



Residential Aged Care Quality Indicators— October to December 2019

Quality indicators measure aspects of service provision that contribute to the quality of care given by residential aged care services. Since 1 July 2019, the National Aged Care Mandatory Quality Indicator Program requires residential aged care services to collect and report on 3 quality indicators:

- Pressure injuries
- Use of physical restraint
- Unplanned weight loss.

Information on these indicators was submitted by 2,551 residential aged care services in the second quarter of collection (1 October–31 December 2019), 94% of those who received Australian Government subsidies for delivering care, services and accommodation. This is an increase from 90% of services that submitted data in the previous quarter.

More information about the National Aged Care Mandatory Quality Indicator Program (QI Program) is available on the [Department of Health's website](#).

Quality Indicator 1: Pressure Injuries

In accordance with the National Aged Care Mandatory Quality Indicator Program Manual 1.0, a pressure injury is a localised injury to the skin or underlying tissue due to pressure or friction. Six categories are assessed in relation to pressure injuries:

- **Stage 1** pressure injuries: non-blanchable erythema of intact skin
- **Stage 2** pressure injuries: partial-thickness skin loss with exposed dermis
- **Stage 3** pressure injuries: full-thickness skin loss
- **Stage 4** pressure injuries: full-thickness loss of skin and tissue
- **Unstageable** pressure injuries: obscured full-thickness skin and tissue loss
- **Suspected deep tissue** injuries: persistent non-blanchable deep red, maroon or purple discolouration.

Table 1: Pressure injuries in residential aged care, October to December 2019

Indicator category	Number of pressure injuries	Number per 1,000 care days*
Stage 1	5,426	0.33
Stage 2	5,225	0.32
Stage 3	906	0.05
Stage 4	235	0.01
Unstageable	620	0.04
Suspected deep tissue injury	361	0.02
Total	12,509	0.76

* care recipient days for which an Australian Government subsidy was claimed
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Quality Indicator 2: Use of physical restraint

In accordance with the National Aged Care Mandatory Quality Indicator Program Manual 1.0, physical restraint refers to any practice, device or action that restricts a care recipient's ability to move freely or make decisions. Physical restraint does not include chemical restraints or prescribed medication. This indicator includes 2 categories:

- **Intent to restrain:** observed assessments of intentional physical restraint of a person, at which a count of the number of restraints in use is made
- **Physical restraint devices:** observed physical restraint devices of certain kinds in use—bedrails, chairs with locked tables, seatbelts other than those used during active transport, safety vests, shackles and manacles.

Table 2: Use of physical restraint in residential aged care, October to December 2019

Indicator category	Number of restraints	Number per 1,000 care days*
Intent to restrain	25,529	1.55
Physical restraint devices	60,804	3.68

Note: Numbers are aggregated over 9 observational assessments conducted during the quarter

* care recipient days for which an Australian Government subsidy was claimed

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Quality Indicator 3: Unplanned weight loss

In accordance with the National Aged Care Mandatory Quality Indicator Program Manual 1.0, weight loss is considered to be unplanned where there is no written strategy and ongoing record relating to planned weight loss for the care recipient. This indicator includes 2 categories:

- **Significant unplanned weight loss:** loss of 3 or more kilograms over a 3-month period (the last measurement of the current quarter compared with the last measurement of the previous quarter).
- **Consecutive unplanned weight loss:** loss of any amount every month over 3 consecutive months of the quarter.

Table 3: Unplanned weight loss in residential aged care, October to December 2019

Indicator category	Number of care recipients	Number per 1,000 care days*
Significant unplanned weight loss	14,733	0.89
Consecutive unplanned weight loss	15,398	0.93

* care recipient days for which an Australian Government subsidy was claimed

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Geographic variation

Disaggregation of quality indicators by state/territory and by remoteness categories for October to December 2019 were calculated from raw data with no risk adjustment. This means that it has not been possible to take into account variation in the complexity of residents' care needs at the facility level (casemix) nor how this interacts with other features known to vary across geographical areas: such as service size, facility ownership, or interaction with healthcare services such as hospitals and palliative care services.

Table 4: Pressure injuries in residential age care, number per 1,000 care days*, by state and territory, October to December 2019

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Stage 1	0.29	0.25	0.37	0.44	0.48	0.45	0.44	0.13	0.33
Stage 2	0.29	0.34	0.31	0.32	0.38	0.31	0.27	0.28	0.32
Stage 3	0.06	0.05	0.05	0.05	0.08	0.07	0.05	0.03	0.05
Stage 4	0.01	0.02	0.01	0.01	0.02	0.02	0.01	0.00	0.01
Unstageable	0.03	0.04	0.04	0.04	0.05	0.01	0.04	0.00	0.04
Suspected deep tissue injury	0.02	0.02	0.02	0.03	0.02	0.01	0.07	0.06	0.02
Total	0.70	0.66	0.79	0.89	1.02	0.88	0.87	0.50	0.76

* care recipient days for which an Australian Government subsidy was claimed

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Table 5: Use of physical restraint in residential aged care, restraints per 1,000 care days*, by state and territory, October to December 2019

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Intent to restrain	1.32	0.77	2.81	2.93	0.64	0.96	1.79	3.42	1.55
Physical restraint devices	4.85	0.79	6.16	4.60	2.51	2.38	3.01	5.15	3.68

Note: Numbers are aggregated over 9 observational assessments conducted during the quarter

* care recipient days for which an Australian Government subsidy was claimed

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Table 6: Unplanned weight loss in residential aged care, care recipients per 1,000 care days*, by state and territory, October to December 2019

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Significant unplanned weight loss	0.90	0.83	0.96	1.00	0.88	0.81	0.87	1.04	0.89
Consecutive unplanned weight loss	0.92	0.95	0.89	1.00	1.08	0.69	0.82	0.94	0.93

* care recipient days for which an Australian Government subsidy was claimed

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Table 7: Pressure injuries in residential age care, number per 1,000 care days*, by remoteness, October to December 2019

Indicator category	Major cities	Regional & remote	Australia
Stage 1	0.30	0.41	0.33
Stage 2	0.31	0.32	0.32
Stage 3	0.05	0.06	0.05
Stage 4	0.01	0.01	0.01
Unstageable	0.04	0.03	0.04
Suspected deep tissue injury	0.02	0.02	0.02
Total	0.74	0.79	0.76

* care recipient days for which an Australian Government subsidy was claimed

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Table 8: Use of physical restraint in residential aged care, restraints per 1,000 care days*, by remoteness, October to December 2019

Indicator category	Major cities	Regional & remote	Australia
Intent to restrain	1.47	1.66	1.55
Physical restraint devices	3.58	4.02	3.68

Note: Numbers are aggregated over 9 observational assessments conducted during the quarter

* care recipient days for which an Australian Government subsidy was claimed

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Table 9: Unplanned weight loss in residential aged care, care recipients per 1,000 care days*, by remoteness, October to December 2019

Indicator category	Major cities	Regional & remote	Australia
Significant unplanned weight loss	0.90	0.88	0.89
Consecutive unplanned weight loss	0.96	0.88	0.93

* care recipient days for which an Australian Government subsidy was claimed

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Data collection

All Australian Government-subsidised residential aged care services are required to inform each care recipient about the assessment and ask their permission to include their data in the QI Program.

Pressure injuries

Aged care residents are assessed for 6 categories of pressure injury with a full-body assessment. Assessments are made on or around the same time and day in each quarter of the year. This can be done as part of the resident's usual personal care.

Use of physical restraint

The use of physical restraint is assessed in the morning, afternoon and night on 3 different days each quarter, i.e. counts are aggregated across 9 observational assessments during the quarter. Assessments are not announced in advance to staff or care recipients. For specified physical restraint devices, the number in use is counted, whether the devices are being used to intentionally restrain a care recipient or not.

Unplanned weight loss

Care recipients are weighed each month, in clothing of similar weight each time. Residential aged care services report the number of care recipients with significant unplanned weight loss since the last measurement, and the number of residents with significant weight loss of any amount recorded over the 3 consecutive months of the quarter. Data are not collected from care recipients who are absent (for example, in hospital), residents who are receiving end-of-life palliative care, or respite care recipients.

More information

Detailed specifications for the quality indicators are set out in the [National Aged Care Mandatory Quality Indicator Program Manual 1.0 \(June 2019\)](#).

Information on the compilation of Quality Indicators for October to December 2019, including data quality, are available in the Technical notes below.

Technical notes

National Aged Care Mandatory Quality Indicator Program: October to December 2019

These notes provide general information about the AIHW's collation, processing and reporting of Quality Indicators (QIs) for residential aged care.

Indicator specifications

Specifications for the QIs are published in the [National Aged Care Mandatory Quality Indicator Program Manual 1.0](#) (the Manual) (Department of Health 2019). Users of the QI data are advised to refer to the Manual for details of the data elements required to be submitted each quarter by residential aged care services.

Some technical information specific to each indicator is on the data Explore page.

QI data collection and transmission to AIHW

In accordance with the Manual, from 1 July 2019, all Australian Government-subsidised residential aged care services are required to collect specified data at the service level and submit these via the My Aged Care Provider Portal to the Department of Health (the Department). With the prior agreement of the Department, services can submit data through a commercial benchmarking company. The QI raw data are required by the 21st day of the month after the end of each quarter.

The AIHW is contracted by the Department for the provision of computation and reporting services for the QI Program. QI raw data for the quarter 1 October 2019 to 31 December 2019 were provided to the AIHW during the period 23–31 January 2020, by secure data transfer from the Department.

Denominator data and QI construction

The Australian Government pays approved providers a daily subsidy on behalf of each person in residential aged care. In accordance with the Manual, the 'number of days in the subsidy claiming system' (called 'Occupied Bed Days' in the Manual) is to be used to determine the number of care recipient days 'at risk' of the conditions specified in the QIs.

For each QI category, the indicator is constructed by dividing the aggregated count—of pressure injuries, restraints or care recipients—by the number of care recipient days for which an Australian Government subsidy was claimed, and multiplying the result by 1,000. In this report, aggregation was across all services for the main tables, or across all within the respective state/territory and remoteness regions for disaggregated presentations.

The first quarter of processing QI data identified that lagged claims and retrospective adjustments in the subsidy claiming system can affect the alignment of time periods (months) covered by numerator (QI counts) and denominator (subsidy claim days) for some services. The AIHW is working with the Department on a method to enable adjustment of the subsidy claim days where such misalignment is evident. However, no adjustment has been applied for this quarter's data.

QI data users are advised that the Manual does not specify any adjustments to denominator data in respect of care recipients who are to be excluded from certain QI assessments, as is the case for unplanned weight loss.

Examination and cleaning of QI raw data

The AIHW undertook initial examination of all QI data to resolve cases of duplicate reporting from a single service, as well as data supplied against invalid Residential Aged Care Service Identifiers (RACS-IDs). Subsequently, merging of consolidated QI data with subsidy claims data, using RACS-IDs as the link key, found mis-matches that were typically due to incorrect

RACS-IDs having been supplied with QI data. Most of these situations have been resolved. At the end of these processes, 2,551 QI records for individual services were matched with a count of care recipient days for the quarter. A further 7 did not match with a RACS-ID for which subsidy claims data were supplied by the Department, and these were excluded from indicator calculations for this report.

Calculation of national QIs

Calculations for the main tables included in this report were made at this stage of processing, in accordance with the formula specified in the Manual:

$$\text{QI value} = \frac{\text{Raw count of occurrences at QI assessment}}{\text{Number of care recipient days for the quarter}} \times 1,000$$

Service level data from the National Aged Care Data Clearinghouse

The QI data set, with matched care recipient days, was merged with service level data from the National Aged Care Data Clearinghouse (NACDC) as at 30 June 2019 (the latest available), to bring the QI data together with additional characteristics for analysis—for example, state and territory and remoteness characteristics. This merge was done through an intermediate concordance, supplied by the Department, between the RACS_ID and the National Approved Provider System (NAPS) number, the identifier used in the NACDC. In this step, all 2,551 records that had been matched with subsidy claims data were also matched with data held for the respective services in the NACDC.

Geographic characteristics

Two separate disaggregations are reported for the location of residential aged care services—state/territory and remoteness. State/territory reflects standard sub-national administrative areas. Remoteness, for this report, is based on the Australian Statistical Geography Classification Remoteness Structure (RA) (ABS 2002), collapsed into 2 categories—Major Cities of Australia and a combined category comprising Inner Regional Australia, Outer Regional Australia, Remote Australia and Very Remote Australia. It is important to note that data presented by state/territory and remoteness are not risk adjusted to account for possible differences in the care complexity of residents in different geographic locations.

Service response levels

The 2,551 records with QI data available for analysis represent 94% of the 2,725 residential aged care services for which subsidy claims data had been provided for the quarter—an improvement on the first quarter (90%).

The completeness of the data submitted by residential aged care services varied for the 3 QIs:

- 84 residential aged care services did not supply data on pressure injuries
- 31 residential aged care services did not supply data on use of physical restraints
- 22 residential aged care services did not supply data on unplanned weight loss.

Outliers in calculated QIs

AIHW reported in relation to the first quarter of data collection that it has no firm basis for determining that an apparent 'outlier' in the distribution of QIs across residential aged care services represents an incorrect data point. While this continues to be the case, some progress has been made towards understanding the effect of lagged claims and retrospective adjustments in the subsidy claiming system, the source of data for construction of indicator denominators.

AIHW examination of apparent outliers in the distribution of QIs will continue to be a focus in building an understanding of the quality of reported data.

Conclusion

Improvements in what were already good levels of service provider reporting are seen in this second release of data from the National Aged Care Mandatory Quality Indicator Program.

With respect to completeness of the QI raw data supplied as the indicator numerators, the AIHW has some information about completeness but not all factors affecting completeness are quantified in the submitted data. Overall completeness changed between the first two reporting quarters, especially for unplanned weight loss, affecting the ability to make comparisons between these periods.

With respect to indicator values, understanding of the relationship between the QI numerator and denominator data is developing and, in consultation with the Department of Health, the AIHW is seeking ways to improve the methodology in this regard.

Of most relevance to data quality, the AIHW is not able to verify the quality of the QI raw data. These data are supplied directly by service providers as aggregated data, using specifications in the National Aged Care Mandatory Quality Indicator Program Manual 1.0. As a new data collection, caution is required in interpreting comparisons over time. These may reflect differences in evolving processes for data collection, rather than a true variation in values of the QIs.

In summary, factors that may affect quality are not yet fully understood, and so the AIHW continues to recommend that caution be exercised in interpreting the QIs, and particularly discourages giving credibility to apparent differences in indicator values between quarters or across geographical locations.

References

ABS (Australian Bureau of Statistics) Cat. No. 1259.0.30.004. ASGC Remoteness Structure (RA). Canberra: ABS.

Department of Health 2019. National Aged Care Mandatory Quality Indicator Program Manual 1.0. Canberra: Department of Health.

<https://agedcare.health.gov.au/quality/quality-indicators/national-aged-care-mandatory-quality-indicator-program-manual-10>

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agedcaredata.gov.au**

Contact

GPO Box 570, Canberra, ACT 2601
(02) 6244 1000 | GEN@aihw.gov.au

