AGED CARE INDUSTRY VALIDATION TRENDS AND TIPS

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ACFI Validation is a hot topic in the industry now so we've compiled some insights from the most recent validation stats to be released (for the period ending 31 December 2016) and the trends we're seeing both from our clients' and our own packs.

For many Facilities and ACFI Managers, an ACFI validation visit can be daunting. However, it needn't be! Remember the entire point of a validation visit is to ensure your team is claiming accurately. So as long as your ACFI claims are based on comprehensive assessment, the Resident's care needs are clearly identified and the care plan is congruent with the assessment and the care that is actually delivered, then there shouldn't be a problem.

Overall Stats from the period ending December 31 2016

Of the 2,798 packs reviewed in this period, 27.3% downgraded. The most significant downgrades occurring in:

Question 1: Nutrition
Question 2: Mobility
Question 12: Complex Health Care

Please click here to see the full release from the department.

Overall Trends we are seeing

Generally, Review Officers are using a triangular approach to validation, where they are reviewing the documentation, interviewing staff and also interviewing / observing the resident in order to substantiate claims, making it even more vital that staff are aware of, and providing the assessed care. (for more information of what's involved in an ACFI validation visit – read our article What's Involved in an ACFI Validation.

WHAT'S BEING DOWNGRADED?

QUESTION	DOWNGRADE AREAS	TO PROPERLY SUBSTANTIATE A CLAIM
QUESTION 1: NUTRITION	Provision of a cut-up diet in readiness to eat	The meal must be shown to be individually cut-up for the resident and not as a bulk action. To clarify, the meal must be cut up by either care staff or kitchen staff, but must be done at the time of service - such as at the servery. The assessment needs to be able to clarify why the resident requires food to be cut.
	Supervision though eating	Staff must be in close enough proximity to the Resident to provide verbal or physical assistance to eat. There is no golden rule as to how many Residents or tables per staff member, rather, the facility must be able to evidence the fact that staff can provide assistance in a timely manner. Further to this, downgrades have also been attributed to Residents that have their meals in their rooms, due to the fact that the facility cannot substantiate the fact that staff can provide direct supervision to these Residents. The assessment again must be able to clarify why the resident requires supervision.

QUESTION 2: MOBILITY	**Progress Notes & Staff Interviews!**	Many of the downgrades have occurred due to progress note entries or staff interviews that are incongruent with assessments that indicate that the Resident is mobilising without assistance. Although residents may be impulsive or refuse care, it is important that staff are aware of the comprehensively assessed care needs of the resident as to why they require said level of care and that this care is being provided as the usual care need.
	Incomplete Records	Although not a new trend, incomplete records of treatment continue to be a major area where downgrades occur.
QUESTION 12: COMPLEX HEALTH CARE	**Technical Requirements**	**1.** Particularly in items 12.9 and 12.10 – what validators are stating is that to successfully claim for these items, what needs to be evident is the complexity of the issue and the requirement for a skilled person to manage. **a.** In the case of 12.9 items, the infectious condition must be present at the time of appraisal and require interventions greater than standard precautions to manage. **b.** In the case of 12.10 claims, especially in the case of preventative management, what needs to be clearly demonstrated is the chronicity of the wound and the expert management of the wound or area where breakdown is known to occur. In other words, it is the clinical assessment of the wound that attracts the funding for this item. Assessments should clearly identify the frequency of the reviews by a clinical expert and what they are observing for, or doing, that makes it a complex procedure. **c.** That each directive has met the required criteria ie The date, name and profession of the person writing the directive that the directive has a clear description of the procedure to be undertaken and is congruent with the assessment.

If you're after some more tips on how to have a positive validation experience – check out our article Hot Tips for a Positive Validation Experience.

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See more at: https://providerassist.com.au/news-resources/aged-care-industry-validation-trends-and-tips/