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GEN AGED CARE DATA

Residential Aged Care Quality Indicators–Quarterly Report

October to December 2024

Compiled from mandatory reporting by residential aged care services, covering the period 1 October 2024 to 31 December 2024

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at gen-agedcaredata.gov.au for any amendments.

Contents

Residential Aged Care Quality Indicators—October to December 2024

Quality indicators (QIs) measure aspects of service provision that contribute to the quality of care given by residential aged care services (RACS). Since 1 July 2019, participation in the National Aged Care Mandatory Quality Indicator Program (QI Program) has been a requirement for all Australian Government-subsidised RACS. Until 30 June 2021, the QI Program included 3 QIs (pressure injuries, use of physical restraint, unplanned weight loss). On 1 July 2021, the QI Program expanded to include 5 QIs:

- Pressure injuries
- Use of physical restraint
- Unplanned weight loss
- Falls and major injury
- Medication management

On 1 April 2023, the QI Program was further expanded to include 6 new QIs, for a total of 11 QIs:

- Decline in activities of daily living
- Incontinence care
- Hospitalisations
- Workforce turnover
- Consumer experience
- Quality of life

Details about the indicators can be found in the *National Aged Care Mandatory Quality Indicator Program Manual 3.0 – Part A* (QI Program Manual).

There have been changes over time in how QIs related to care recipients have been calculated (see Technical notes for further information). The expanded QI Program from 1 July 2021 counts the number of care recipients meeting/not meeting QI criteria and produces prevalence rates in the form of percentages. This value is calculated by dividing the number of eligible care recipients that meet the criteria to be counted for the QI by the total number of eligible care recipients assessed and then multiplying by 100.

Not all care recipients or staff members are counted in each QI measurement. Care recipients or staff members may be excluded from QIs for various reasons, such as not consenting to being assessed or have their data collected (for applicable QIs), being absent from the service during the QI assessment period or receiving end-of-life care. Consent is required from care recipients for the purposes of four QIs: unplanned weight loss, pressure injuries, consumer experience, and quality of life. The reasons for other exclusions differ by QI and are detailed in the QI Program Manual. The care recipients or staff members eligible to contribute to QI measurements are those in the total care recipient / staff member population who remain after subtracting ineligible care recipients / staff members (including those that do not provide consent, where applicable).

Most QIs in this report are measured during specified assessment windows (e.g., use of physical restraint is 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. Further detail on each QI, including its rationale and measurement, can be found in the QI Program Manual. More information on the QI Program is available from the Department of Health and Aged Care.

* * *

This quarterly report includes QI measurements from data collected from 1 October to 31 December 2024 for 2,601 residential aged care services (RACS) conducted under the expanded QI Program *(National Aged Care Mandatory Quality Indicator Program Manual 3.0)*. These RACS are those that had received Australian Government subsidies for delivering care, services, and accommodation in that period; and had submitted QI data between the due date (21 January 2025) and the date of data extraction. QI and occupied bed days data processing, checking, and preparing the data for transfer was completed by the Department of Health and Aged Care between the submission and extraction dates, and was supplied to the AIHW on 6 February 2025.

Analysis was completed by AIHW on 10 February 2025, after which a period of statistical and content reviews was undertaken within the AIHW and by the Department of Health and Aged Care up to the point of embargo and publication. Available data represented 99.5% of the 2,615 RACS that received these government subsidies in the quarter (based on occupied bed days data extracted on 6 February 2025). Further detail on the care recipient coverage of the QI Program in this quarter, including counts of care recipient measurements and exclusions for each QI, is presented in Table 1 of the Technical notes.

Definitions of quality indicators included in this report

Quality Indicator 1: 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 care recipients is made on or around the same time and day in each quarter of the year. This can be done as part of the care recipient's usual personal care. Consent is sought from care recipients before a full-body observation assessment is undertaken.

Eligible care recipients 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 care recipients 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 care recipients reported as having pressure injuries.

Quality Indicator 2: Use of physical restraint

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 care recipient.

The use of physical restraint indicator 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 physical restraint (see Part 4A of the Quality of Care Principles). For this QI in each quarter, three days of existing records for all eligible care recipients at a service are assessed for any instances of physical restraint. This indicator is therefore a measure of the use of physical restraint across the three-day period only. This three-day period is selected and recorded by providers but must be varied each quarter and not known to the staff directly involved in care.

Use of physical restraint is still recorded even if a care recipient or their representative has provided consent for the use of the restraint.

Additional reporting: Eligible care recipients physically restrained exclusively through the use of a secure area are counted separately but are still included in the total number of care recipients reported as being physically restrained.

Quality Indicator 3: 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 care recipient. Eligible care recipients 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 care recipients before an assessment on their body weight is undertaken.

This indicator includes two categories:

- **Significant unplanned weight loss:** Eligible care recipients who experienced significant unplanned weight loss of 5% or more when comparing their current and previous quarter finishing weights.
- **Consecutive unplanned weight loss:** Eligible care recipients who experienced consecutive unplanned weight loss every month over three consecutive months of the quarter.

Quality Indicator 4: Falls and 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 care recipient for the entire quarter.

This indicator includes two categories:

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

Quality Indicator 5: Medication management

Assessment for polypharmacy is conducted through a single review of medication charts and/or administration records for each eligible care recipient 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 care recipient every quarter.

This indicator includes two categories:

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

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

Quality Indicator 6: 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 care recipient once per quarter using existing knowledge, care records, direct observation, and talking to the care recipient. 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 care recipient'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 care recipients 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 indicator.

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

Quality Indicator 7: Incontinence care

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

Eligible care recipients with incontinence are recorded. Additionally, eligible care recipients 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 care recipients meeting criteria for IAD is calculated only for those who are recorded with incontinence.

Quality Indicator 8: Hospitalisations

Emergency department presentations and hospital admissions are potentially preventable if care recipients have timely access to appropriate healthcare services.

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

The indicator includes two categories:

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

Quality Indicator 9: Workforce 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 quality indicator 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 indicator captures the care recipient'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 care recipient (where possible) or a person who knows them well and sees them regularly (where the care recipient is unable to answer on their own behalf due to cognitive impairment). 'Self-completion' is when a care recipient independently completed the questionnaire, while 'interviewer-facilitated completion' is when a care recipient 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 facility staff member. Proxy completion is when the questionnaire is completed by a family member, informal carer, or formal carer who knows the care recipient 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 care recipient scores between 22–24
- Good consumer experience: where a care recipient scores between 19–21
- Moderate consumer experience: where a care recipient scores between 14–18
- Poor consumer experience: where a care recipient scores between 8–13
- Very poor consumer experience: where a care recipient scores between 0–7

The quality indicator is the number and proportion of care recipients who rated their consumer experience as 'Good' or 'Excellent'.

Quality Indicator 11: Quality of life

The quality of life indicator captures the care recipient'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 care recipient themselves or via an interviewer (where possible) or a person who knows them well and sees them regularly (where the care recipient is unable to answer on their own behalf due to cognitive impairment). 'Self-completion' is when a care recipient independently completed the questionnaire, while 'interviewer-facilitated completion' is when a care recipient 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 facility staff member. Proxy completion is when the questionnaire is completed by a family member, informal carer, or formal carer who knows the care recipient 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 care recipient scores between 22–24
- Good quality of life: where a care recipient scores between 19–21
- Moderate quality of life: where a care recipient scores between 14–18
- Poor quality of life: where a care recipient scores between 8–13
- Very poor quality of life: where a care recipient scores between 0–7

The quality indicator is the number and proportion of care recipients who rated their quality of life as 'Good' or 'Excellent'.

* * *

Among the 11 QIs:

- Nine QIs (1-9) track adverse events, complications, or undesirable outcomes. Lower values in these QIs indicate better quality of care.
- Two QIs (10-11) measure desirable outcomes (proportion of care recipients who rated 'Good' or 'Excellent' on consumer experience and on quality of life). Higher values in these QIs 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 care recipient reported about in the quarter. Trends are examined based on sector level outcomes per quarter.

At each quarter, the number of care recipients who meet criteria for a quality indicator 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.

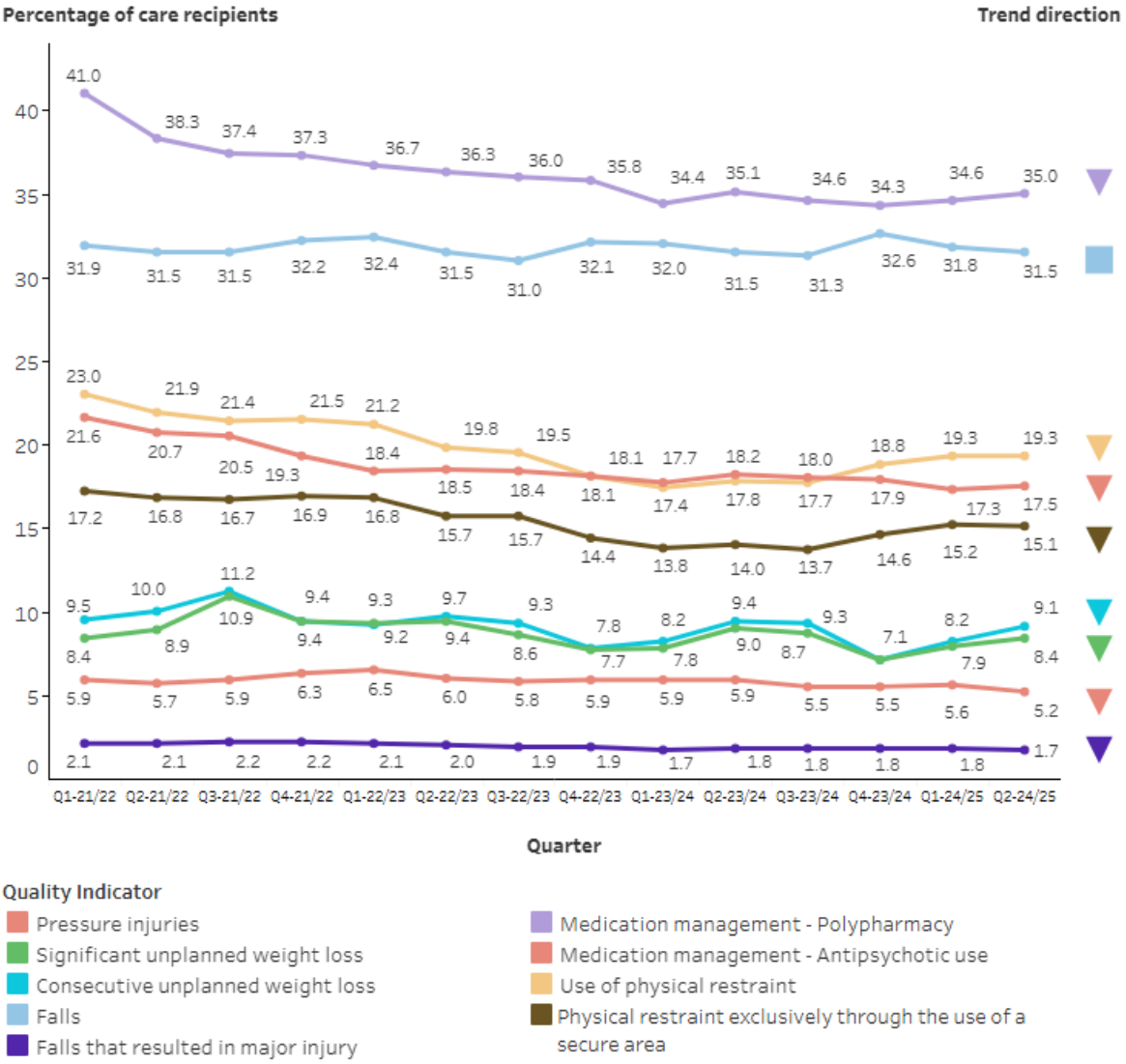
The trend analysis included data from 14 quarters, from July–September 2021 to October–December 2024. All 11 QIs are included in the trend analysis (the decline in activities of daily living QI was included for the first time this quarter). Regarding QIs that measure adverse events, complications, or 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, use of physical restraint, physical restraint exclusively through the use of a secure area, significant unplanned weight loss, consecutive unplanned weight loss, falls that resulted in major injury, polypharmacy, antipsychotic medication use, 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 falls, a decline in their activities of daily living score, or incontinence associated dermatitis.

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

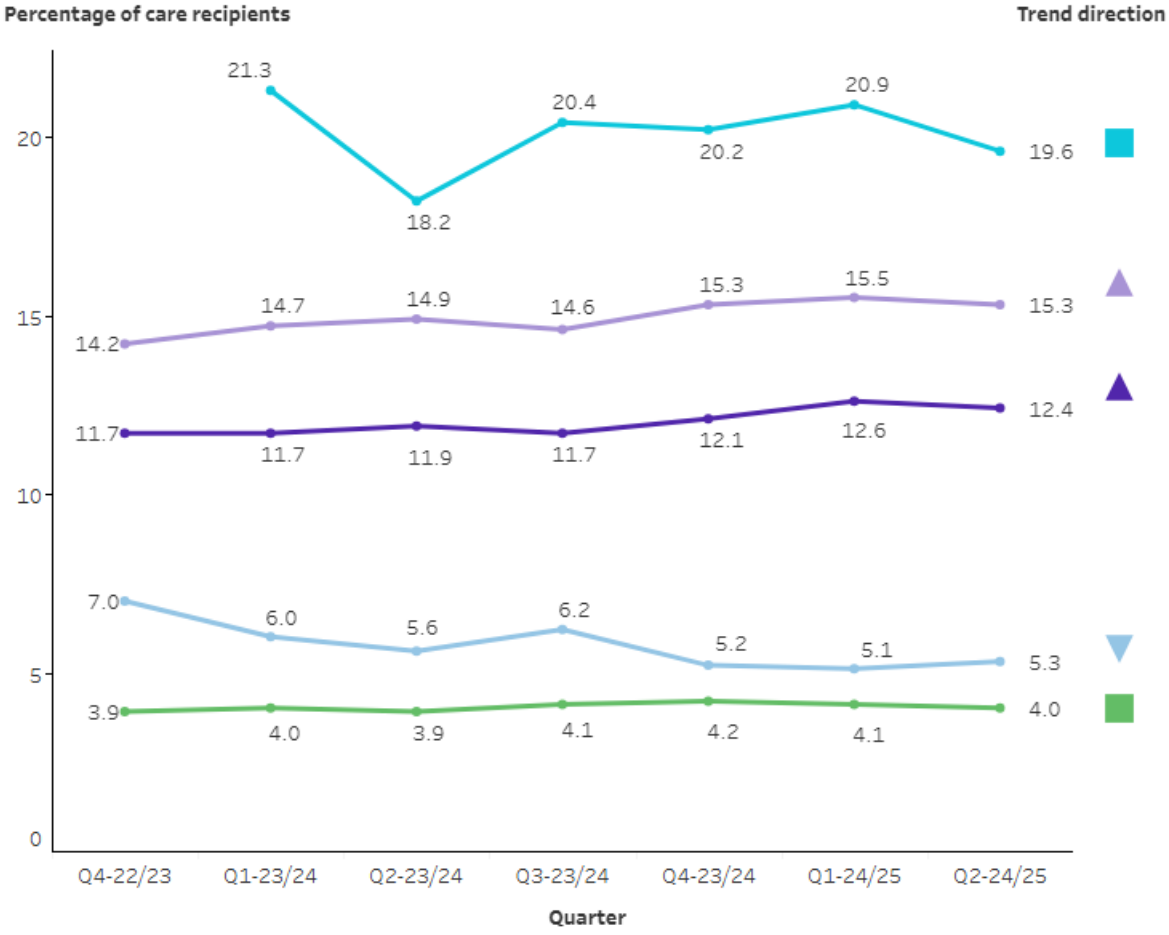
- There has been a statistically significant increase in the proportions of residents reporting ‘good’ or ‘excellent’ consumer experience and quality of life.

Trends in quality indicator performance over time, Q1 2021–22 to Q2 2024–25



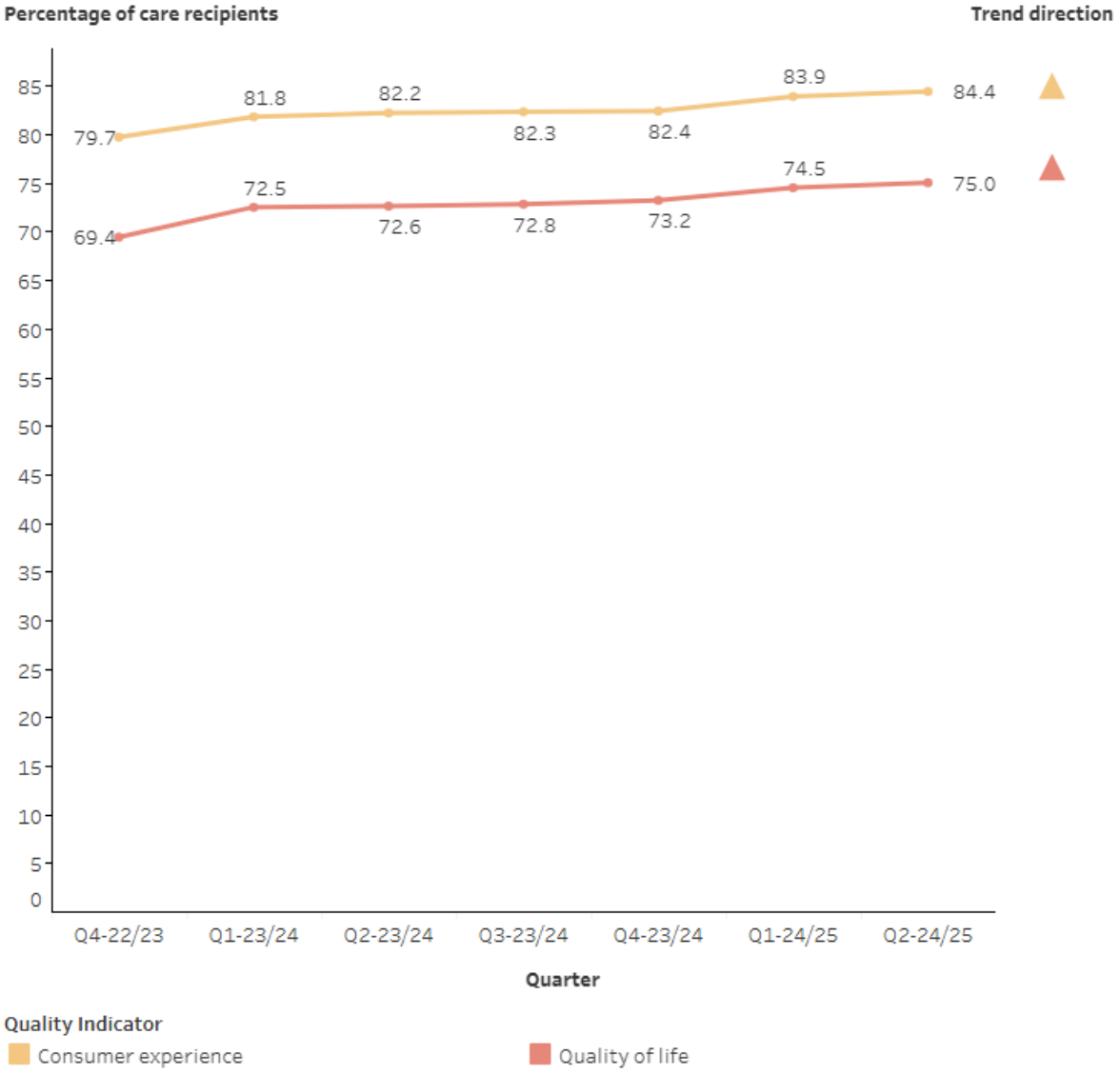
Note: Down arrow icon (▼) indicates a statistically significant downward trend at $p < .05$. Square icon (■) indicates a statistically non-significant trend ($p \geq .05$).
https://www.gen-agedcaredata.gov.au/

Trends in quality indicator performance over time, Q4 2022-23 to Q2 2024–25 (continued)



Note: Up arrow icon (▲) indicates a statistically significant upward trend at $p < .05$. Down arrow icon (▼) indicates a statistically significant downward trend at $p < .05$. Square icon (■) 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 over time, Q4 2022–23 to Q2 2024–25



Note: Up arrow icon (▲) indicates a statistically significant upward trend at $p < .05$.
https://www.gen-agedcaredata.gov.au/

National data

Quality indicator data are presented below at a national level. The table presents data for all eligible care recipients aggregated across all 2,601 included RACS. The boxplot that follows presents data for all eligible care recipients aggregated at the service level. For further information on boxplots, see ‘Interpreting boxplots’ below.

Table 1: Pressure injuries in residential aged care, October to December 2024

Indicator category	Number of care recipients with one or more pressure injuries acquired outside the service	Total number of care recipients with one or more pressure injuries	Proportion of care recipients with one or more pressure injuries
One or more injuries	2,129	10,746	5.2%
Stage 1	762	4,502	2.2%
Stage 2	889	4,775	2.3%
Stage 3	241	841	0.4%
Stage 4	93	269	0.1%
Unstageable	261	881	0.4%
Suspected deep tissue	154	637	0.3%

Note: 207,437 eligible care recipients were assessed for pressure injuries at the 2,600 RACS that submitted data for this quality indicator. The total number of care recipients with one or more pressure injuries includes pressure injuries acquired both inside and outside the service.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 2: Use of physical restraint in residential aged care, October to December 2024

Indicator category	Number of care recipients restrained	Proportion of care recipients restrained
Use of physical restraint (total)	39,049	19.3%
Physical restraint exclusively through the use of a secure area	30,459	15.1%

Note: 201,996 eligible care recipients were assessed for use of physical restraint at the 2,594 RACS that submitted data for this quality indicator. The total number of care recipients physically restrained includes care recipients physically restrained exclusively through the use of a secure area and care recipients physically restrained not exclusively through the use of a secure area.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 3: Unplanned weight loss in residential aged care, October to December 2024

Indicator category	Number of care recipients with unplanned weight loss	Proportion of care recipients with unplanned weight loss
Significant unplanned weight loss	14,463	8.4%
Consecutive unplanned weight loss	15,415	9.1%

Note: 172,612 eligible care recipients were assessed for significant unplanned weight loss at the 2,596 RACS that submitted data for this quality indicator and 169,198 eligible care recipients were assessed for consecutive unplanned weight loss at the 2,591 RACS that submitted data for this quality indicator.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 4: Falls and falls that resulted in major injury in residential aged care, October to December 2024

Indicator category	Number of care recipients with recorded falls	Proportion of care recipients with recorded falls
Falls (total)	70,289	31.5%
Falls that resulted in major injury	3,717	1.7%

Note: 223,463 eligible care recipients were assessed for falls and falls that resulted in major injury at the 2,601 RACS that submitted data for this quality indicator. The total number of falls includes falls resulting in major injury and falls not resulting in major injury.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 5: Medication management—polypharmacy in residential aged care, October to December 2024

Indicator category	Number of care recipients who were prescribed nine or more medications	Proportion of care recipients who were prescribed nine or more medications
Polypharmacy	70,373	35.0%

Note: 200,958 eligible care recipients were assessed for polypharmacy at the 2,598 RACS that submitted data for this quality indicator.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 6: Medication management—antipsychotics in residential aged care, October to December 2024

Indicator category	Number of care recipients who received an antipsychotic medication	Proportion of care recipients who received an antipsychotic medication
Use of antipsychotics (total)	35,237	17.5%
Antipsychotic use with diagnosed psychosis	17,306	8.6%

Note: 201,647 eligible care recipients were assessed for antipsychotic use at the 2,597 RACS that submitted data for this quality indicator. The total use of antipsychotics includes care recipients who received an antipsychotic medication with diagnosed psychosis and care recipients who received an antipsychotic medication without diagnosed psychosis.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 7: Decline in activities of daily living in residential aged care, October to December 2024

Indicator category	Number of eligible care recipients who experienced a decline in their ADL score	Proportion of eligible care recipients who experienced a decline in their ADL score
Decline in activities of daily living	36,876	19.6%

Note: 188,549 eligible care recipients were assessed for a decline in activities of daily living (ADL) score at the 2,595 RACS that submitted data for this quality indicator. A decline in score was defined as a decrease of one point or more since the previous quarter. Among those care recipients assessed for activities of daily living, 11,605 had an ADL assessment total score of zero (i.e., were completely dependent) in the previous quarter.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 8: Incontinence care in residential aged care, October to December 2024

Indicator category	Number of eligible care recipients with incontinence and incontinence-associated dermatitis	Proportion of eligible care recipients with incontinence and incontinence-associated dermatitis
Incontinence	159,295	76.6%
Incontinence associated dermatitis	6,353	4.0%
Stage 1A	4,235	2.7%
Stage 1B	524	0.3%
Stage 2A	1,502	0.9%
Stage 2B	177	0.1%

Note: 207,984 eligible care recipients were assessed for incontinence at the 2,600 RACS that submitted data for this quality indicator. Among those care recipients assessed for incontinence, 159,295 were recorded with incontinence in 2,596 RACS and were assessed for incontinence associated dermatitis. Due to differences between the reported number of care recipients with IAD and the number reported against each of the four mutually exclusive IAD sub-categories (stage 1A, 1B, 2A, and 2B) at some RACS, the total number of care recipients with IAD is not equal to the sum of IAD sub-category totals.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 9: Hospitalisations in residential aged care, October to December 2024

Indicator category	Number of eligible care recipients with hospitalisations	Proportion of eligible care recipients with hospitalisations
Emergency department presentations	27,598	12.4%
Emergency department presentations or hospital admissions	34,055	15.3%

Note: 222,471 eligible care recipients were assessed for hospitalisations at the 2,598 RACS that submitted data for this quality indicator.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 10: Workforce turnover in residential aged care, October to December 2024

Indicator category	Number of staff employed at start of quarter	Number of staff who stopped working during the quarter	Proportion of staff who stopped working during the quarter
Service managers	5,511	340	6.2%
Nurse practitioners or registered nurses	34,728	2,531	7.3%
Enrolled nurses	13,285	789	5.9%
Personal care staff or assistants in nursing	141,663	6,591	4.7%
All eligible staff	195,187	10,251	5.3%

Note: 195,187 staff members were assessed for workforce turnover at the 2,590 RACS that submitted data for this quality indicator.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 11: Consumer experience in residential aged care, October to December 2024

	Consumer experience			
	Number reporting 'good' experience	Number reporting 'excellent' experience	Number reporting 'good' or 'excellent' experience	Proportion reporting 'good' or 'excellent' consumer experience
Care recipients who responded via self-completion	8,261	22,945	31,206	82.8%
Care recipients who responded via interviewer-facilitated completion	16,339	46,385	62,724	86.2%
Care recipients who responded via proxy completion	5,193	13,301	18,494	81.0%
Total included care recipients	29,793	82,631	112,424	84.4%

Note: 133,264 eligible care recipients were assessed for consumer experience at the 2,587 RACS that submitted data for this quality indicator. The total number of responses includes those who responded via self-completion (37,689), via interviewer-facilitated completion (72,756), and via proxy completion (22,819).

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

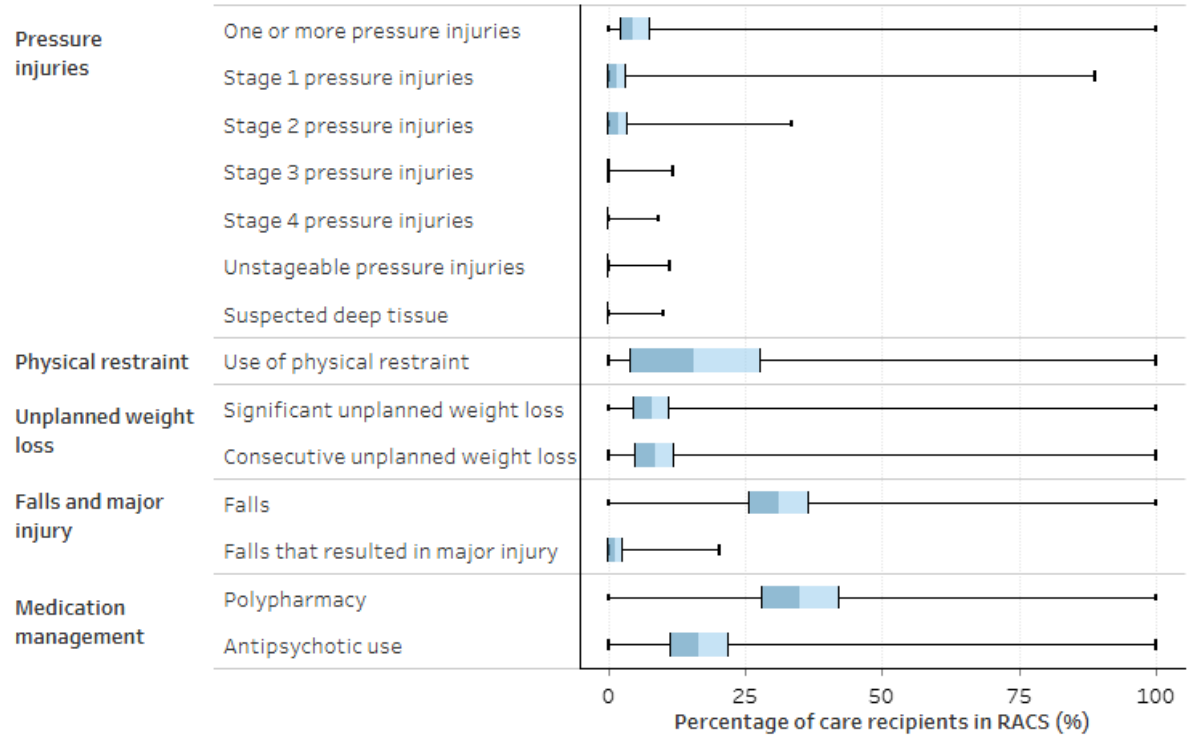
Table 12: Quality of life in residential aged care, October to December 2024

	Quality of life			
	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
Care recipients who responded via self-completion	10,546	18,664	29,210	78.0%
Care recipients who responded via interviewer-facilitated completion	21,220	35,430	56,650	77.5%
Care recipients who responded via proxy completion	6,589	7,568	14,157	62.0%
Total included care recipients	38,355	61,662	100,017	75.0%

Note: 133,379 eligible care recipients were assessed for quality of life at the 2,523 RACS that submitted data for this quality indicator. The total number of responses includes those who responded via self-completion (37,463), via interviewer-facilitated completion (73,082), and via proxy completion (22,834).

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

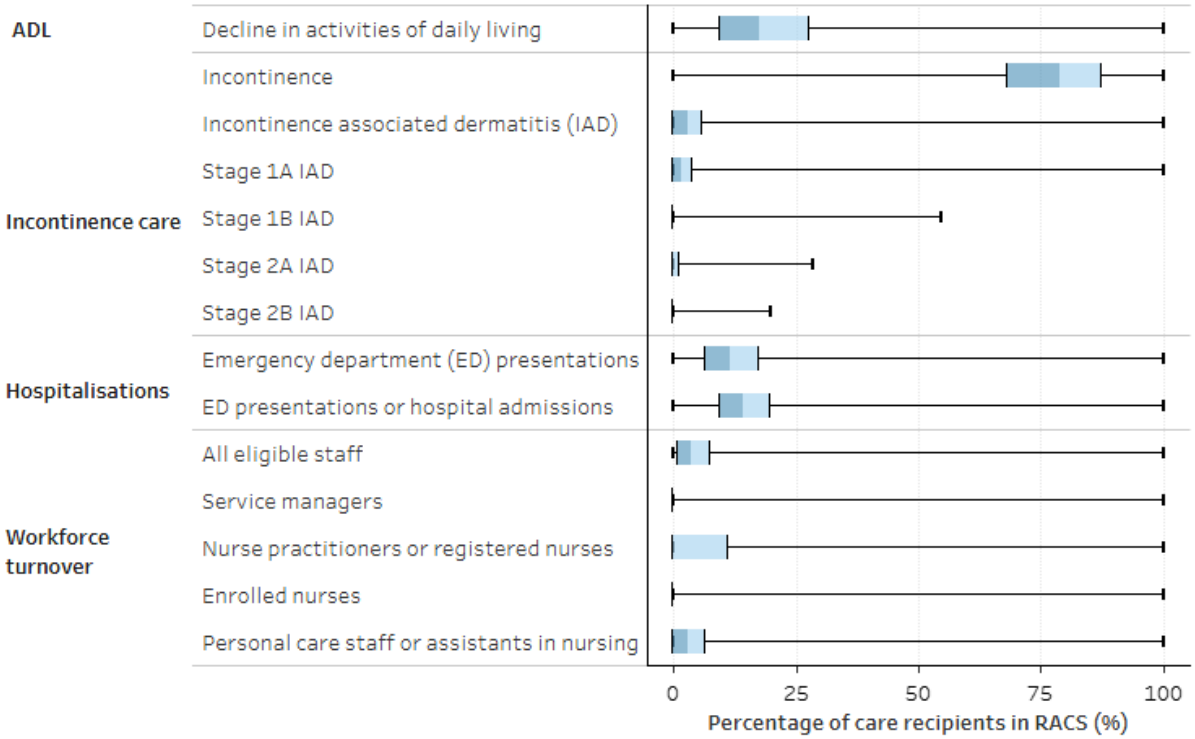
Distribution of percentage of care recipients reported by RACS as meeting criteria for quality indicators, October to December 2024



Note: The number of RACS reporting 100% QI prevalence rates ranged from 0.0-14.0% of the 2,601 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 and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

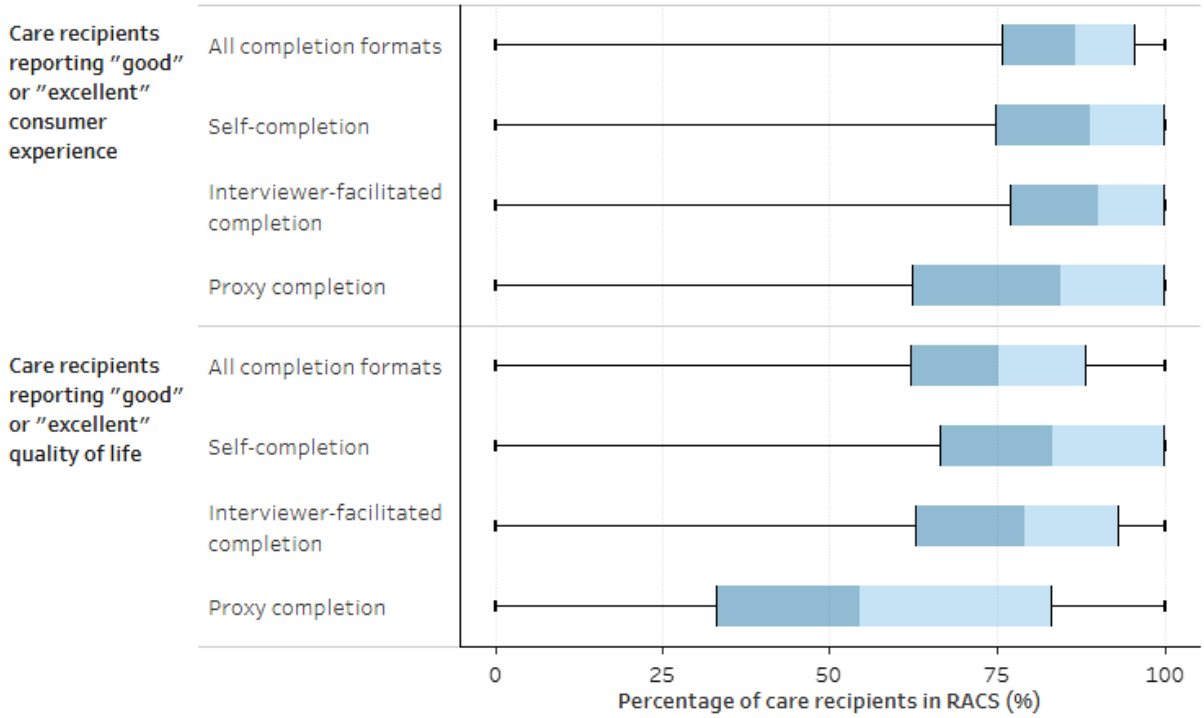
Distribution of percentage of care recipients reported by RACS as meeting criteria for quality indicators, October to December 2024



Note: The number of RACS reporting 100% QI prevalence rates ranged from 0.0-14.0% of the 2,601 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 and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Distribution of percentage of care recipients reported by RACS as meeting criteria for quality indicators, October to December 2024



Note: The number of RACS reporting 100% QI prevalence rates ranged from 0.0-14.0% of the 2,601 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%.

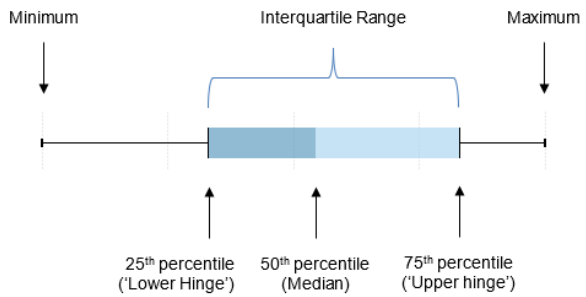
Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Interpreting boxplots

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.



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 13a: Pressure injuries in residential aged care, percentage of care recipients, by state and territory, October to December 2024

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
One or more injuries	4.9%	5.0%	4.8%	5.9%	6.2%	7.0%	5.6%	7.3%	5.2%
Stage 1	2.1%	1.9%	2.1%	2.5%	2.7%	3.4%	2.7%	1.6%	2.2%
Stage 2	2.2%	2.3%	2.2%	2.3%	2.7%	2.7%	2.2%	4.1%	2.3%
Stage 3	0.4%	0.4%	0.4%	0.4%	0.5%	0.5%	0.6%	0.9%	0.4%
Stage 4	0.1%	0.2%	0.1%	0.2%	0.1%	0.0%	0.1%	0.0%	0.1%
Unstageable	0.4%	0.5%	0.4%	0.5%	0.6%	0.6%	0.2%	0.5%	0.4%
Suspected deep tissue	0.3%	0.3%	0.2%	0.5%	0.3%	0.4%	0.4%	0.5%	0.3%

Note: This table presents aggregate data for 207,437 eligible care recipients assessed for pressure injuries at the 2,600 RACS that submitted data for this quality indicator, by state and territory. It includes data for pressure injuries acquired both inside and outside the service.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 13b: Pressure injuries in residential aged care acquired outside the service, percentage of care recipients, by state and territory, October to December 2024

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
One or more injuries	1.1%	0.9%	0.9%	1.1%	1.4%	1.2%	0.8%	0.9%	1.0%
Stage 1	0.4%	0.3%	0.3%	0.5%	0.5%	0.4%	0.4%	0.0%	0.4%
Stage 2	0.5%	0.4%	0.4%	0.4%	0.5%	0.5%	0.3%	0.7%	0.4%
Stage 3	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%	0.2%	0.1%
Stage 4	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Unstageable	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.0%	0.0%	0.1%
Suspected deep tissue	0.1%	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%	0.0%	0.1%

Note: This table presents aggregate data for 207,437 eligible care recipients assessed for pressure injuries at the 2,600 RACS that submitted data for this quality indicator, by state and territory.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 14: Use of physical restraint in residential aged care, percentage of care recipients, by state and territory, October to December 2024

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Use of physical restraint (total)	18.3%	19.2%	20.0%	20.1%	21.2%	17.3%	20.5%	33.6%	19.3%
Physical restraint exclusively through the use of a secure area	14.3%	15.1%	14.9%	15.9%	17.3%	12.6%	15.9%	29.4%	15.1%

Note: This table presents aggregate data for 201,996 eligible care recipients assessed for use of physical restraint at the 2,594 RACS that submitted data for this quality indicator, by state and territory. The total number of care recipients physically restrained includes care recipients physically restrained exclusively using a secure area and care recipients physically restrained not exclusively using a secure area.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 15: Unplanned weight loss in residential aged care, percentage of care recipients, by state and territory, October to December 2024

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Significant unplanned weight loss	8.2%	8.4%	9.0%	8.0%	8.4%	7.1%	9.0%	10.4%	8.4%
Consecutive unplanned weight loss	8.7%	9.4%	9.3%	8.4%	9.7%	9.3%	11.5%	7.8%	9.1%

Note: This table presents aggregate data for 172,612 eligible care recipients assessed for significant unplanned weight loss at the 2,596 RACS that submitted data for this quality indicator and 169,198 eligible care recipients were assessed for consecutive unplanned weight loss at the 2,591 RACS that submitted data for this quality indicator, by state and territory.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 16: Falls and falls that resulted in major injury in residential aged care, percentage of care recipients, by state and territory, October to December 2024

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Falls (total)	30.8%	30.6%	32.0%	32.6%	33.9%	32.1%	31.1%	25.9%	31.5%
Falls that resulted in major injury	1.7%	1.5%	1.9%	1.6%	1.5%	1.4%	2.0%	1.9%	1.7%

Note: This table presents aggregate data for 223,463 eligible care recipients assessed for falls and falls that resulted in major injury at the 2,601 RACS that submitted data for this quality indicator, by state and territory. The total number of falls includes falls resulting in major injury and falls not resulting in major injury.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 17: Medication management in residential aged care, percentage of care recipients, by state and territory, October to December 2024

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Polypharmacy	35.2%	35.9%	35.5%	34.6%	32.7%	31.1%	35.2%	18.2%	35.0%
Antipsychotics (total)	16.1%	19.4%	16.5%	20.2%	17.3%	15.3%	15.0%	15.6%	17.5%
Antipsychotics with diagnosed psychosis	7.8%	10.0%	8.2%	8.3%	9.0%	8.0%	4.9%	5.7%	8.6%

Note: This table presents aggregate data for 200,958 eligible care recipients assessed for polypharmacy at the 2,598 RACS that submitted data for this quality indicator and 201,647 eligible care recipients assessed for antipsychotic use at the 2,597 RACS that submitted data for this quality indicator, by state and territory. The total use of antipsychotics includes care recipients who received an antipsychotic medication with diagnosed psychosis and care recipients who received an antipsychotic medication without diagnosed psychosis.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 18: Decline in activities of daily living in residential aged care, percentage of care recipients, by state and territory, October to December 2024

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Decline in activities of daily living	18.7%	18.3%	20.5%	21.7%	19.8%	27.9%	17.3%	28.8%	19.6%

Note: This table presents aggregate data for 188,549 eligible care recipients assessed for a decline in activities of daily living (ADL) score at the 2,595 RACS that submitted data for this quality indicator, by state and territory. A decline in score was defined as a decrease of one point or more since the previous quarter. Among those care recipients assessed for a decline in activities of daily living, 11,605 had an ADL assessment total score of zero (i.e., were completely dependent) in the previous quarter.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 19: Incontinence care in residential aged care, percentage of care recipients, by state and territory, October to December 2024

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Incontinence	76.6%	74.3%	77.4%	76.7%	82.9%	73.4%	74.7%	74.7%	76.6%
Incontinence associated dermatitis	3.9%	4.0%	3.3%	4.8%	4.4%	5.5%	5.6%	3.6%	4.0%
Stage 1A	2.6%	2.6%	2.2%	3.4%	3.0%	4.2%	3.5%	1.7%	2.7%
Stage 1B	0.3%	0.3%	0.3%	0.5%	0.4%	0.3%	0.8%	0.0%	0.3%
Stage 2A	1.0%	1.0%	0.8%	0.9%	0.9%	1.1%	1.2%	1.5%	0.9%
Stage 2B	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.3%	0.5%	0.1%

Note: This table presents aggregate data for 207,984 eligible care recipients assessed for incontinence at the 2,600 RACS that submitted data for this quality indicator, by state and territory. Among those care recipients assessed for incontinence, 159,295 were recorded with incontinence in 2,596 RACS and were assessed for incontinence-associated dermatitis. Due to differences between the reported number of care recipients with IAD and the number reported against each of the four mutually exclusive IAD sub-categories (stage 1A, 1B, 2A, and 2B) at some RACS, the total number of care recipients with IAD is not equal to the sum of IAD sub-category totals.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 20: Hospitalisations in residential aged care, percentage of care recipients, by state and territory, October to December 2024

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Emergency department presentations	12.3%	10.5%	16.5%	11.4%	11.1%	10.0%	12.2%	20.8%	12.4%
Emergency department presentations or hospital admissions	15.7%	12.9%	19.0%	14.7%	14.5%	11.7%	17.0%	22.4%	15.3%

Note: This table presents aggregate data for 222,471 eligible care recipients assessed for hospitalisations at the 2,598 RACS that submitted data for this quality indicator, by state and territory.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 21: Workforce turnover in residential aged care, percentage of staff that stopped working during the quarter, by state and territory, October to December 2024

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Service managers	5.0%	5.9%	6.9%	8.0%	6.0%	9.0%	10.8%	21.4%	6.2%
Nurse practitioners	6.5%	6.4%	10.0%	6.4%	6.4%	14.1%	5.9%	7.8%	7.3%
Enrolled nurses	4.8%	5.2%	8.9%	4.9%	6.0%	7.8%	10.8%	10.0%	5.9%
Personal care staff or assistants in nursing	4.3%	4.2%	6.8%	3.0%	4.2%	5.6%	3.4%	5.5%	4.7%
All eligible staff	4.7%	4.8%	7.5%	3.8%	4.8%	7.3%	4.2%	6.5%	5.3%

Note: This table presents aggregate data for 195,187 staff assessed for workforce turnover at the 2,590 RACS that submitted data for this quality indicator, by state and territory.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 22: Care recipients reporting 'good' or 'excellent' consumer experience in residential aged care, percentage of care recipients, by state and territory, October to December 2024

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Care recipients who responded via self-completion	82.3%	83.3%	83.4%	79.9%	84.9%	85.3%	77.3%	80.4%	82.8%
Care recipients who responded via interviewer-facilitated completion	87.6%	88.3%	85.3%	78.9%	85.1%	82.3%	79.0%	78.3%	86.2%
Care recipients who responded via proxy completion	84.0%	81.8%	80.4%	75.0%	75.8%	70.9%	70.5%	76.0%	81.0%
Total included care recipients	85.5%	85.7%	84.0%	78.6%	83.4%	81.5%	77.3%	78.2%	84.4%

Note: This table presents aggregate data for 133,264 eligible care recipients assessed for consumer experience at the 2,587 RACS that submitted data for this quality indicator, by state and territory. The total number of responses includes those who responded via self-completion (37,689), via interviewer-facilitated completion (72,756), and via proxy completion (22,819).

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 23: Care recipients reporting 'good' or 'excellent' quality of life in residential aged care, percentage of care recipients, by state and territory, October to December 2024

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Care recipients who responded via self-completion	76.3%	78.6%	79.3%	75.2%	81.7%	81.6%	71.6%	70.0%	78.0%
Care recipients who responded via interviewer-facilitated completion	78.5%	80.2%	78.1%	68.1%	75.3%	73.3%	68.6%	65.0%	77.5%
Care recipients who responded via proxy completion	64.5%	64.9%	60.7%	51.3%	57.8%	53.8%	37.8%	58.0%	62.0%
Total included care recipients	75.4%	76.9%	76.1%	67.6%	74.1%	72.8%	64.7%	64.6%	75.0%

Note: This table presents aggregate data for 133,379 eligible care recipients assessed for quality of life at the 2,587 RACS that submitted data for this quality indicator, by state and territory. The total number of responses includes those who responded via self-completion (37,463), via interviewer-facilitated completion (73,082), and via proxy completion (22,834).

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 24: Pressure injuries in residential aged care, percentage of care recipients, by remoteness, October to December 2024

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
One or more injuries	4.9%	5.6%	6.1%	5.2%
Stage 1	2.0%	2.4%	2.8%	2.2%
Stage 2	2.2%	2.4%	2.7%	2.3%
Stage 3	0.4%	0.3%	0.4%	0.4%
Stage 4	0.1%	0.1%	0.1%	0.1%
Unstageable	0.4%	0.5%	0.4%	0.4%
Suspected deep tissue	0.3%	0.3%	0.2%	0.3%

Note: This table presents aggregate data for 207,437 eligible care recipients assessed for pressure injuries at the 2,600 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 25: Pressure injuries in residential aged care acquired outside the service, percentage of care recipients, by remoteness, October to December 2024

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
One or more injuries	1.0%	1.0%	1.1%	1.0%
Stage 1	0.4%	0.3%	0.4%	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%	0.1%	0.1%	0.1%
Suspected deep tissue	0.1%	0.0%	0.1%	0.1%

Note: This table presents aggregate data for 207,437 eligible care recipients assessed for pressure injuries at the 2,600 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 26: Use of physical restraint in residential aged care, percentage of care recipients, by remoteness, October to December 2024

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Use of physical restraint (total)	19.2%	20.2%	19.3%	19.3%
Physical restraint exclusively through the use of a secure area	15.0%	14.9%	15.3%	15.1%

Note: This table presents aggregate data for 201,996 eligible care recipients assessed for use of physical restraint at the 2,594 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications. The total number of care recipients physically restrained includes care recipients physically restrained exclusively through the use of a secure area and care recipients physically restrained not exclusively through the use of a secure area.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 27: Unplanned weight loss in residential aged care, percentage of care recipients, by remoteness, October to December 2024

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Significant unplanned weight loss	8.2%	8.9%	8.7%	8.4%
Consecutive unplanned weight loss	9.0%	10.2%	9.2%	9.1%

Note: This table presents aggregate data for 172,612 eligible care recipients assessed for significant unplanned weight loss at the 2,596 RACS that submitted data for this quality indicator and 169,198 eligible care recipients were assessed for consecutive unplanned weight loss at the 2,591 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 28: Falls and falls that resulted in major injury in residential aged care, percentage of care recipients, by remoteness, October to December 2024

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Falls (total)	31.7%	31.4%	30.8%	31.5%
Falls that resulted in major injury	1.7%	1.6%	1.5%	1.7%

Note: This table presents aggregate data for 223,463 eligible care recipients assessed for falls and falls that resulted in major injury at the 2,601 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications. The total number of falls includes falls resulting in major injury and falls not resulting in major injury.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 29: Medication management in residential aged care, percentage of care recipients, by remoteness, October to December 2024

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Polypharmacy	35.1%	34.7%	35.0%	35.0%
Antipsychotics (total)	17.5%	17.0%	17.5%	17.5%
Antipsychotics with diagnosed psychosis	9.1%	7.5%	7.3%	8.6%

Note: This table presents aggregate data for 200,958 eligible care recipients assessed for polypharmacy at the 2,598 RACS that submitted data for this quality indicator and 201,647 eligible care recipients assessed for antipsychotic use at the 2,597 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications. The total use of antipsychotics includes care recipients who received an antipsychotic medication with diagnosed psychosis and care recipients who received an antipsychotic medication without diagnosed psychosis.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 30: Decline in activities of daily living in residential aged care, percentage of care recipients, by remoteness, October to December 2024

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Decline in activities of daily living	19.1%	21.8%	20.3%	19.6%

Note: This table presents aggregate data for 188,549 eligible care recipients assessed for a decline in activities of daily living (ADL) score at the 2,595 RACS that submitted data for this quality indicator, 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 care recipients assessed for a decline in activities of daily living, 11,605 had an ADL assessment total score of zero (i.e., were completely dependent) in the previous quarter.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 31: Incontinence care in residential aged care, percentage of care recipients, by remoteness, October to December 2024

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Incontinence	76.9%	75.9%	75.7%	76.6%
Incontinence associated dermatitis	3.9%	3.5%	4.4%	4.0%
Stage 1A	2.5%	2.3%	3.2%	2.7%
Stage 1B	0.3%	0.3%	0.3%	0.3%
Stage 2A	1.0%	0.9%	0.7%	0.9%
Stage 2B	0.1%	0.1%	0.1%	0.1%

Note: This table presents aggregate data for 207,984 eligible care recipients assessed for incontinence at the 2,600 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications. Among those care recipients assessed for incontinence, 159,295 were recorded with incontinence in 2,596 RACS and were assessed for incontinence-associated dermatitis. Due to differences between the reported number of care recipients with IAD and the number reported against each of the four mutually exclusive IAD sub-categories (stage 1A, 1B, 2A, and 2B) at some RACS, the total number of care recipients with IAD is not equal to the sum of IAD sub-category totals.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 32: Hospitalisations in residential aged care, percentage of care recipients, by remoteness, October to December 2024

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Emergency department presentations	12.5%	13.5%	11.7%	12.4%
Emergency department presentations or hospital admissions	15.4%	16.4%	14.5%	15.3%

Note: This table presents aggregate data for 222,471 eligible care recipients assessed for hospitalisations at the 2,598 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 33: Workforce turnover in residential aged care, percentage of staff that stopped working during the quarter, by remoteness, October to December 2024

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Service managers	5.8%	7.5%	6.7%	6.2%
Nurse practitioners	6.9%	7.8%	8.5%	7.3%
Enrolled nurses	5.6%	6.7%	6.2%	5.9%
Personal care staff or assistants in nursing	4.5%	5.1%	4.9%	4.7%
All eligible staff	5.0%	5.8%	5.7%	5.3%

Note: This table presents aggregate data for 195,187 staff assessed for workforce turnover at the 2,590 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications.

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 34: Care recipients reporting 'good' or 'excellent' consumer experience in residential aged care, percentage of care recipients, by remoteness, October to December 2024

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Care recipients who responded via self-completion	82.4%	83.5%	84.2%	82.8%
Care recipients who responded via interviewer-facilitated completion	86.2%	86.6%	86.1%	86.2%
Care recipients who responded via proxy completion	81.1%	81.3%	80.6%	81.0%
Total included care recipients	84.2%	85.0%	84.8%	84.4%

Note: This table presents aggregate data for 133,264 eligible care recipients assessed for consumer experience at the 2,587 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications. The total number of responses includes those who responded via self-completion (37,689), via interviewer-facilitated completion (72,756), and via proxy completion (22,819).

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Table 35: Care recipients reporting 'good' or 'excellent' quality of life in residential aged care, percentage of care recipients, by remoteness, October to December 2024

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Care recipients who responded via self-completion	77.8%	79.8%	78.0%	78.0%
Care recipients who responded via interviewer-facilitated completion	77.8%	78.9%	76.0%	77.5%
Care recipients who responded via proxy completion	62.5%	64.5%	59.2%	62.0%
Total included care recipients	75.1%	77.0%	73.7%	75.0%

Note: This table presents aggregate data for 133,379 eligible care recipients assessed for quality of life at the 2,587 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications. The total number of responses includes those who responded via self-completion (37,463), via interviewer-facilitated completion (73,082), and via proxy completion (22,834).

Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Technical notes

National Aged Care Mandatory Quality Indicator Program: 1 October to 31 December 2024

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

The QI Program collects QI data from 'eligible care recipients' or 'eligible staff' only, meaning that QI events or outcomes experienced by care recipients 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 3.0* (QI Program Manual). Note that collection of QIs in this period was undertaken in the context of ongoing transmission of COVID-19 in Australia.

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 Quality Indicators App in the Government Provider Management System (GPMS) to the Department of Health and Aged Care (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 of Health and Aged Care for the provision of computation and reporting services for the QI program. Formerly this relationship was with the Aged Care Quality and Safety Commission (1 October 2020 to 31 June 2023), and the Department of Health and Aged Care (from 1 July 2019 to 30 September 2020). Throughout the life of these contracted periods, the Department of Health and Aged Care have provided the QI data to the AIHW. Raw QI data for the quarter 1 October to 31 December 2024 were provided to the AIHW on 6 February 2025 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., use of physical restraint is 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 indicators in this report provide information about whether a care recipient or staff member met the criteria for the QI during the quarter or assessment window. The indicator measure does not provide information about the frequency or duration of that measure (e.g., frequency or duration of physical restraint, number of falls, duration of polypharmacy).

Denominator data and QI construction

In accordance with the QI Program Manual, for all QIs except for the Workforce QI, the total number of care recipients meeting the criteria to be counted for the QI is divided by the total number of care recipients assessed at the service who do not meet exclusion criteria

(referred to throughout this report as ‘eligible care recipients’) and multiplied by 100 to construct each QI category.

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

$$\text{QI value} = \frac{\text{The total number of care recipients meeting the criteria to be counted (affirmative) for the quality indicator}}{\text{The total number of care recipients assessed at the service who do not meet exclusion criteria for the quality indicator (eligible care recipients)}} \times 100$$

For the Workforce QI, 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.

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

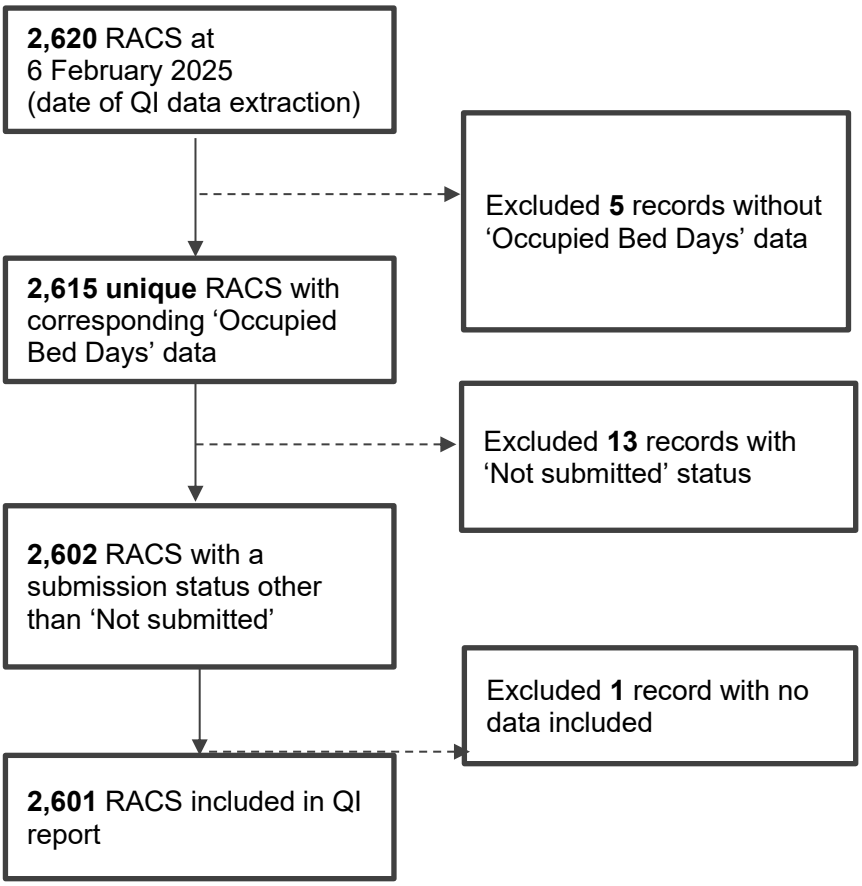
Service participation, and estimated care recipient coverage

For this quarter, providers were required to submit QI data to the Department by 21 January 2025. The QI raw data were then extracted by the Department on 6 February 2025, comprising data from 2,620 RACS. The QI records were then filtered using Occupied Bed Days (OBD) data to derive an approximate denominator. OBD data was extracted by the Department and supplied to the AIHW on 6 February 2025. Five RACS were excluded due to not having available data about Australian Government subsidies for delivering care, services and accommodation (OBD data).

Of the remaining 2,615 RACS, 2,589 (99.0%) had a submission status of ‘Submitted’ (i.e., QI data were submitted on time), 12 (0.46 %) were ‘Submitted - updated after due date’, 1 (0.04%) was recorded as a ‘Late submission’ and 13 (0.5%) were recorded as ‘Not submitted’. The 13 RACS with a ‘Not submitted’ status were excluded from the analyses presented in this quarterly report.

Finally, 1 (0.04%) of the remaining 2,602 RACS did not submit any QI data and was excluded, resulting in the final data set of 2,601 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 2.2%. Of the included 2,601 RACS, 2,568 (98.7%) submitted QI data for all 11 QIs. Of the 33 RACS that did not submit data for all QIs, 29 (87.9%) submitted data for 9 or 10 QIs.



The QI Program's coverage of the estimated care recipient population ranged from 98.1% for consumer experience to greater than 111.5% for falls and major injuries (Table 1). 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 quality indicators 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 care recipients (e.g. hospitalisations) and care recipient 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 6 February 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 minor changes to data are expected after the quality assurance process since the date of OBD data extraction.

The number of care recipients excluded (Table 1, Columns C and D) was highest for consumer experience and quality of life (32.3% and 32.6%, respectively). For these QIs, the most common reason for exclusion was that the care recipient did not choose to complete the assessment.

Table 1: Estimated care recipient coverage and exclusions in the RACS QI Program, October to December 2024

Quality indicator	Estimated care recipient coverage in QI Program		Exclusions and measurements of care recipients in QI Program		
	Care recipients assessed for QI eligibility in included RACS* (A)	Coverage of estimated care recipient population in all RACS (B)	Care recipients excluded due to not providing consent (C)	Care recipients excluded due to ineligibility (D)	Care recipients eligible for QI measurement (E)
Pressure injuries	208,701	104.1%	895 (0.4%)	369 (0.2%)	207,437 (99.4%)
Use of physical restraint	203,768	101.6%	N.A.	1,772 (0.9%)	201,996 (99.1%)
Unplanned weight loss — significant	219,322	109.4%	4,414 (2.0%)	42,296 (19.3%)	172,612 (78.7%)
Unplanned weight loss — consecutive	219,490	109.4%	5,527 (2.5%)	44,765 (20.4%)	169,198 (77.1%)
Falls and major injury	223,706	111.5%	N.A.	243 (0.1%)	223,463 (99.9%)
Medication management — polypharmacy	202,279	100.9%	N.A.	1,321 (0.7%)	200,958 (99.3%)
Medication management — antipsychotics	202,384	100.9%	N.A.	737 (0.4%)	201,647 (99.6%)
Decline in activities of daily living	218,415	108.9%	N.A.	29,866 (13.7%)	188,549 (86.3%)
Incontinence	208,591	104.0%	N.A.	607 (0.3%)	207,984 (99.7%)
Incontinence associated dermatitis	208,591	104.0%	N.A.	49,296 (23.6%)	159,295 (76.4%)
Hospitalisations	222,770	111.1%	N.A.	299 (0.1%)	222,471 (99.9%)
Workforce turnover **	N.A.	N.A.	N.A.	N.A.	N.A.
Consumer experience	196,804	98.1%	60,665 (30.8%)	2,875 (1.5%)	133,264 (67.7%)
Quality of life	197,768	98.6%	61,450 (31.1%)	2,939 (1.5%)	133,379 (67.4%)

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 care recipients that may or may not have been assessed for QI eligibility at those services, were excluded from these calculations. **A** (*Care recipients assessed for QI eligibility in included* RACS), and therefore **B** (*Coverage of estimated care recipient 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 (*Care recipients assessed for QI eligibility in included RACS*) was calculated as the sum of **C** (*Care recipients excluded due to not providing consent*), **D** (*Care recipients excluded due to ineligibility*) and **E** (*Care recipients eligible for QI measurement*).
B (*Coverage of estimated care recipient population in all RACS*) was calculated by dividing **A** (*Care recipients assessed for QI eligibility in included RACS*) by an estimate of the total RACS care recipient population for this quarter (200,548) care recipients—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** (*Care recipients assessed for QI eligibility in included RACS*).
N.A., not applicable.
Source: Department of Health and Aged Care, QI and OBD data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Geographic characteristics

Two separate disaggregations are reported for the location of RACS—state and territory and remoteness. State and territory was 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 2024 (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, 2,596 of the 2,601 included records matched with a service identified in the NACDC. Five 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).

As with the national QI data in this report, it is important to note that QI data presented by state and territory and remoteness are not risk-adjusted to account for possible differences in the care complexity of care recipients.

Coherence, inconsistencies, and outliers in calculated QIs

This data collection was conducted under the National Aged Care Mandatory Quality Indicator Program Manual 3.0, which has been in place since 1 April 2023. Program Manual 1.0 applied for previous collections between 1 July 2019 and 30 June 2021, and Program Manual 2.0 applied for previous collections between 1 July 2021 and 31 March 2023.

There have been changes over time in how QIs related to care recipients have been calculated. While the original QI Program (1 July 2019) counted occurrences of QIs (meaning that, for example, more than one pressure injury or physical restraint device could be counted for a single care recipient), the expanded QI Program from 1 July 2021 counts the number of care recipients meeting QI criteria and produces prevalence rates in the form of percentages. This value is calculated by dividing the number of eligible care recipients that meet the criteria to be counted for the QI by the total number of eligible care recipients assessed and then multiplying by 100.

Quality indicator reporting under Program Manuals 2.0 and 3.0 requires services to report the total number of eligible care recipients assessed for each QI, which is then used as the denominator when compiling QI percentages. This differs to the original QI Program (Manual 1.0), where QI rates were compiled using the number of care recipient days in which an Australian Government subsidy was claimed as the denominator (referred to as ‘Occupied Bed Days’ in Program Manual 1.0).

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 residential aged care providers as aggregated data at the service level and there is no mechanism for independent monitoring or validation against source data. Therefore, the AIHW has no firm basis for determining that an apparent ‘outlier’ in the distribution of QIs across RACS represents an incorrect data point. In addition, QIs are not risk adjusted at the service level to account for different case-mix of residents. Similarly, analyses to compare QI data between geographic regions and over time are not risk

adjusted and do not consider factors that might affect differences (e.g. case mix, service size).

Because of these limitations, AIHW advise that caution should be exercised in interpreting compiled QI values and comparing QIs in less populated states and territories where small differences in counts of QIs can cause fluctuations in QI percentages from quarter to quarter.

Nevertheless, the AIHW will continue to conduct analyses to identify the most extreme upper-level outliers along the service size continuum, the extent of zero reporting and apparent internal inconsistencies that appear to reflect varied interpretation of reporting requirements. Consultation with the Department of Health and Aged Care on these matters may be expected to contribute, through education of providers and improvements to data collection methods, to improved quality of reporting and to development of the QI Program over time.

Some services included in this report had probable discrepancies in the total number of care recipients assessed for inclusion in each QI. While some variation in the total number of care recipients assessed in a RACS can be expected given that measurements for different QIs can occur at different times, the magnitude of this variation for some RACS points to possible data entry errors or misinterpretation of the QI Program Manual or reporting template.

For QIs where higher percentages indicate poorer performance, 100% prevalence reporting was most common for physical restraint (0.8%). This is expected as some services that have reported data for physical restraint at 100% are dementia services within a locked facility. Therefore, all care recipients in these services would be assessed as being physically restrained 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 consumer experience (14.0%) (Table 2). Some RACS reported zero care recipients meeting the criteria for individual QIs, which varied between QIs (Table 2).

Table 2. Selected RACS reporting characteristics in the Mandatory QI Program, October to December 2024

Quality indicator	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	1	0.0%	289	11.1%
Use of physical restraint	20	0.8%	504	19.4%
Significant unplanned weight loss	1	0.0%	161	6.2%
Consecutive unplanned weight loss	4	0.2%	184	7.1%
Falls	2	0.1%	9	0.3%
Falls that resulted in major injury	0	0.0%	915	35.2%
Polypharmacy	5	0.2%	4	0.2%
Antipsychotics	8	0.3%	26	1.0%
Decline in activities of daily living	1	0.0%	129	5.0%
Incontinence associated dermatitis	1	0.0%	743	28.6%
Hospitalisations – Emergency department presentations	3	0.1%	132	5.1%
Hospitalisations – Emergency department presentations or hospital admissions	3	0.1%	46	1.8%
Workforce turnover	2	0.1%	544	20.9%
Consumer experience	363	14.0%	3	0.1%
Quality of life	170	6.5%	7	0.3%

Note: Percentages are calculated in relation to 2,601 RACS
Source: Department of Health and Aged Care, data extracted 6 February 2025, published on GEN-agedcaredata.gov.au

Trend analysis

Analysis to examine trends in QI performance over time was conducted using a quasi-Poisson regression model. QIs are included in the trend analysis once there are 6 or more quarters of data available. The 5 indicators included in the program since 1 July 2021 are included in trend analysis, and from Q2 (October to December) 2024, all 6 of the new QIs included in the program since 1 April 2023 are also included.

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 was used to examine the trend of aggregated quality indicators over 14 quarters from Q1 (July to September) 2021 to Q2 (October to December) 2024 as outlined in Formula 1. 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 care recipients who meet the criteria for quality indicator *i* (one or more pressure injuries, use of physical restraint, 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, …, 14)*
- $n_{i,j}$ = the number of care recipients assessed for quality indicator *i* in quarter *j*.

Differences in numbers of care recipients assessed by each service are considered by including an **offset** in the model ($\log(n_{i,j})$) so that the care recipient 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 3). 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 indicator performance over time.

For example:

- A risk ratio of 0.975 indicates that the prevalence proportion of aged care recipients 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 care recipients 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.

Table 3: Prevalence proportion of care recipients reported by RACS as meeting criteria for quality indicators, Q1 July–September 2021 to Q2 October–December 2024

	Prevalence proportion															
Indicator	Q1-21/22	Q2-21/22	Q3-21/22	Q4-21/22	Q1-22/23	Q2-22/23	Q3-22/23	Q4-22/23	Q1-23/24	Q2-23/24	Q3-23/24	Q4-23/24	Q1-24/25	Q2-24/25	Risk ratio (95% Confidence Interval)	Relative quarterly change in prevalence proportion
One or more pressure injuries	5.9	5.7	5.9	6.3	6.5	6.0	5.8	5.9	5.9	5.9	5.5	5.5	5.6	5.2	0.991 (0.989-0.993)	-0.9%*
Use of physical restraint	23.0	21.9	21.4	21.5	21.2	19.8	19.5	18.1	17.4	17.8	17.7	18.8	19.3	19.3	0.984 (0.981-0.986)	-1.6%*
Physical restraint exclusively through the use of a secure area	17.2	16.8	16.7	16.9	16.8	15.7	15.7	14.4	13.8	14.0	13.7	14.6	15.2	15.1	0.985 (0.982-0.988)	-1.5%*
Significant unplanned weight loss	8.4	8.9	10.9	9.4	9.3	9.4	8.6	7.7	7.8	9.0	8.7	7.1	7.9	8.4	0.986 (0.984-0.987)	-1.4%*
Consecutive unplanned weight loss	9.5	10.0	11.2	9.4	9.2	9.7	9.3	7.8	8.2	9.4	9.3	7.1	8.2	9.1	0.984 (0.982-0.986)	-1.6%*
Falls	31.9	31.5	31.5	32.2	32.4	31.5	31.0	32.1	32.0	31.5	31.3	32.6	31.8	31.5	1.000 (0.999-1.001)	0.0%
Falls that resulted in major injury	2.1	2.1	2.2	2.2	2.1	2.0	1.9	1.9	1.7	1.8	1.8	1.8	1.8	1.7	0.978 (0.975-0.981)	-2.2%*
Medication management - Polypharmacy	41.0	38.3	37.4	37.3	36.7	36.3	36.0	35.8	34.4	35.1	34.6	34.3	34.6	35.0	0.989 (0.989-0.990)	-1.1%*
Medication management - Antipsychotic use	21.6	20.7	20.5	19.3	18.4	18.5	18.4	18.1	17.7	18.2	18.0	17.9	17.3	17.5	0.986 (0.984-0.987)	-1.4%*
Decline in activities of daily living									21.3	18.2	20.4	20.2	20.9	19.6	0.998 (0.991-1.005)	-0.2%
Incontinence								78.1	78.7	78.1	76.7	78.0	75.5	76.6	0.995 (0.993-0.996)	-0.5%*
Incontinence associated dermatitis								3.9	4.0	3.9	4.1	4.2	4.1	4.0	1.004 (0.995-1.014)	0.4%
Hospitalisations - Emergency department presentations								11.7	11.7	11.9	11.7	12.1	12.6	12.4	1.012 (1.007-1.017)	1.2%*
Hospitalisations - Emergency department presentations or hospital admissions								14.2	14.7	14.9	14.6	15.3	15.5	15.3	1.013 (1.009-1.017)	1.3%*
Workforce turnover								7.0	6.0	5.6	6.2	5.2	5.1	5.3	0.957 (0.948-0.965)	-4.3%*
Consumer experience								79.7	81.8	82.2	82.3	82.4	83.9	84.4	1.008 (1.006-1.009)	0.8%*
Quality of life								69.4	72.5	72.6	72.8	73.2	74.5	75.0	1.010 (1.007-1.012)	1.0%*

*Statistically significant to $p < 0.05$.

Source: Department of Health and Aged Care published on GEN-agedcaredata.gov.au

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