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Residential Aged Care Quality Indicators–Quarterly Report

July to September 2025

Compiled from mandatory reporting by residential aged care services, covering the period 1 July to 30 September 2025

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Residential Aged Care Quality Indicators—July to September 2025

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Quality Indicators (QIs) measure aspects of service provision that contribute to the quality of care given by residential aged care services (RACS). Participation in the National Aged Care Mandatory Quality Indicator Program (QI Program) has been a requirement for all Australian Government subsidised RACS since 1 July 2019. Data under the QI Program are collected and reported by RACS quarterly.

This quarterly report includes QI measurements from data collected from 1 July to 30 September 2025 for 2,579 RACS conducted under the QI Program *(National Aged Care Mandatory Quality Indicator Program Manual 4.0)*. These RACS are those that had received Australian Government subsidies for delivering care, services, and accommodation in that period; and had submitted QI data by the submission due date (21 October 2025) up to the date of data extraction. QI and occupied bed days (OBD) data processing, checking, and preparing the data for transfer was completed by the Department of Health, Disability and Ageing between the submission and extraction dates, and was supplied to the Australian Institute of Health and Welfare (AIHW) on 7 November 2025. Quarterly Financial Report (QFR) data related to three new staff QIs was supplied to the AIHW on 12 November 2025.

Available data represented 99.7% of the 2,587 RACS that received government subsidies in the quarter (based on occupied bed days data extracted on 7 November 2025). Further detail on the resident coverage of the QI Program in this quarter, including counts of resident measurements and exclusions for each QI, is presented in Table S1 of the <<Technical notes>>.

It should be noted that the National Aged Care Mandatory Quality Indicator (QI) Program introduced new staffing QIs – covering enrolled nursing, allied health professionals, and lifestyle officers – starting from 1 April 2025. These QIs were not included in the Q4 (April–June) 2024–25 report due to their early stage of implementation but are formally reported starting from the Q1 (July–September) 2024–25 report.

Definitions of quality indicators *(accordion widgets)*

Quality Indicator 1: Pressure injuries

The pressure injuries QI captures information about percentage of residents with pressure injuries. A pressure injury is a localised injury to the skin and/or underlying tissue usually over a bony prominence, because of pressure, shear, or a combination of these factors. Assessment of pressure injuries in eligible residents is 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. Consent is sought from residents before a full-body observation assessment is undertaken.

Eligible residents with one or more pressure injuries are reported against each of the six pressure injury stages:

- **Stage 1** pressure injuries: intact skin with non-blanchable redness of a localised area
- **Stage 2** pressure injuries: partial-thickness skin loss presenting as a shallow open ulcer with a red/pink wound bed

- **Stage 3** pressure injuries: full-thickness skin loss, no exposure of bone, tendon or muscle
- **Stage 4** pressure injuries: full-thickness loss of skin and tissue with exposed bone, tendon or muscle
- **Unstageable** pressure injuries: full-thickness skin tissue loss in which the base of the injury is covered by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black)
- **Suspected deep tissue** injuries: purple or maroon localised area of discoloured intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.

Additional reporting: Eligible residents with pressure injuries that were acquired outside of the service during the quarter are counted separately but are still included in the total number of residents reported as having pressure injuries.

Quality Indicator 2: Restrictive practices

The restrictive practices QI captures information about percentage of residents who were subject to the use of a restrictive practice. The *Quality of Care Principles 2014* (Quality of Care Principles) define restrictive practices as any practice or intervention that has the effect of restricting the rights or freedom of movement of a resident.

Restrictive practices QI measures and reports data relating to all restrictive practice, excluding chemical restraint. This includes physical restraint, mechanical restraint, environmental restraint, and seclusion.

It is a legal requirement for RACS to document all instances of restrictive practice (see Part 4A of the Quality of Care Principles). For this QI in each quarter, three days of existing records for all eligible residents at a service are assessed for any instances of restrictive practice (excluding chemical restraint). This QI is therefore a measure of the use of restrictive practices across the three-day period only. This three-day period is selected and recorded by services but must be varied each quarter and not known to the staff directly involved in care.

Restrictive practices are still recorded even if a resident or their representative has provided consent to the use of the restrictive practice.

Additional reporting: Eligible residents who were subject to the use of a restrictive practice exclusively through the use of a secure area are counted separately but are still included in the total number of residents who were subject to the use of a restrictive practice.

Quality Indicator 3: Unplanned weight loss

The unplanned weight loss QI captures information about percentage of residents who experienced unplanned weight loss. Weight loss is considered to be unplanned where there is no written strategy and ongoing record relating to planned weight loss for the resident. Eligible residents are weighed each month around the same time of the day and wearing clothing of a similar weight (e.g., a single layer without coats or shoes). Consent is sought from residents before an assessment on their body weight is undertaken.

This QI includes two categories:

- **Significant unplanned weight loss:** Eligible residents who experienced significant unplanned weight loss of 5% or more when comparing their current and previous quarter finishing weights

- **Consecutive unplanned weight loss:** Eligible residents who experienced consecutive unplanned weight loss every month over three consecutive months of the quarter.

Quality Indicator 4: Falls and major injury

The falls and major injury QI captures information about percentage of residents who experienced one or more falls and who experienced a fall resulting in major injury. A fall is an event that results in a person coming to rest inadvertently on the ground or floor or other lower level. For a fall to meet the criteria of resulting in a major injury, the fall must result in one or more of the following: bone fractures, joint dislocations, closed head injuries with altered consciousness and/or subdural haematoma. Assessment for falls and major injury is conducted through a single review of the care records of each eligible resident for the entire quarter.

This indicator includes two categories:

- **Falls**: Eligible residents who experienced a fall (one or more) at the service during the quarter
- **Falls that resulted in major injury:** Eligible residents who experienced a fall at the service, resulting in major injury (one or more), during the quarter.

Quality Indicator 5: Medication management

The medication management QI captures information about percentage of residents who were prescribed nine or more medications (polypharmacy) and percentage of residents who received antipsychotic medications. Assessment for polypharmacy is conducted through a single review of medication charts and/or administration records for each eligible resident for a collection date selected by the service every quarter. For antipsychotics, a seven-day medication chart and/or administration record review is conducted for each eligible resident every quarter.

This indicator includes two categories:

- **Polypharmacy:** Eligible residents who were prescribed nine or more medications as at the collection date in the quarter
- **Antipsychotics:** Eligible residents who received an antipsychotic medication during the seven-day assessment period in the quarter.

Additional reporting: Eligible residents who received an antipsychotic medication for a diagnosed condition of psychosis are counted separately but are still reported in the total number of residents who received an antipsychotic medication.

Quality Indicator 6: Activities of daily living

The activities of daily living QI captures information about percentage of residents who experienced a decline in activities of daily living. Activities of daily living indicate a person's ability to move and care for themselves, and include management of personal hygiene, dressing, going to the toilet, and eating.

Assessment for activities of daily living is conducted using the Barthel Index of Activities of Daily Living (ADL assessment), a 10-item questionnaire completed by a staff member for each eligible resident once per quarter using existing knowledge, care records, direct observation, and talking to the resident. The timing of measurement is chosen at the discretion of individual services but is recommended to occur around the same time each

quarter. The ADL assessment reflects the resident's performance in the 24-48 hours prior to the assessment.

The total score on the current quarter ADL assessment is compared to the total score on the previous quarter's ADL assessment. A decline in ADL assessment is defined as a decline of one or more points from the previous quarter to the current quarter.

Eligible residents who received a 'zero' score (indicating dependence in all areas) on both the previous quarter and the current quarter are included in the total number of people assessed for this QI.

Additional reporting: Residents with an ADL assessment total score of zero in the previous quarter.

Quality Indicator 7: Incontinence care

The incontinence care QI captures information about percentage of residents who experienced incontinence associated dermatitis. Incontinence is the loss of bladder and bowel control and can lead to incontinence associated dermatitis (IAD).

Incontinence care is assessed using the Ghent Global IAD Categorisation Tool, which categorises IAD severity based on visual inspection of the affected skin areas. Assessment is conducted by a staff member for each eligible resident once per quarter, around the same time each quarter. The timing of measurement is chosen at the discretion of individual services.

Eligible residents with incontinence are recorded. Additionally, eligible residents who experience IAD are reported against each of the four sub-categories:

- **1A**: Persistent redness without clinical signs of infection
- **1B**: Persistent redness with clinical signs of infection
- **2A**: Skin loss without clinical signs of infection
- **2B**: Skin loss with clinical signs of infection.

The proportion of residents meeting criteria for IAD is calculated only for those who are recorded with incontinence.

Quality Indicator 8: Hospitalisation

The hospitalisation QI captures information about percentage of residents who had one or more emergency department presentations or hospital admissions. Emergency department presentations and hospital admissions are potentially preventable if residents have timely access to appropriate healthcare services.

Assessment for hospitalisation is conducted through a single review of care records for each eligible resident over the entire quarter.

The QI includes two categories:

- **Emergency department presentations**: Eligible residents who had one or more emergency department presentations during the quarter
- **Emergency department presentations or hospital admissions**: Eligible residents who had one or more emergency department presentations or hospital admissions during the quarter.

Quality Indicator 9: Workforce

The workforce QI captures information about percentage of staff turnover. Approved providers of residential aged care services report the number of staff working in defined roles over the entire quarter.

The defined roles to be reported are:

- Service managers
- Nurse practitioners or registered nurses
- Enrolled nurses
- Personal care staff or assistants in nursing.

Approved providers report workforce data in three steps:

1. Staff who worked any hours in each of these roles in the previous quarter
2. Of those recorded at Step 1, staff employed in each of these roles at the start of the current quarter (i.e. those who worked at least 120 hours in the previous quarter)
3. Of those recorded at Step 2, staff who stopped working in each of these roles during the current quarter (i.e. those with a period of at least 60 days in the current quarter in which they did not work).

This QI is the number and proportion of care staff in each category who stopped working for the provider between quarters, as an indicator of workforce turnover.

Quality Indicator 10: Consumer experience

The consumer experience QI captures information about percentage of residents who report 'good' or 'excellent' experience of the service. The consumer experience QI captures the resident's rating of six key attributes of care quality: respect and dignity, supported decision-making, skills of aged care staff, impact on health and wellbeing, social relationships and community connection, and confidence in lodging complaints.

Assessment for consumer experience is conducted using the Quality of Care Experience-Aged Care Consumers instrument, a 6-item questionnaire completed by the eligible resident (where possible) or a person who knows them well and sees them regularly (where the resident is unable to answer on their own behalf due to cognitive impairment). 'Self-completion' is when a resident independently completed the questionnaire, while 'interviewer facilitated completion' is when a resident is assisted to complete the questionnaire (i.e. by reading out the questions and response options) by an interviewer. The interviewer may or may not be a service staff member. Proxy-completion is when the questionnaire is completed by a family member, informal carer, or formal carer who knows the resident well.

Assessment occurs once per quarter, around the same time each quarter. The timing of measurement is chosen at the discretion of individual services.

Responses are categorised as:

- Excellent consumer experience: where a resident scores between 22–24
- Good consumer experience: where a resident scores between 19–21
- Moderate consumer experience: where a resident scores between 14–18
- Poor consumer experience: where a resident scores between 8–13

- Very poor consumer experience: where a resident scores between 0–7.

The QI is the number and proportion of residents who rated their consumer experience as ‘Good’ or ‘Excellent’.

Quality Indicator 11: Quality of life

The quality of life QI captures information about percentage of residents who report ‘good’ or ‘excellent’ quality of life. The quality of life QI captures the resident’s perception of their position in life taking into consideration their environment, goals, expectations, standards, and concerns. Assessment examines independence, mobility, pain management, emotional wellbeing, social relationships, and leisure activities / hobbies.

Assessment for quality of life is conducted using the Quality of Life – Aged Care Consumers instrument, a 6-item questionnaire completed by the eligible resident themselves or via an interviewer (where possible) or a person who knows them well and sees them regularly (where the resident is unable to answer on their own behalf due to cognitive impairment). ‘Self-completion’ is when a resident independently completed the questionnaire, while ‘interviewer facilitated completion’ is when a resident is assisted to complete the questionnaire (i.e. by reading out the questions and response options) by an interviewer. The interviewer may or may not be a service staff member. Proxy-completion is when the questionnaire is completed by a family member, informal carer, or formal carer who knows the resident well.

Assessment occurs once per quarter, around the same time each quarter. The timing of measurement is chosen at the discretion of individual services.

Responses are categorised as:

- Excellent quality of life: where a resident scores between 22–24
- Good quality of life: where a resident scores between 19–21
- Moderate quality of life: where a resident scores between 14–18
- Poor quality of life: where a resident scores between 8–13
- Very poor quality of life: where a resident scores between 0–7.

The QI is the number and proportion of residents who rated their quality of life as ‘Good’ or ‘Excellent’.

Quality Indicator 12: Enrolled nursing (EN)

The enrolled nursing QI captures information about proportion of care minutes provided to residents over the quarter by enrolled nurses. Approved providers report care minutes data that enables calculation of the following enrolled nursing quality indicators:

- **Proportion of EN care minutes**: EN care minutes reported as a percentage of total care minutes. Total care minutes per resident per day (denominator) is the sum of care minutes per resident per day of EN, registered nursing (RN), and personal care workers or assistants in nursing (PCW/AIN).
- **Proportion of nursing care minutes**: Proportion of combined EN and RN care minutes per resident per day over total care minutes per resident per day. Total care minutes per resident per day (denominator) is the sum of care minutes per resident per day of EN, RN, and PCW/AIN.

Approved providers are not required to submit data for enrolled nursing QI through QI Program reporting in the Government Provider Management System. The Department extracts the data needed to calculate this QI from data submitted through the Quarterly Financial Report.

Quality Indicator 13: Allied health

The allied health QI captures information about care minutes and recommended allied health services received by residents over the quarter. Approved providers report allied health data that enables calculation of the following allied health quality indicators:

- **Allied health care minutes:** reported as the average allied health care minutes per resident per day. Approved providers are not required to submit data for allied health care minutes QI through the QI Program reporting in the Government Provider Management System. The Department extracts the data needed to calculate this QI from data submitted through the Quarterly Financial Report.
- **Percentage of recommended allied health services received:** the proportion of allied health services that were delivered to residents from those recommended in their care plan during the quarter.

  Note: The approved providers only need to:

  - Report once per discipline per resident. For example, if three dietetic appointments were recommended, this counts as one recommendation for dietetics for that resident.
  - Report services received that were recommended. For example, if a resident has no recommendation for speech pathology but receives an appointment with a speech pathologist, the provider should not report this service for that resident.

Allied health professionals included in this QI are consistent with those reported as part of the Quarterly Financial Report and includes:

- physiotherapy
- occupational therapy
- speech pathology
- podiatry
- dietetics
- other allied health professionals (art therapists, audiologists, chiropractors, counsellors, diabetes educators, exercise physiologists, music therapists, osteopaths, psychologists, social workers)
- allied health assistant.

Quality Indicator 14: Lifestyle officer

The lifestyle officer QI captures information about care minutes provided to residents over the quarter by lifestyle officers. Approved providers report care minutes data that enables calculation of the following lifestyle officer quality indicator:

- **Lifestyle officer care minutes:** reported as average lifestyle officer care minutes per resident per day. Approved providers are not required to submit data for lifestyle officer care minutes QI through QI Program reporting in the Government Provider Management

System. The Department extracts the data needed to calculate this QI from data submitted through the Quarterly Financial Report.

(End of accordion widgets)

Among the 14 QIs detailed in this report:

- Nine QIs (1– 9) measure adverse events, complications, or undesirable outcomes. Lower values in these QIs may indicate better quality of care
- Five QIs (10–14) measure desirable outcomes relating to *consumer experience*, *quality of life*, *enrolled nursing*, *allied health*, and *lifestyle officer*. Higher values in these QIs may indicate better quality of care.

National data: variation over time

A trend analysis is conducted to examine variation over time in QI performance. For the trend analysis, data are pooled together for every eligible resident reported about in the quarter. Trends are examined based on sector level outcomes per quarter.

At each quarter, the number of residents who meet criteria for a QI is counted. These counts are then compared over time using a quasi-Poisson regression model. More detail about the quasi-Poisson regression model can be found in the <<Technical Notes>>.

The trend analysis included data from 17 quarters, from July–September 2021 to July–September 2025. Eleven QIs (1–11) are included in the trend analysis.

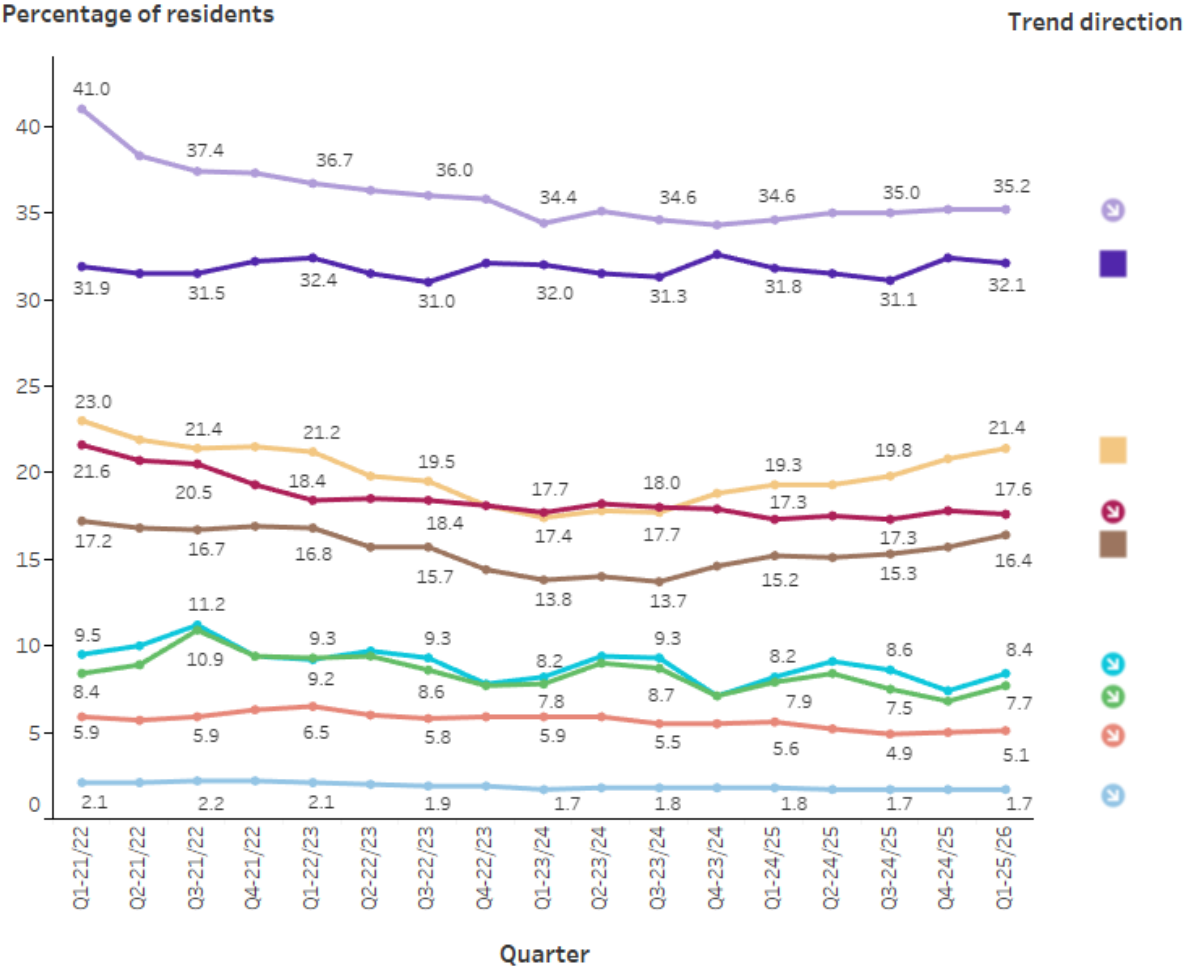
Regarding QIs that measure adverse events, complications, or undesirable outcomes (i.e., lower values of these QIs indicate better quality of care), results show that:

- Over time there has been a statistically significant decrease in the proportion of residents experiencing one or more pressure injuries, significant unplanned weight loss, consecutive unplanned weight loss, falls that resulted in major injury, polypharmacy, antipsychotic medication use, incontinence, and in the proportion of workforce turnover
- There has been a statistically significant increase in both ‘emergency department presentations’ and ‘emergency department presentations or hospital admissions’
- Over time there has been no statistically significant change in the proportion of residents experiencing restrictive practices, restrictive practice exclusively through the use of a secure area, falls, a decline in their ADL score, or IAD. Although the overall trend analysis across 17 quarters indicates no statistically significant change in the proportion of residents subject to restrictive practices or restrictive practice exclusively through the use of a secure area, both indicators show a gradual increase in the most recent three quarters.

Regarding QIs that measure desirable outcomes (i.e., higher values of these QIs indicate better quality of care), results show that:

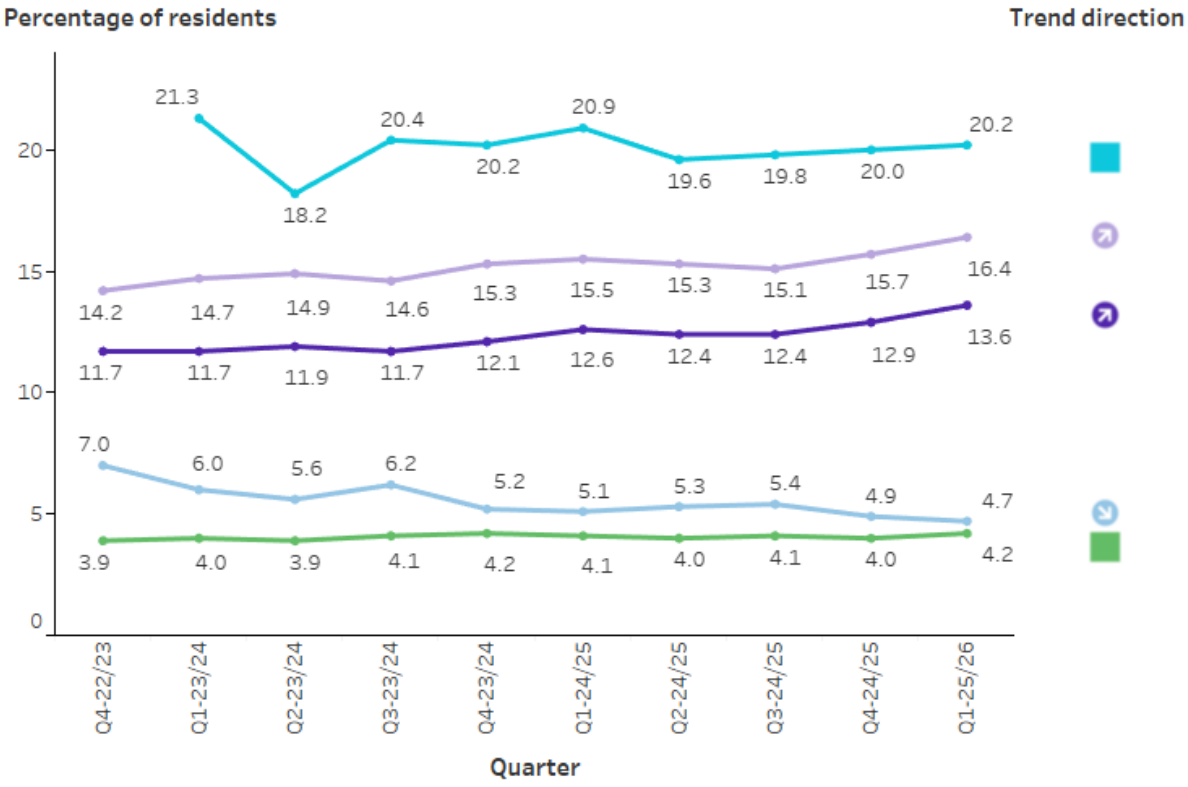
- There has been a statistically significant increase in the proportions of residents reporting ‘good’ or ‘excellent’ consumer experience and quality of life.

Trends in quality indicator performance over time, Q1 2021–22 to Q1 2025–26



Note: Although the overall trend analysis across 17 quarters indicates no statistically significant change in the proportion of residents subject to *restrictive practices* or *restrictive practice exclusively through the use of a secure area*, both indicators show a gradual increase in the most recent three quarters. This increase in the use restrictive practices should be noted when interpreting the data.

Trends in quality indicator performance over time, Q4 2022–23 to Q1 2025–26



Quality Indicator

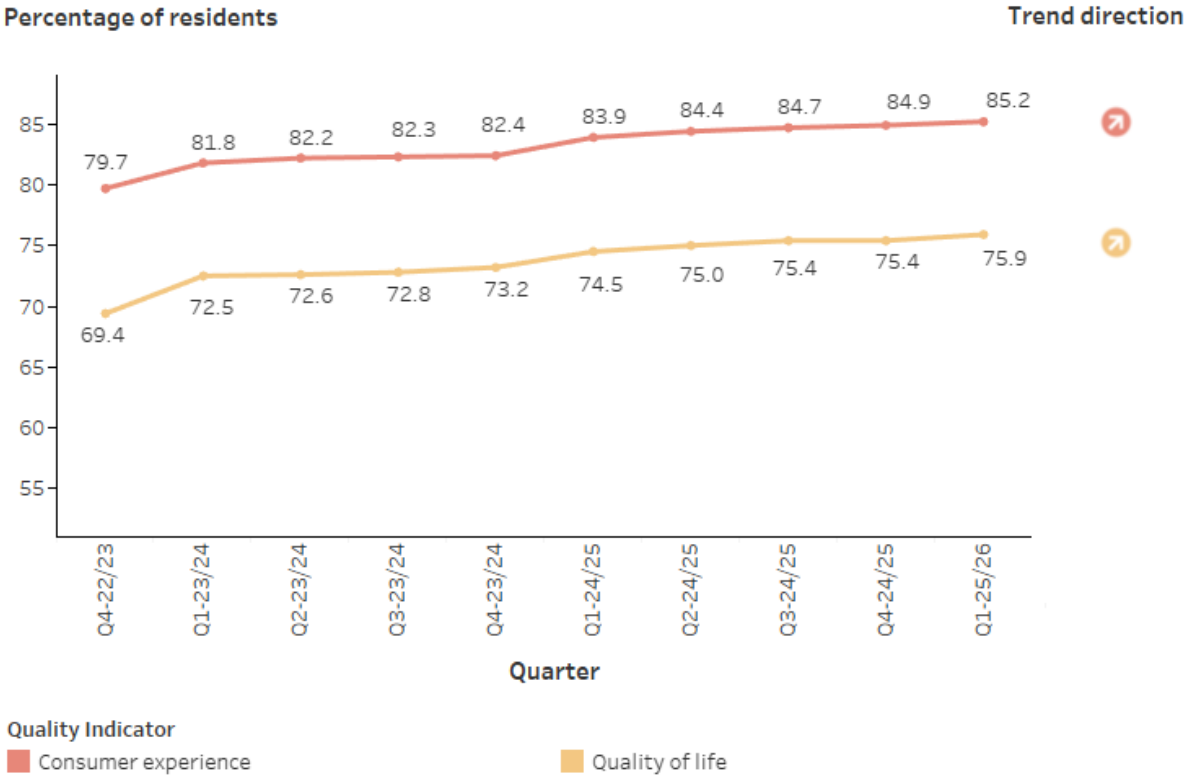
- Activities of daily living
- Emergency department presentations
- Emergency department presentations or hospital admissions
- Incontinence associated dermatitis
- Workforce

Note:

- indicates a statistically significant upward trend at $p < .05$.
- indicates a statistically significant downward trend at $p < .05$
- indicates a statistically non-significant trend ($p \geq .05$)

https://www.gen-agedcaredata.gov.au/

Trends in consumer experience and quality of life quality indicators, Q4 2022–23 to Q1 2025–26



Note:

indicates a statistically significant upward trend at $p < .05$.

https://www.gen-agedcaredata.gov.au/

National data

QI data are presented below at a national level. The table presents data for all eligible residents aggregated across all 2,579 included RACS. The boxplot that follows presents data for all eligible residents aggregated at the service level. For further information on boxplots, see ‘Interpreting boxplots’ below.

Table 1: Pressure injuries in residential aged care, percentage of residents, July to September 2025

QI category	Number of residents with one or more pressure injuries acquired outside the service	Total number of residents with one or more pressure injuries (numerator)	Proportion of residents with one or more pressure injuries
One or more	2,300	10,821	5.1%
Stage 1	862	4,432	2.1%
Stage 2	930	4,808	2.3%
Stage 3	253	918	0.4%
Stage 4	90	259	0.1%
Unstageable	294	858	0.4%
Suspected deep tissue	180	766	0.4%

Note: 212,802 eligible residents (denominator) were assessed for pressure injuries at the 2,578 RACS that submitted data for this QI. The total number of residents with one or more pressure injuries includes pressure injuries acquired both inside and outside the service.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 2: Restrictive practices in residential aged care, percentage of residents, July to September 2025

QI category	Number of residents subject to the use of a restrictive practice (numerator)	Proportion of residents subject to the use of a restrictive practice
Restrictive practices (total)	44,013	21.4%
Restrictive practice exclusively through the use of a secure area	33,768	16.4%

Note: 205,901 eligible residents (denominator) were assessed for restrictive practices (excluding chemical restraint) at the 2,578 RACS that submitted data for this QI. The total number of residents subject to the use of a restrictive practice includes residents who were subject to the use of a restrictive practice exclusively using a secure area and residents who were subject to the use of a restrictive practice not exclusively using a secure area.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 3: Unplanned weight loss in residential aged care, percentage of residents, July to September 2025

QI category	Number of residents with unplanned weight loss (numerator)	Proportion of residents with unplanned weight loss
Significant unplanned weight loss	13,262	7.7%
Consecutive unplanned weight loss	14,096	8.4%

Note: 172,708 eligible residents (denominator) were assessed for significant unplanned weight loss at the 2,576 RACS that submitted data for this QI and 168,751 eligible residents were assessed for consecutive unplanned weight loss at the 2,573 RACS that submitted data for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 4: Falls and falls that resulted in major injury in residential aged care, percentage of residents, July to September 2025

QI category	Number of residents with recorded falls (numerator)	Proportion of residents with recorded falls
Falls (total)	72,839	32.1%
Falls that resulted in major injury	3,865	1.7%

Note: 226,755 eligible residents (denominator) were assessed for falls and falls that resulted in major injury at the 2,579 RACS that submitted data for this QI. The total number of falls includes falls resulting in major injury and falls not resulting in major injury.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 5: Medication management—polypharmacy in residential aged care, percentage of residents, July to September 2025

QI category	Number of residents who were prescribed nine or more medications (numerator)	Proportion of residents who were prescribed nine or more medications
Polypharmacy	72,004	35.2%

Note: 204,690 eligible residents (denominator) were assessed for polypharmacy at the 2,577 RACS that submitted data for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 6: Medication management—antipsychotics in residential aged care, percentage of residents, July to September 2025

QI category	Number of residents who received an antipsychotic medication (numerator)	Proportion of residents who received an antipsychotic medication
Use of antipsychotics (total)	36,196	17.6%
Antipsychotic use with diagnosed psychosis	16,034	7.8%

Note: 205,357 eligible residents (denominator) were assessed for antipsychotic use at the 2,577 RACS that submitted data for this QI. The total use of antipsychotics includes residents who received an antipsychotic medication with diagnosed psychosis and residents who received an antipsychotic medication without diagnosed psychosis.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 7: Activities of daily living in residential aged care, percentage of residents, July to September 2025

QI category	Number of eligible residents who experienced a decline in their ADL score (numerator)	Proportion of eligible residents who experienced a decline in their ADL score
Activities of daily living	38,759	20.2%

Note: 191,484 eligible residents (denominator) were assessed for a decline in activities of daily living (ADL) score at the 2,572 RACS that submitted data for this QI. A decline in score was defined as a decrease of one point or more since the previous quarter. Among those residents assessed for ADL, 10,548 had an ADL assessment total score of zero (that is, were completely dependent) in the previous quarter.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 8: Incontinence care in residential aged care, percentage of residents, July to September 2025

QI category	Number of eligible residents with incontinence and incontinence associated dermatitis (numerator)	Proportion of eligible residents with incontinence and incontinence associated dermatitis
Incontinence	161,028	75.5%
Incontinence associated dermatitis (IAD)	6,685	4.2%
Stage 1A IAD	4,430	2.8%
Stage 1B IAD	550	0.3%
Stage 2A IAD	1,604	1.0%
Stage 2B IAD	217	0.1%

Note: 213,178 eligible residents (denominator for incontinence) were assessed for incontinence at the 2,579 RACS that submitted data for this QI. Among those residents assessed for incontinence 161,028 were recorded with incontinence in 2,574 RACS and were assessed for incontinence associated dermatitis (IAD), that is, denominator for IAD QI. The total number of residents with IAD is not equal to the sum of IAD sub-category totals as one individual can have multiple instances and stages of IAD at the same time.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 9: Hospitalisation in residential aged care, percentage of residents, July to September 2025

QI category	Number of eligible residents with hospitalisation (numerator)	Proportion of eligible residents with hospitalisation
Emergency department presentations	30,645	13.6%
Emergency department presentations or hospital admissions	36,967	16.4%

Note: 225,663 eligible residents (denominator) were assessed for hospitalisation at the 2,578 RACS that submitted data for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 10: Workforce in residential aged care, percentage of staff that stopped working during the quarter, July to September 2025

QI category	Number of staff employed at start of quarter (denominator)	Number of staff who stopped working during the quarter (numerator)	Proportion of staff who stopped working during the quarter
All eligible staff	206,838	9,722	4.7%
Service managers	5,533	384	6.9%
Nurse practitioners or registered nurses	37,367	2,371	6.3%
Enrolled nurses	12,931	716	5.5%
Personal care staff or assistants in nursing	151,007	6,251	4.1%

Note: 206,838 staff members were assessed for workforce at the 2,566 RACS that submitted data for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 11: Residents reporting 'good' or 'excellent' consumer experience in residential aged care, percentage of residents, July to September 2025

QI category	Number reporting 'good' consumer experience	Number reporting 'excellent' consumer experience	Number reporting 'good' or 'excellent' consumer experience	Proportion reporting 'good' or 'excellent' consumer experience
Total included residents	29,298	87,786	117,084	85.2%
Residents who responded via self-completion	7,340	21,899	29,239	84.3%
Residents who responded via interviewer facilitated completion	16,937	52,022	68,959	86.4%
Residents who responded via proxy-completion	5,021	13,865	18,886	82.3%

Note: 137,465 eligible residents were assessed for consumer experience at the 2,567 RACS that submitted data for this QI. The total number of responses includes those who responded via self-completion (34,685), via interviewer facilitated completion (79,845), and via proxy-completion (22,935).

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 12: Residents reporting 'good' or 'excellent' quality of life in residential aged care, percentage of residents, July to September 2025

QI category	Number reporting 'good' quality of life	Number reporting 'excellent' quality of life	Number reporting 'good' or 'excellent' quality of life	Proportion reporting 'good' or 'excellent' quality of life
Total included residents	38,594	65,776	104,370	75.9%
Residents who responded via self-completion	9,558	17,768	27,326	79.2%
Residents who responded via interviewer facilitated completion	22,542	40,316	62,858	78.2%
Residents who responded via proxy-completion	6,494	7,692	14,186	62.7%

Note: 137,545 eligible residents were assessed for quality of life at the 2,565 RACS that submitted data for this QI. The total number of responses includes those who responded via self-completion (34,506), via interviewer facilitated completion (80,412), and via proxy-completion (22,627).

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 13: Proportion of enrolled nursing care minutes in residential aged care, July to September 2025

QI category	Average care minutes per resident per day (unit: care minute, numerator)	Proportion of total nursing care minute
Enrolled nursing	12.2	5.5%
Enrolled nursing and registered nursing	57.1	25.9%

Note: A total of 2,559 RACS submitted data on nursing care minutes. These RACS recorded 18,664,099 OBD over the quarter, corresponding to an estimated 202,871 residents. On average, a total of 220.6 nursing care minutes per resident per day (denominator) were recorded, calculated as the sum of average care minutes per resident per day delivered by enrolled nurses (12.2 care minutes per resident per day), registered nurses (44.9), and personal care workers or assistants in nursing (163.5) at the national level. See 'Technical notes' for more information on the calculation logic of this QI.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 12 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 14: Average allied health care minutes per resident per day in residential aged care, July to September 2025

QI category	Total care minutes (count of minutes, numerator)	Average care minutes per resident per day (unit: care minute)
Allied health (total)	89,541,246	4.8
Physiotherapy	53,176,168	2.8
Occupational therapy	5,770,653	0.3
Speech pathology	2,746,702	0.1
Podiatry	5,812,746	0.3
Dietetics	4,240,512	0.2
Other allied health	4,321,289	0.2
Allied health assistant	13,473,176	0.7

Note: A total of 2,559 RACS submitted data on allied health care minutes. These RACS recorded 18,664,099 occupied bed days (denominator) over the quarter, corresponding to an estimated 202,871 residents.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 12 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 15: Percentage of allied health recommended services received in residential aged care, July to September 2025

Indicator category	Number of recommended services (denominator)	Number of recommended services received (numerator)	Percentage of recommended services received
Allied health (total)	474,604	455,122	95.9%
Physiotherapy	162,433	159,233	98.0%
Occupational therapy	31,036	27,767	89.5%
Speech pathology	28,019	24,095	86.0%
Podiatry	162,256	157,644	97.2%
Dietetics	46,622	41,507	89.0%
Other allied health	18,402	18,991	103.2%
Allied health assistant	25,836	25,885	100.2%

Note: 225,172 eligible residents were assessed for allied health recommended services received at the 2,572 RACS that submitted data for this QI. Some RACS reported a total number of allied health services received that exceeds the number of services recommended. This QI only captures those allied health services recommended in care and services plans that were received during the reporting period and should not capture multiple instances of the same service type being received or services received outside of care plans.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 16: Average lifestyle officer care minutes per resident per day in residential aged care, July to September 2025

QI category	Total care minutes (count of minutes, numerator)	Average care minutes per resident per day (unit: care minute)
Lifestyle officer	133,817,135	7.2

Note: A total of 2,559 RACS submitted data on lifestyle officer care minutes. These RACS recorded 18,664,099 occupied bed days (denominator) over the quarter, corresponding to an estimated 202,871 residents.

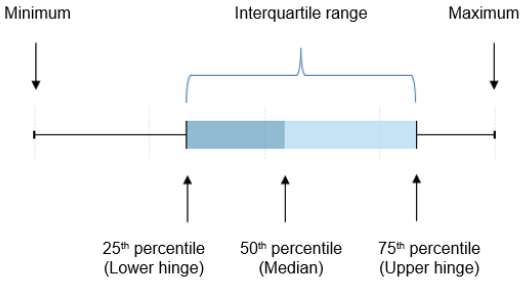
Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 12 November 2025, published on https://www.gen-agedcaredata.gov.au/

Interpreting boxplots (accordion widget)

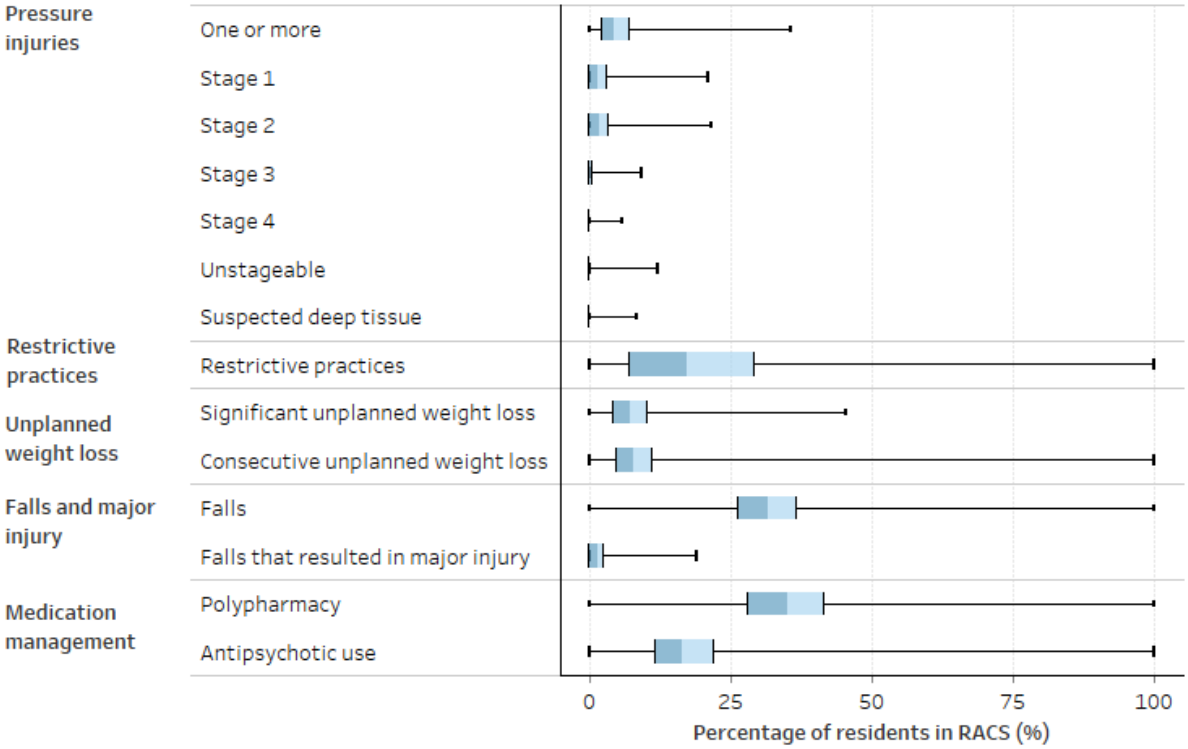
The values shown in the box plots are the **minimum** value, 25th percentile ('**Lower Hinge**'), the 50th percentile ('**Median'**), 75th percentile ('**Upper Hinge**') and the **maximum** value.

As an example of interpreting the percentiles, the 25th percentile shows at what QI prevalence rate 25% of the RACS reported a rate lower than this, and conversely 75% of the RACS reported a QI rate higher than this. The median value represents the QI prevalence rate in the middle of the values reported in Australia.

The interquartile range (IQR) is a measure of statistical dispersion or spread of QI rates and is the difference between the 75th percentile and the 25th percentile values.

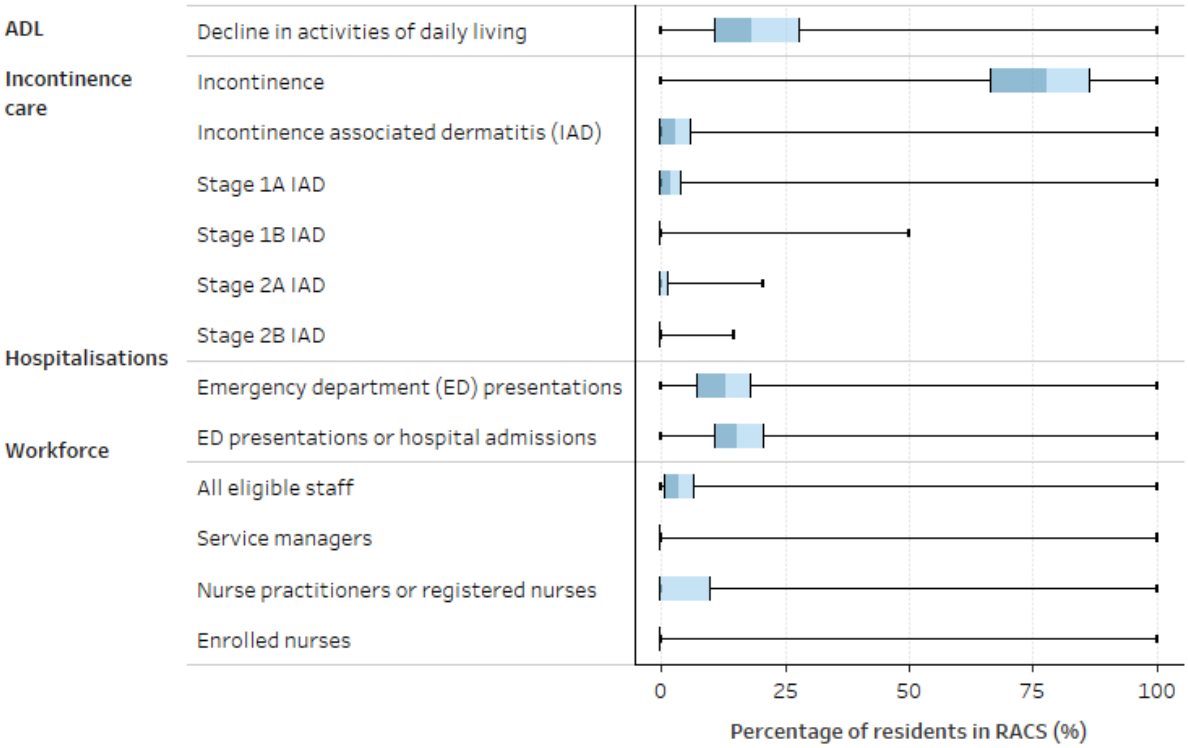


Distribution of percentage of residents reported by RACS as meeting criteria for quality indicators, July to September 2025



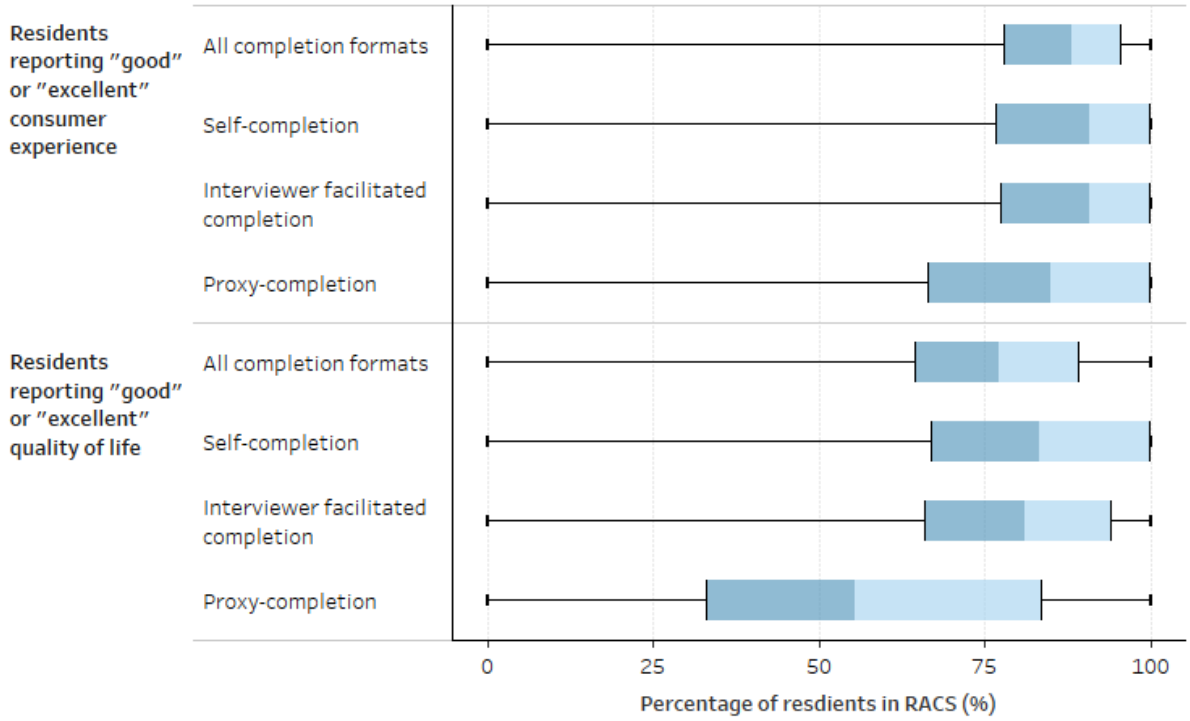
Note: The number of RACS reporting 100% QI prevalence rates ranged from 0.0-13.3% of the 2,579 RACS included in this report. These outlying values have not been removed prior to compiling the statistics presented in this report because although some could reflect recording errors others could reflect valid data. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RACS reporting 0% and 100%.
Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Distribution of percentage of residents reported by RACS as meeting criteria for quality indicators, July to September 2025 (continued)



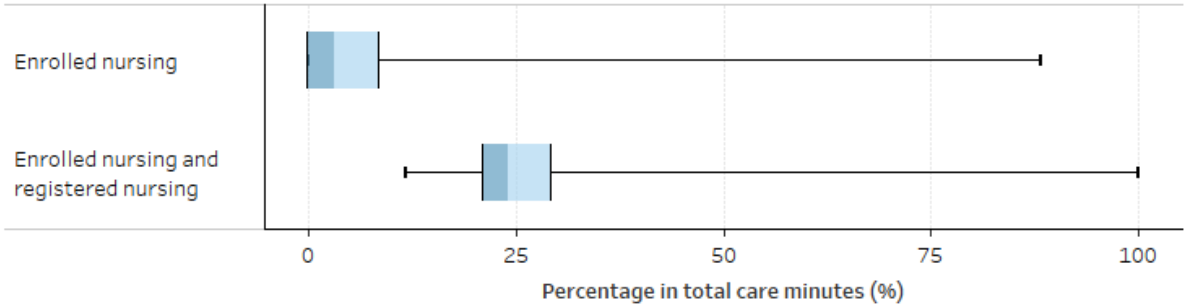
Note: The number of RACS reporting 100% QI prevalence rates ranged from 0.0-13.3% of the 2,579 RACS included in this report. These outlying values have not been removed prior to compiling the statistics presented in this report because although some could reflect recording errors others could reflect valid data. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RACS reporting 0% and 100%.
Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Distribution of percentage of residents reported by RACS as meeting criteria for quality indicators, July to September 2025 (continued)



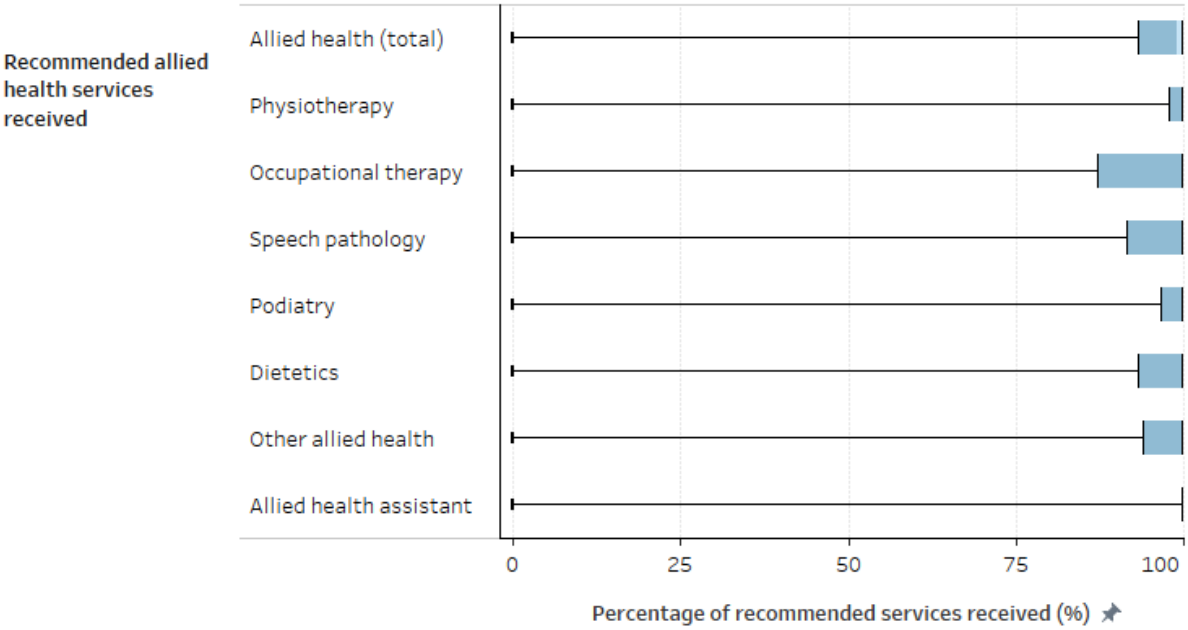
Note: The number of RACS reporting 100% QI prevalence rates ranged from 0.0-13.3% of the 2,579 RACS included in this report. These outlying values have not been removed prior to compiling the statistics presented in this report because although some could reflect recording errors others could reflect valid data. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RACS reporting 0% and 100%.
Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Distribution of proportion of enrolled nursing care minutes in total nursing care minutes, July to September 2025



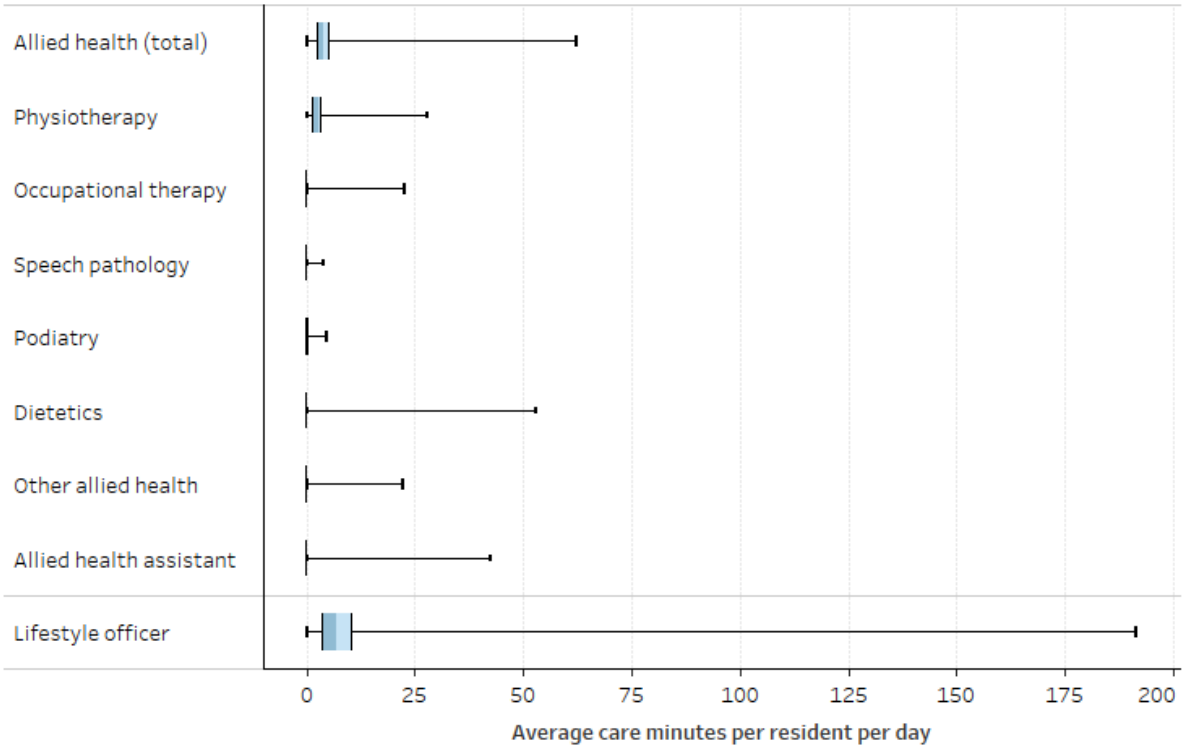
Note: Of the 2,579 RACS included in this report, only 0.7% reported that 100% of their total care minutes were delivered by enrolled nurses and registered nurses, meaning no care minutes were provided by personal care workers or assistants in nursing. These outlying values have not been removed prior to compiling the statistics presented in this report because they could reflect valid data. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RACS reporting 0% and 100%.
Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 12 November 2025, published on https://www.gen-agedcaredata.gov.au/

Distribution of percentage of recommended allied health services received in residential aged care, July to September 2025



Note: Among the 2,579 RACS included in this report, the percentage of RACS that delivered all (100%) of their recommended allied health services to their residents ranged from 18.6% (allied health assistant) to 64.7% (physiotherapy). Some RACS reported number of allied health services received that exceeds the number of services recommended, with proportions ranging from 1.3%-4.9% across the different types of allied health services of the 2,579 RACS included in this report. This QI only captures those allied health services recommended in care and services plans that were received during the reporting period and should not capture multiple instances of the same service type being received or services received outside of care plans. Outlying values above 100% have not been removed prior to compiling the statistics presented in this report. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RACS reporting 0% and 100%.
Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Distribution of allied health and lifestyle officer care minutes per resident per day in residential aged care, July to September 2025



Note: A total of 2,559 RACS submitted data on care minutes out of the 2,579 RACS included in this report.
Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 12 November 2025, published on https://www.gen-agedcaredata.gov.au/

The following data tables are used for creating the above Boxplots in the publication.

Table 17: Distribution of percentage of residents and proportion of care staff reported by RACS as meeting criteria for QIs, July to September 2025

QI category	Percentage of residents in RACS (%)				
	Minimum	25th percentile	Median	75th percentile	Maximum
One or more pressure injuries	0.0	2.2	4.3	7.2	35.7
Stage 1 pressure injuries	0.0	0.0	1.4	3.2	20.9
Stage 2 pressure injuries	0.0	0.0	1.7	3.4	21.4
Stage 3 pressure injuries	0.0	0.0	0.0	0.6	9.1
Stage 4 pressure injuries	0.0	0.0	0.0	0.0	5.6
Unstageable pressure injuries	0.0	0.0	0.0	0.0	12.0
Suspected deep tissue injuries	0.0	0.0	0.0	0.0	8.2
Restrictive practices	0.0	7.1	17.3	29.2	100
Significant unplanned weight loss	0.0	4.3	7.1	10.2	45.5
Consecutive unplanned weight loss	0.0	4.9	7.8	11.1	100
Falls	0.0	26.5	31.7	36.8	100
Falls that resulted in major injury	0.0	0.0	1.4	2.5	19.0
Polypharmacy	0.0	28.2	34.9	41.7	100
Antipsychotic use	0.0	11.6	16.4	22.1	100
Activities of daily living	0.0	11.2	18.4	28.0	100
Incontinence	0.0	66.7	77.9	86.7	100
Incontinence associated dermatitis (IAD)	0.0	0.0	3.0	6.1	100
Stage 1A IAD	0.0	0.0	1.8	4.1	100
Stage 1B IAD	0.0	0.0	0.0	0.0	50.0
Stage 2A IAD	0.0	0.0	0.0	1.4	20.6
Stage 2B IAD	0.0	0.0	0.0	0.0	14.8
Hospitalisations - Emergency department presentations	0.0	7.5	12.9	18.4	100
Hospitalisations - Emergency department presentations or hospital admissions	0.0	11.0	15.4	20.8	100
Workforce – All eligible staff	0.0	0.9	3.4	6.7	100
Workforce – Service managers	0.0	0.0	0.0	0.0	100
Workforce – Nurse practitioners or registered nurses	0.0	0.0	0.0	10.0	100
Workforce – Enrolled nurses	0.0	0.0	0.0	0.0	100
Workforce – Personal care staff or assistants in nursing	0.0	0.0	2.5	5.8	100
Consumer experience – All completion format	0.0	78.1	88.1	95.8	100
Consumer experience – Self-completion	0.0	76.9	90.9	100	100
Consumer experience – Interviewer facilitated completion	0.0	77.8	90.9	100	100
Consumer experience – Proxy-completion	0.0	66.7	85.0	100	100
Quality of life - all completion format	0.0	64.8	77.3	89.5	100
Quality of life - self-completion	0.0	67.2	83.3	100	100
Quality of life - interviewer facilitated completion	0.0	66.2	81.2	94.2	100
Quality of life - proxy-completion	0.0	33.3	55.6	83.8	100

Note: The number of RACS reporting 100% QI prevalence rates ranged from 0.0-13.3% of the 2,579 RACS included in this report. These outlying values have not been removed prior to compiling the statistics presented in this report because although some could reflect recording errors others could reflect valid data. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RACS reporting 0% and 100%.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 18: Distribution of proportion of enrolled nursing care minutes in total nursing care minutes, July to September 2025

QI category	Proportion in total care minutes (%)				
	Minimum	25th percentile	Median	75th percentile	Maximum
Enrolled nursing	0.0	0.0	3.3	8.6	88.2
Enrolled nursing and registered nursing	11.9	21.1	24.2	29.3	100

Note: Of the 2,579 RACS included in this report, only 0.7% reported that 100% of their total care minutes were delivered by enrolled nurses and registered nurses, meaning no care minutes were provided by personal care workers or assistants in nursing. These outlying values have not been removed prior to compiling the statistics presented in this report because they could reflect valid data. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RACS reporting 0% and 100%.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 12 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 19: Distribution of percentage of recommended allied health services received in residential aged care, July to September 2025

QI category	Proportion of recommended services received				
	Minimum	25th percentile	Median	75th percentile	Maximum
Allied health (total)	0.0	93.4	99.1	100	3,617.4
Physiotherapy	0.0	98.1	100	100	6,000.0
Occupational therapy	0.0	87.5	100	100	8,900.0
Speech pathology	0.0	91.7	100	100	600.0
Podiatry	0.0	96.9	100	100	20,000.0
Dietetics	0.0	93.4	100	100	1,166.7
Other allied health	0.0	94.3	100	100	2,800.0
Allied health assistant	0.0	100	100	100	9,300.0

Note: Among the 2,579 RACS included in this report, the percentage of RACS that delivered all (100%) of their recommended allied health services to their residents ranged from 18.6% (allied health assistant) to 64.7% (physiotherapy). Some RACS reported number of allied health services received that exceeds the number of services recommended, with proportions ranging from 1.3%-4.9% across the different types of allied health services of the 2,579 RACS included in this report. This QI only captures those allied health services recommended in care and services plans that were received during the reporting period and should not capture multiple instances of the same service type being received or services received outside of care plans. Outlying values above 100% have not been removed prior to compiling the statistics presented in this report. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RACS reporting 0% and 100%.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 12 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 20: Distribution of care minutes per resident per day in residential aged care, July to September 2025

QI category	Care minutes per resident per day				
	Minimum	25th percentile	Median	75th percentile	Maximum
Allied health (total)	0.0	2.8	4.0	5.4	62.3
Physiotherapy	0.0	1.6	2.7	3.7	27.8
Occupational therapy	0.0	0.0	0.0	0.0	22.7
Speech pathology	0.0	0.0	0.1	0.2	3.8
Podiatry	0.0	0.1	0.2	0.4	4.8
Dietetics	0.0	0.1	0.2	0.3	52.9
Other allied health	0.0	0.0	0.0	0.0	22.1
Allied health assistant	0.0	0.0	0.0	0.0	42.6
Lifestyle officer	0.0	3.8	7.0	10.5	191.6

Note: A total of 2,559 RACS submitted data on care minutes out of the 2,579 RACS included in this report.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 12 November 2025, published on https://www.gen-agedcaredata.gov.au/

Geographic variation

Disaggregations of QIs by state and territory and by remoteness categories were calculated from raw data with no risk adjustment. At the time of reporting, it is not possible to take into account variation in the complexity of people's care needs at the service level (case-mix) nor how this interacts with other features known to vary across geographical areas, such as service size, service ownership or interaction with healthcare services (such as hospitals and palliative care services).

Table 21: Pressure injuries in residential aged care, percentage of residents, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
One or more	4.8%	4.9%	5.1%	5.4%	5.9%	6.9%	4.8%	3.9%	5.1%
Stage 1	2.1%	1.8%	2.2%	2.3%	2.3%	3.4%	1.6%	1.2%	2.1%
Stage 2	2.1%	2.3%	2.3%	2.2%	2.7%	2.7%	2.6%	1.6%	2.3%
Stage 3	0.4%	0.4%	0.4%	0.5%	0.6%	0.4%	0.3%	0.9%	0.4%
Stage 4	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%
Unstageable	0.4%	0.4%	0.4%	0.4%	0.5%	0.5%	0.3%	0.4%	0.4%
Suspected deep tissue	0.4%	0.3%	0.3%	0.7%	0.4%	0.3%	0.3%	0.2%	0.4%

Note: This table presents aggregate data for 212,802 eligible residents assessed for pressure injuries at the 2,578 RACS that submitted data for this QI, by state and territory. It includes data for pressure injuries acquired both inside and outside the service. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 22: Pressure injuries in residential aged care acquired outside the service, percentage of residents, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
One or more	1.1%	1.0%	1.1%	1.0%	1.2%	1.7%	0.8%	1.4%	1.1%
Stage 1	0.4%	0.3%	0.5%	0.4%	0.5%	0.5%	0.3%	0.5%	0.4%
Stage 2	0.4%	0.4%	0.4%	0.4%	0.4%	0.9%	0.3%	0.2%	0.4%
Stage 3	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.5%	0.1%
Stage 4	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%
Unstageable	0.2%	0.1%	0.1%	0.1%	0.2%	0.1%	0.0%	0.2%	0.1%
Suspected deep tissue	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%

Note: This table presents aggregate data for 212,802 eligible residents assessed for pressure injuries at the 2,578 RACS that submitted data for this QI, by state and territory. The national percentage for stage 4 pressure injuries acquired outside the service is reported as 0.0% due to rounding to one decimal place, despite some state and territory-level values exceeding zero. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 23: Restrictive practices in residential aged care, percentage of residents, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Restrictive practices (total)	20.2%	21.1%	20.0%	28.9%	22.4%	18.4%	19.3%	35.2%	21.4%
Restrictive practice exclusively through the use of a secure area	15.5%	16.2%	14.5%	25.0%	16.4%	12.1%	15.8%	30.1%	16.4%

Note: This table presents aggregate data for 205,901 eligible residents assessed for restrictive practices (excluding chemical restraint) at the 2,578 RACS that submitted data for this QI, by state and territory. The total number of residents subject to the use of a restrictive practice includes residents who were subject to the use of a restrictive practice exclusively using a secure area and residents who were subject to the use of a restrictive practice not exclusively using a secure area. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 24: Unplanned weight loss in residential aged care, percentage of residents, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Significant unplanned weight loss	7.3%	8.0%	8.5%	6.9%	7.2%	7.6%	7.8%	9.7%	7.7%
Consecutive unplanned weight loss	8.1%	8.6%	8.7%	7.8%	8.2%	9.2%	7.5%	10.5%	8.4%

Note: This table presents aggregate data for 172,708 eligible residents assessed for significant unplanned weight loss at the 2,576 RACS that submitted data for this QI and 168,751 eligible residents assessed for consecutive unplanned weight loss at the 2,573 RACS that submitted data for this QI, by state and territory. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 25: Falls and falls that resulted in major injury in residential aged care, percentage of residents, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Falls (total)	31.2%	32.1%	32.4%	32.8%	34.0%	32.6%	34.6%	24.6%	32.1%
Falls that resulted in major injury	1.7%	1.7%	1.9%	1.6%	1.5%	1.4%	1.8%	1.7%	1.7%

Note: This table presents aggregate data for 226,755 eligible residents assessed for falls and falls that resulted in major injury at the 2,579 RACS that submitted data for this QI, by state and territory. The total number of falls includes falls resulting in major injury and falls not resulting in major injury. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 26: Medication management in residential aged care, percentage of residents, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Polypharmacy	35.2%	36.1%	35.7%	35.9%	31.8%	31.0%	33.9%	22.1%	35.2%
Antipsychotics (total)	15.9%	19.9%	16.4%	20.8%	17.8%	15.3%	14.2%	15.3%	17.6%
Antipsychotics with diagnosed psychosis	7.1%	9.5%	7.0%	7.4%	8.0%	7.5%	5.4%	4.3%	7.8%

Note: This table presents aggregate data for 204,690 eligible residents assessed for polypharmacy at the 2,577 RACS that submitted data for this QI and 205,357 eligible residents assessed for antipsychotic use at the 2,577 RACS that submitted data for this QI, by state and territory. The total use of antipsychotics includes residents who received an antipsychotic medication with diagnosed psychosis and residents who received an antipsychotic medication without diagnosed psychosis. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 27: Activities of daily living in residential aged care, percentage of residents, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Activities of daily living	19.4%	19.7%	21.6%	21.8%	18.4%	25.6%	23.2%	30.5%	20.2%

Note: This table presents aggregate data for 191,484 eligible residents assessed for a decline in activities of daily living (ADL) score at the 2,572 RACS that submitted data for this QI, by state and territory. A decline in score was defined as a decrease of one point or more since the previous quarter. Among those residents assessed for ADL, 10,548 had an ADL assessment total score of zero (that is, were completely dependent) in the previous quarter. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 28: Incontinence care in residential aged care, percentage of residents, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Incontinence	74.8%	73.8%	76.6%	76.5%	80.8%	74.3%	73.3%	75.1%	75.5%
Incontinence associated dermatitis (IAD)	4.2%	4.0%	3.4%	4.7%	4.7%	6.2%	5.8%	1.9%	4.2%
Stage 1A IAD	2.7%	2.6%	2.2%	3.4%	3.3%	4.8%	4.0%	0.5%	2.8%
Stage 1B IAD	0.3%	0.4%	0.3%	0.4%	0.4%	0.4%	0.5%	0.2%	0.3%
Stage 2A IAD	1.1%	1.0%	0.8%	0.9%	0.9%	1.1%	1.4%	0.9%	1.0%
Stage 2B IAD	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%

Note: This table presents aggregate data for 213,178 eligible residents assessed for incontinence at the 2,579 RACS that submitted data for this QI, by state and territory. Among those residents assessed for incontinence, 161,028 were recorded with incontinence in 2,574 RACS and were assessed for incontinence-associated dermatitis (IAD). The total number of residents with IAD is not equal to the sum of IAD sub-category totals as one individual can have multiple instances and stages of IAD at the same time. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 29: Hospitalisation in residential aged care, percentage of residents, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Emergency department presentations	13.1%	12.8%	16.6%	12.9%	11.8%	12.1%	14.3%	19.4%	13.6%
Emergency department presentations or hospital admissions	16.2%	15.4%	19.3%	15.5%	15.1%	13.7%	16.6%	21.7%	16.4%

Note: This table presents aggregate data for 225,663 eligible residents assessed for hospitalisations at the 2,578 RACS that submitted data for this QI, by state and territory. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 30: Workforce in residential aged care, percentage of staff that stopped working during the quarter, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
All eligible staff	4.4%	4.1%	6.5%	4.0%	4.0%	5.8%	3.3%	6.4%	4.7%
Service managers	6.4%	5.7%	8.4%	8.6%	7.8%	9.4%	7.5%	0.0%	6.9%
Nurse practitioners	6.1%	5.1%	8.1%	6.7%	5.3%	10.9%	5.9%	12.2%	6.3%
Enrolled nurses	6.5%	4.8%	8.4%	4.6%	5.0%	6.6%	4.5%	0.0%	5.5%
Personal care staff or assistants in nursing	3.9%	3.6%	6.0%	3.2%	3.4%	4.4%	2.5%	5.4%	4.1%

Note: This table presents aggregate data for 206,838 staff assessed for workforce at the 2,566 RACS that submitted data for this QI, by state and territory. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 31: Residents reporting 'good' or 'excellent' consumer experience in residential aged care, percentage of residents, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Total included residents	86.6%	86.1%	84.5%	79.9%	84.1%	84.0%	77.9%	87.7%	85.2%
Residents who responded via self-completion	85.1%	84.3%	84.6%	79.6%	84.7%	87.5%	79.9%	94.9%	84.3%
Residents who responded via interviewer facilitated completion	87.8%	88.0%	85.2%	80.3%	86.0%	83.3%	80.7%	87.0%	86.4%
Residents who responded via proxy-completion	84.8%	82.9%	81.5%	78.7%	77.4%	80.3%	65.9%	85.9%	82.3%

Note: This table presents aggregate data for 137,465 eligible residents assessed for consumer experience at the 2,567 RACS that submitted data for this QI, by state and territory. The total number of responses includes those who responded via self-completion (34,685), via interviewer facilitated completion (79,845), and via proxy-completion (22,935). See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 32: Residents reporting 'good' or 'excellent' quality of life in residential aged care, percentage of residents, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Total included residents	76.6%	76.8%	76.7%	70.3%	75.8%	71.4%	69.3%	79.4%	75.9%
Residents who responded via self-completion	78.8%	80.1%	80.1%	75.3%	79.8%	79.4%	76.2%	91.2%	79.2%
Residents who responded via interviewer facilitated completion	78.9%	79.1%	78.6%	71.7%	80.0%	72.8%	73.3%	81.0%	78.2%
Residents who responded via proxy-completion	65.5%	64.9%	61.6%	54.0%	57.0%	52.0%	47.2%	59.0%	62.7%

Note: This table presents aggregate data for 137,545 eligible residents assessed for quality of life at the 2,565 RACS that submitted data for this QI, by state and territory. The total number of responses includes those who responded via self-completion (34,506), via interviewer facilitated completion (80,412), and via proxy-completion (22,627). See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 33: Proportion of enrolled nursing care minutes in residential aged care, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Enrolled nursing	1.4%	10.7%	3.9%	4.0%	10.7%	10.1%	1.4%	1.5%	5.5%
Enrolled nursing and registered nursing	21.6%	31.5%	24.8%	23.5%	30.1%	29.5%	21.1%	23.2%	25.9%

Note: This table aggregates data for 18,664,099 OBD over the quarter, corresponding to an estimated 202,871 residents, for the proportion of enrolled nursing care minutes QI at the 2,559 RACS that had available Quarterly Financial Report data for this QI, by state and territory. The numerators are calculated by dividing the total enrolled nursing care minutes and the combined total of enrolled and registered nursing care minutes, aggregated across all RACS within each state and territory, by the total occupied bed days at the state and territory level. The denominators are calculated by dividing the total care minutes delivered by enrolled nurses, registered nurses, and personal care workers or assistants in nursing aggregated across all RACS within each state and territory, by the total occupied bed days at the state and territory level. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 12 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 34: Average allied health care minutes per resident per day in residential aged care, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Allied health (total)	4.4	4.1	3.8	9.9	5.2	4.3	5.3	4.1	4.8
Physiotherapy	2.9	3.0	2.5	2.6	3.3	3.0	3.5	3.1	2.8
Occupational therapy	0.2	0.1	0.2	1.6	0.5	0.0	0.0	0.1	0.3
Speech pathology	0.1	0.1	0.1	0.2	0.2	0.1	0.1	0.1	0.1
Podiatry	0.3	0.3	0.4	0.4	0.3	0.5	0.3	0.5	0.3
Dietetics	0.2	0.2	0.2	0.3	0.3	0.2	0.2	0.3	0.2
Other allied health	0.3	0.2	0.1	0.4	0.2	0.1	0.4	0.0	0.2
Allied health assistant	0.5	0.2	0.2	4.5	0.3	0.3	0.8	0.0	0.7

Note: This table aggregate data for 18,664,099 OBD over the quarter, corresponding to an estimated 202,871 residents, for average allied health care minutes per resident per day at the 2,559 RACS that had available Quarterly Financial Report data for this QI, by state and territory. The numerators represent the total care minutes for each allied health service type, aggregated across all included RACS within each state and territory. The denominators are the total occupied bed days, aggregated at the state and territory level. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 12 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 35: Allied health recommended services received in residential aged care, proportion of recommended services, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Allied health (total)	95.8%	95.7%	96.6%	94.7%	97.1%	95.5%	95.2%	95.6%	95.9%
Physiotherapy	97.3%	97.3%	99.8%	94.3%	104.0%	97.1%	96.9%	99.7%	98.0%
Occupational therapy	88.4%	83.1%	93.5%	90.7%	87.9%	86.0%	100.0%	100.0%	89.5%
Speech pathology	88.2%	83.8%	89.5%	74.7%	90.2%	87.0%	89.2%	89.7%	86.0%
Podiatry	96.4%	97.1%	97.4%	100.4%	97.0%	95.8%	94.1%	94.9%	97.2%
Dietetics	92.4%	87.8%	88.6%	85.3%	86.9%	93.8%	95.3%	85.7%	89.0%
Other allied health	95.4%	118.6%	98.6%	98.0%	100.3%	93.4%	90.2%	100.0%	103.2%
Allied health assistant	102.3%	90.8%	101.4%	102.9%	97.3%	98.5%	98.8%	N/A	100.2%

Note: This table aggregates data for 225,172 eligible residents assessed for allied health recommended services received at the 2,572 RACS that submitted data for this QI, by state and territory. Some RACS reported a total number of allied health services received that exceeds the number of services recommended. This QI only captures those allied health services recommended in care and services plans that were received during the reporting period and should not capture multiple instances of the same service type being received or services received outside of care plans. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

N/A: Not applicable due to no recommended services

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 36: Average lifestyle officer care minutes per resident per day in residential aged care, by state and territory, July to September 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Lifestyle officer	7.1	7.6	6.2	6.1	8.9	10.1	6.8	12.6	7.2

Note: This table aggregates data for 18,664,099 OBD over the quarter, corresponding to an estimated 202,871 residents, for average lifestyle officer care minutes per resident per day at the 2,559 RACS that had available Quarterly Financial Report data for this QI, by state and territory. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 12 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 37: Pressure injuries in residential aged care, percentage of residents, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
One or more	4.7%	5.5%	6.1%	5.1%
Stage 1	1.9%	2.3%	2.7%	2.1%
Stage 2	2.1%	2.4%	2.7%	2.3%
Stage 3	0.4%	0.4%	0.5%	0.4%
Stage 4	0.1%	0.1%	0.1%	0.1%
Unstageable	0.4%	0.4%	0.4%	0.4%
Suspected deep tissue	0.4%	0.4%	0.3%	0.4%

Note: This table presents aggregate data for 212,802 eligible residents assessed for pressure injuries at the 2,578 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 38: Pressure injuries in residential aged care acquired outside the service, percentage of residents, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
One or more	1.0%	1.2%	1.3%	1.1%
Stage 1	0.4%	0.4%	0.5%	0.4%
Stage 2	0.4%	0.5%	0.5%	0.4%
Stage 3	0.1%	0.1%	0.1%	0.1%
Stage 4	0.0%	0.0%	0.1%	0.0%
Unstageable	0.1%	0.2%	0.1%	0.1%
Suspected deep tissue	0.1%	0.0%	0.1%	0.1%

Note: This table presents aggregate data for 212,802 eligible residents assessed for pressure injuries at the 2,578 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications. The national percentage for stage 4 pressure injuries acquired outside the service is reported as 0.0% due to rounding to one decimal place, despite some MMM group-level values exceeding zero. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 39: Restrictive practices in residential aged care, percentage of residents, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Restrictive practices (total)	21.6%	20.1%	21.2%	21.4%
Restrictive practice exclusively through the use of a secure area	16.8%	14.9%	15.7%	16.4%

Note: This table presents aggregate data for 205,901 eligible residents assessed for restrictive practices (excluding chemical restraint) at the 2,578 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications. The total number of residents subject to the use of a restrictive practice includes residents who were subject to the use of a restrictive practice exclusively using a secure area and residents who were subject to the use of a restrictive practice not exclusively using a secure area. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 40: Unplanned weight loss in residential aged care, percentage of residents, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Significant unplanned weight loss	7.5%	9.1%	7.8%	7.7%
Consecutive unplanned weight loss	8.3%	9.2%	8.3%	8.4%

Note: This table presents aggregate data for 172,708 eligible residents assessed for significant unplanned weight loss at the 2,576 RACS that submitted data for this QI and 168,751 eligible residents assessed for consecutive unplanned weight loss at the 2,573 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 41: Falls and falls that resulted in major injury in residential aged care, percentage of residents, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Falls (total)	32.1%	33.3%	31.6%	32.1%
Falls that resulted in major injury	1.7%	1.8%	1.6%	1.7%

Note: This table presents aggregate data for 226,755 eligible residents assessed for falls and falls that resulted in major injury at the 2,579 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications. The total number of falls includes falls resulting in major injury and falls not resulting in major injury. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 42: Medication management in residential aged care, percentage of residents, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Polypharmacy	35.3%	34.2%	35.2%	35.2%
Antipsychotics (total)	17.9%	17.1%	16.9%	17.6%
Antipsychotics with diagnosed psychosis	8.3%	6.8%	6.6%	7.8%

Note: This table presents aggregate data for 204,690 eligible residents assessed for polypharmacy at the 2,577 RACS that submitted data for this QI and 205,357 eligible residents assessed for antipsychotic use at the 2,577 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications. The total use of antipsychotics includes residents who received an antipsychotic medication with diagnosed psychosis and residents who received an antipsychotic medication without diagnosed psychosis. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 43: Activities of daily living in residential aged care, percentage of residents, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Activities of daily living	19.9%	22.2%	20.7%	20.2%

Note: This table presents aggregate data for 191,484 eligible residents assessed for a decline in activities of daily living (ADL) score at the 2,572 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications. A decline in score was defined as a decrease of one point or more since the previous quarter. Among those residents assessed for ADL, 10,548 had an ADL assessment total score of zero (that is, were completely dependent) in the previous quarter. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 44: Incontinence care in residential aged care, percentage of residents, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Incontinence	76.1%	75.5%	73.7%	75.5%
Incontinence associated dermatitis (IAD)	4.0%	4.0%	4.6%	4.2%
Stage 1A IAD	2.6%	2.7%	3.4%	2.8%
Stage 1B IAD	0.3%	0.4%	0.4%	0.3%
Stage 2A IAD	1.1%	0.8%	0.8%	1.0%
Stage 2B IAD	0.1%	0.1%	0.1%	0.1%

Note: This table presents aggregate data for 213,178 eligible residents assessed for incontinence at the 2,579 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications. Among those residents assessed for incontinence, 161,028 were recorded with incontinence in 2,574 RACS and were assessed for incontinence associated dermatitis (IAD). The total number of residents with IAD is not equal to the sum of IAD sub-category totals as one individual may have multiple instances and stages of IAD at the same time. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 45: Hospitalisation in residential aged care, percentage of residents, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Emergency department presentations	13.5%	15.7%	12.8%	13.6%
Emergency department presentations or hospital admissions	16.4%	18.0%	15.7%	16.4%

Note: This table presents aggregate data for 225,663 eligible residents assessed for hospitalisations at the 2,578 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 46: Workforce in residential aged care, percentage of staff that stopped working during the quarter, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
All eligible staff	4.5%	5.2%	5.2%	4.7%
Service managers	6.6%	9.2%	7.1%	6.9%
Nurse practitioners	6.0%	7.3%	7.1%	6.3%
Enrolled nurses	4.9%	5.6%	6.6%	5.5%
Personal care staff or assistants in nursing	4.0%	4.6%	4.4%	4.1%

Note: This table presents aggregate data for 206,838 staff assessed for workforce at the 2,566 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 47: Residents reporting 'good' or 'excellent' consumer experience in residential aged care, percentage of residents, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Total included residents	85.3%	84.7%	85.1%	85.2%
Residents who responded via self-completion	84.4%	85.4%	83.5%	84.3%
Residents who responded via interviewer facilitated completion	86.7%	85.5%	85.8%	86.4%
Residents who responded via proxy-completion	82.0%	79.7%	84.3%	82.3%

Note: This table presents aggregate data for 137,465 eligible residents assessed for consumer experience at the 2,567 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications. The total number of responses includes those who responded via self-completion (34,685), via interviewer facilitated completion (79,845), and via proxy-completion (22,935). See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 48: Residents reporting 'good' or 'excellent' quality of life in residential aged care, percentage of residents, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Total included residents	76.6%	75.8%	73.6%	75.9%
Residents who responded via self-completion	79.7%	79.6%	77.1%	79.2%
Residents who responded via interviewer facilitated completion	79.2%	77.8%	75.4%	78.2%
Residents who responded via proxy-completion	63.3%	59.2%	61.6%	62.7%

Note: This table presents aggregate data for 137,545 eligible residents assessed for quality of life at the 2,565 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications. The total number of responses includes those who responded via self-completion (34,506), via interviewer facilitated completion (80,412), and via proxy-completion (22,627). See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 49: Proportion of enrolled nursing care minutes in residential aged care, by remoteness, July to September 2025, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3-MM7)	Aust
Enrolled nursing	4.5%	7.0%	8.5%	5.5%
Enrolled nursing and registered nursing	24.6%	27.7%	29.7%	25.9%

Note: This table aggregate data for 18,664,099 OBD over the quarter, corresponding to an estimated 202,871 residents, for the proportion of enrolled nursing care minutes QI at the 2,559 RACS that had available Quarterly Financial Report data for this QI, by Modified Monash Model (2019) classifications (MMM). The numerators are calculated by dividing the total enrolled nursing care minutes and the combined total of enrolled and registered nursing care minutes, aggregated across all RACS within each MMM group, by the total occupied bed days at the MMM group level. The denominators are calculated by dividing the total care minutes delivered by enrolled nurses, registered nurses, and personal care workers or assistants in nursing aggregated across all RACS within each MMM group, by the total occupied bed days at the MMM group level. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 12 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 50: Average allied health care minutes per resident per day in residential aged care, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3-MM7)	Aust
Allied health (total)	5.0	4.1	4.5	4.8
Physiotherapy	2.9	2.6	2.8	2.8
Occupational therapy	0.3	0.2	0.2	0.3
Speech pathology	0.2	0.1	0.1	0.1
Podiatry	0.3	0.4	0.4	0.3
Dietetics	0.2	0.2	0.3	0.2
Other allied health	0.3	0.2	0.2	0.2
Allied health assistant	0.8	0.3	0.5	0.7

Note: This table aggregate data for 18,664,099 OBD over the quarter, corresponding to an estimated 202,871 residents, for average allied health care minutes per resident per day at the 2,559 RACS that had available Quarterly Financial Report data for this QI, by Modified Monash Model (2019) classifications (MMM). The numerators represent the total care minutes for each allied health service type, aggregated across all included RACS within each MMM group. The denominators are the total occupied bed days, aggregated at MMM group level. See 'Technical notes' for more information on the calculation logic of this QI.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 12 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 51: Allied health recommended services received in residential aged care, proportion of recommended services, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3-MM7)	Aust
Allied health (total)	96.6%	95.0%	93.7%	95.9%
Physiotherapy	98.1%	95.7%	98.7%	98.0%
Occupational therapy	89.7%	95.6%	85.3%	89.5%
Speech pathology	86.7%	88.6%	82.2%	86.0%
Podiatry	97.8%	95.4%	95.3%	97.2%
Dietetics	91.2%	87.3%	82.9%	89.0%
Other allied health	105.9%	113.1%	91.2%	103.2%
Allied health assistant	101.0%	100.5%	96.7%	100.2%

Note: This table aggregate data for 225,172 eligible residents assessed for allied health recommended services received at the 2,572 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications. Some RACS reported a total number of allied health services received that exceeds the number of services recommended. This QI only captures those allied health services recommended in care and services plans that were received during the reporting period and should not capture multiple instances of the same service type being received or services received outside of care plans. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Table 52: Average lifestyle officer care minutes per resident per day in residential aged care, by remoteness, July to September 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3-MM7)	Aust
Lifestyle officer	6.7	7.3	8.6	7.2

Note: This table aggregate data for 18,664,099 OBD over the quarter, corresponding to an estimated 202,871 residents, for average lifestyle officer care minutes per resident per day at the 2,559 RACS that had available Quarterly Financial Report data for this QI, by Modified Monash Model (2019) classifications. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 12 November 2025, published on https://www.gen-agedcaredata.gov.au/

Technical notes

National Aged Care Mandatory Quality Indicator Program: 1 July to 30 September 2025

These notes provide general information about data arrangements and the AIHW's collation, processing and reporting of residential aged care quality indicators (QIs).

Data collection and transmission to AIHW

In accordance with the QI Program Manual from 1 April 2023, all Australian Government-subsidised residential aged care providers are required to collect specified data at the service level and submit these via the QIs App in the Government Provider Management System (GPMS) to the Department of Health, Disability and Ageing (the Department). With the prior agreement of the Department, services can submit data through a commercial benchmarking company. Submission of the QI raw data is required by the 21st day of the month after the end of each quarter.

Since 1 July 2023 the AIHW has been contracted by the Department for the provision of computation and reporting services for the QI Program. Throughout the life of this contracted period, the Department have provided the QI data to the AIHW. Raw QI data and Quarterly Financial Report (QFR) data for the quarter 1 July to 30 September 2025 were provided to the AIHW on 7 and 12 November 2025, respectively, via secure data transfer from the Department.

Numerator data and QI interpretation

In interpreting the QIs in this report it is important to consider the way in which they were measured. Most QIs in this report are measured during specified assessment windows (e.g., restrictive practices are assessed during a review of three days of records in the quarter). The results for some QIs may therefore not represent the occurrence of those events across other, non-assessed periods in the quarter.

In addition, by definition, the QIs in this report provide information about whether a resident or staff member met the criteria for the QI during the quarter or assessment window. The QI measure does not provide information about the frequency or duration of that measure (e.g., frequency or duration of restrictive practices, number of falls, duration of polypharmacy, or the time between an allied health service being recommended and received).

Denominator data and QI construction

In accordance with the QI Program Manual, QIs are constructed using different measurement approaches to reflect key aspects of care reported by residential aged care services (RACS). The following sections outline five groups of QIs, each with distinct calculation methods.

QIs that measure the percentage of residents reported by RACS as meeting QI criteria

This group include:

- QIs 1–8: Pressure injuries, restrictive practices, unplanned weight loss, falls and major injury, medication management, activities of daily living, incontinence care, and hospitalisation
- QIs 10–11: Consumer experience and Quality of life

The total number of residents meeting the criteria to be counted for these QIs is divided by the total number of residents assessed at the service who do not meet exclusion criteria (referred to throughout this report as 'eligible residents') and multiplied by 100 to construct each QI category.

For these QIs, the percentage value was derived using the following formula:

$$\text{QI value} = \frac{\begin{array}{c}\text{The total number of residents meeting the criteria}\\ \text{to be counted (affirmative) for the QI}\end{array}}{\begin{array}{c}\text{The total number of residents assessed at the service}\\ \text{who do not meet exclusion criteria for the QI}\\ \text{(eligible residents)}\end{array}} \times 100$$

QIs that measure the percentage of staff reported by RACS as meeting the QI criteria

Workforce QI (QI 9) measures the percentage of staff that stopped working during the quarter. The number of staff reported to have stopped working during the quarter is divided by the total number of staff reported to have been employed at the beginning of the quarter.

For this QI, the percentage value was derived using the following formula:

$$\text{QI value} = \frac{\begin{array}{c}\text{The total number of staff reported}\\ \text{to have stopped working during the quarter}\end{array}}{\begin{array}{c}\text{The total number of staff reported to}\\ \text{have been employed at the beginning of the quarter}\end{array}} \times 100$$

QIs that measure the proportion of enrolled nursing care minutes in total care minutes

Enrolled nursing QI (QI 12) measure the proportion of care minutes delivered by enrolled nurses (ENs) and proportion of care minutes delivered by enrolled nurses and registered nurses.

- **Proportion of EN care minutes**: Proportion of EN care minutes per resident per day over total care minutes per resident per day. Total care minutes per resident per day (denominator) is the sum of care minutes per resident per day of EN, registered nursing (RN), and personal care workers or assistants in nursing (PCW/AIN).

  For this QI, the proportion value was derived using the following formula:

$$\begin{array}{l}\text{Proportion of EN care minutes per resident per day}\\ = \dfrac{\begin{array}{c}\text{Average EN care minutes per resident per day at reporting level}\\ \text{(national, state and territory, or remoteness category)}\end{array}}{\begin{array}{c}\text{Average EN care minutes per resident per day} + \text{Average RN care minutes per resident per day}\\ + \text{Average PCW/AIN care minutes per resident per day, at reporting level}\end{array}} \times 100\end{array}$$

- **Proportion of nursing care minutes**: Proportion of combined EN and RN care minutes per resident per day over total care minutes per resident per day. Total care minutes per resident per day (denominator) is the sum of care minutes per resident per day of EN, RN, and PCW/AIN.

  For this QI, the proportion value was derived using the following formula:

$$\begin{array}{l}\text{Proportion of nursing care minutes per resident per day}\\ = \dfrac{\begin{array}{c}\text{Average EN and RN care minutes per resident per day at reporting level}\\ \text{(national, state and territory, or remoteness category)}\end{array}}{\begin{array}{c}\text{Average EN care minutes per resident per day} + \text{Average RN care minutes per resident per day}\\ + \text{Average PCW/AIN care minutes per resident per day, at reporting level}\end{array}} \times 100\end{array}$$

QIs that measure care minutes per resident per day

QIs on allied health (QI 13 sub–item 1) and lifestyle officer (QI 14) care minutes per resident per day are calculated by dividing the total care minutes for the quarter (sum of direct staff and agency staff) by the occupied bed days (OBD) for the quarter from the QFR for RACS that reported these QIs.

For these QIs, the value of care minutes per resident per day was derived using the following formula:

$$\text{Average care minutes per resident per day} = \frac{\text{Direct staff care minutes} + \text{Agency staff care minutes}}{\text{Occupied bed days}}$$

In this report, aggregation for all QIs was across all RACS for the main tables, or disaggregated across state and territory and remoteness regions.

Service participation and estimated resident coverage

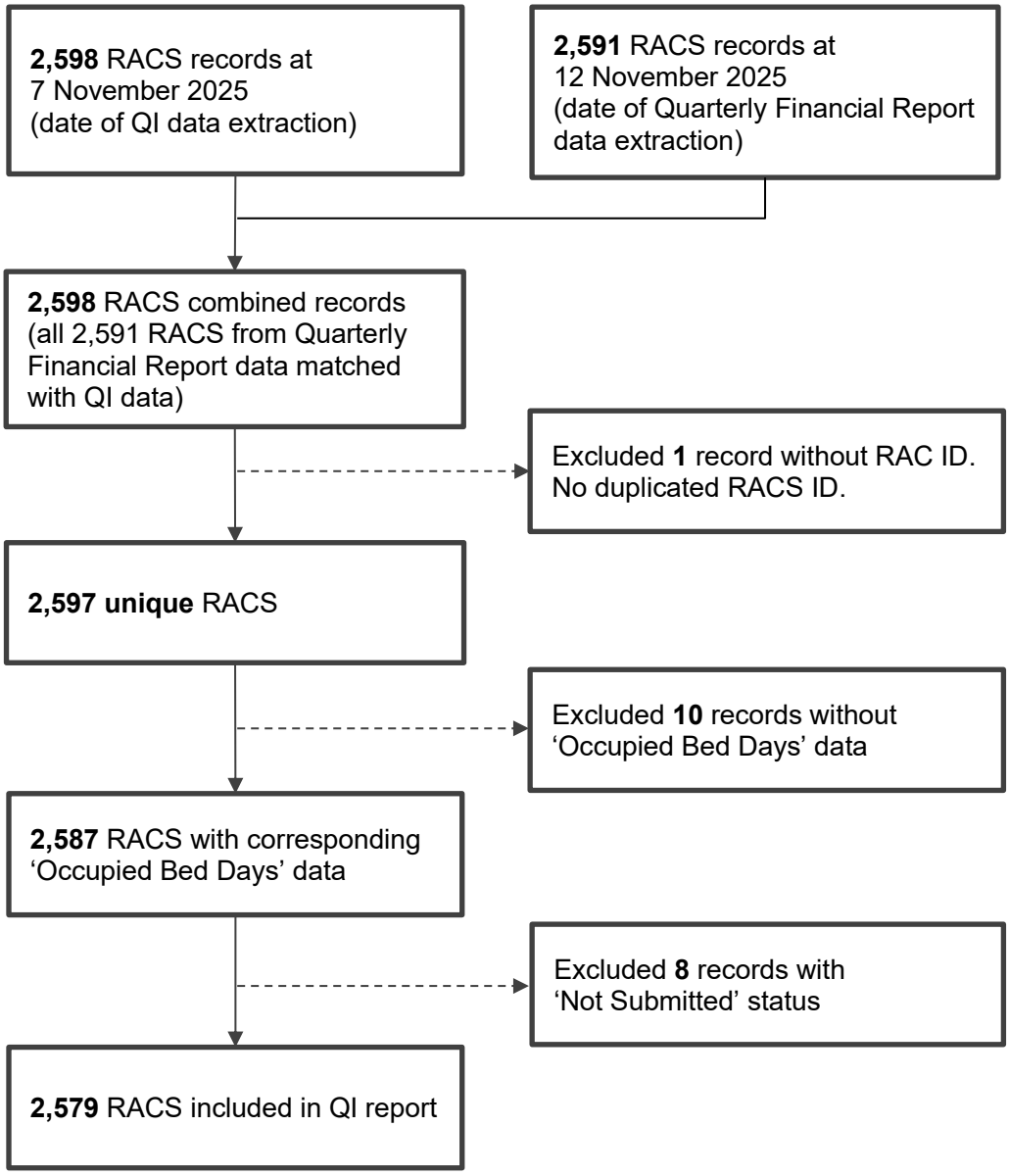
The QI Program collects QI data from 'eligible residents' or 'eligible staff' only, meaning that QI events or outcomes experienced by residents or staff who met exclusion criteria for QI measurement are not included in the statistics presented in this report. These exclusion criteria are further detailed in the National Aged Care Mandatory Quality Indicator Program Manual 4.0 (QI Program Manual).

For this quarter, providers were required to submit QI data to the Department by 21 October 2025. The QI raw data were then extracted by the Department on 7 November 2025, comprising data from 2,598 RACS records. The Department extracted data for care minute-related QIs from QFR on 12 November 2025, comprising data from 2,591 RACS records. All of the 2,591 records from QFR data could be linked with the 2,598 RACS in the extracted QI data. Following the removal of one entry without RACS ID, a total of 2,597 unique RACS records were retained. The unique RACS records were then filtered using OBD data provided within the QI data to derive an approximate denominator. Ten RACS were excluded due to not having available data about Australian Government subsidies for delivering care, services and accommodation (OBD data).

Of the remaining 2,587 RACS, 2,545 (98.4%) had a submission status of 'Submitted' (i.e., QI data were submitted on time), 31 (1.2 %) were 'Submitted - Updated After Due Date', 3 (0.1%) were recorded as a 'Late submission' and 8 (0.3%) were recorded as 'Not Submitted'. The 8 RACS with a 'Not Submitted' status were excluded from the analyses presented in this quarterly report.

The final data set included 2,579 RACS with at least some QI data submitted. Compared with the previous quarter, this represents an increase in RACS included in this quarterly report of 0.7%. Of the included 2,579 RACS, 2,541 (98.5%) submitted QI data for all 11 QIs (QIs 1–11) detailed in this report, 35 (1.4%) submitted data for 9 or 10 QIs, and 1 (~0.0%) submitted data for 8 QIs. Of the 2,579 RACS, 2,559 RACS (99.2%) have care minute data included the QFR dataset.

Figure S1: Flow diagram of including residential aged care services in the report



The QI Program's coverage of the estimated resident population ranged from 97.0% for consumer experience and quality of life to 111.3% for consecutive unplanned weight loss (Table S1). It was not possible to calculate coverage for the Workforce QI, because population data for the aged care workforce are not available.

When interpreting these coverage data, it is important to note that the calculations are based on an approximation of the denominator using data that shows how many bed days were funded for each service in that period. While the numerator data for QIs measure one event per individual, the denominator data are calculated using an approximation – dividing the number of 'Occupied Bed Days' (OBD) for a quarter by the number of days in that quarter to get an estimate of how many individuals occupied beds per quarter. This approximation assumes that individuals occupy beds for the same number of days per quarter, but this may not be the case.

There are various reasons an individual may not occupy a bed for an entire quarter, including entering or exiting care mid-quarter. As the numerator and denominator for the coverage calculation are not aligned at the individual level, there is the possibility for proportions to exceed one hundred per cent. Additional factors contribute to the misalignment of the numerator and denominator, including lagged claims, retrospective adjustments, measurement timings, absent residents (e.g. hospitalisations) and resident deaths. It should also be noted that in the interests of timeliness for the release of this quarterly report, the preliminary OBD data extracted on 7 November 2025 was used in the analysis; prior to finalisation of the quality assurance of these data by the Department. Preliminary data is considered robust for this purpose as only minor changes to data are expected after the quality assurance process since the date of OBD data extraction.

The number of residents excluded (Table S1, Columns C and D) was highest for consumer experience and quality of life (30.6%). For these QIs, the most common reason for exclusion was that the resident did not choose to complete the survey.

Table S1: Estimated resident coverage and exclusions in the RACS QI Program, July to September 2025

QI	Estimated resident coverage in QI Program		Exclusions and measurements of residents in QI Program		
	Residents assessed for QI eligibility in included RACS* (A)	Coverage of estimated resident population in all RACS (B)	Residents excluded due to not providing consent (C)	Residents excluded due to ineligibility (D)	Residents eligible for QI measurement (E)
Pressure injuries	214,914	105.2%	1,764 (0.8%)	348 (0.2%)	212,802 (99.0%)
Restrictive practices	207,963	101.8%	N.A.	2,062 (1.0%)	205,901 (99.0%)
Unplanned weight loss — significant	227,140	111.2%	5,083 (2.2%)	49,349 (21.7%)	172,708 (76.0%)
Unplanned weight loss — consecutive	227,399	111.3%	6,671 (2.9%)	51,977 (22.9%)	168,751 (74.2%)
Falls and major injury	227,084	111.1%	N.A.	329 (0.1%)	226,755 (99.9%)
Medication management — polypharmacy	206,384	101.0%	N.A.	1,694 (0.8%)	204,690 (99.2%)
Medication management — antipsychotics	206,132	100.9%	N.A.	775 (0.4%)	205,357 (99.6%)
Activities of daily living	223,775	109.5%	N.A.	32,291 (14.4%)	191,484 (85.6%)
Incontinence	213,662	104.6%	N.A.	484 (0.2%)	213,178 (99.8%)
Incontinence associated dermatitis	213,662	104.6%	N.A.	52,634 (24.6%)	161,028 (75.4%)
Hospitalisations	225,996	110.6%	N.A.	333 (0.1%)	225,663 (99.9%)
Workforce**	N.A.	N.A.	N.A.	N.A.	N.A.
Consumer experience	198,184	97.0%	58,376 (29.4%)	2,343 (1.2%)	137,465 (69.4%)
Quality of life	198,157	97.0%	58,260 (29.4%)	2,352 (1.2%)	137,545 (69.4%)
Allied health recommended services received	226,066	110.6%	N/A	894 (0.4%)	225,172 (99.6%)
EN care minutes	202,871	99.3%	N/A	N/A	202,871 (100%)
AH care minutes	202,871	99.3%	N/A	N/A	202,871 (100%)
Lifestyle officer care minutes	202,871	99.3%	N/A	N/A	202,871 (100%)

Notes:

* Included RACS were those that had submitted QI data by the date of extraction and received Australian Government subsidies for delivering care, services, and accommodation in the quarter. Services not meeting these criteria, and the residents that may or may not have been assessed for QI eligibility at those services, were excluded from these calculations. **A** (*Residents assessed for QI eligibility in included* RACS), and therefore **B** (*Coverage of estimated resident population in all RACS*), is higher than these figures when these excluded RACS are included (data not shown). Reasons for ineligibility for measurement differ by QI and are detailed in the QI Program Manual.

** It is not possible to calculate estimations of coverage for the Workforce QI because population data are not available.

A (*Residents assessed for QI eligibility in included RACS*) was calculated as the sum of **C** (*Residents excluded due to not providing consent*), **D** (*Residents excluded due to ineligibility*) and **E** (*Residents eligible for QI measurement*).

B (*Coverage of estimated resident population in all RACS*) was calculated by dividing **A** (*Residents assessed for QI eligibility in included RACS*) by an estimate of the total RACS resident population for this quarter (204,331) residents—calculated by summing the total number of 'Occupied Bed Days' (OBD) for which an Australian Government residential aged care subsidy was claimed by all RACS and dividing by the number of days in the quarter).

Percentages in **C**–**E** are in relation to values in **A** (*Residents assessed for QI eligibility in included RACS*).

N.A., not applicable.

Source: Department of Health, Disability and Ageing, QI and OBD data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Geographic characteristics

Two separate disaggregations are reported for the location of RACS—state and territory and remoteness. State and territory were taken from location address information reported on the QI data file and reflects standard sub-national administrative areas.

The QI data set was merged with service-level data from the National Aged Care Data Clearinghouse (NACDC) as at 30 June 2025 (the latest available) to bring the QI data together with the Modified Monash Model (MMM) 2019 remoteness classifications for the analysis presented in this report. This merge used as its linkage key the National Approved Provider System (NAPS) service identification number, the identifier used in the NACDC. In this step, 2,576 of the 2,579 included records matched with a service identified in the NACDC. Three records did not match with NACDC service list but could be matched to MMM using the MMM 2019 list.

Remoteness was based on the MMM 2019 classifications obtained from the NACDC collapsed into 3 categories—metropolitan areas (MM1); regional centres (MM2); and a category combining large rural towns (MM3), medium rural towns (MM4), small rural towns (MM5), remote communities (MM6) and very remote communities (MM7).

Note that the QI data presented in this report are not risk adjusted for the varying case-mix of service populations. Caution should be exercised in interpreting and comparing QIs in states and territories where smaller populations mean fewer services, such as NT, ACT and TAS, and small differences in counts of QIs from quarter to quarter can cause fluctuations in QI percentages across quarterly reporting.

Coherence, inconsistencies, and outliers in calculated QIs

This data collection was conducted under the National Aged Care Mandatory Quality Indicator Program Manual 4.0, which has been in place since 1 April 2025. The QI Program Manual 4.0 counts the number of residents meeting QI criteria and produces prevalence rates in the form of percentages. This value is calculated by dividing the number of eligible residents that meet the criteria to be counted for the QI by the total number of eligible residents assessed for that QI and then multiplying by 100.

Due to reporting requirements, measurement and reporting factors, the AIHW does not undertake any data cleaning prior to compiling the figures in this report. For example, QI data are submitted by RACS as aggregated data at the service level and there is no process for independent monitoring or validation against source data. Therefore, the AIHW has no firm basis for determining that an apparent ‘outlier’ (i.e. extreme value) in the distribution of QIs across RACS represents an incorrect data point.

Some variation in the total number of residents assessed in a RACS against each of the QIs can be expected given that measurements for different QIs can occur at different times within the quarter, and each QI has different exclusion criteria. However, the magnitude of this variation for some RACS points to possible data entry errors or misinterpretation of the QI Program Manual or reporting template. While in certain situations the reporting of 100% prevalence for a QI may be plausible, in others it may indicate under-reporting of the number of residents assessed or over-reporting of the number of residents who met the criteria for the QI. Rates of 100% and 0% monitored in this report is to identify any such data quality issues.

For QIs where higher percentages indicate poorer performance, 100% prevalence reporting was most common for restrictive practices and antipsychotic use (both with 0.5%). This is expected as some services that have reported 100% for restrictive practices are specialist dementia or mental health services within a locked facility. Therefore, all residents in these

services would be assessed as using of a restrictive practice exclusively through the use of a secure area (as per the manual). For QIs where higher percentages indicate better performance, 100% prevalence reporting was most common for allied health recommended services received (42.8%) (Table S2). Some RACS reported zero residents meeting the criteria for individual QIs, which varied between QIs (Table S2).

Table S2. Selected RACS reporting characteristics in the Mandatory QI Program, July to September 2025

QI	Number of RACS that reported 100% QI rate	Percentage of RACS that reported 100% QI rate	Number of RACS that reported 0% QI rate	Percentage of RACS that reported 0% QI rate
One or more pressure injuries	0	0.0%	261	10.1%
Restrictive practices	12	0.5%	324	12.6%
Significant unplanned weight loss	0	0.0%	192	7.4%
Consecutive unplanned weight loss	3	0.1%	189	7.3%
Falls	1	0.0%	6	0.2%
Falls that resulted in major injury	0	0.0%	857	33.2%
Polypharmacy	1	0.0%	5	0.2%
Antipsychotics	12	0.5%	18	0.7%
Activities of daily living	1	0.0%	109	4.2%
Incontinence associated dermatitis	1	0.0%	677	26.3%
Hospitalisations – Emergency department presentations	6	0.2%	135	5.2%
Hospitalisations – Emergency department presentations or hospital admissions	7	0.3%	44	1.7%
Workforce	4	0.2%	600	23.3%
Consumer experience	343	13.3%	1	0.0%
Quality of life	184	7.1%	4	0.2%
Allied health services recommended received	1,104	42.8%	11	0.4%

Note: Percentages are calculated in relation to 2,579 RACS
Source: Department of Health, Disability and Ageing, QI data extracted 7 November 2025, published on https://www.gen-agedcaredata.gov.au/

Trend analysis

Regression model

Analysis to examine trends in QIs over time was conducted using a quasi-Poisson regression model. Poisson regression is commonly used to model counts and rates. With a traditional Poisson regression model, we would expect the conditional means and variances of the event counts to be about the same in various groups. To account for potential over-dispersion (e.g. where the variance is larger than the mean) in the data, a quasi-Poisson regression method as outlined in Formula 1 was used to examine the long-term trend in aggregated QIs over all quarters of available data, i.e. since Q1 (July to September) 2021-22 to the latest quarter Q1 (July to September) 2025-26. Quasi-Poisson regression fits an extra dispersion parameter to account for the extra variance. Models were fitted in R 4.2.2 using the glm() function with family = "quasipoisson".

$$\log(Y_{i,j}) = \log(n_{i,j}) + \beta_0 + \beta_1 t_j$$

Formula 1. Quasi-Poisson regression model

Where:

- $Y_{i,j}$ = the count of residents who meet the criteria for QI *i* (one or more pressure injuries, restrictive practices, significant unplanned weight loss, consecutive unplanned weight loss, polypharmacy, antipsychotics) in quarter *j*.
- β_0, β_1 = fitted regression coefficients
- t_j = quarter number *(i.e., t_j = 1, 2, …, J;* where *J* is the total number of quarters of available data*)*
- $n_{i,j}$ = the number of residents assessed for QI *i* in quarter *j*.

Differences in numbers of residents assessed by each service are considered by including an **offset** in the model ($\log(n_{i,j})$) so that the resident count is adjusted to be comparable across services of different sizes.

Interpreting risk ratios

A quasi-Poisson regression model generates risk ratios. In this analysis, risk ratios describe the average change in QI performance per quarter (Table S3). A risk ratio greater than 1.0 indicates an increasing trend over time, and a risk ratio less than 1.0 indicates a declining trend over time. 95% confidence intervals indicate the precision of the risk ratio. Where a 95% confidence interval crosses 1.0, this indicates that the risk ratio is not statistically significant to $p < 0.05$ and there has been no meaningful change in QI performance over time.

For example:

- A risk ratio of 0.975 indicates that the prevalence proportion of aged residents who experienced the event **declined** by an average of 100 x (1-0.975) = 2.5% per quarter over the reporting period. A 95% confidence interval (0.968-0.982) tells us that there is a 95% likelihood that the true average decline per quarter lies between 1.8% and 3.2%.
- A risk ratio of 1.014 indicates that the prevalence proportion of aged residents who experienced the event **increased** by an average of 100 x (1.014-1) = 1.4% per quarter over the reporting period. A 95% confidence interval (1.009-1.021) tells us that there is a 95% likelihood that the true average increase per quarter lies between 0.9% and 2.1%

Note that trend analyses are unadjusted and therefore do not consider factors that may influence QI performance (e.g. service size, type, location).

In modelling with large sample sizes, even very small differences over time can be statistically significant. It is important to consider clinical significance (i.e. real-world impact) of the change.

Count data used for trend analysis

The trend analysis uses quarterly count data that has been aggregated across all services to fit the model. The aggregated count data accounts for variability within the data over time.

For a given QI, the quarterly aggregated data consist of:

- the total number of all residents meeting the criteria for the QI in each quarter
- the total number of residents assessed for the QI in each quarter summed over all services that submitted QI data.

References

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