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GEN AGED CARE DATA

Residential Aged Care Quality Indicators–Quarterly Report

January to March 2025

Compiled from mandatory reporting by residential aged care services, covering the period 1 January to 31 March 2025

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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—January to March 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 January to 31 March 2025 for 2,595 RACS conducted under the 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 by the submission due date (21 April 2025) up to the date of data extraction. 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 30 April 2025.

Available data represented 99.3% of the 2,612 RACS that received government subsidies in the quarter (based on occupied bed days data extracted on 30 April 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 S1 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: 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.

Physical restraint 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 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 QI 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 services but must be varied each quarter and not known to the staff directly involved in care.

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 QI 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: 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 QI.

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: Hospitalisation

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

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

The QI 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

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 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 service 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 QI 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 QI 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 service 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 QI 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) measure adverse events, complications, or undesirable outcomes. Lower values in these QIs indicate better quality of care
- Two QIs (10-11) measure desirable outcomes relating to consumer experience and 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 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 15 quarters, from July–September 2021 to January-March 2025. All 11 QIs are included in the trend analysis.

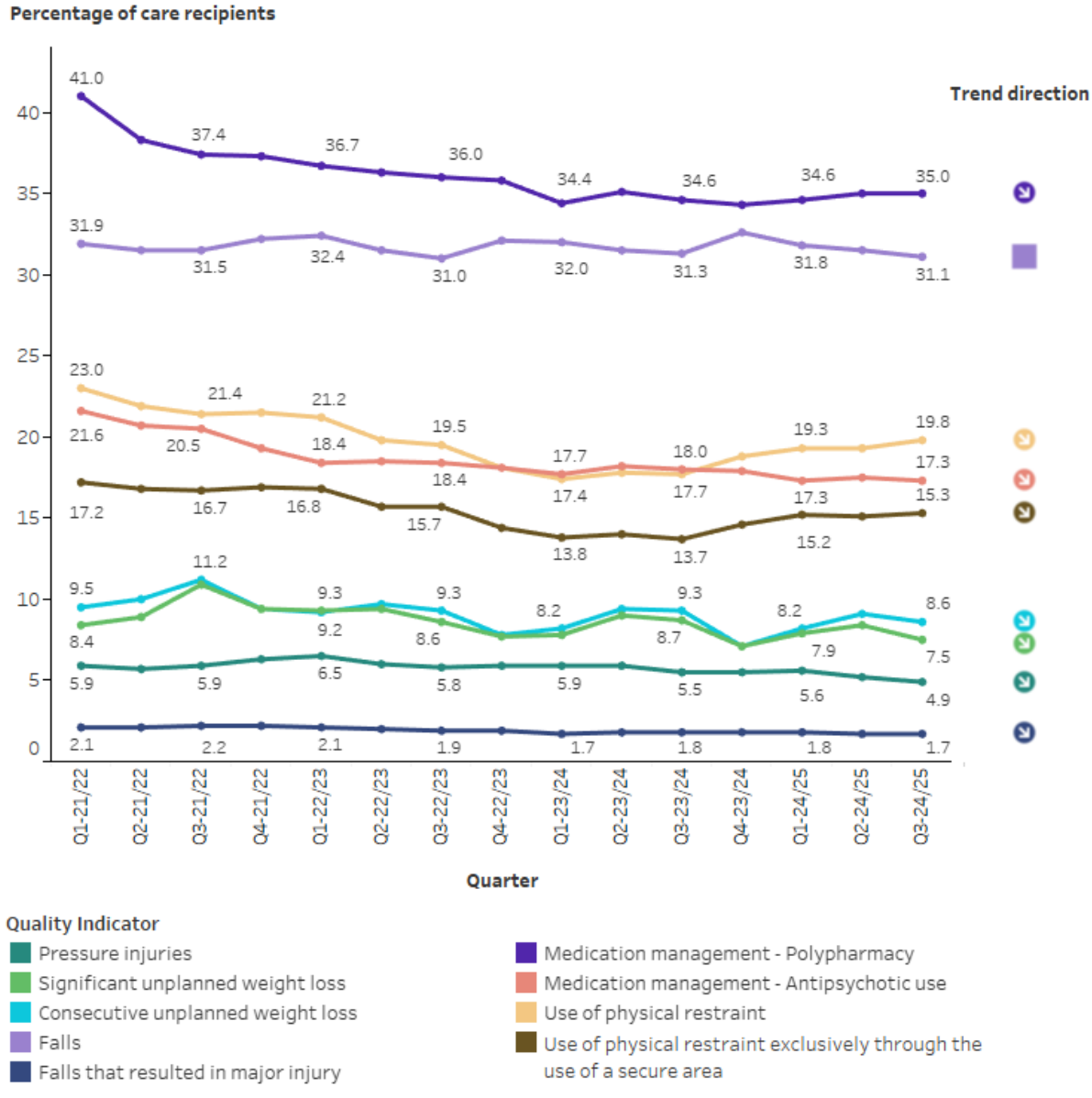
Regarding QIs that measure adverse events, complications, or undesirable outcomes (i.e., lower values of these QIs indicate better quality of care), results show that:

- Over time there has been a statistically significant decrease in the proportion of care recipients experiencing one or more pressure injuries, 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 care recipients experiencing falls, a decline in their ADL score, or IAD.

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 Q3 2024-25



Quality Indicator

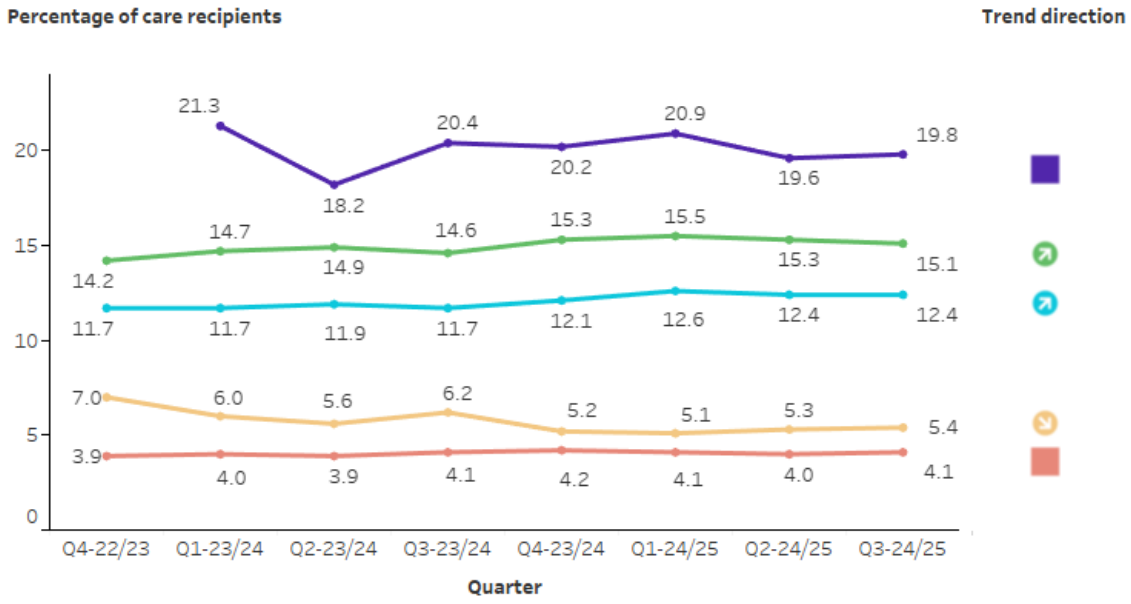
- Pressure injuries
- Significant unplanned weight loss
- Consecutive unplanned weight loss
- Falls
- Falls that resulted in major injury
- Medication management - Polypharmacy
- Medication management - Antipsychotic use
- Use of physical restraint
- Use of physical restraint exclusively through the use of a secure area

Note:

- 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 quality indicator performance over time, Q4 2021-22 to Q3 2024-25



Quality Indicator

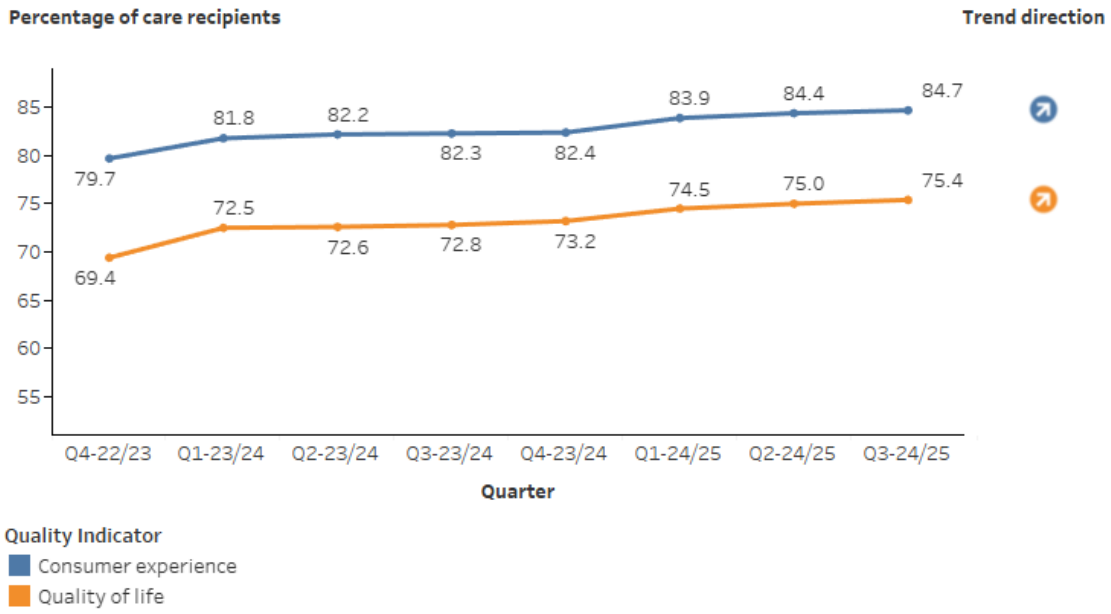
- Decline in activities of daily living
- Emergency department presentations
- Emergency department presentations or hospital admissions
- Incontinence associated dermatitis
- Workforce turnover

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 Q3 2024–25



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 care recipients aggregated across all 2,595 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, January to March 2025

QI 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	1,916	10,291	4.9%
Stage 1	681	4,319	2.1%
Stage 2	818	4,725	2.3%
Stage 3	205	768	0.4%
Stage 4	82	240	0.1%
Unstageable	211	759	0.4%
Suspected deep tissue	145	625	0.3%

Note: 208,566 eligible care recipients were assessed for pressure injuries at the 2,594 RACS that submitted data for this QI. 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, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 2: Physical restraint in residential aged care, January to March 2025

QI category	Number of care recipients restrained	Proportion of care recipients restrained
Physical restraint (total)	40,113	19.8%
Physical restraint exclusively through the use of a secure area	31,120	15.3%

Note: 202,834 eligible care recipients were assessed for physical restraint at the 2,590 RACS that submitted data for this QI. 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, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 3: Unplanned weight loss in residential aged care, January to March 2025

QI category	Number of care recipients with unplanned weight loss	Proportion of care recipients with unplanned weight loss
Significant unplanned weight loss	12,980	7.5%
Consecutive unplanned weight loss	14,503	8.6%

Note: 173,439 eligible care recipients were assessed for significant unplanned weight loss at the 2,590 RACS that submitted data for this QI and 169,055 eligible care recipients were assessed for consecutive unplanned weight loss at the 2,587 RACS that submitted data for this QI.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 4: Falls and falls that resulted in major injury in residential aged care, January to March 2025

QI category	Number of care recipients with recorded falls	Proportion of care recipients with recorded falls
Falls (total)	68,554	31.1%
Falls that resulted in major injury	3,729	1.7%

Note: 220,707 eligible care recipients were assessed for falls and falls that resulted in major injury at the 2,593 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, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 5: Medication management—polypharmacy in residential aged care, January to March 2025

QI category	Number of care recipients who were prescribed nine or more medications	Proportion of care recipients who were prescribed nine or more medications
Polypharmacy	70,835	35.0%

Note: 202,370 eligible care recipients were assessed for polypharmacy at the 2,594 RACS that submitted data for this QI.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 6: Medication management—antipsychotics in residential aged care, January to March 2025

QI category	Number of care recipients who received an antipsychotic medication	Proportion of care recipients who received an antipsychotic medication
Use of antipsychotics (total)	35,209	17.3%
Antipsychotic use with diagnosed psychosis	16,668	8.2%

Note: 203,216 eligible care recipients were assessed for antipsychotic use at the 2,592 RACS that submitted data for this QI. 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, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 7: Activities of daily living in residential aged care, January to March 2025

QI 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
Activities of daily living	37,591	19.8%

Note: 189,804 eligible care recipients were assessed for a decline in activities of daily living (ADL) score at the 2,588 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 care recipients assessed for ADL, 10,844 had an ADL assessment total score of zero (i.e., were completely dependent) in the previous quarter.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 8: Incontinence care in residential aged care, January to March 2025

QI category	Number of eligible care recipients with incontinence and incontinence associated dermatitis	Proportion of eligible care recipients with incontinence and incontinence associated dermatitis
Incontinence	158,960	76.4%
Incontinence associated dermatitis	6,490	4.1%
Stage 1A	4,364	2.7%
Stage 1B	497	0.3%
Stage 2A	1,557	1.0%
Stage 2B	172	0.1%

Note: 208,003 eligible care recipients were assessed for incontinence at the 2,593 RACS that submitted data for this QI. Among those care recipients assessed for incontinence 158,960 were recorded with incontinence in 2,589 RACS and were assessed for incontinence associated dermatitis (IAD). 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, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 9: Hospitalisations in residential aged care, January to March 2025

QI category	Number of eligible care recipients with hospitalisations	Proportion of eligible care recipients with hospitalisations
Emergency department presentations	27,328	12.4%
Emergency department presentations or hospital admissions	33,153	15.1%

Note: 219,845 eligible care recipients were assessed for hospitalisations at the 2,592 RACS that submitted data for this QI.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 10: Workforce in residential aged care, January to March 2025

QI 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	5,430	364	6.7%
Nurse practitioners or registered nurses	36,069	2,570	7.1%
Enrolled nurses	13,003	837	6.4%
Personal care staff or assistants in nursing	147,262	7,033	4.8%
All eligible staff	201,764	10,804	5.4%

Note: 201,764 staff members were assessed for workforce at the 2,588 RACS that submitted data for this QI.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 11: Consumer experience in residential aged care, January to March 2025

QI category	Consumer experience			
	Number reporting 'good' consumer experience	Number reporting 'excellent' consumer experience	Number reporting 'good' or 'excellent' consumer experience	Proportion reporting 'good' or 'excellent' consumer experience
Care recipients who responded via self-completion	8,007	22,991	30,998	83.8%
Care recipients who responded via interviewer facilitated completion	17,067	48,920	65,987	86.0%
Care recipients who responded via proxy-completion	5,318	13,671	18,989	81.7%
Total included care recipients	30,392	85,582	115,974	84.7%

Note: 136,981 eligible care recipients were assessed for consumer experience at the 2,579 RACS that submitted data for this QI. The total number of responses includes those who responded via self-completion (36,987), via interviewer facilitated completion (76,751), and via proxy-completion (23,243).

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

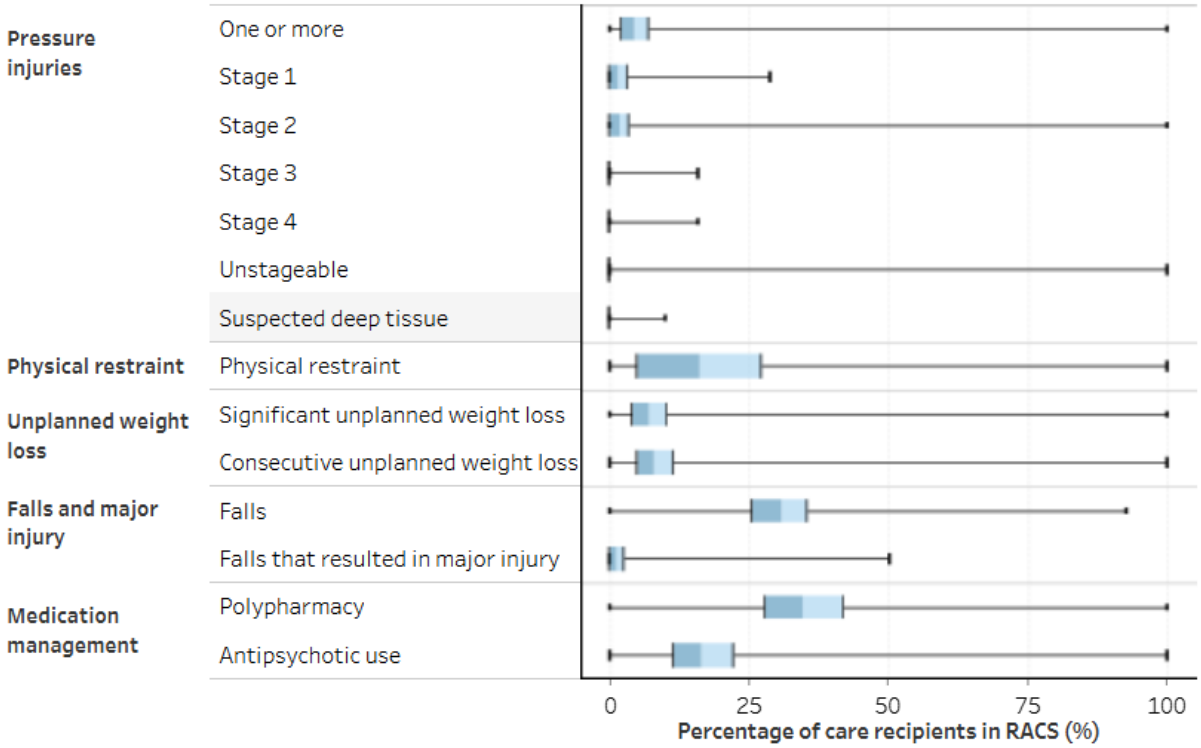
Table 12: Quality of life in residential aged care, January to March 2025

QI category	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	10,324	18,954	29,278	79.1%
Care recipients who responded via interviewer facilitated completion	22,408	37,164	59,572	77.4%
Care recipients who responded via proxy-completion	6,428	7,944	14,372	62.5%
Total included care recipients	39,160	64,062	103,222	75.4%

Note: 136,947 eligible care recipients were assessed for quality of life at the 2,578 RACS that submitted data for this QI. The total number of responses includes those who responded via self-completion (36,994), via interviewer facilitated completion (76,956), and via proxy-completion (22,997).

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

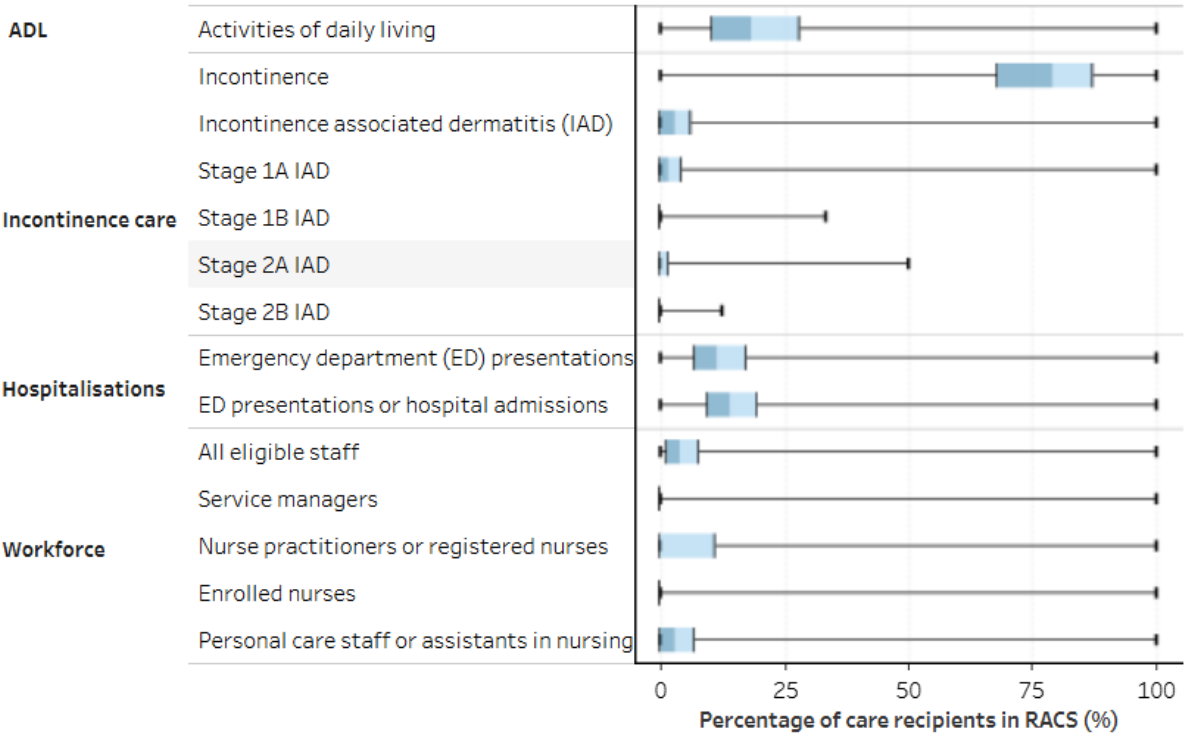
Distribution of percentage of care recipients reported by RACS as meeting criteria for quality indicators, January to March 2025



Note: The number of RACS reporting 100% QI prevalence rates ranged from 0.0-13.3% of the 2,595 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, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Distribution of percentage of care recipients reported by RACS as meeting criteria for quality indicators, January to March 2025 (continued)



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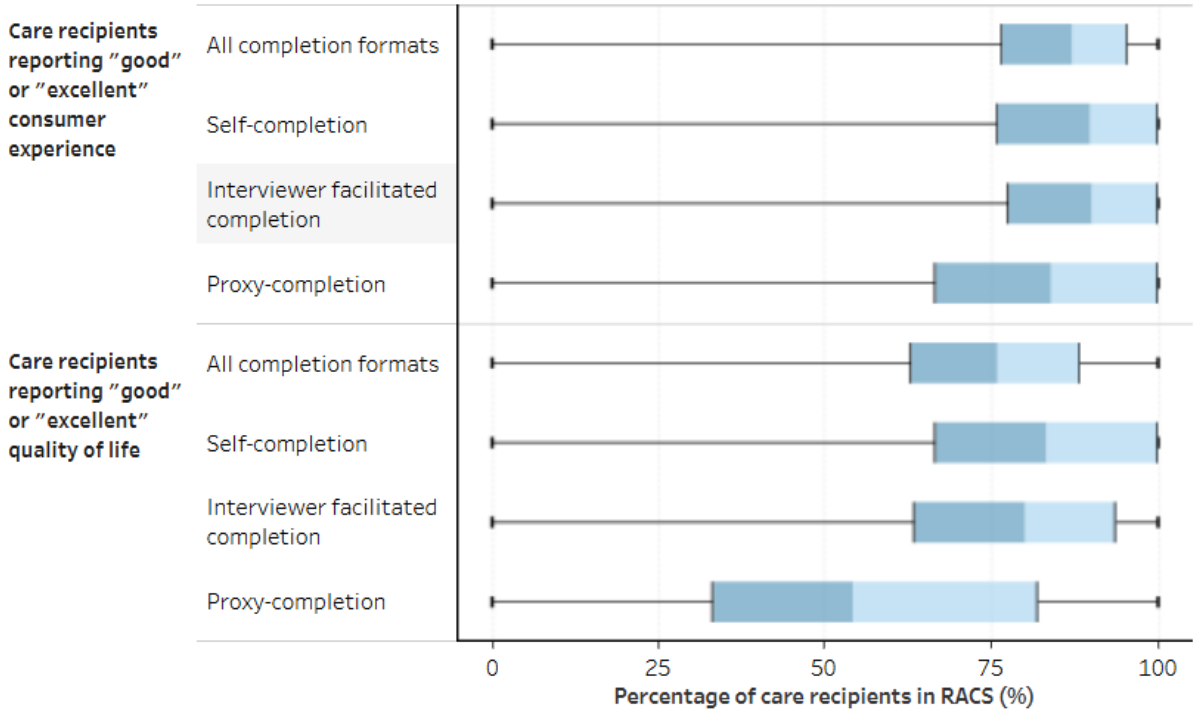
Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Distribution of percentage of care recipients reported by RACS as meeting criteria for quality indicators, January to March 2025 (continued)



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Source: Department of Health, Disability and Ageing, data extracted 30 April 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.

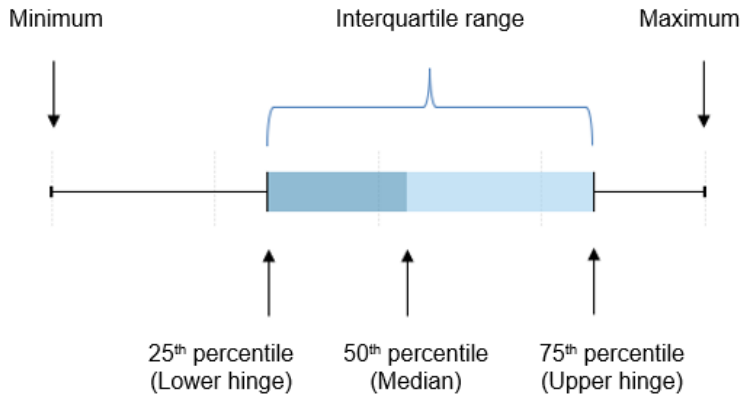


Table 13: Distribution of percentage of care recipients reported by RACS as meeting criteria for QIs, January to March 2025

	Percentage of care recipients in RACS (%)				
QI	Minimum	25th percentile	Median	75th percentile	Maximum
One or more pressure injuries	0	2.08	4.28	7.04	100
Stage 1 pressure injuries	0	0	1.39	3.17	28.57
Stage 2 pressure injuries	0	0	1.67	3.35	100
Stage 3 pressure injuries	0	0	0	0	15.79
Stage 4 pressure injuries	0	0	0	0	15.79
Unstageable pressure injuries	0	0	0	0	100
Suspected deep tissue injuries	0	0	0	0	10
Physical restraint	0	4.92	16.13	27.42	100
Significant unplanned weight loss	0	4.17	6.98	10.17	100
Consecutive unplanned weight loss	0	4.91	8	11.33	100
Falls	0	25.37	30.77	35.59	92.62
Falls that resulted in major injury	0	0	1.28	2.52	50
Polypharmacy	0	27.94	34.46	41.82	100
Antipsychotic use	0	11.47	16.49	22.22	100
Activities of daily living	0	10.34	18.37	28.19	100
Incontinence	0	68.09	79.07	87.2	100
Incontinence associated dermatitis (IAD)	0	0	2.94	6.12	100
Stage 1A IAD	0	0	1.64	4.17	100
Stage 1B IAD	0	0	0	0	33.33
Stage 2A IAD	0	0	0	1.47	50
Stage 2B IAD	0	0	0	0	12.5
Hospitalisations - Emergency department presentations	0	6.67	11.32	17.1	100
Hospitalisations - Emergency department presentations or hospital admissions	0	9.52	14.06	19.54	100
Workforce - all eligible staff	0	1.13	3.75	7.69	100
Workforce - Service managers	0	0	0	0	100
Workforce - Nurse practitioners or registered nurses	0	0	0	11.11	100
Workforce - Enrolled nurses	0	0	0	0	100
Workforce - Personal care staff or assistants in nursing	0	0	2.94	6.78	100
Consumer experience - all completion format	0	76.58	87.18	95.45	100
Consumer experience - self-completion	0	75.97	89.83	100	100
Consumer experience - interviewer facilitated completion	0	77.65	90	100	100
Consumer experience – proxy-completion	0	66.67	84.04	100	100
Quality of life - all completion format	0	62.96	75.96	88.28	100
Quality of life - self-completion	0	66.67	83.33	100	100
Quality of life - interviewer facilitated completion	0	63.64	80	93.94	100
Quality of life - proxy-completion	0	33.33	54.2	81.95	100

Note: The number of RACS reporting 100% QI prevalence rates ranged from 0.0-13.3% of the 2,595 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%, published on GEN-agedcaredata.gov.au

Note: This data table will not appear in public release. It is used for creating the above Boxplot in the publication.

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 14a: Pressure injuries in residential aged care, percentage of care recipients, by state and territory, January to March 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
One or more	4.5%	5.0%	5.0%	5.1%	5.6%	6.7%	5.4%	5.6%	4.9%
Stage 1	2.0%	1.9%	2.1%	2.1%	2.3%	3.5%	2.3%	2.3%	2.1%
Stage 2	2.0%	2.4%	2.3%	2.2%	2.6%	2.8%	2.6%	2.0%	2.3%
Stage 3	0.4%	0.4%	0.4%	0.3%	0.5%	0.3%	0.4%	0.4%	0.4%
Stage 4	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.0%	0.0%	0.1%
Unstageable	0.3%	0.4%	0.3%	0.4%	0.5%	0.4%	0.2%	0.4%	0.4%
Suspected deep tissue	**0.3%**	**0.3%**	**0.3%**	**0.4%**	**0.4%**	**0.2%**	**0.3%**	**0.5%**	**0.3%**

Note: This table presents aggregate data for 208,566 eligible care recipients assessed for pressure injuries at the 2,594 RACS that submitted data for this QI, by state and territory. It includes data for pressure injuries acquired both inside and outside the service.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 14b: Pressure injuries in residential aged care acquired outside the service, percentage of care recipients, by state and territory, January to March 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
One or more	0.9%	0.9%	0.9%	0.9%	1.0%	1.3%	0.9%	1.8%	0.9%
Stage 1	0.3%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.5%	0.3%
Stage 2	0.4%	0.4%	0.4%	0.3%	0.4%	0.7%	0.4%	0.7%	0.4%
Stage 3	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.4%	0.1%
Stage 4	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	0.0%	0.0%	0.0%
Unstageable	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.2%	0.1%
Suspected deep tissue	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.2%	0.1%

Note: This table presents aggregate data for 208,566 eligible care recipients assessed for pressure injuries at the 2,594 RACS that submitted data for this QI, by state and territory.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 15: Physical restraint in residential aged care, percentage of care recipients, by state and territory, January to March 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Physical restraint (total)	19.0%	19.6%	20.2%	20.5%	21.6%	17.5%	19.8%	32.2%	19.8%
Physical restraint exclusively through the use of a secure area	14.8%	15.5%	14.6%	17.1%	16.7%	13.1%	15.3%	30.3%	15.3%

Note: This table presents aggregate data for 202,834 eligible care recipients assessed for physical restraint at the 2,590 RACS that submitted data for this QI, 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, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 16: Unplanned weight loss in residential aged care, percentage of care recipients, by state and territory, January to March 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Significant unplanned weight loss	7.4%	7.2%	8.2%	7.3%	7.0%	7.2%	8.2%	11.2%	7.5%
Consecutive unplanned weight loss	8.4%	8.4%	8.8%	8.4%	8.8%	9.3%	10.1%	8.9%	8.6%

Note: This table presents aggregate data for 173,439 eligible care recipients assessed for significant unplanned weight loss at the 2,590 RACS that submitted data for this QI and 169,055 eligible care recipients were assessed for consecutive unplanned weight loss at the 2,587 RACS that submitted data for this QI, by state and territory.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 17: Falls and falls that resulted in major injury in residential aged care, percentage of care recipients, by state and territory, January to March 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Falls (total)	30.5%	30.5%	31.4%	31.6%	33.3%	31.3%	34.0%	24.2%	31.1%
Falls that resulted in major injury	1.6%	1.6%	2.1%	1.7%	1.6%	1.4%	1.5%	0.8%	1.7%

Note: This table presents aggregate data for 220,707 eligible care recipients assessed for falls and falls that resulted in major injury at the 2,593 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.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 18: Medication management in residential aged care, percentage of care recipients, by state and territory, January to March 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Polypharmacy	35.2%	35.7%	35.9%	34.7%	31.8%	31.5%	34.7%	19.9%	35.0%
Antipsychotics (total)	16.0%	19.2%	16.2%	20.0%	17.4%	15.2%	15.5%	15.0%	17.3%
Antipsychotics with diagnosed psychosis	7.5%	9.6%	7.7%	7.7%	8.9%	7.6%	5.6%	6.8%	8.2%

Note: This table presents aggregate data for 202,370 eligible care recipients assessed for polypharmacy at the 2,594 RACS that submitted data for this QI and 203,216 eligible care recipients assessed for antipsychotic use at the 2,592 RACS that submitted data for this QI, 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, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 19: Activities of daily living in residential aged care, percentage of care recipients, by state and territory, January to March 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Activities of daily living	19.2%	19.1%	20.7%	22.5%	18.3%	23.7%	18.0%	30.0%	19.8%

Note: This table presents aggregate data for 189,804 eligible care recipients assessed for a decline in activities of daily living (ADL) score at the 2,588 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 care recipients assessed for a decline in ADL, 10,844 had an ADL assessment total score of zero (i.e., were completely dependent) in the previous quarter.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 20: Incontinence care in residential aged care, percentage of care recipients, by state and territory, January to March 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Incontinence	76.5%	74.7%	76.8%	78.2%	80.0%	74.7%	71.6%	75.0%	76.4%
Incontinence associated dermatitis	4.0%	4.1%	3.5%	4.2%	4.8%	5.5%	5.0%	5.0%	4.1%
Stage 1A	2.6%	2.7%	2.4%	3.0%	3.5%	4.1%	3.2%	3.6%	2.7%
Stage 1B	0.3%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.5%	0.3%
Stage 2A	1.1%	1.0%	0.8%	0.7%	1.1%	1.1%	1.6%	1.0%	1.0%
Stage 2B	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%

Note: This table presents aggregate data for 208,003 eligible care recipients assessed for incontinence at the 2,593 RACS that submitted data for this QI, by state and territory. Among those care recipients assessed for incontinence, 158,960 were recorded with incontinence in 2,589 RACS and were assessed for incontinence-associated dermatitis (IAD). 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, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 21: Hospitalisations in residential aged care, percentage of care recipients, by state and territory, January to March 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Emergency department presentations	12.4%	10.8%	15.9%	11.3%	11.4%	9.6%	12.4%	17.4%	12.4%
Emergency department presentations or hospital admissions	15.5%	13.1%	18.3%	14.5%	13.6%	11.8%	14.8%	21.2%	15.1%

Note: This table presents aggregate data for 219,845 eligible care recipients assessed for hospitalisations at the 2,592 RACS that submitted data for this QI, by state and territory.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 22: Workforce in residential aged care, percentage of staff that stopped working during the quarter, by state and territory, January to March 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Service managers	5.4%	5.5%	8.3%	9.4%	8.9%	8.6%	3.3%	0.0%	6.7%
Nurse practitioners	7.1%	5.7%	8.3%	7.7%	6.8%	15.0%	5.6%	1.8%	7.1%
Enrolled nurses	5.4%	5.0%	10.1%	6.1%	6.8%	11.1%	10.4%	20.0%	6.4%
Personal care staff or assistants in nursing	4.8%	4.1%	6.5%	3.7%	3.8%	5.6%	3.9%	5.6%	4.8%
All eligible staff	5.2%	4.5%	7.0%	4.6%	4.7%	7.9%	4.3%	5.1%	5.4%

Note: This table presents aggregate data for 201,764 staff assessed for workforce at the 2,588 RACS that submitted data for this QI, by state and territory.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 23: Care recipients reporting 'good' or 'excellent' consumer experience in residential aged care, percentage of care recipients, by state and territory, January to March 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Care recipients who responded via self-completion	83.5%	84.3%	85.5%	77.9%	84.1%	88.9%	79.9%	78.2%	83.8%
Care recipients who responded via interviewer facilitated completion	87.1%	88.5%	85.0%	78.8%	82.4%	82.8%	85.3%	95.0%	86.0%
Care recipients who responded via proxy-completion	84.2%	82.3%	81.4%	76.4%	78.1%	72.6%	72.9%	80.0%	81.7%
Total included care recipients	85.7%	86.2%	84.6%	78.2%	82.1%	82.9%	81.6%	90.5%	84.7%

Note: This table presents aggregate data for 136,981 eligible care recipients assessed for consumer experience at the 2,579 RACS that submitted data for this QI, by state and territory. The total number of responses includes those who responded via self-completion (36,987), via interviewer facilitated completion (76,751), and via proxy-completion (23,243).

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 24: Care recipients reporting 'good' or 'excellent' quality of life in residential aged care, percentage of care recipients, by state and territory, January to March 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Care recipients who responded via self-completion	78.4%	80.2%	81.3%	72.3%	78.7%	84.4%	77.0%	86.0%	79.1%
Care recipients who responded via interviewer facilitated completion	77.8%	80.4%	77.3%	68.5%	75.5%	73.6%	77.6%	77.8%	77.4%
Care recipients who responded via proxy-completion	64.4%	66.4%	61.3%	51.6%	59.4%	46.9%	46.5%	56.1%	62.5%
Total included care recipients	75.6%	77.8%	76.2%	66.8%	73.5%	72.3%	71.8%	76.3%	75.4%

Note: This table presents aggregate data for 136,947 eligible care recipients assessed for quality of life at the 2,578 RACS that submitted data for this QI, by state and territory. The total number of responses includes those who responded via self-completion (36,994), via interviewer facilitated completion (76,956), and via proxy-completion (22,997).

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 25: Pressure injuries in residential aged care, percentage of care recipients, by remoteness, January to March 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
One or more	4.6%	5.5%	5.8%	4.9%
Stage 1	1.9%	2.5%	2.6%	2.1%
Stage 2	2.2%	2.5%	2.5%	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%	0.3%	0.4%
Suspected deep tissue	0.3%	0.3%	0.3%	0.3%

Note: This table presents aggregate data for 208,566 eligible care recipients assessed for pressure injuries at the 2,594 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 26: Pressure injuries in residential aged care acquired outside the service, percentage of care recipients, by remoteness, January to March 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
One or more	0.9%	0.9%	1.1%	0.9%
Stage 1	0.3%	0.3%	0.4%	0.3%
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%	0.0%	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 208,566 eligible care recipients assessed for pressure injuries at the 2,594 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 27: Physical restraint in residential aged care, percentage of care recipients, by remoteness, January to March 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Physical restraint (total)	19.8%	20.1%	19.5%	19.8%
Physical restraint exclusively through the use of a secure area	15.5%	15.1%	14.9%	15.3%

Note: This table presents aggregate data for 202,834 eligible care recipients assessed for physical restraint at the 2,590 RACS that submitted data for this QI, 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, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 28: Unplanned weight loss in residential aged care, percentage of care recipients, by remoteness, January to March 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Significant unplanned weight loss	7.4%	7.8%	7.8%	7.5%
Consecutive unplanned weight loss	8.7%	8.2%	8.2%	8.6%

Note: This table presents aggregate data for 173,439 eligible care recipients assessed for significant unplanned weight loss at the 2,590 RACS that submitted data for this QI and 169,055 eligible care recipients were assessed for consecutive unplanned weight loss at the 2,587 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 29: Falls and falls that resulted in major injury in residential aged care, percentage of care recipients, by remoteness, January to March 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Falls (total)	31.2%	31.5%	30.3%	31.1%
Falls that resulted in major injury	1.7%	1.9%	1.4%	1.7%

Note: This table presents aggregate data for 220,707 eligible care recipients assessed for falls and falls that resulted in major injury at the 2,593 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.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 30: Medication management in residential aged care, percentage of care recipients, by remoteness, January to March 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Polypharmacy	35.0%	34.4%	35.1%	35.0%
Antipsychotics (total)	17.5%	16.6%	17.0%	17.3%
Antipsychotics with diagnosed psychosis	8.6%	7.4%	7.2%	8.2%

Note: This table presents aggregate data for 202,370 eligible care recipients assessed for polypharmacy at the 2,594 RACS that submitted data for this QI and 203,216 eligible care recipients assessed for antipsychotic use at the 2,592 RACS that submitted data for this QI, 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, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 31: Activities of daily living in residential aged care, percentage of care recipients, by remoteness, January to March 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Activities of daily living	19.4%	20.5%	20.8%	19.8%

Note: This table presents aggregate data for 189,804 eligible care recipients assessed for a decline in activities of daily living (ADL) score at the 2,588 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 care recipients assessed for a decline in ADL, 10,844 had an ADL assessment total score of zero (i.e., were completely dependent) in the previous quarter.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 32: Incontinence care in residential aged care, percentage of care recipients, by remoteness, January to March 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Incontinence	76.8%	76.3%	75.2%	76.4%
Incontinence associated dermatitis	4.0%	3.8%	4.4%	4.1%
Stage 1A	2.6%	2.7%	3.3%	2.7%
Stage 1B	0.3%	0.3%	0.3%	0.3%
Stage 2A	1.0%	0.8%	0.8%	1.0%
Stage 2B	0.1%	0.1%	0.1%	0.1%

Note: This table presents aggregate data for 208,003 eligible care recipients assessed for incontinence at the 2,593 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications. Among those care recipients assessed for incontinence, 158,960 were recorded with incontinence in 2,589 RACS and were assessed for incontinence associated dermatitis (IAD). 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, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 33: Hospitalisations in residential aged care, percentage of care recipients, by remoteness, January to March 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Emergency department presentations	12.5%	13.7%	11.6%	12.4%
Emergency department presentations or hospital admissions	15.1%	16.3%	14.4%	15.1%

Note: This table presents aggregate data for 219,845 eligible care recipients assessed for hospitalisations at the 2,592 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 34: Workforce in residential aged care, percentage of staff that stopped working during the quarter, by remoteness, January to March 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Service managers	6.5%	7.3%	7.0%	6.7%
Nurse practitioners	6.9%	7.8%	7.7%	7.1%
Enrolled nurses	6.4%	7.4%	6.1%	6.4%
Personal care staff or assistants in nursing	4.6%	5.9%	5.0%	4.8%
All eligible staff	5.1%	6.4%	5.7%	5.4%

Note: This table presents aggregate data for 201,764 staff assessed for workforce at the 2,588 RACS that submitted data for this QI, by Modified Monash Model (2019) classifications.

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 35: Care recipients reporting 'good' or 'excellent' consumer experience in residential aged care, percentage of care recipients, by remoteness, January to March 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Care recipients who responded via self-completion	83.2%	84.6%	85.6%	83.8%
Care recipients who responded via interviewer facilitated completion	85.9%	86.2%	86.2%	86.0%
Care recipients who responded via proxy-completion	81.4%	81.8%	82.7%	81.7%
Total included care recipients	84.4%	85.1%	85.5%	84.7%

Note: This table presents aggregate data for 136,981 eligible care recipients assessed for consumer experience at the 2,579 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 (36,987), via interviewer facilitated completion (76,751), and via proxy-completion (23,243).

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Table 36: Care recipients reporting 'good' or 'excellent' quality of life in residential aged care, percentage of care recipients, by remoteness, January to March 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Care recipients who responded via self-completion	78.7%	82.0%	79.6%	79.1%
Care recipients who responded via interviewer facilitated completion	77.9%	77.4%	75.8%	77.4%
Care recipients who responded via proxy-completion	63.0%	61.0%	61.2%	62.5%
Total included care recipients	75.6%	75.9%	74.5%	75.4%

Note: This table presents aggregate data for 136,947 eligible care recipients assessed for quality of life at the 2,578 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 (36,994), via interviewer facilitated completion (76,956), and via proxy-completion (22,997).

Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Technical notes

National Aged Care Mandatory Quality Indicator Program: 1 January to 31 March 2025

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).

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 these contracted periods, the Department have provided the QI data to the AIHW. Raw QI data for the quarter 1 January to 31 March 2025 were provided to the AIHW on 30 April 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., 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 QIs 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 QI 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 Workforce, 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:

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

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.

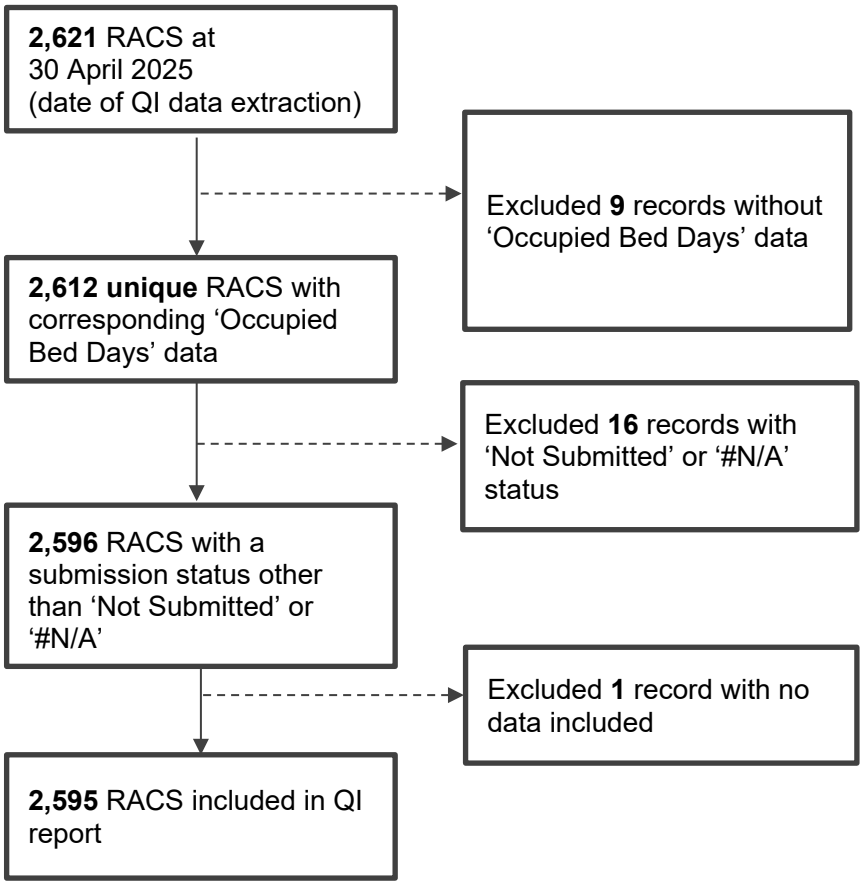
Service participation, and estimated care recipient coverage

For this quarter, providers were required to submit QI data to the Department by 21 April 2025. The QI raw data were then extracted by the Department on 30 April 2025, comprising data from 2,621 RACS. The QI records were then filtered using Occupied Bed Days (OBD) data to derive an approximate denominator. OBD data were extracted from the Quarterly Financial Report system by the Department on 30 April 2025 and supplied to the AIHW on 2 May 2025. Nine RACS were excluded due to not having available data about Australian Government subsidies for delivering care, services and accommodation (OBD data).

Of the remaining 2,612 RACS, 2,562 (98.1%) had a submission status of ‘Submitted’ (i.e., QI data were submitted on time), 21 (0.8 %) were ‘Submitted - Updated After Due Date’, 13 (0.5%) were recorded as a ‘Late submission’, 14 (0.5%) were recorded as ‘Not Submitted’ and 2 (0.1%) had ‘‘#N/A’. The 16 RACS with a ‘Not Submitted’ or ‘#N/A’ status were excluded from the analyses presented in this quarterly report.

Finally, 1 (0.04%) of the remaining 2,596 RACS did not submit any QI data and was excluded, resulting in the final data set of 2,595 RACS with at least some QI data submitted. Compared with the previous quarter, this represents a decrease in RACS included in this quarterly report of 0.23%. Of the included 2,595 RACS, 2,562 (98.7%) submitted QI data for all 11 QIs and 26 (1.0%) submitted data for 9 or 10 QIs.

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



The QI Program's coverage of the estimated care recipient population ranged from 99.3% for consumer experience to greater than 109.6% for falls and major injury (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 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 30 April 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 care recipients excluded (Table S1, Columns C and D) was highest for consumer experience and quality of life (31.6% and 32.0%, respectively). For these QIs, the most common reason for exclusion was that the care recipient did not choose to complete the survey.

Table S1: Estimated care recipient coverage and exclusions in the RACS QI Program, January to March 2025

QI	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	210,035	104.1%	1,007 (0.5%)	462 (0.2%)	208,566 (99.3%)
Physical restraint	204,729	101.5%	N.A.	1,895 (0.9%)	202,834 (99.1%)
Unplanned weight loss — significant	220,189	109.2%	4,686 (2.1%)	42,064 (19.1%)	173,439 (78.8%)
Unplanned weight loss — consecutive	219,425	108.8%	5,724 (2.6%)	44,646 (20.3%)	169,055 (77.0%)
Falls and major injury	221,052	109.6%	N.A.	345 (0.2%)	220,707 (99.8%)
Medication management — polypharmacy	203,860	101.1%	N.A.	1,490 (0.7%)	202,370 (99.3%)
Medication management — antipsychotics	204,058	101.2%	N.A.	842 (0.4%)	203,216 (99.6%)
Activities of daily living	218,894	108.5%	N.A.	29,090 (13.3%)	189,804 (86.7%)
Incontinence	208,787	103.5%	N.A.	784 (0.4%)	208,003 (99.6%)
Incontinence associated dermatitis	208,787	103.5%	N.A.	49,827 (23.9%)	158,960 (76.1%)
Hospitalisations	220,178	109.1%	N.A.	333 (0.2%)	219,845 (99.8%)
Workforce**	N.A.	N.A	N.A.	N.A.	N.A.
Consumer experience	200,410	99.3%	60,157 (30.0%)	3,272 (1.6%)	136,981 (68.4%)
Quality of life	201,432	99.9%	61,327 (30.4%)	3,158 (1.6%)	136,947 (68.0%)

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 (201,726) 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, Disability and Ageing, QI and OBD data extracted 30 April 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 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 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, 2,586 of the 2,595 included records matched with a service identified in the NACDC. Nine 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 3.0, which has been in place since 1 April 2023. Similar to the QI Program Manual 2 (in place since 1 July 2021), the QI Program Manual 3.0 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 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 care recipients 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 care recipients assessed or over-reporting of the number of care recipients 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 physical restraint (0.5%). This is expected as some services that have reported 100% for physical restraint are specialist 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 (13.3%) (Table S2). Some RACS reported zero care recipients meeting the criteria for individual QIs, which varied between QIs (Table S2).

Table S2. Selected RACS reporting characteristics in the Mandatory QI Program, January to March 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	1	0.0%	306	11.8%
Physical restraint	13	0.5%	463	17.8%
Significant unplanned weight loss	2	0.1%	184	7.1%
Consecutive unplanned weight loss	5	0.2%	176	6.8%
Falls	0	0.0%	10	0.4%
Falls that resulted in major injury	0	0.0%	905	34.9%
Polypharmacy	8	0.3%	5	0.2%
Antipsychotics	5	0.2%	27	1.0%
Activities of daily living	3	0.1%	128	4.9%
Incontinence associated dermatitis	1	0.0%	712	27.4%
Hospitalisations – Emergency department presentations	2	0.1%	139	5.4%
Hospitalisations – Emergency department presentations or hospital admissions	1	0.0%	60	2.3%
Workforce	3	0.1%	569	21.9%
Consumer experience	345	13.3%	2	0.1%
Quality of life	175	6.7%	3	0.1%

Note: Percentages are calculated in relation to 2,595 RACS
Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on 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 Q3 (January to March) 2024-25. 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 QI *i* (one or more pressure injuries, 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, …, J;* where *J* is the total number of quarters of available data*)*
- $n_{i,j}$ = the number of care recipients assessed for QI *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 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 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.

Count data used for trend analysis

In previous QI quarterly reports, the trend analysis was performed by fitting the quasi-Poisson regression model to raw service-level count data for each quarter. However, as the QI program has matured and more data have become available, it has become apparent that

this approach did not appropriately capture the variability in the data. A slightly amended approach was proposed and endorsed for implementation starting this quarter (Q3 2024-25). The new approach retains the quasi-Poisson regression model but uses quarterly count data that has been aggregated across all services to fit the model instead of the raw service-level count data. This amendment better accounts for variability within the data over time.

Raw service-level count data (used for trend analysis in previous quarterly reports)

For a given QI indicator, the quarterly raw data consist of:

- the number of care recipients meeting the criteria for the QI in each quarter
- the number of care recipients assessed for the QI in each quarter

at each service that submitted QI data.

Aggregated count data (applied from Q3 2024-25 report)

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

- the total number of all care recipients meeting the criteria for the QI in each quarter
- the total number of care recipients assessed for the QI in each quarter

summed over all services that submitted QI data.

Due to correlations in the raw service level count data, using these data to fit the quasi-Poisson regression model can underestimate the dispersion parameter (which indicates the degree of variance in the data), resulting in 95% confidence intervals that are artificially too narrow. Using the aggregated data model, the dispersion parameter is better estimated, in turn resulting in wider confidence intervals that more appropriately capture the level of variation in the data.

In these Technical Notes for the QI Q3 2024-25 quarterly report, both the original and new trend analysis approaches (using raw and aggregate count data, respectively) were applied for comparison while transitioning to the new approach. The results shown in Table S3 below indicate no differences in the estimated long-term QI trends (e.g. from Q1 2020-21 to Q3 2024-25) between the two approaches, with identical risk ratios estimated using both approaches. While the new approach using aggregate data resulted in wider 95% confidence intervals and larger p-values, conclusions relating to the statistical significance of the estimated trends ($p < 0.05$) remain the same. Therefore, the trend graphs and trend conclusion in the main report for Q3 2024-25 are consistent for both approaches.

From the next reporting period (Q4 2024-25), only results produced using the new trend analysis approach will be reported.

Table S3: Trend analysis outputs using raw service-level count data and aggregated data for QI data from Q1 July–September 2021 to Q3 October–December 2024

QI	Previous approach: Using raw service-level count data			Current approach: Using aggregated data		
	Risk ratio (95% Confidence Interval)	Relative quarterly change in prevalence proportion	Statistically significant trend (p <0.05)	Risk ratio (95% Confidence Interval)	Relative quarterly change in prevalence proportion	Statistically significant trend (p <0.05)
Pressure injuries	0.988 (0.987-0.990)	-1.2%*	Decrease	0.988 (0.983-0.994)	-1.2%*	Decrease
Physical restraint	0.987 (0.985-0.989)	-1.3%*	Decrease	0.987 (0.980-0.994)	-1.3%*	Decrease
Physical restraint exclusively through the use of a secure area	0.988 (0.985-0.991)	-1.2%*	Decrease	0.988 (0.981-0.995)	-1.2%*	Decrease
Significant unplanned weight loss	0.985 (0.983-0.986)	-1.5%*	Decrease	0.985 (0.975-0.995)	-1.5%*	Decrease
Consecutive unplanned weight loss	0.986 (0.984-0.987)	-1.4%*	Decrease	0.986 (0.975-0.996)	-1.4%*	Decrease
Falls (total)	0.999 (0.999-1.000)	-0.1%	No change	0.999 (0.998-1.001)	-0.1%	No change
Falls that resulted in major injury	0.979 (0.977-0.982)	-2.1%*	Decrease	0.979 (0.975-0.984)	-2.1%*	Decrease
Medication management - Polypharmacy	0.991 (0.990-0.991)	-0.9%*	Decrease	0.991 (0.988-0.994)	-0.9%*	Decrease
Medication management - Antipsychotics	0.986 (0.985-0.988)	-1.4%*	Decrease	0.986 (0.983-0.990)	-1.4%*	Decrease
Activities of daily living	0.997 (0.992-1.002)	-0.3%	No change	0.997 (0.977-1.017)	-0.3%	No change
Incontinence	0.996 (0.994-0.997)	-0.4%*	Decrease	0.996 (0.992-0.999)	-0.4%*	Decrease
Incontinence associated dermatitis	1.004 (0.996-1.012)	0.4%	No change	1.004 (0.997-1.011)	0.4%	No change
Hospitalisations - Emergency department presentations	1.011 (1.007-1.015)	1.1%*	Increase	1.011 (1.006-1.016)	1.1%*	Increase
Hospitalisations - Emergency department presentations or hospitalisations	1.009 (1.006-1.012)	0.9%*	Increase	1.009 (1.003-1.015)	0.9%*	Increase
Workforce	0.966 (0.958-0.973)	-3.4%*	Decrease	0.966 (0.946-0.986)	-3.4%*	Decrease
Consumer experience	1.008 (1.006-1.009)	0.8%*	Increase	1.008 (1.006-1.010)	0.8%*	Increase
Quality of life	1.010 (1.008-1.011)	1.0%*	Increase	1.010 (1.007-1.013)	1.0%*	Increase

*Statistically significant to $p < 0.05$.

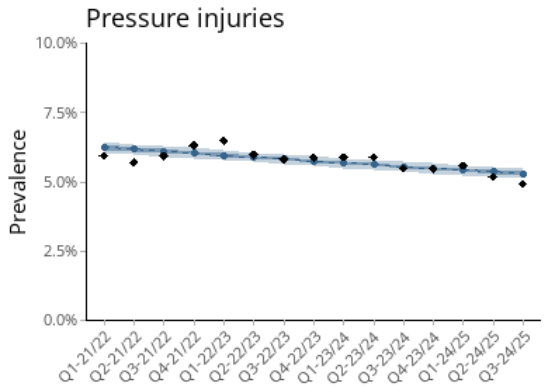
Source: Department of Health, Disability and Ageing, data extracted 30 April 2025, published on GEN-agedcaredata.gov.au

Figure S1 below provides a visual comparison of the trend analysis outputs produced using the quasi-Poisson model fitted to raw service-level count data and aggregated count data for 15 quarters of data, from July-September 2021 to January-March 2025. This figure demonstrates that the use of aggregated data better captures the variability of the data around the fitted trend line, with the majority of data points falling within the 95% prediction limits for all QIs.

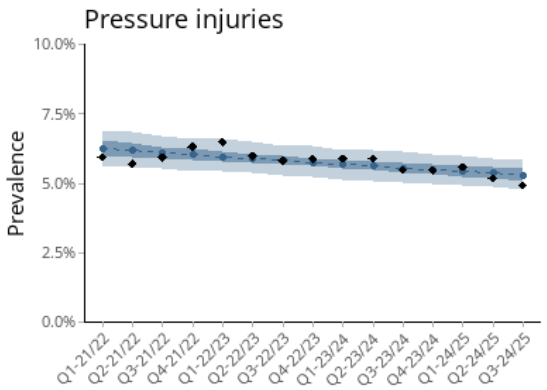
Figure S1: Trend analyses outputs using raw service-level count data and aggregated count data for QI data, from July-September 2021 to January-March 2025

Dashed line (in the middle):	estimated trend line
Darker shaded band:	95% confidence intervals
Light shaded band:	95% prediction limits
Black points:	observed data

Pressure injuries



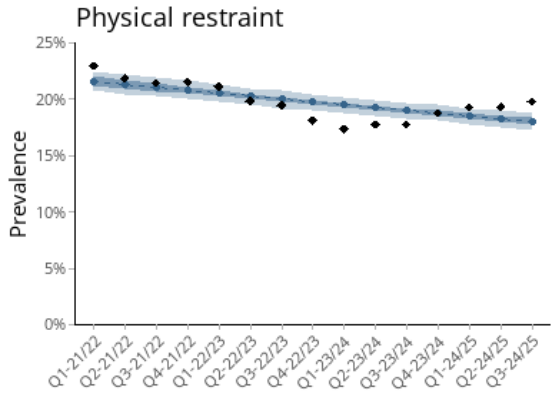
Using raw service-level count data



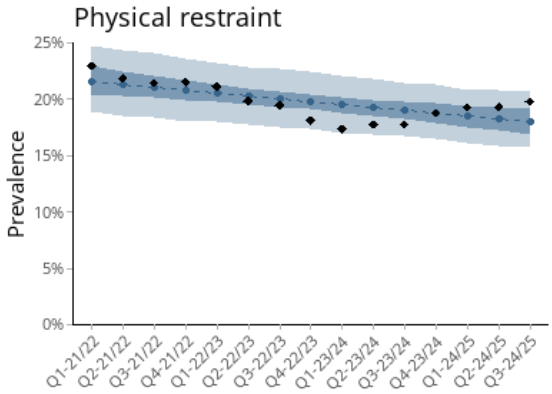
Using aggregated data

Trend in both approaches: decrease

Physical restraint



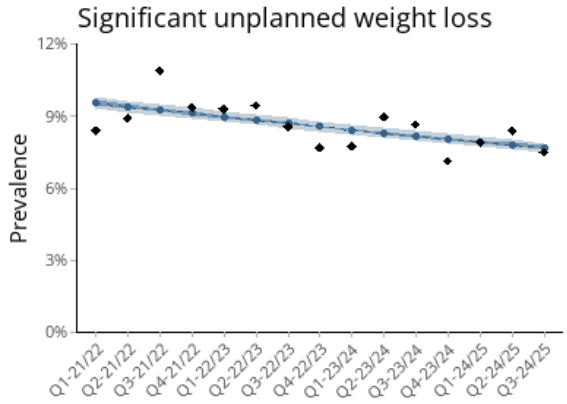
Using raw service-level count data



Using aggregated data

Trend in both approaches: decrease

Unplanned weight loss



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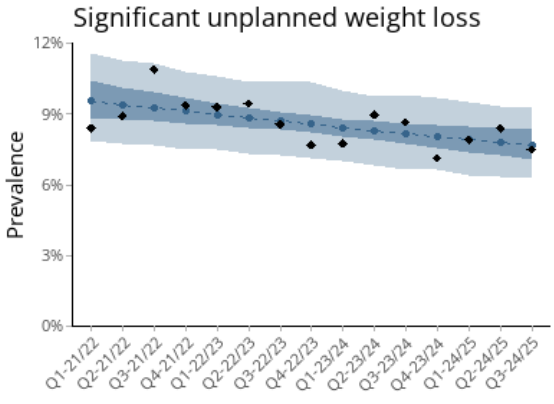
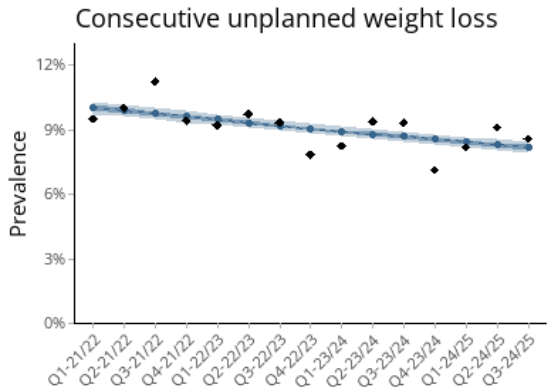


Using aggregated data

Trend in both approaches: decrease



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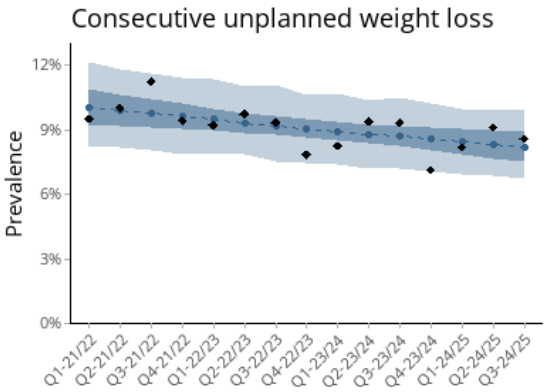
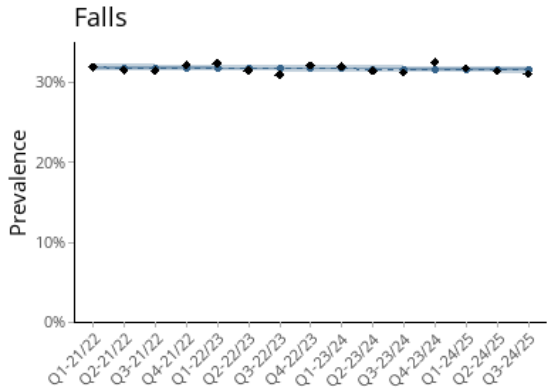


Using aggregated data

Trend in both approaches: decrease.

Falls and major injury



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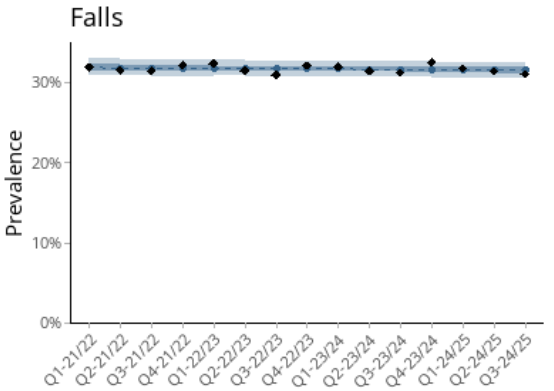
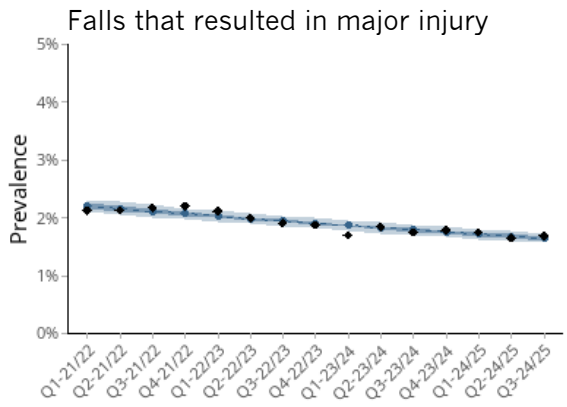


Using aggregated data

Trend in both approaches: no change.



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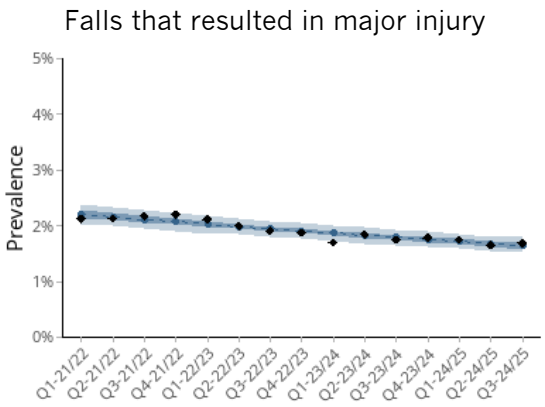
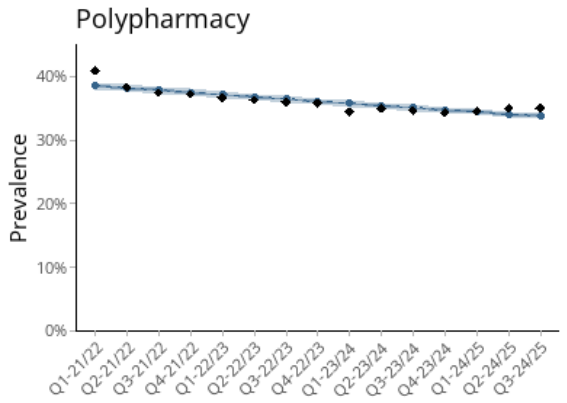


Using aggregated data

Trend in both approaches: decrease.

Medication management



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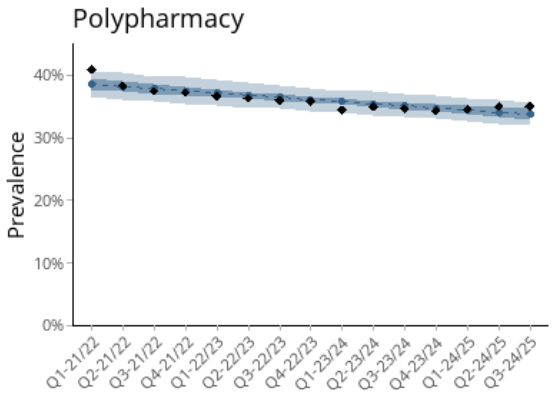
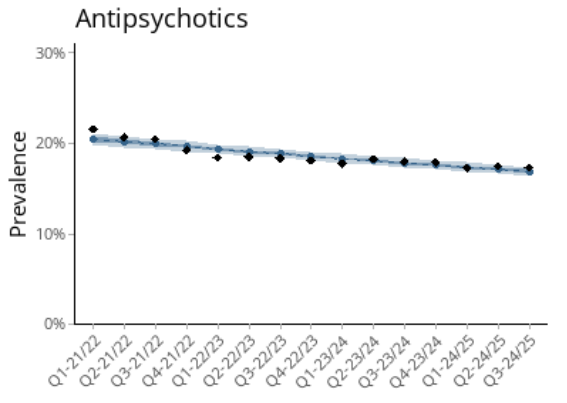


Using aggregated data

Trend in both approaches: decrease.



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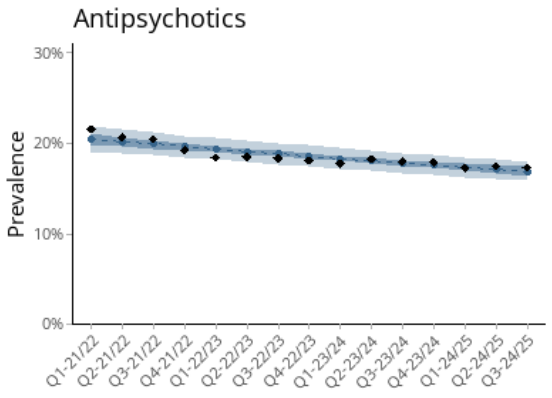
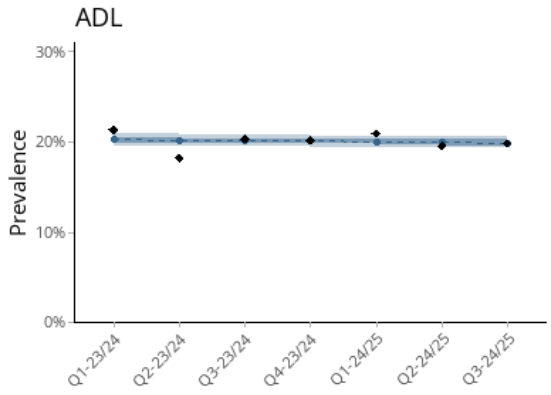


Using aggregated data

Trend in both approaches: decrease.

Activities of daily living (ADL)



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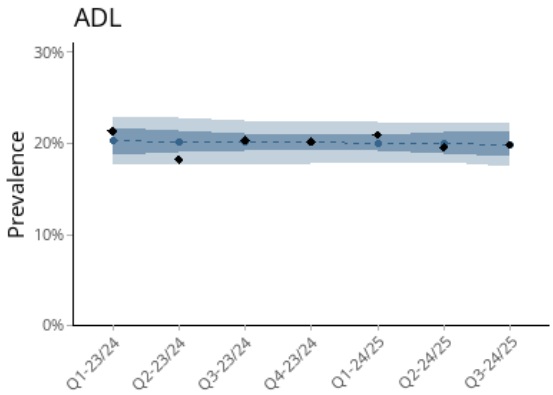
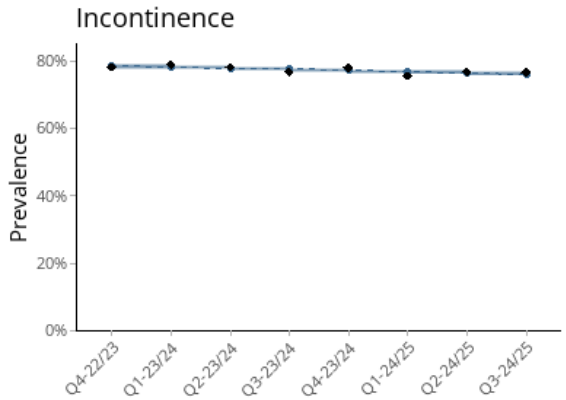


Using aggregated data

Trend in both approaches: no change.

Incontinence care



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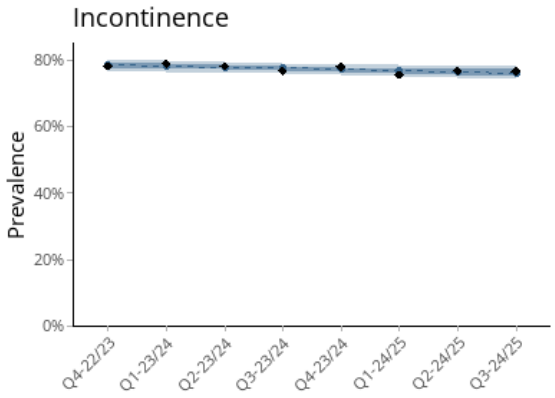
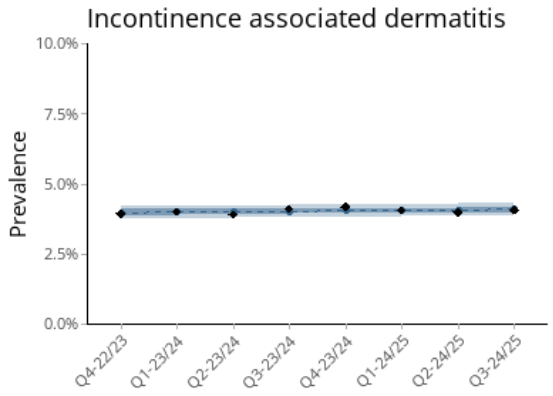


Using aggregated data

Trend in both approaches: decrease.



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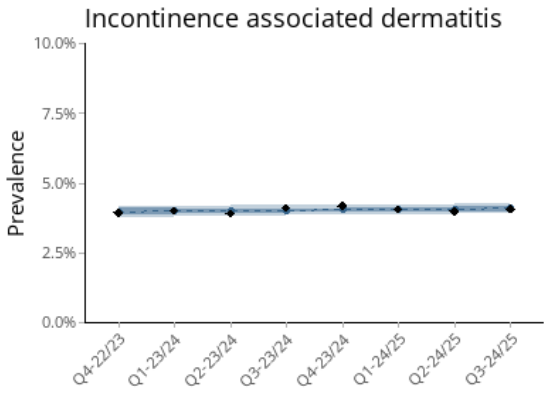
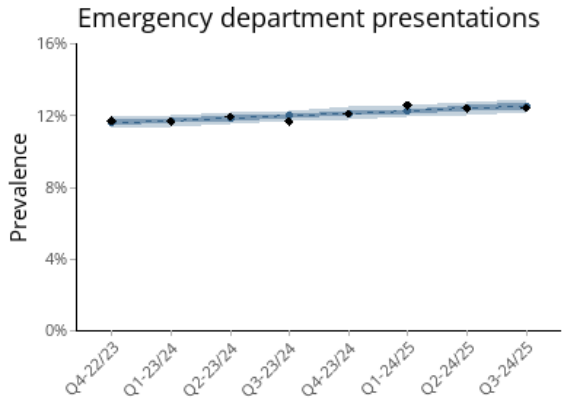


Using aggregated data

Trend in both approaches: no change.

Hospitalisation



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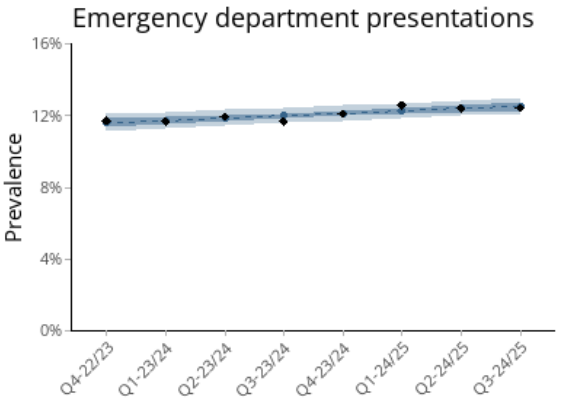
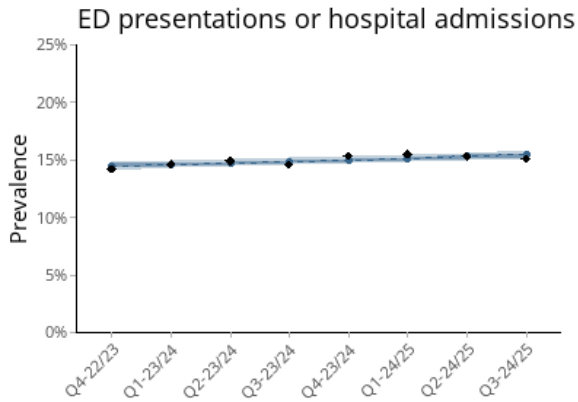


Using aggregated data

Trend in both approaches: increase.



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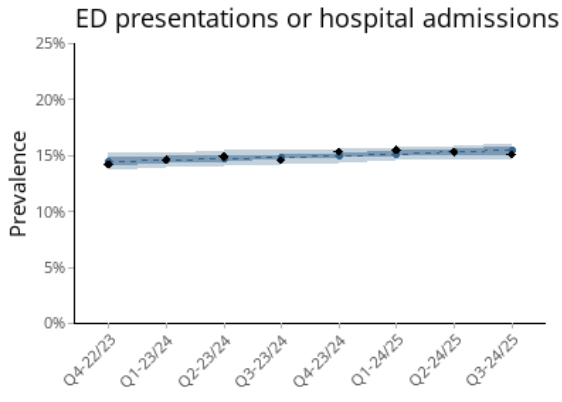
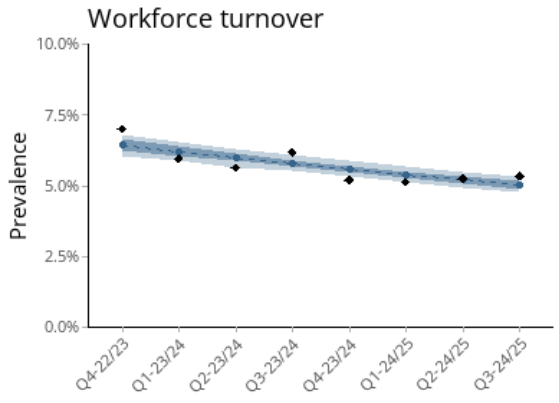


Using aggregated data

Trend in both approaches: increase.

Workforce



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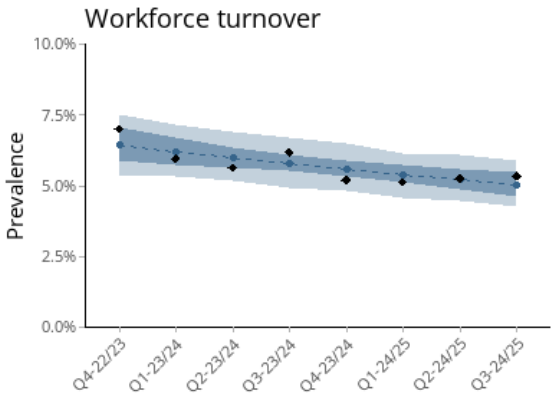
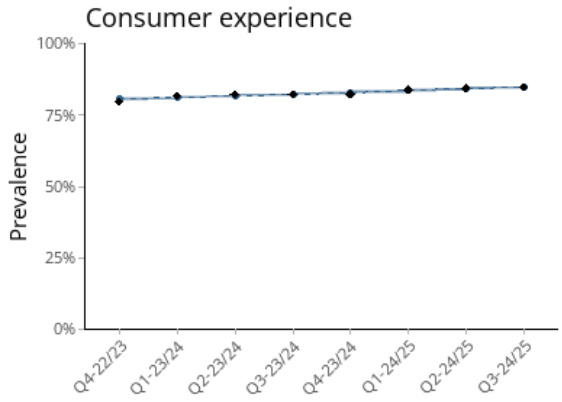


Using aggregated data

Trend in both approaches: decrease.

Consumer experience



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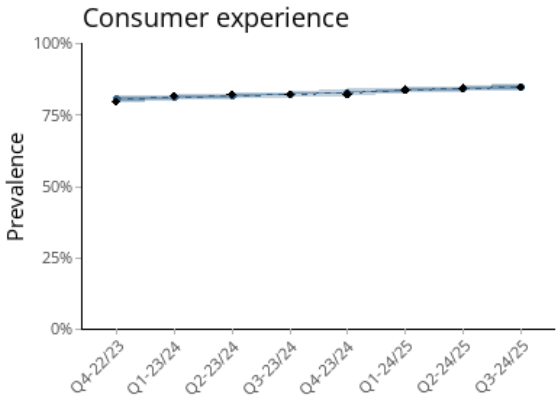
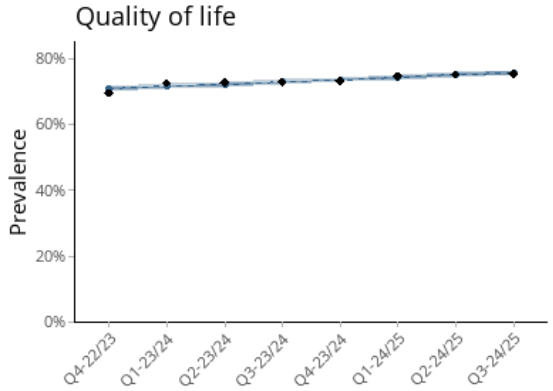


Using aggregated data

Trend in both approaches: increase.

Quality of life



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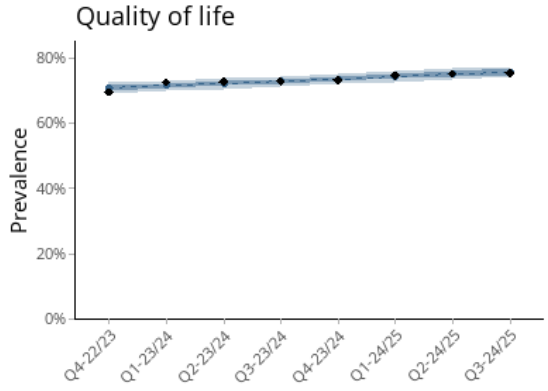

Using aggregated data

Trend in both approaches: increase.

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