



Residential Aged Care Quality Indicators— April to June 2021

Quality indicators measure aspects of service provision that contribute to the quality of care given by residential aged care services. Between 1 July 2019 and 30 June 2021, the National Aged Care Mandatory Quality Indicator Program has required residential aged care services to collect and report on 3 quality indicators:

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

Information on these indicators was submitted by 2,611 residential aged care services in the quarter 1 April to 30 June 2021. This represented 96% of all residential aged care services that received Australian Government subsidies for delivering care, services and accommodation (compared with 95% in the previous quarter).

More information about the National Aged Care Mandatory Quality Indicator Program (QI Program) is available on the [Department of Health's website](#), where there is also a description of 2 additional QIs and of revisions to current QIs that were implemented from 1 July 2021. Consequently, future quarterly reporting on the QI Program will feature new QI data and an updated report format beginning in the next quarter (July to September 2021).

Quality Indicator 1: Pressure Injuries

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

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

Table 1: Pressure injuries in residential aged care, April to June 2021

Indicator category	Number of pressure injuries	Number per 1,000 care days*
Stage 1	5,063	0.30
Stage 2	5,211	0.31
Stage 3	769	0.05
Stage 4	208	0.01
Unstageable	698	0.04
Suspected deep tissue injury	425	0.03
Total	12,374	0.73

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

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Quality Indicator 2: Use of physical restraint

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

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

Table 2: Use of physical restraint in residential aged care, April to June 2021

Indicator category	Number of restraints	Number per 1,000 care days*
Intent to restrain	21,369	1.26
Physical restraint devices	49,415	2.92

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

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

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Quality Indicator 3: Unplanned weight loss

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

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

Table 3: Unplanned weight loss in residential aged care, April to June 2021

Indicator category	Number of care recipients	Number per 1,000 care days*
Significant unplanned weight loss	13,173	0.78
Consecutive unplanned weight loss	12,770	0.76

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

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Geographic variation

Disaggregation of quality indicators by state/territory and by remoteness categories for 1 April to 30 June 2021 were calculated from raw data with no risk adjustment. This means that it has not been possible to take into account variation in the complexity of people's care needs at the facility level (casemix) nor how this interacts with other features known to vary across geographical areas, such as service size, facility ownership or interaction with healthcare services (such as hospitals and palliative care services).

Table 4: Pressure injuries in residential aged care, number per 1,000 care days*, by state and territory, April to June 2021

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Stage 1	0.27	0.28	0.34	0.27	0.35	0.53	0.37	0.46
Stage 2	0.29	0.32	0.32	0.24	0.33	0.39	0.35	0.55
Stage 3	0.05	0.05	0.04	0.03	0.06	0.06	0.07	0.09
Stage 4	0.01	0.01	0.01	0.01	0.01	0.02	0.00	0.02
Unstageable	0.04	0.04	0.04	0.04	0.05	0.03	0.06	0.00
Suspected deep tissue injury	0.03	0.02	0.03	0.02	0.02	0.02	0.03	0.07
Total	0.69	0.72	0.79	0.61	0.82	1.03	0.88	1.19

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

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Table 5: Use of physical restraint in residential aged care, restraints per 1,000 care days*, by state and territory, April to June 2021

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Intent to restrain	0.89	0.76	2.64	1.81	0.63	1.35	0.51	1.16
Physical restraint devices	3.25	0.77	5.60	3.41	1.93	1.82	2.27	1.92

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

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

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Table 6: Unplanned weight loss in residential aged care, care recipients per 1,000 care days*, by state and territory, April to June 2021

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Significant unplanned weight loss	0.73	0.81	0.81	0.81	0.78	0.66	0.95	0.96
Consecutive unplanned weight loss	0.68	0.85	0.75	0.75	0.80	0.69	0.81	0.82

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

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Table 7: Pressure injuries in residential age care, number per 1,000 care days*, by remoteness, April to June 2021

Indicator category	Major cities	Regional & remote
Stage 1	0.27	0.38
Stage 2	0.30	0.33
Stage 3	0.04	0.05
Stage 4	0.01	0.01
Unstageable	0.05	0.03
Suspected deep tissue injury	0.03	0.02
Total	0.70	0.82

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

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Table 8: Use of physical restraint in residential aged care, restraints per 1,000 care days*, by remoteness, April to June 2021

Indicator category	Major cities	Regional & remote
Intent to restrain	1.13	1.58
Physical restraint devices	2.71	3.49

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

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

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Table 9: Unplanned weight loss in residential aged care, care recipients per 1,000 care days*, by remoteness, April to June 2021

Indicator category	Major cities	Regional & remote
Significant unplanned weight loss	0.77	0.80
Consecutive unplanned weight loss	0.76	0.76

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

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Data collection

All Australian Government-subsidised residential aged care services are required to inform each care recipient about the assessment and ask their permission to include their data in the QI Program. In the QI Program from 1 July 2021, consent will be required from care recipients for the purposes of two quality indicators only: unplanned weight loss and pressure injuries.

Pressure injuries

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

Use of physical restraint

The use of physical restraint is assessed in the morning, afternoon and night on 3 different days each quarter, i.e. counts are aggregated across 9 observational assessments during the quarter. Assessments are not announced in advance to staff or care recipients. For specified physical restraint devices, the number in use is counted, whether the devices are being used to intentionally restrain a care recipient or not. Although amendments to the Restraints Principles that occurred on 1 July 2021 are not relevant to this quarter's report, differences may exist in the definitions of physical restraint in the QI Program before and after 1 July 2021 given legislative changes. Specifications for the new quality indicator reports are set out in the [National Aged Care Mandatory Quality Indicator Program Manual 2.0](#) (July 2021).

Unplanned weight loss

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

More information

Detailed specifications for the quality indicators reported here are set out in the [National Aged Care Mandatory Quality Indicator Program Manual 1.0](#) (June 2019). Since 1 July 2021, this version of the Manual has been superseded, but it remains the relevant manual for the purposes of this report.

Information on the compilation of Quality Indicators for April to June 2021, including data quality, is available in the Technical notes below.

Technical notes

National Aged Care Mandatory Quality Indicator Program: 1 April to 30 June 2021

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

Note that collection of quality indicators for this period was undertaken in the context of the continuing COVID-19 pandemic in Australia. Results for this quarter should be considered with this in mind.

Indicator specifications

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

Data collection and transmission to AIHW

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

Since 1 October 2020 the AIHW has been contracted by the Aged Care Quality and Safety Commission for the provision of computation and reporting services for the QI Program—formerly this relationship was with the Department of Health, who continue to provide the QI data to the AIHW. QI raw data for the quarter 1 April to 30 June 2021 were provided to the AIHW on 10 August 2021, by secure data transfer from the Department.

As part of the same secure data transfer, the Department provided a file that contained 'occupied bed day' (OBD) data for each RACS for the period 1 April to 30 June 2021, for input to the denominators for calculation of the QIs.

Denominator data and QI construction

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

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

As reported for earlier quarters, lagged claims and retrospective adjustments in the subsidy claiming system can affect the alignment of time periods (months) covered by numerator (QI counts) and denominator (subsidy claim days) for some RACS. For the April to June 2021 quarter, supplementary information supplied by the Department showed that 20 RACS had

claimed subsidies for fewer than 3 months of the quarter (13 and 7 RACS had submitted claims covering 2 months and 1 month, respectively). The impact on calculated QIs at aggregated levels was negligible.

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

Consolidating and matching QI raw data with OBD data

For the April to June 2021 quarter, no duplicate QI records and no invalid Residential Aged Care Service Identifiers (RACS-IDs) were found. After merging QI data with subsidy claims data, using RACS-IDs as the link key, 2,611 QI records for individual services were matched with a count of care recipient days for the quarter. There were 98 failed matches from the OBD file, representing services that had claimed OBD subsidies for the April to June 2021 quarter, but for which QI data had not been present on the file supplied by the Department.

Calculation of national QIs

Calculations for the tables included in this report were made in accordance with the formula specified in the Manual:

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

Service level data from the National Aged Care Data Clearinghouse

The QI data set, with matched care recipient days, was merged with service level data from the National Aged Care Data Clearinghouse (NACDC) as at 30 June 2020 (the latest available), to bring the QI data together with remoteness characteristics for 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, 29 of the 2,611 records failed to match with a service identified in the NACDC; thus, remoteness category information could not be identified for 29 records. One of the 2,582 matched records has missing information on remoteness.

Geographic characteristics

Two separate disaggregations are reported for the location of RACS—state/territory and remoteness. State/territory was taken from location address information reported on the QI data file (rather than obtained from the NACDC data), and reflects standard sub-national administrative areas. Remoteness, for this report, was based on the Australian Statistical Geography Standard: Remoteness Structure (RA) (ABS 2018), collapsed into 2 categories—Major Cities of Australia and a combined category comprising Inner Regional Australia, Outer Regional Australia, Remote Australia and Very Remote Australia, and was obtained from the NACDC data.

It is important to note that data presented by state/territory and remoteness are not risk-adjusted to account for possible differences in the care complexity of residents in different geographical locations.

Service response and care recipient coverage

The 2,611 records with QI data available for national indicator analysis represent 96% of the 2,709 RACS for which subsidy claims data had been provided for the quarter - one percentage point higher than in the previous quarter.

There were 77 RACS included in the analysis that only submitted data for 1–2 QIs. By individual QIs, this included:

- 49 RACS that did not supply data on pressure injuries
- 14 RACS that did not supply data on the intent to restrain
- 15 RACS that did not supply data on the use of physical restraint devices
- 20 RACS that did not supply data on unplanned weight loss.

Note that the sum of the above (98) is larger than the total (77) because some RACS did not submit data for multiple QIs.

Across all RACS, the proportion of care recipients reported as having been assessed for pressure injuries was 97% of the estimated resident population calculated from OBD claims for the quarter, the same percentage as in the previous quarter. Corresponding proportions monitored for significant and consecutive unplanned weight loss were 88% and 86%, respectively, lower than the proportions of which QIs were reported for the previous quarter (91% and 88%, respectively). RACS were not required to report numbers of care recipients monitored for physical restraint, so similar coverage proportions are not available for that indicator.

Outliers and inconsistencies in calculated QIs

The AIHW has reported for earlier quarters of data collection that it has no firm basis for determining that an apparent 'outlier' in the distribution of QIs across residential aged care services represents an incorrect data point. While this remains the case, the AIHW will continue to conduct analysis to identify the most extreme upper-level outliers along the service size continuum, the extent of zero reporting and apparent internal inconsistencies that appear to reflect varied interpretation of reporting requirements. Consultation with the Aged Care Quality and Safety Commission on these matters may be expected to contribute, through education of providers and improvements to data collection methods, to improve quality of reporting and to development of the QI program over time.

Conclusion

The proportion of services reporting QI data was consistent with levels measured in earlier quarters of reporting for the National Aged Care Mandatory Quality Indicator Program.

Some issues remain with the completeness of raw data supplied as the indicator numerators, with unexplained outliers and with apparent inconsistencies in reporting. Although the calculated indicators are showing more stability across quarters than had been observed at the beginning of the mandatory QI Program, continuing issues with the data are behind the AIHW's advice that caution should be exercised in interpreting compiled QI values.

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

References

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