Audit Evidence Collection Tool (AECT): Preparing Strong Evidence for Renewal

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NATSIFACP Support Hub
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Acknowledgement

We acknowledge Aboriginal and/or Torres Strait Islander peoples as the Traditional Custodians of our land and its waters. Ninti One Limited and CDCS wish to pay respects to Elders, past and present, and to the youth, for the future. We extend this to all Aboriginal and/or Torres Strait Islander people reading this document.

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Welcome to today's session

Today's session

- ❑ **Length:** 30–45 minutes, including time for your questions
- ❑ **What we'll cover:** what the AECT is, who needs to complete it, how to complete each Standards worksheet, examples, common gaps and practical tips
- ❑ **Housekeeping:** Please have your microphone on mute to minimise disruption
- ❑ **Questions** - Pop questions in the chat any time. We will respond to Qs where we can during the session and open up for a broader Q&A at the end
- ❑ The **slides** will be shared via the NATSIFACP Support Hub

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Introductions

- **Donna Cross and Elizabeth Drozd – NATSIFACP Aged Care Advisors**
- **Aged Care Quality & Safety Commission representatives**

Australian Government

Aged Care Quality and Safety Commission

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What is the AECT?

The Audit Evidence Collection Tool (AECT) is how you show the Commission your systems and processes meet the Quality Standards — in your own words.

- ❑ **Must be completed and submitted with supporting documentation** at the start of the audit program for providers renewing in Category 4, 5 or 6
- ❑ **The evidence explains two things:** your systems and processes, and how you deliver safe, quality care to older people
- ❑ **Treat it as a genuine self-assessment** — completing the tool often surfaces real opportunities to improve your systems, not just paperwork to submit

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Who needs to complete which worksheets?

Worksheet	Category 4	Category 5	Category 6
Standard 1 – The Individual	✓	✓	✓
Standard 2 – The Organisation	✓	✓	✓
Standard 3 – The Care and Services	✓	✓	✓
Standard 4 – The Environment	✓	✓	✓
Standard 5 – Clinical Care	Outcome 5.1 only	If delivering clinical care	✓
Standard 6 – Food and Nutrition	–	–	✓
Standard 7 – The Residential Community	–	–	✓

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The structure of the AECT workbook

- **Guidance tab –** purpose, how to use the tool, and the audit rating definitions
- **Supporting document list –** the master list of 48 policy, procedure and evidence document types
- **Standards 1–7 tabs –** one worksheet per Quality Standard, with an Outcome-by-Outcome response grid
- **Each Standard opens with** the Intent and the Expectation Statement for Older People, before the Outcome/Action rows
- **Complete only the worksheets relevant to your registration category** — see the matrix on the previous slide

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How to complete each Outcome

- **Systems and processes –** describe what you have established and implemented to meet this Outcome
- **Review and monitor –** describe how you check your systems and processes are working, across every location and service you deliver
- **Practice examples –** give a specific, real example of how your systems and processes have improved care for an older person
- **Innovation –** show how contemporary, evidence-based practice has led to continuous improvement for this Outcome
- **Supporting documents –** reference the document numbers from the Supporting Document List that evidence this Outcome

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What are systems and processes in aged care?

Systems: the ways an organsation:

- ❑ Sets expectations, guides staff behaviour and decisions, records what happens, reviews performance, guides improvements, Eg. Policies, procedures, guides, registers, reports, system for internal audits , client information management system
- ❑ Providers need to ensure systems are proportionate, effective and workable

Processes:

- ❑ Day to day practice of staff and management

** Organisational evidence in the AECT shows what systems exist and how processes are being used in practice to support safe, quality care

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Audit rating definitions

- **Conformance –** you can establish, implement, monitor and continuously improve your systems to meet the Outcome and deliver person-centred care
- **Minor non-conformance –** some gaps identified, but they are not systemic and do not present high risk
- **Major non-conformance –** you have not demonstrated safe, person-centred, quality care, and the gap presents significant risk
- **Exceeding (Category 6 only) –** you conform with every Standard and Outcome, and go beyond conformance against the three exceeding criteria
- **Not applicable / out of scope –** the Outcome doesn't apply to the services you provide

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The Supporting Document List

- ❑ **48 documents** are listed against the Quality Standards and Outcomes they relate to
- ❑ **Each Outcome references specific document numbers –** these tell you exactly which policies and evidence to attach
- ❑ **Column D (in Tab no 2):** record the actual title of your document (if it sits inside another document, name that document and the page number)
- ❑ **Tick the "Submitted" box** once the document is attached
- ❑ **Column H (in Tab 2)** is Commission use only — leave this blank

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Worked example: Outcome 1.1

Worked example: Outcome 1.1 Person-centred care

Outcome 1.1 requires providers to show that individuals feel safe, welcome, included and understood — and that the provider genuinely knows and values who they are.

Over the next two slides, we'll walk through what a strong AECT response looks like across the four evidence columns.

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Case study: systems and processes

- **Person-Centred Care Policy** sets the day-to-day practice for understanding each client's identity, culture, care goals and service preferences
- **Intake and assessment** captures needs, goals, communication requirements and cultural background — including a specific prompt to identify First Nations or CALD identity
- **Care plans** are developed collaboratively and held in the CIMS; every worker acknowledges reading a new client's plan before their first shift
- **All care staff** complete mandatory induction and annual training in person-centred, culturally safe and trauma-aware care

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Case study: monitoring & evidence

- **Review and monitor:** 6 or 12-monthly care plan reviews, annual satisfaction surveys, 24-hour incident recording and quarterly file audits — tracked through a Continuous Improvement Plan
- **Practice example:** a First Nations Elder's care plan was adapted with her family to reflect cultural practices, preferred language and connection to community
- **Supporting documents:** Person Centred Care Policy, Communication & Partnering Policy, Quality & Safety Management Policy, Assessment & Planning Policy, plus partnering meeting minutes
- **The pattern to copy:** policy → practice → evidence. That progression is what a conformant response looks like

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NATSIFACP-specific considerations

- ❑ **Show genuine adaptation** for community context — not mainstream policy with a NATSIFACP label added
- ❑ **Make cultural safety visible** in your systems and processes — Aboriginal Health Worker roles, community-informed consent — not just referenced
- ❑ **Remote and fly-in/fly-out service models,** and pharmacy or supply constraints, are legitimate context for how you meet an Outcome
- ❑ **MAC requirements** can be met through flexible models — virtual participation or modified composition — describe this honestly
- ❑ **Name your community partnerships** — Elders, community-controlled organisations — where evidence draws on them

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Common gaps we see

- **Describing that a policy exists,** but not how it's implemented or reviewed in practice
- **Reusing mainstream evidence** without adapting it to community or remote service context
- **Missing the review and monitor column** — conformance needs evidence of checking, not just doing
- **Document numbers that don't match** the document that is attached
- **Practice examples that are generic** rather than a real, specific example

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Practical tips for completing the AECT

- ❑ **Start with the Guidance tab and Supporting Document List** before touching a Standards worksheet
- ❑ **Complete one Outcome fully** before moving to the next — it keeps your evidence consistent and specific
- ❑ **Draft in a working document first,** then paste polished responses into the tool
- ❑ **Keep a shared evidence library** so document numbers and titles stay consistent across every Outcome
- ❑ **Ask a colleague to read it as the auditor would —** would they understand your systems from this response alone?

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Where the AECT fits in your renewal timeline

The AECT is requested at Stage 1 – Initiation, alongside your policies, procedures and supporting documentation.

- ❑ **Sent with the Commission's invitation to renew,** up to 18 months before your expiry date
- ❑ **Due back to the Commission** via the Digital Audit Tool portal, by the requested date
- ❑ **Feeds directly into Stage 2 – Audit delivery,** where assessors test what you've described against what they observe
- ❑ **Getting it right early** reduces surprises at the audit meetings and site visit

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Resources and support

- ❑ **AECT tools and guidance –** Aged Care Quality and Safety Commission website (agedcarequality.gov.au)
- ❑ **Strengthened Quality Standards guidance –** agedcarequality.gov.au/strengthened-quality-standards
- ❑ **NATSIFAC Support Hub –** for tailored support completing your AECT

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Questions and Answers

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Support Hub contact information

Phone: 0429 621 646

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Website: https://www.nintione.com.au/natsifac-program-regulation-support-hub/

The Support Hub can be contacted during business hours (8am – 4pm AEST)

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Thank you!

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