more older patients awaiting a place for longer periods of time.

**Some hospitals provide special assistance**

One hospital we visited has a dedicated ward for older patients who have been approved for entry to an RACF but are not yet clinically ready, or cannot yet find a place. The staff are specially trained in appropriate care for older patients, and include nurses, therapists and rehabilitation specialists.

This hospital has a Nursing Home and Hostel Information and Liaison Service Officer to coordinate entry to RACFs. This provides a single point of contact for patients, their carers or family members, hospital staff and representatives of RACFs.

**Other hospitals do not provide this assistance**

However, other hospitals do not keep older patients awaiting entry to an RACF in dedicated wards: they are accommodated wherever a bed is available. This may be because of the size and location of the hospital.

Sometimes older patients waiting for a place in an RACF may be moved a number of times within the same hospital. They may even be moved to different hospitals to make room for new patients.

ACAT and hospital staff visited agreed that being able to keep all inpatients awaiting a place in an RACF in the one ward is better for them and their carers. Frequently moving older patients can be distressing and disorienting for them and inconvenient for family and carers.

The dedicated aged care ward we visited represents a better practice example of care which may be successfully adopted by other hospitals. It may not be feasible for small hospitals, particularly rural ones, that do not have the resources or staff to maintain dedicated wards or the number of patients to justify them. Metropolitan and rural hospitals may have different approaches to managing the care of patients because their needs and the availability of support are different.

**Recommendation** NSW Health should evaluate approaches used by different types of hospitals for managing inpatients awaiting residential aged care to identify better practices and encourage their wider adoption.

#### **4.2 Is the performance of these services monitored and reported?**

**Our conclusion** NSW Health's annual census includes the number of inpatients awaiting entry to an RACF, the type of care for which they were admitted and their length of stay.

**Annual census of older people in hospitals** NSW Health conducts an annual census of older people in all public hospitals. It includes the number of patients, the type of care for which they were admitted to hospital, how long they have been in hospital, and whether they have been assessed by an ACAT. It also includes the number who are ready to be discharged or transferred to another facility such as an RACF, and why they are not able to be discharged or transferred. At the July 2005 census, 555 patients (9 per cent of the total surveyed) were awaiting entry to an RACF.

**Some ACATs monitor how long inpatients wait for entry to an RACF** Three of the ACATs visited monitor on an ongoing basis the number of inpatients approved for residential aged care and their progress. These ACATs collect this information on their own initiative. More frequent analysis of real time data on the status of older people in hospital could assist ACATs, hospitals and AHSs in service planning and program development.

The *Report on Government Services 2006* includes waiting times for entry into residential aged care following approval for each state and territory. However, this does not separate clients waiting in hospital from those waiting in the community. Nor does it provide information at ACAT level.

**Recommendation** NSW Health should review existing data collections to provide more timely information on the number of older people waiting in hospital for entry into residential aged care.



## Appendices

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## Appendix 1 About the audit

**Audit Objective** This audit examined how well NSW Health assists older people to access a residential aged care facility.

**Lines of Inquiry** In reaching our opinion against the audit objective, we sought to answer the following questions:

1. How accessible are ACATs for people seeking assessment?
2. Are assessment processes sound?
3. How are people in hospital looked after in the period they wait for residential aged care following an ACAT approval?

**Audit Criteria** In answering the lines of inquiry, we used the following audit criteria (the 'what should be') to judge performance. We based these standards on our research of current thinking and guidance on better practice. They have been discussed and wherever possible agreed with NSW Health.

For line of inquiry 1, we assessed the extent to which:

- assessments are commenced in an acceptable time frame
- assessments are easy to arrange
- ACAT resources are equitably distributed across the state.

For line of inquiry 2, we assessed the extent to which:

- assessments are completed in an acceptable time frame
- assessments are completed consistently
- decisions and waiting times are communicated to clients, carers and others
- the performance of ACATs is monitored and reported.

For line of inquiry 3, we assessed the extent to which:

- services are in place to support older people while they wait for a residential aged care placement
- the performance of these services is monitored and reported.

**Audit scope**

The audit's scope was limited to examining:

- the process after the need for an ACAT assessment has been identified
- parts of the process for which NSW Health is responsible.

The audit did not examine:

- other services available to the older person
  - moving into a residential aged care facility
- as they are beyond the control of NSW Health.

We did not make a substantive assessment of the quality of patient care, either in general or for specific patients.

This audit did not review the care of patients waiting in the community for a residential aged care place following approval by an ACAT. This care is managed by many Commonwealth, state and local government-funded service providers, non-government organisations and private individuals, and is not the sole responsibility of NSW Health.



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<b>Audit approach</b>	<p>We acquired subject matter expertise by:</p> <ul style="list-style-type: none"> <li>▪ interviewing staff responsible for aged care assessments and managing patients awaiting entry to a residential aged care facility</li> <li>▪ reviewing documentation on the guidelines, plans and processes of the ACATs</li> <li>▪ reviewing documentation on evaluation and performance reporting of ACATs</li> <li>▪ research on best practice in other jurisdictions and performance information produced by various sources on ACATs</li> <li>▪ analysing performance data</li> <li>▪ surveying a small sample of GPs for their views on ACATs' role</li> <li>▪ information from aged care advocacy groups and relevant unions.</li> </ul> <p>We visited four NSW ACATs. They represented a cross-section of teams in metropolitan and regional areas and all represented different management approaches for ACATs.</p> <p>We mailed a brief questionnaire to 196 GPs chosen from the Yellow Pages. The questionnaire sought their perceptions of the role of ACATs and their opinions on how easy it was to contact and deal with ACATs when referring patients. We received 71 responses.</p> <p>We visited representatives of the Aged Care Branch of the Department of Human Services in Victoria who provided us with useful information.</p>
<b>Audit selection</b>	<p>We use a strategic approach to selecting performance audits which balances our performance audit program to reflect issues of interest to Parliament and the community. Details of our approach to selecting topics and our forward program are available on our website.</p>
<b>Audit methodology</b>	<p>Our performance audit methodology is designed to satisfy Australian Audit Standards AUS 806 and 808 on performance auditing, and to reflect current thinking on performance auditing practices. We produce our audits under a quality management system certified to International Standard ISO 9001. Our processes have also been designed to comply with the auditing requirements specified in the <i>Public Finance and Audit Act 1983</i>.</p>
<b>Acknowledgements</b>	<p>We gratefully acknowledge the cooperation and assistance provided by NSW Health. In particular, we wish to thank our liaison officers Barbara Anderson, Clare Gardiner and Geoff Kidd, and all ACAT members who participated in interviews and provided relevant material.</p>
<b>Audit team</b>	<p>Our team leader for the performance audit was Geoff Moran, who was assisted by Sandra Tomasi. Sean Crumlin provided direction and quality assurance.</p>
<b>Audit cost</b>	<p>Including staff costs, printing costs and overheads, the estimated cost of the audit is \$299,450.</p>

## Appendix 2      Glossary

<b>ACAT</b>	Aged Care Assessment Team. These help older people and their carers work out what kind of care best meets their needs when they can no longer manage at home without assistance. This includes assessing and approving older people for Commonwealth-subsidised aged care such as residential aged care.
<b>AHS</b>	Area Health Service. There are eight AHSs in NSW. They are subject to the control and direction of the Director-General of NSW Health and are responsible for the planning, delivery and coordination of health services in the areas they cover.
<b>NSW Health</b>	NSW Health, in this report, includes both the NSW Department of Health and the eight Area Health Services (AHSs). The Department is responsible for providing advice to government, strategic planning and policy development, performance management and strategic financial and asset management.
<b>Older person</b>	Any person aged 70 years and over and any indigenous person aged 50 years and over.
<b>RACF</b>	Residential Aged Care Facility. This covers a range of care facilities from hostels to nursing homes.
<b>Target population</b>	Commonwealth funding guideline definition: anyone 70 years or older and all indigenous people 50 years and over.

## Performance Audits by the Audit Office of New South Wales

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## Performance Auditing

### What are performance audits?

Performance audits determine whether an agency is carrying out its activities effectively, and doing so economically and efficiently and in compliance with all relevant laws.

Performance audits may review a government program, all or part of a government agency or consider particular issues which affect the whole public sector.

Where appropriate, performance audits make recommendations for improvements.

If you wish to find out what performance audits are currently in progress, visit our website at [www.audit.nsw.gov.au](http://www.audit.nsw.gov.au).

### Why do we conduct performance audits?

Performance audits provide independent assurance to Parliament and the public that government funds are being spent efficiently and effectively, and in accordance with the law.

Performance audits seek to improve the efficiency and effectiveness of government agencies so that the community receives value for money from government services.

Performance audits also assist the accountability process by holding managers to account for agency performance.

### What are the phases in performance auditing?

Performance audits have three key phases: planning, fieldwork and report writing.

During the planning phase, the audit team will develop audit criteria and define the audit field work.

At the completion of field work we will meet with agency management to discuss all significant matters arising out of the audit. Following this, we will prepare a draft performance audit report.

We meet with agency management to check that facts presented in the report are accurate and that recommendations are practical and appropriate. Following this, a formal draft report is provided to the CEO for comment. The relevant Minister is also provided with a copy of the draft report. The final report, which is

tabled in Parliament, includes any comment made by the CEO on the conclusion and the recommendations of the audit.

Depending on the scope, performance audits can take several months to complete.

Copies of our performance audit reports can be obtained from our website or by contacting our Office.

### How do we measure an agency's performance?

During the planning phase, the team develops the audit criteria. These are standards of performance against which the agency or program is assessed. Criteria may be based on best practice, government targets, benchmarks, or published guidelines.

### Do we check to see if recommendations have been implemented?

Every few years we conduct a follow-up audit. These follow-up audits look at the extent to which action has been taken to address issues or recommendations agreed to in an earlier performance audit.

The Public Accounts Committee (PAC) may also conduct reviews or hold inquiries into matters raised in performance audit reports. Agencies are also requested to report actions taken against each recommendation in their annual report.

### Who audits the auditors?

Our performance audits are subject to internal and external quality reviews against relevant Australian and international standards. This includes ongoing independent certification of our ISO 9001 quality management system.

The PAC is also responsible for overseeing the activities of the Audit Office and conducts a review of our operations every three years.

### Who pays for performance audits?

No fee is charged for performance audits. Our performance audit services are funded by the NSW Parliament and from internal sources.

### Further information

Further information can be obtained from our website [www.audit.nsw.gov.au](http://www.audit.nsw.gov.au) or by contacting us on 9275 7277.

## Performance Audit Reports

No	Agency or Issues Examined	Title of Performance Audit Report or Publication	Date Tabled in Parliament or Published
79	TAFE NSW	<i>Review of Administration</i>	6 February 2001
80	Ambulance Service of New South Wales	<i>Readiness to Respond</i>	7 March 2001
81	Department of Housing	<i>Maintenance of Public Housing</i>	11 April 2001
82	Environment Protection Authority	<i>Controlling and Reducing Pollution from Industry</i>	18 April 2001
83	Department of Corrective Services	<i>NSW Correctional Industries</i>	13 June 2001
84	Follow-up of Performance Audits	<i>Police Response to Calls for Assistance The Levying and Collection of Land Tax Coordination of Bushfire Fighting Activities</i>	20 June 2001
85*	Internal Financial Reporting	<i>Internal Financial Reporting including a Better Practice Guide</i>	27 June 2001
86	Follow-up of Performance Audits	<i>The School Accountability and Improvement Model (May 1999) The Management of Court Waiting Times (September 1999)</i>	14 September 2001
87	E-government	<i>Use of the Internet and Related Technologies to Improve Public Sector Performance</i>	19 September 2001
88*	E-government	<i>e-ready, e-steady, e-government: e-government readiness assessment guide</i>	19 September 2001
89	Intellectual Property	<i>Management of Intellectual Property</i>	17 October 2001
90*	Intellectual Property	<i>Better Practice Guide Management of Intellectual Property</i>	17 October 2001
91	University of New South Wales	<i>Educational Testing Centre</i>	21 November 2001
92	Department of Urban Affairs and Planning	<i>Environmental Impact Assessment of Major Projects</i>	28 November 2001
93	Department of Information Technology and Management	<i>Government Property Register</i>	31 January 2002
94	State Debt Recovery Office	<i>Collecting Outstanding Fines and Penalties</i>	17 April 2002
95	Roads and Traffic Authority	<i>Managing Environmental Issues</i>	29 April 2002
96	NSW Agriculture	<i>Managing Animal Disease Emergencies</i>	8 May 2002
97	State Transit Authority Department of Transport	<i>Bus Maintenance and Bus Contracts</i>	29 May 2002
98	Risk Management	<i>Managing Risk in the NSW Public Sector</i>	19 June 2002
99	E-Government	<i>User-friendliness of Websites</i>	26 June 2002

No	Agency or Issues Examined	Title of Performance Audit Report or Publication	Date Tabled in Parliament or Published
100	NSW Police Department of Corrective Services	<i>Managing Sick Leave</i>	23 July 2002
101	Department of Land and Water Conservation	<i>Regulating the Clearing of Native Vegetation</i>	20 August 2002
102	E-government	<i>Electronic Procurement of Hospital Supplies</i>	25 September 2002
103	NSW Public Sector	<i>Outsourcing Information Technology</i>	23 October 2002
104	Ministry for the Arts Department of Community Services Department of Sport and Recreation	<i>Managing Grants</i>	4 December 2002
105	Department of Health Including Area Health Services and Hospitals	<i>Managing Hospital Waste</i>	10 December 2002
106	State Rail Authority	<i>CityRail Passenger Security</i>	12 February 2003
107	NSW Agriculture	<i>Implementing the Ovine Johne's Disease Program</i>	26 February 2003
108	Department of Sustainable Natural Resources Environment Protection Authority	<i>Protecting Our Rivers</i>	7 May 2003
109	Department of Education and Training	<i>Managing Teacher Performance</i>	14 May 2003
110	NSW Police	<i>The Police Assistance Line</i>	5 June 2003
111	E-Government	<i>Roads and Traffic Authority Delivering Services Online</i>	11 June 2003
112	State Rail Authority	<i>The Millennium Train Project</i>	17 June 2003
113	Sydney Water Corporation	<i>Northside Storage Tunnel Project</i>	24 July 2003
114	Ministry of Transport Premier's Department Department of Education and Training	<i>Freedom of Information</i>	28 August 2003
115	NSW Police NSW Roads and Traffic Authority	<i>Dealing with Unlicensed and Unregistered Driving</i>	4 September 2003
116	NSW Department of Health	<i>Waiting Times for Elective Surgery in Public Hospitals</i>	18 September 2003
117	Follow-up of Performance Audits	<i>Complaints and Review Processes (September 1999)</i> <i>Provision of Industry Assistance (December 1998)</i>	24 September 2003
118	Judging Performance from Annual Reports	<i>Review of Eight Agencies' Annual Reports</i>	1 October 2003
119	Asset Disposal	<i>Disposal of Sydney Harbour Foreshore Land</i>	26 November 2003

No	Agency or Issues Examined	Title of Performance Audit Report or Publication	Date Tabled in Parliament or Published
120	Follow-up of Performance Audits NSW Police	<i>Enforcement of Street Parking (1999) Staff Rostering, Tasking and Allocation (2000)</i>	10 December 2003
121	Department of Health NSW Ambulance Service	<i>Code Red: Hospital Emergency Departments</i>	15 December 2003
122	Follow-up of Performance Audit	<i>Controlling and Reducing Pollution from Industry (April 2001)</i>	12 May 2004
123	National Parks and Wildlife Service	<i>Managing Natural and Cultural Heritage in Parks and Reserves</i>	16 June 2004
124	Fleet Management	<i>Meeting Business Needs</i>	30 June 2004
125	Department of Health NSW Ambulance Service	<i>Transporting and Treating Emergency Patients</i>	28 July 2004
126	Department of Education and Training	<i>School Annual Reports</i>	15 September 2004
127	Department of Ageing, Disability and Home Care	<i>Home Care Service</i>	13 October 2004
128*	Department of Commerce	<i>Shared Corporate Services: Realising the Benefit including guidance on better practice</i>	3 November 2004
129	Follow-up of Performance Audit	<i>Environmental Impact Assessment of Major Projects (2001)</i>	1 February 2005
130*	Fraud Control	<i>Current Progress and Future Directions including guidance on better practice</i>	9 February 2005
131	Follow-up of Performance Audit Department of Housing	<i>Maintenance of Public Housing (2001)</i>	2 March 2005
132	Follow-up of Performance Audit State Debt Recovery Office	<i>Collecting Outstanding Fines and Penalties (2002)</i>	17 March 2005
133	Follow-up of Performance Audit Premier's Department	<i>Management of Intellectual Property (2001)</i>	30 March 2005
134	Department of Environment and Conservation	<i>Managing Air Quality</i>	6 April 2005
135	Department of Infrastructure, Planning and Natural Resources Sydney Water Corporation Sydney Catchment Authority	<i>Planning for Sydney's Water Needs</i>	4 May 2005
136	Department of Health	<i>Emergency Mental Health Services</i>	26 May 2005
137	Department of Community Services	<i>Helpline</i>	1 June 2005
138	Follow-up of Performance Audit State Transit Authority Ministry of Transport	<i>Bus Maintenance and Bus Contracts (2002)</i>	14 June 2005
139	RailCorp NSW	<i>Coping with Disruptions to CityRail Passenger Services</i>	22 June 2005
140	State Rescue Board of New South Wales	<i>Coordination of Rescue Services</i>	20 July 2005

No	Agency or Issues Examined	Title of Performance Audit Report or Publication	Date Tabled in Parliament or Published
141	State Budget	<i>In-year Monitoring of the State Budget</i>	28 July 2005
142	Department of Juvenile Justice	<i>Managing and Measuring Success</i>	14 September 2005
143	Asset Management	<i>Implementing Asset Management Reforms</i>	12 October 2005
144	NSW Treasury	<i>Oversight of State Owned Electricity Corporations</i>	19 October 2005
145	Follow-up of 2002 Performance Audit	<i>Purchasing Hospital Supplies</i>	23 November 2005
146	Bus Transitways	<i>Liverpool to Parramatta Bus Transitway</i>	5 December 2005
147	Premier's Department	<i>Relocating Agencies to Regional Areas</i>	14 December 2005
148	Department of Education and Training	<i>The New Schools Privately Financed Project</i>	8 March 2006
149	Agency Collaboration	<i>Agencies Working Together to Improve Services</i>	22 March 2006
150	Follow-up of 2000 Performance Audit	<i>Fare Evasion on Public Transport</i>	26 April 2006
151	Department of Corrective Services	<i>Prisoner Rehabilitation</i>	24 May 2006
152	Roads and Traffic Authority	<i>The Cross City Tunnel Project</i>	31 May 2006
153	Performance Information	<i>Agency Use of Performance Information to Manage Services</i>	21 June 2006
154	Follow-up of 2002 Performance Audit	<i>Managing Sick Leave in NSW Police and the Department of Corrective Services</i>	June 2006
155	Follow-up of 2002 Performance Audit	<i>Regulating the Clearing of Native Vegetation</i>	19 July 2006
156*	Fraud Control	<i>Fraud Control Improvement Kit: Meeting Your Fraud Control Obligations</i>	20 July 2006
157	Roads and Traffic Authority	<i>Condition of State Roads</i>	16 August 2006
158	Department of Education and Training	<i>Educating Primary School Students with Disabilities</i>	6 September 2006
159	NSW Health	<i>Major Infectious Disease Outbreaks: Readiness to Respond</i>	22 November 2006
160	NSW Health	<i>Helping Older People Access a Residential Aged Care Facility</i>	December 2006

\* Better Practice Guides

#### Performance audits on our website

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