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GEN AGED CARE DATA

Residential Aged Care Quality Indicators—Quarterly Report

January to March 2024

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

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

Contents

Residential Aged Care Quality Indicators—January to March 2024

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

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

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

- Activities of daily living
- Incontinence care
- Hospitalisations
- Workforce
- Consumer experience
- Quality of life

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

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

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

Most QIs in this report are measured during specified assessment windows (e.g., use of physical restraint is assessed during a review of three days of records in the quarter). The

results for some QIs may therefore not represent the occurrence of those events across other, non-assessed periods in the quarter. Further detail on each QI, including its rationale and measurement, can be found in the QI Program Manual. More information on the QI Program is available from the Department of Health and Aged Care.

* * *

This quarterly report includes QI measurements from data collected from 1 January to 31 March 2024 for 2,429 residential aged care services (RACS) conducted under the expanded QI Program *(National Aged Care Mandatory Quality Indicator Program Manual 3.0)*. These RACS are those that had received Australian Government subsidies for delivering care, services, and accommodation in that period; and had submitted QI data by the due date (21 April 2024). Data processing, checking, and preparing the data for transfer was completed by the Department of Health and Aged Care between the submission and extraction dates, and was supplied to the AIHW on 21 May 2024.

Analysis was completed by AIHW on 28 May 2024, after which a period of statistical and content reviews was undertaken within the AIHW and by the Department of Health and Aged Care up to the point of embargo and publication. Available data represented 92% of the 2,626 RACS that received these government subsidies in the quarter (this was similar to the previous quarter). Further detail on the care recipient coverage of the QI Program in this quarter, including counts of care recipient measurements and exclusions for each QI, is presented in Table 1 of the Technical notes.

Definitions of quality indicators included in this report

Quality Indicator 1: Pressure injuries

A pressure injury is a localised injury to the skin and/or underlying tissue usually over a bony prominence, because of pressure, shear, or a combination of these factors. Assessment of pressure injuries in eligible care recipients is made on or around the same time and day in each quarter of the year. This can be done as part of the care recipient's usual personal care. Consent is sought from care recipients before a full-body observation assessment is undertaken.

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

- **Stage 1** pressure injuries: intact skin with non-blanchable redness of a localised area.
- **Stage 2** pressure injuries: partial-thickness skin loss presenting as a shallow open ulcer with a red/pink wound bed.
- **Stage 3** pressure injuries: full-thickness skin loss, no exposure of bone, tendon or muscle.
- **Stage 4** pressure injuries: full-thickness loss of skin and tissue with exposed bone, tendon or muscle.
- **Unstageable** pressure injuries: full-thickness skin tissue loss in which the base of the injury is covered by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black).

- **Suspected deep tissue** injuries: purple or maroon localised area of discoloured intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.

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

Quality Indicator 2: Use of physical restraint

The *Quality of Care Principles 2014* (Quality of Care Principles) define restrictive practices as any practice or intervention that has the effect of restricting the rights or freedom of movement of a care recipient.

The use of physical restraint indicator measures and reports data relating to all restrictive practice, excluding chemical restraint. This includes physical restraint, mechanical restraint, environmental restraint, and seclusion.

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

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

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

Quality Indicator 3: Unplanned weight loss

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

This indicator includes two categories:

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

Quality Indicator 4: Falls and major injury

A fall is an event that results in a person coming to rest inadvertently on the ground or floor or other lower level. For a fall to meet the criteria of resulting in a major injury, the fall must result in one or more of the following: bone fractures, joint dislocations, closed head injuries with altered consciousness and/or subdural haematoma. Assessment for falls and major

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

This indicator includes two categories:

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

Quality Indicator 5: Medication management

Assessment for polypharmacy is conducted through a single review of medication charts and/or administration records for each eligible care recipient for a collection date selected by the service every quarter. For antipsychotics, a seven-day medication chart and/or administration record review is conducted for each eligible care recipient every quarter.

This indicator includes two categories:

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

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

Quality Indicator 6: Activities of Daily Living

Activities of daily living indicate a person's ability to move and care for themselves, and include management of personal hygiene, dressing, going to the toilet, and eating.

Assessment for activities of daily living is conducted using the Barthel Index of Activities of Daily Living (ADL assessment), a 10-item questionnaire completed by a staff member for each eligible care recipient once per quarter using existing knowledge, care records, direct observation, and talking to the care recipient. The timing of measurement is chosen at the discretion of individual services but is recommended to occur around the same time each quarter. The ADL assessment reflects the care recipient's performance in the 24-48 hours prior to the assessment.

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

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

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

Quality Indicator 7: Incontinence care

Incontinence is the loss of bladder and bowel control and can lead to incontinence associated dermatitis (IAD).

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

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

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

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

Quality Indicator 8: Hospitalisations

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

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

The indicator includes two categories:

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

Quality Indicator 9: Workforce

Approved providers of residential aged care services report the number of staff working in defined roles over the entire quarter.

The defined roles to be reported are:

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

Approved providers report workforce data in three steps:

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

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

Quality Indicator 10: Consumer experience

The consumer experience indicator captures the care recipient's rating of six key attributes of care quality: respect and dignity, supported decision-making, skills of aged care staff, impact on health and wellbeing, social relationships and community connection, and confidence in lodging complaints.

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

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

Responses are categorised as:

- Excellent consumer experience: where a care recipient scores between 22–24
- Good consumer experience: where a care recipient scores between 19–21
- Moderate consumer experience: where a care recipient scores between 14–18
- Poor consumer experience: where a care recipient scores between 8–13
- Very poor consumer experience: where a care recipient scores between 0–7

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

Quality Indicator 11: Quality of life

The quality of life indicator captures the care recipient's perception of their position in life taking into consideration their environment, goals, expectations, standards, and concerns. Assessment examines independence, mobility, pain management, emotional wellbeing, social relationships, and leisure activities / hobbies.

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

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

Responses are categorised as:

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

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

National Data: Variation over time

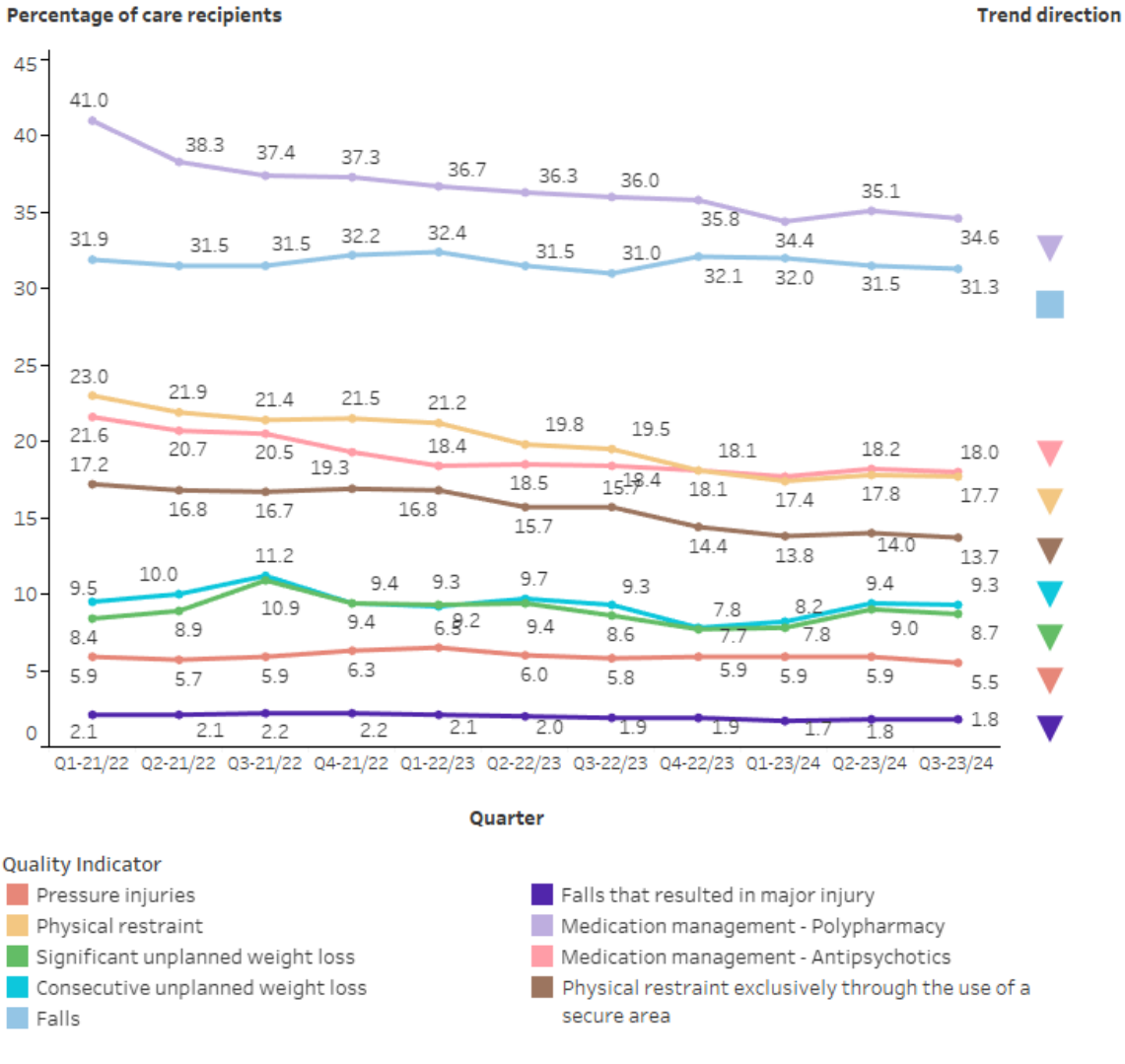
A trend analysis is conducted to examine variation over time in QI performance. For the trend analysis, data are pooled together for every eligible care recipient reported about in the quarter. Trends are examined based on sector level outcomes per quarter.

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

The trend analysis included data from 11 quarters, from July-September 2021 to January to March 2024. Only the 5 indicators included in the program since 1 July 2021 are included in trend analysis. The 6 new QIs will be included in trend analysis once there are 6 or more quarters of data available. Results show that:

- Over time there has been a statistically significant decrease in the proportion of residents experiencing polypharmacy, antipsychotic medication use, falls that resulted in major injury, one or more pressure injuries, use of physical restraint, physical restraint exclusively through the use of a secure area, significant unplanned weight loss and consecutive unplanned weight loss, and;
- Over time there has been no statistically significant change in the proportion of residents experiencing falls.

Trends in quality indicator performance over time, Q1 2021–22 to Q3 2023–24



Note: Down arrow icon (▼) indicates a statistically significant downward trend at $p < .05$. Square icon (■) indicates a statistically non-significant trend ($p \geq .05$).
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National data

Quality indicator data are presented below at a national level. The table presents data for all eligible care recipients aggregated across all 2,429 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 2024

Indicator category	Number of care recipients with one or more pressure injuries acquired outside the service	Total number of care recipients with one or more pressure injuries	Proportion of care recipients with one or more pressure injuries
One or more injuries	1,784	10,406	5.5%
Stage 1	654	4,358	2.3%
Stage 2	732	4,676	2.5%
Stage 3	190	826	0.4%
Stage 4	88	260	0.1%
Unstageable	220	750	0.4%
Suspected deep tissue	123	601	0.3%

Note: 189,566 eligible care recipients were assessed for pressure injuries at the 2,423 RACS that submitted data for this quality indicator. The total number of care recipients with one or more pressure injuries includes pressure injuries acquired both inside and outside the service.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

Table 2: Use of physical restraint in residential aged care, January to March 2024

Indicator category	Number of care recipients restrained	Proportion of care recipients restrained
Use of physical restraint (total)	32,562	17.7%
Use of physical restraint exclusively through the use of a secure area	25,097	13.7%

Note: 183,490 eligible care recipients were assessed for use of physical restraint at the 2,421 RACS that submitted data for this quality indicator. The total number of care recipients physically restrained includes care recipients physically restrained exclusively through the use of a secure area and care recipients physically restrained not exclusively through the use of a secure area.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

Table 3: Unplanned weight loss in residential aged care, January to March 2024

Indicator category	Number of care recipients with unplanned weight loss	Proportion of care recipients with unplanned weight loss
Significant unplanned weight loss	13,570	8.7%
Consecutive unplanned weight loss	14,284	9.3%

Note: 156,769 eligible care recipients were assessed for significant unplanned weight loss at the 2,422 RACS that submitted data for this quality indicator and 153,277 eligible care recipients were assessed for consecutive unplanned weight loss at the 2,420 RACS that submitted data for this quality indicator.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	Number of care recipients with recorded falls	Proportion of care recipients with recorded falls
Falls (total)	62,804	31.3%
Falls that resulted in major injury	3,519	1.8%

Note: 200,734 eligible care recipients were assessed for falls and falls that resulted in major injury at the 2,428 RACS that submitted data for this quality indicator. The total number of falls includes falls resulting in major injury and falls not resulting in major injury.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

Table 5: Medication management—polypharmacy in residential aged care, January to March 2024

Indicator category	Number of care recipients who were prescribed nine or more medications	Proportion of care recipients who were prescribed nine or more medications
Polypharmacy	63,183	34.6%

Note: 182,552 eligible care recipients were assessed for polypharmacy at the 2,425 RACS that submitted data for this quality indicator.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

Table 6: Medication management—antipsychotics in residential aged care, January to March 2024

Indicator category	Number of care recipients who received an antipsychotic medication	Proportion of care recipients who received an antipsychotic medication
Use of antipsychotics (total)	32,893	18.0%
Antipsychotic use with diagnosed psychosis	16,397	9.0%

Note: 182,591 eligible care recipients were assessed for antipsychotic use at the 2,425 RACS that submitted data for this quality indicator. The total use of antipsychotics includes care recipients who received an antipsychotic medication with diagnosed psychosis and care recipients who received an antipsychotic medication without diagnosed psychosis.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

Table 7: Activities of daily living in residential aged care, January to March 2024

Indicator category	Number of eligible care recipients who experienced a decline in their ADL score	Proportion of eligible care recipients who experienced a decline in their ADL score
Activities of daily living	35,015	20.4%

Note: 172,056 eligible care recipients were assessed for activities of daily living at the 2,417 RACS that submitted data for this quality indicator. A decline in score was defined as a decrease of one point or more since the previous quarter. Among those care recipients assessed for activities of daily living, 10,885 had an ADL assessment total score of zero (i.e., were completely dependent) in the previous quarter.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

Table 8: Incontinence in residential aged care, January to March 2024

Indicator category	Number of eligible care recipients with incontinence and incontinence-associated dermatitis	Proportion of eligible care recipients with incontinence and incontinence-associated dermatitis
Incontinence	144,217	76.7%
Incontinence associated dermatitis	5,920	4.1%
Stage 1A	3,984	2.8%
Stage 1B	469	0.3%
Stage 2A	1,319	0.9%
Stage 2B	128	0.1%

Note: 188,111 eligible care recipients were assessed for incontinence at the 2,428 RACS that submitted data for this quality indicator. Among those care recipients assessed for incontinence, 144,217 were recorded with incontinence in 2,425 RACS and were assessed for incontinence associated dermatitis.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

Table 9: Hospitalisations in residential aged care, January to March 2024

Indicator category	Number of eligible care recipients with hospitalisations	Proportion of eligible care recipients with hospitalisations
Emergency department presentations	23,194	11.7%
Emergency department presentations and hospital admissions	29,017	14.6%

Note: 198,909 eligible care recipients were assessed for hospitalisations at the 2,426 RACS that submitted data for this quality indicator.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

Table 10: Workforce in residential aged care, January to March 2024

Indicator category	Number of staff employed at start of quarter	Number of staff who stopped working during the quarter	Proportion of staff who stopped working during the quarter
Service managers	5,254	386	7.3%
Nurse practitioners or registered nurses	28,541	2,323	8.1%
Enrolled nurses	12,030	821	6.8%
Personal care staff or assistants in nursing	123,199	6,898	5.6%
All eligible staff	169,024	10,428	6.2%

Note: 169,024 staff members were assessed for workforce turnover at the 2,417 RACS that submitted data for this quality indicator.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

Table 11: Consumer experience in residential aged care, January to March 2024

	Consumer experience			
	Number reporting 'good' experience	Number reporting 'excellent' experience	Number reporting 'good' or 'excellent' experience	Proportion reporting 'good' or 'excellent' consumer experience
Care recipients who responded via self-completion	7,618	20,413	28,031	81.2%
Care recipients who responded via interviewer-facilitated completion	14,737	38,736	53,473	84.4%
Care recipients who responded via proxy completion	5,242	12,275	17,517	77.9%
Total included care recipients	27,597	71,424	99,021	82.3%

Note: 120,338 eligible care recipients were assessed for consumer experience at the 2,400 RACS that submitted data for this quality indicator. The total number of responses includes those who responded via self-completion (34,510), via interviewer-facilitated completion (63,343), and via proxy completion (22,482).

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

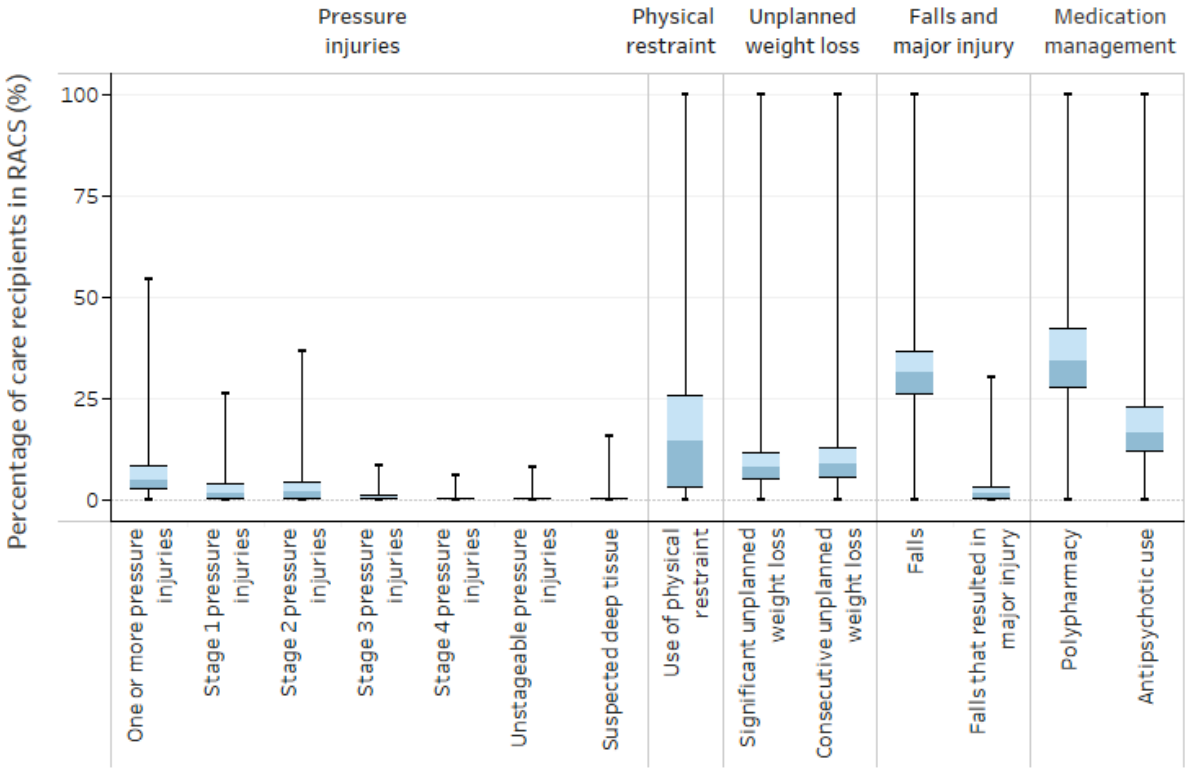
Table 12: Quality of life in residential aged care, January to March 2024

	Quality of life			
	Number reporting 'good' quality of life	Number reporting 'excellent' quality of life	Number reporting 'good' or 'excellent' quality of life	Proportion reporting 'good' or 'excellent' quality of life
Care recipients who responded via self-completion	9,223	17,119	26,342	76.7%
Care recipients who responded via interviewer-facilitated completion	18,726	29,212	47,938	75.6%
Care recipients who responded via proxy completion	6,137	7,152	13,289	58.7%
Total included care recipients	34,086	53,483	87,569	72.8%

Note: 120,368 eligible care recipients were assessed for quality of life at the 2,397 RACS that submitted data for this quality indicator. The total number of responses includes those who responded via self-completion (34,331), via interviewer-facilitated completion (63,385), and via proxy completion (22,649).

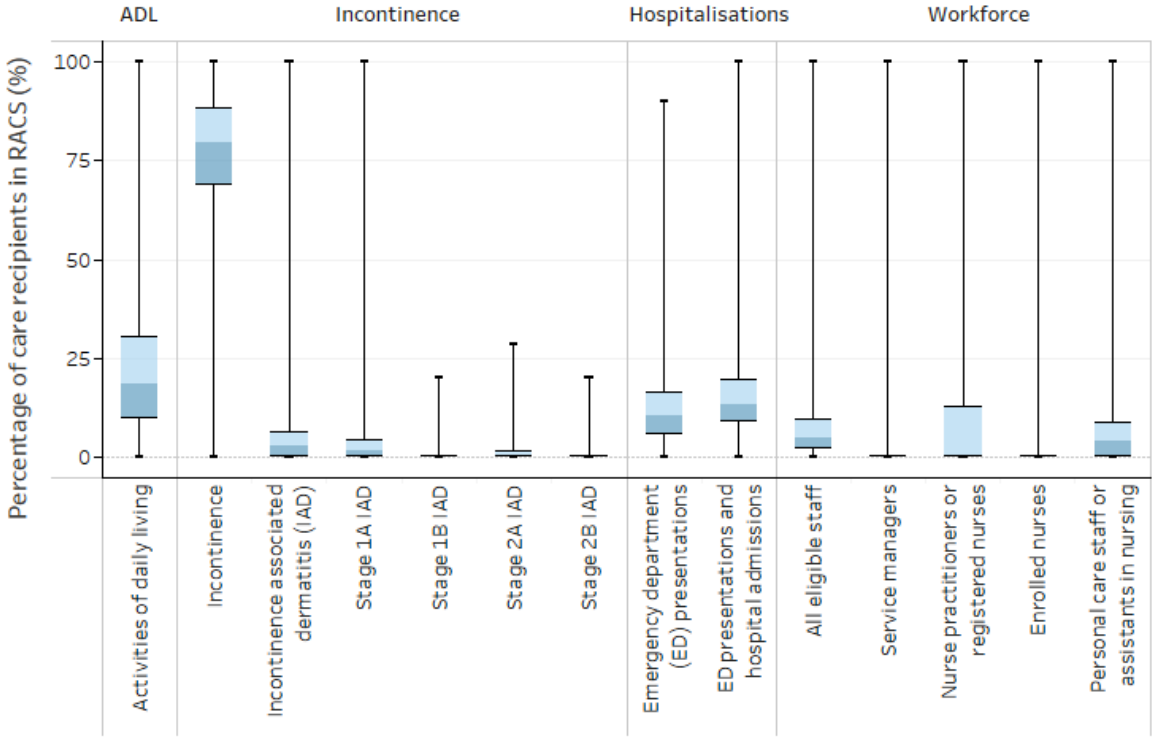
Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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



Note: The number of RACS reporting 100% QI prevalence rates was small and ranged from 0%–12% of the 2,429 RACS included in this report. These outlying values have not been removed prior to compiling the statistics presented in this report because although some could reflect recording errors others could reflect valid data. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RACS reporting 0% and 100%.
Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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



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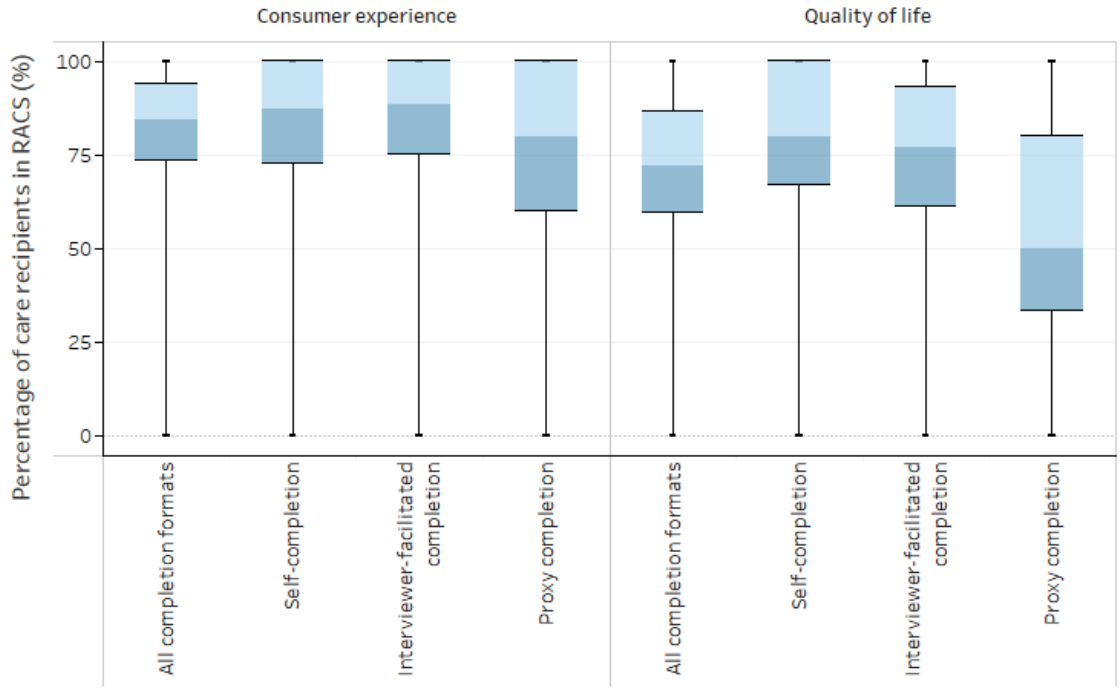


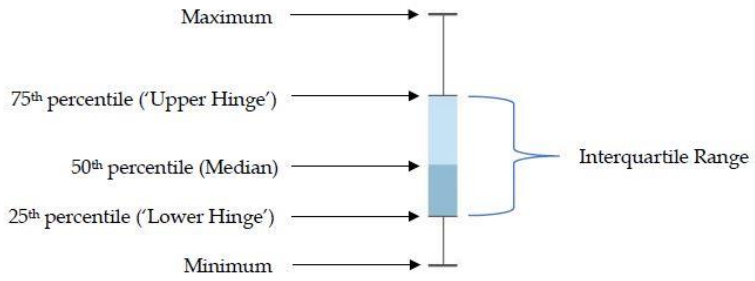
* For consumer experience and quality of life indicators, higher percentages reflect better performance.
Note: The number of RACS reporting 100% QI prevalence rates was small and ranged from 0%–12% of the 2,429 RACS included in this report. These outlying values have not been removed prior to compiling the statistics presented in this report because although some could reflect recording errors others could reflect valid data. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RACS reporting 0% and 100%.
Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

Interpreting boxplots

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

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

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



Geographic variation

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

Table 13a: Pressure injuries in residential aged care, percentage of care recipients, by state and territory, January to March 2024

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
One or more injuries	4.8%	5.3%	5.5%	6.4%	7.2%	7.8%	7.2%	7.5%	5.5%
Stage 1	1.9%	2.1%	2.5%	2.8%	2.7%	4.2%	3.8%	2.3%	2.3%
Stage 2	2.2%	2.5%	2.4%	2.8%	3.0%	2.9%	3.1%	3.9%	2.5%
Stage 3	0.4%	0.4%	0.4%	0.4%	0.5%	0.7%	0.5%	0.7%	0.4%
Stage 4	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%	0.2%	0.5%	0.1%
Unstageable	0.3%	0.4%	0.4%	0.5%	0.5%	0.4%	0.5%	0.7%	0.4%
Suspected deep tissue	0.3%	0.3%	0.2%	0.5%	0.4%	0.5%	0.7%	0.0%	0.3%

Note: This table presents aggregate data for 189,566 eligible care recipients assessed for pressure injuries at the 2,423 RACS that submitted data for this quality indicator, by state and territory. It includes data for pressure injuries acquired both inside and outside the service.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
One or more injuries	1.0%	0.8%	0.9%	1.1%	1.2%	1.2%	1.5%	1.1%	0.9%
Stage 1	0.3%	0.3%	0.4%	0.5%	0.4%	0.5%	0.7%	0.2%	0.3%
Stage 2	0.4%	0.3%	0.4%	0.4%	0.5%	0.5%	0.6%	0.7%	0.4%
Stage 3	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%
Stage 4	0.1%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
Unstageable	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.0%	0.1%
Suspected deep tissue	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%

Note: This table presents aggregate data for 189,566 eligible care recipients assessed for pressure injuries at the 2,423 RACS that submitted data for this quality indicator, by state and territory.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Physical restraint (total)	16.6%	16.3%	21.0%	19.3%	18.4%	16.1%	13.4%	23.0%	17.7%
Physical restraint exclusively through the use of a secure area	12.8%	12.1%	15.6%	15.4%	16.1%	13.1%	11.1%	21.2%	13.7%

Note: This table presents aggregate data for 183,490 eligible care recipients assessed for use of physical restraint at the 2,421 RACS that submitted data for this quality indicator, by state and territory. The total number of care recipients physically restrained includes care recipients physically restrained exclusively through the use of a secure area and care recipients physically restrained not exclusively through the use of a secure area.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Significant unplanned weight loss	8.5%	8.2%	9.8%	8.5%	8.3%	7.9%	7.4%	12.2%	8.7%
Consecutive unplanned weight loss	9.3%	9.4%	9.3%	8.9%	9.8%	9.7%	9.0%	6.8%	9.3%

Note: This table presents aggregate data for 156,769 eligible care recipients assessed for significant unplanned weight loss at the 2,422 RACS that submitted data for this quality indicator and 153,277 eligible care recipients were assessed for consecutive unplanned weight loss at the 2,420 RACS that submitted data for this quality indicator, by state and territory.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Falls (total)	31.4%	30.4%	31.1%	32.0%	33.7%	30.4%	31.9%	31.1%	31.3%
Falls that resulted in major injury	1.8%	1.6%	1.9%	1.8%	1.9%	1.3%	2.2%	0.7%	1.8%

Note: This table presents aggregate data for 200,734 eligible care recipients assessed for falls and falls that resulted in major injury at the 2,428 RACS that submitted data for this quality indicator, by state and territory. The total number of falls includes falls resulting in major injury and falls not resulting in major injury.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Polypharmacy	35.0%	36.0%	34.6%	33.8%	31.1%	31.1%	30.5%	20.0%	34.6%
Antipsychotics (total)	16.7%	20.6%	16.3%	19.8%	17.9%	17.4%	14.1%	17.2%	18.0%
Antipsychotics with diagnosed psychosis	8.2%	10.7%	8.4%	8.2%	9.3%	8.1%	7.0%	5.7%	9.0%

Note: This table presents aggregate data for 182,552 eligible care recipients assessed for polypharmacy at the 2,425 RACS that submitted data for this quality indicator and 182,591 eligible care recipients assessed for antipsychotic use at the 2,425 RACS that submitted data for this quality indicator, by state and territory. The total use of antipsychotics includes care recipients who received an antipsychotic medication with diagnosed psychosis and care recipients who received an antipsychotic medication without diagnosed psychosis.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Activities of daily living	19.2%	18.8%	21.0%	25.8%	19.9%	27.5%	18.9%	27.8%	20.4%

Note: This table presents aggregate data for 172,056 eligible care recipients assessed for decline in activities of daily living at the 2,417 RACS that submitted data for this quality indicator, by state and territory. A decline in score was defined as a decrease of one point or more since the previous quarter. Among those care recipients assessed for decline in activities of daily living, 10,885 had an ADL assessment total score of zero (i.e., were completely dependent) in the previous quarter.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Incontinence	75.8%	74.2%	77.9%	79.3%	82.8%	75.4%	78.3%	76.4%	76.7%
Incontinence associated dermatitis	3.8%	4.4%	3.7%	4.4%	4.0%	6.5%	5.2%	3.9%	4.1%
Stage 1A	2.6%	2.9%	2.4%	3.0%	2.9%	4.6%	3.7%	2.1%	2.8%
Stage 1B	0.3%	0.4%	0.3%	0.4%	0.3%	0.5%	0.4%	1.5%	0.3%
Stage 2A	1.0%	0.9%	0.7%	0.9%	0.8%	1.4%	1.2%	1.5%	0.9%
Stage 2B	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.0%	0.1%

Note: This table presents aggregate data for 188,111 eligible care recipients assessed for incontinence at the 2,428 RACS that submitted data for this quality indicator, by state and territory. Among those care recipients assessed for incontinence, 144,217 were recorded with incontinence in 2,425 RACS and were assessed for incontinence-associated dermatitis.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Emergency department presentations	11.3%	10.0%	15.7%	10.6%	10.8%	8.2%	12.2%	18.9%	11.7%
Emergency department presentations and hospital admissions	15.0%	12.5%	17.8%	14.5%	13.5%	10.2%	14.8%	19.6%	14.6%

Note: This table presents aggregate data for 198,909 eligible care recipients assessed for hospitalisations at the 2,426 RACS that submitted data for this quality indicator, by state and territory.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Service managers	6.1%	7.8%	7.8%	9.5%	6.1%	9.7%	14.3%	0.0%	7.3%
Nurse practitioners	8.0%	7.8%	8.6%	8.2%	7.2%	11.0%	10.2%	14.5%	8.1%
Enrolled nurses	10.2%	6.8%	6.5%	7.8%	5.3%	5.1%	16.1%	0.0%	6.8%
Personal care staff or assistants in nursing	6.0%	5.4%	6.4%	4.3%	3.8%	5.1%	8.8%	4.4%	5.6%
All eligible staff	6.4%	6.1%	6.8%	5.2%	4.6%	6.1%	9.2%	5.8%	6.2%

Note: This table presents aggregate data for 169,024 staff assessed for workforce turnover at the 2,417 RACS that submitted data for this quality indicator, by state and territory.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Care recipients who responded via self-completion	82.1%	82.6%	82.0%	72.4%	80.9%	80.7%	84.9%	84.6%	81.2%
Care recipients who responded via interviewer-facilitated completion	85.2%	86.3%	84.2%	77.6%	84.1%	79.4%	80.6%	81.6%	84.4%
Care recipients who responded via proxy completion	80.2%	77.8%	78.5%	72.4%	75.0%	71.5%	72.4%	89.2%	77.9%
Total included care recipients	83.4%	83.6%	82.5%	74.9%	81.4%	78.6%	79.9%	82.9%	82.3%

Note: This table presents aggregate data for 120,338 eligible care recipients assessed for consumer experience at the 2,400 RACS that submitted data for this quality indicator, by state and territory. The total number of responses includes those who responded via self-completion (34,510), via interviewer-facilitated completion (63,343), and via proxy completion (22,482).

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Care recipients who responded via self-completion	76.7%	78.2%	78.7%	68.8%	76.2%	76.0%	78.1%	71.7%	76.7%
Care recipients who responded via interviewer-facilitated completion	75.4%	78.7%	76.3%	67.1%	75.5%	69.0%	73.3%	77.8%	75.6%
Care recipients who responded via proxy completion	59.4%	60.6%	59.5%	52.2%	57.6%	48.4%	47.6%	71.4%	58.7%
Total included care recipients	72.8%	74.8%	74.3%	64.9%	72.1%	68.0%	69.1%	76.3%	72.8%

Note: This table presents aggregate data for 120,368 eligible care recipients assessed for quality of life at the 2,397 RACS that submitted data for this quality indicator, by state and territory. The total number of responses includes those who responded via self-completion (34,331), via interviewer-facilitated completion (63,385), and via proxy completion (22,649).

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
One or more injuries	5.3%	6.5%	5.8%	5.5%
Stage 1	2.1%	2.8%	2.6%	2.3%
Stage 2	2.4%	2.7%	2.6%	2.5%
Stage 3	0.4%	0.4%	0.4%	0.4%
Stage 4	0.1%	0.1%	0.2%	0.1%
Unstageable	0.4%	0.4%	0.3%	0.4%
Suspected deep tissue	0.4%	0.3%	0.2%	0.3%

Note: This table presents aggregate data for 189,566 eligible care recipients assessed for pressure injuries at the 2,423 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
One or more injuries	1.0%	0.9%	0.9%	0.9%
Stage 1	0.3%	0.4%	0.3%	0.3%
Stage 2	0.4%	0.3%	0.4%	0.4%
Stage 3	0.1%	0.1%	0.1%	0.1%
Stage 4	0.0%	0.1%	0.1%	0.0%
Unstageable	0.1%	0.1%	0.1%	0.1%
Suspected deep tissue	0.1%	0.0%	0.1%	0.1%

Note: This table presents aggregate data for 189,566 eligible care recipients assessed for pressure injuries at the 2,423 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Physical restraint (total)	17.4%	19.3%	18.3%	17.7%
Physical restraint exclusively through the use of a secure area	13.3%	15.6%	14.3%	13.7%

Note: This table presents aggregate data for 183,490 eligible care recipients assessed for use of physical restraint at the 2,421 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications. The total number of care recipients physically restrained includes care recipients physically restrained exclusively through the use of a secure area and care recipients physically restrained not exclusively through the use of a secure area.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Significant unplanned weight loss	8.6%	9.4%	8.5%	8.7%
Consecutive unplanned weight loss	9.3%	10.1%	9.0%	9.3%

Note: This table presents aggregate data for 156,769 eligible care recipients assessed for significant unplanned weight loss at the 2,422 RACS that submitted data for this quality indicator and 153,277 eligible care recipients were assessed for consecutive unplanned weight loss at the 2,420 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Falls (total)	31.4%	30.5%	31.2%	31.3%
Falls that resulted in major injury	1.7%	1.6%	1.9%	1.8%

Note: This table presents aggregate data for 200,734 eligible care recipients assessed for falls and falls that resulted in major injury at the 2,428 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications. The total number of falls includes falls resulting in major injury and falls not resulting in major injury.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Polypharmacy	34.5%	32.5%	36.0%	34.6%
Antipsychotics (total)	18.1%	18.0%	17.9%	18.0%
Antipsychotics with diagnosed psychosis	9.3%	8.3%	8.0%	9.0%

Note: This table presents aggregate data for 182,552 eligible care recipients assessed for polypharmacy at the 2,425 RACS that submitted data for this quality indicator and 182,591 eligible care recipients assessed for antipsychotic use at the 2,425 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications. The total use of antipsychotics includes care recipients who received an antipsychotic medication with diagnosed psychosis and care recipients who received an antipsychotic medication without diagnosed psychosis.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

Table 30: Activities of daily living in residential aged care, percentage of care recipients, by remoteness, January to March 2024

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Activities of daily living	19.7%	22.8%	21.4%	20.4%

Note: This table presents aggregate data for 172,056 eligible care recipients assessed for decline in activities of daily living at the 2,417 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications. A decline in score was defined as a decrease of one point or more since the previous quarter. Among those care recipients assessed for decline in activities of daily living, 10,885 had an ADL assessment total score of zero (i.e., were completely dependent) in the previous quarter.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Incontinence	77.0%	77.4%	75.2%	76.7%
Incontinence associated dermatitis	4.0%	4.5%	4.5%	4.1%
Stage 1A	2.6%	2.8%	3.4%	2.8%
Stage 1B	0.3%	0.3%	0.3%	0.3%
Stage 2A	1.0%	0.9%	0.7%	0.9%
Stage 2B	0.1%	0.1%	0.1%	0.1%

Note: This table presents aggregate data for 188,111 eligible care recipients assessed for incontinence at the 2,428 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications. Among those care recipients assessed for incontinence, 144,217 were recorded with incontinence in 2,425 RACS and were assessed for incontinence-associated dermatitis.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Emergency department presentations	11.9%	12.3%	10.7%	11.7%
Emergency department presentations and hospital admissions	14.9%	14.5%	13.5%	14.6%

Note: This table presents aggregate data for 198,909 eligible care recipients assessed for hospitalisations at the 2,426 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Service managers	6.8%	9.6%	8.2%	7.3%
Nurse practitioners	7.2%	9.0%	11.0%	8.1%
Enrolled nurses	6.0%	7.2%	8.0%	6.8%
Personal care staff or assistants in nursing	5.4%	6.3%	6.2%	5.6%
All eligible staff	5.7%	6.9%	7.3%	6.2%

Note: This table presents aggregate data for 169,024 eligible care recipients assessed for workforce at the 2,417 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications.

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Care recipients who responded via self-completion	81.1%	80.1%	82.3%	81.2%
Care recipients who responded via interviewer-facilitated completion	84.7%	83.1%	84.2%	84.4%
Care recipients who responded via proxy completion	77.6%	77.4%	79.1%	77.9%
Total included care recipients	82.2%	81.4%	82.8%	82.3%

Note: This table presents aggregate data for 120,338 eligible care recipients assessed for consumer experience at the 2,400 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications. The total number of responses includes those who responded via self-completion (34,510), via interviewer-facilitated completion (63,343), and via proxy completion (22,482).

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

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

Indicator category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Care recipients who responded via self-completion	76.8%	76.3%	76.6%	76.7%
Care recipients who responded via interviewer-facilitated completion	76.4%	75.3%	73.8%	75.6%
Care recipients who responded via proxy completion	59.0%	59.4%	57.2%	58.7%
Total included care recipients	73.0%	73.3%	71.6%	72.8%

Note: This table presents aggregate data for 120,368 eligible care recipients assessed for quality of life at the 2,397 RACS that submitted data for this quality indicator, by Modified Monash Model (2019) classifications. The total number of responses includes those who responded via self-completion (34,331), via interviewer-facilitated completion (63,385), and via proxy completion (22,649).

Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

Technical notes

National Aged Care Mandatory Quality Indicator Program: 1 January to 31 March 2024.

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

The QI Program collects QI data from 'eligible care recipients' or 'eligible staff' only, meaning that QI events or outcomes experienced by care recipients or staff who met exclusion criteria for QI measurement are not included in the statistics presented in this report. These exclusion criteria are further detailed in the *National Aged Care Mandatory Quality Indicator Program Manual 3.0* (QI Program Manual). Note that collection of QIs in this period was undertaken in the context of ongoing transmission of COVID-19 in Australia.

Data collection and transmission to AIHW

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

Since 1 July 2023 the AIHW has been contracted by the Department of Health and Aged Care for the provision of computation and reporting services for the QI program. Formerly this relationship was with the Aged Care Quality and Safety Commission (1 October 2020 to 31 June 2023), and the Department of Health and Aged Care (from 1 July 2019 to 30 September 2020). Throughout the life of these contracted periods, the Department of Health and Aged Care have provided the QI data to the AIHW. Raw QI data for the quarter 1 January to 31 March 2024 were provided to the AIHW on 21 May 2024 via secure data transfer from the Department.

Numerator data and QI interpretation

In interpreting the QIs in this report it is important to consider the way in which they were measured.

Most QIs in this report are measured during specified assessment windows (e.g., use of physical restraint is assessed during a review of three days of records in the quarter). The results for some QIs may therefore not represent the occurrence of those events across other, non-assessed periods in the quarter.

In addition, by definition, the indicators in this report provide information about whether a care recipient or staff member met the criteria for the QI during the quarter or assessment window. The indicator measure does not provide information about the frequency or duration of that measure (e.g., frequency or duration of physical restraint, number of falls, duration of polypharmacy).

Denominator data and QI construction

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

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

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

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

For the Workforce QI, the number of staff reported to have stopped working during the quarter is divided by the total number of staff reported to have been employed at the beginning of the quarter.

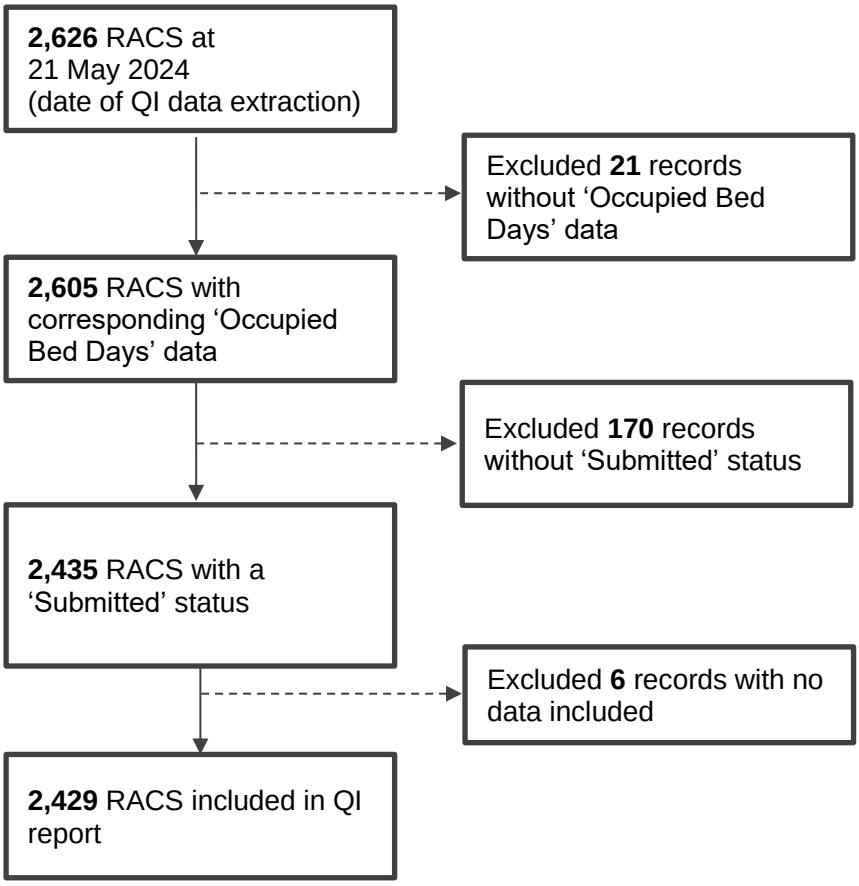
In this report, aggregation for all QIs was across all RACS for the main tables, or disaggregated across state and territory and remoteness regions.

Service participation, and estimated care recipient coverage

For this quarter, providers were required to submit QI data to the Department by 21 April 2024. The QI raw data were then extracted by the Department on 21 May 2024, comprising data from 2,626 RACS after removal of 16 duplicate records. The QI records were then filtered using Occupied Bed Days (OBD) data to derive an approximate denominator. 21 RACS were excluded due to not having available data about Australian Government subsidies for delivering care, services and accommodation (OBD data).

Of the remaining 2,605 RACS, 2,435 (93.5%) were recorded as submitting QI data on time; 34 (1.3%) were recorded as ‘Late Submission’, 53 (2.0%) were recorded as ‘Not Submitted’, and 83 (3.2%) were recorded as ‘Submitted – Updated After Submission Date’. The 170 RACS without a ‘Submitted’ status were excluded from the analyses presented in this quarterly report.

Finally, 6 (0.2%) of the remaining 2,435 RACS did not submit any QI data and were excluded, resulting in the final data set of 2,429 RACS with at least some QI data submitted.



Compared with the previous quarter, this represents an increase in RACS included in this quarterly report of 1.0%. Of the included 2,429 RACS, 2,368 (97.5%) submitted QI data for all 11 QIs. Of the 61 RACS that did not submit data for all QIs, 48 (78.7%) submitted data for 9 or 10 QIs.

The QI Program's coverage of the estimated care recipient population ranged from 90% for consumer experience to greater than 102% for falls and major injury (Table 1). It was not possible to calculate coverage for the Workforce QI, because population data for the aged care workforce are not available.

When interpreting these coverage data, it is important to note that the calculations are based on an approximation of the denominator using data that shows how many bed days were funded for each service in that period. While the numerator data for quality indicators measure one event per individual, the denominator data are calculated using an approximation – dividing the number of 'Occupied Bed Days' (OBD) for a quarter by the number of days in that quarter to get an estimate of how many individuals occupied beds per quarter. This approximation assumes that individuals occupy beds for the same number of days per quarter, but this may not be the case. There are various reasons an individual may not occupy a bed for an entire quarter, including entering or exiting care mid-quarter. As the numerator and denominator for the coverage calculation are not aligned at the individual level, there is the possibility for proportions to exceed one hundred per cent. Additional factors contribute to the misalignment of the numerator and denominator, including lagged

claims, retrospective adjustments, measurement timings, absent care recipients (e.g. hospitalisations) and care recipient deaths.

The number of care recipients excluded (Table 1, Columns C and D) was highest for quality of life and consumer experience (32.1% and 31.8%, respectively). For these QIs, the most common reason for exclusion was that the care recipient did not choose to complete the assessment.

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

Quality indicator	Estimated care recipient coverage in QI Program		Exclusions and measurements of care recipients in QI Program		
	Care recipients assessed for QI eligibility in included RACS* (A)	Coverage of estimated care recipient population in all RACS (B)	Care recipients excluded due to not providing consent (C)	Care recipients excluded due to ineligibility (D)	Care recipients eligible for QI measurement (E)
Pressure injuries	191,097	97.45%	991 (0.5%)	540 (0.3%)	189,566 (99.2%)
Use of physical restraint	184,804	94.24%	N.A.	1,314 (0.7%)	183,490 (99.3%)
Unplanned weight loss — significant	199,467	101.72%	3,724 (1.9%)	38,974 (19.5%)	156,769 (78.6%)
Unplanned weight loss — consecutive	199,729	101.85%	4,956 (2.5%)	41,496 (20.8%)	153,277 (76.7%)
Falls and major injury	201,067	102.53%	N.A.	333 (0.2%)	200,734 (99.8%)
Medication management — polypharmacy	183,431	93.54%	N.A.	879 (0.5%)	182,552 (99.5%)
Medication management — antipsychotics	183,276	93.46%	N.A.	685 (0.4%)	182,591 (99.6%)
Activities of daily living	199,406	101.68%	N.A.	27,350 (13.7%)	172,056 (86.3%)
Incontinence	188,728	96.24%	N.A.	617 (0.3%)	188,111 (99.7%)
Incontinence associated dermatitis	188,728	96.24%	N.A.	44,511 (23.6%)	144,217 (76.4%)
Hospitalisations	199,295	101.63%	N.A.	386 (0.2%)	198,909 (99.8%)
Workforce **	N.A.	N.A.	N.A.	N.A.	N.A.
Consumer experience	176,482	90.00%	53,597 (30.4%)	2,547 (1.4%)	120,338 (68.2%)
Quality of life	177,339	90.43%	54,476 (30.7%)	2,495 (1.4%)	120,368 (67.9%)

Notes:

* Included RACS were those that had submitted QI data by the due date and had not amended those data by the date of QI data 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 (196,102 care recipients—calculated by summing the total number of 'Occupied Bed Days' (OBD) for which an Australian Government residential aged care subsidy was claimed by all RACS and dividing by the number of days in the quarter).

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

N.A., not applicable.

Source: Department of Health and Aged Care, QI data extracted 21 May 2024, OBD data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

Geographic characteristics

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

The QI data set was merged with service-level data from the National Aged Care Data Clearinghouse (NACDC) as at 30 June 2023 (the latest available) to bring the QI data together with Modified Monash Model (MMM) 2019 remoteness classifications 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, 2,413 of the 2,429 included records matched with a service identified in the NACDC. Sixteen records did not match with the NACDC service list but could be matched with the MMM 2019 list.

Remoteness was based on the MMM 2019 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) and was obtained predominantly from the NACDC.

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

Coherence, inconsistencies, and outliers in calculated QIs

This data collection was conducted under the National Aged Care Mandatory Quality Indicator Program Manual 3.0, which has been in place since 1 April 2023. Program Manual 1.0 applied for previous collections between 1 July 2019 and 30 June 2021, and Program Manual 2.0 applied for previous collections between 1 July 2021 and 31 March 2023. There are important differences between Manual 1.0 and Manuals 2.0 and 3.0 and for this reason comparisons across the two program periods are not recommended.

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

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

The AIHW has noted in previous QI data reports that it has no firm basis for determining that an apparent ‘outlier’ in the distribution of QIs across RACS represents an incorrect data point. Therefore, no data cleaning is undertaken by AIHW prior to compiling the figures in this report. While this remains the case, the AIHW will continue to conduct analyses to identify the most extreme upper-level outliers along the service size continuum, the extent of zero reporting and apparent internal inconsistencies that appear to reflect varied interpretation of reporting requirements. Consultation with the Department of Health and Aged Care on these

matters may be expected to contribute, through education of providers and improvements to data collection methods, to improved quality of reporting and to development of the QI Program over time.

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

There are discrepancies in the total number of care recipients assessed by a service for inclusion in each QI. Some of this is to be expected because measurement can occur at different times for different QIs. However, some of the discrepancy may be attributable to data entry errors or misinterpretation of the QI Program Manual. Some services may not account for people assessed for, but not meeting criteria for a QI. For example, when assessing care recipients for use of physical restraint QI, some services only accounted for those who had been physically restrained, without accounting for those who had not been physically restrained. That service may record 5 care recipients assessed as meeting the criteria for the use of physical restraint indicator out of 5 care recipients assessed (or 100%), rather than 5 care recipients assessed as meeting the criteria out of 81 assessed, 76 of whom were found not to meet the criteria. This type of error means that QI percentages are overestimated for some RACS.

For QIs where higher percentages indicate poorer performance, 100% prevalence reporting was most common for falls (1.0%). For QIs where higher percentages indicate better performance, 100% prevalence reporting was most common for consumer experience (12.3%) (Table 2). Some RACS reported zero care recipients meeting the criteria for individual QIs, which varied between QIs (Table 2).

Table 2. Selected RACS reporting characteristics in the Mandatory QI Program, January to March 2024

Quality indicator	Number of RACS that reported 100% QI rate	Percentage of RACS that reported 100% QI rate	Number of RACS that reported 0% QI rate	Percentage of RACS that reported 0% QI rate
One or more pressure injuries	0	0.0%	256	10.5%
Use of physical restraint	20	0.8%	510	21.0%
Significant unplanned weight loss	6	0.2%	156	6.4%
Consecutive unplanned weight loss	6	0.2%	171	7.0%
Falls	25	1.0%	15	0.6%
Falls that resulted in major injury	0	0.0%	847	34.9%
Polypharmacy	7	0.3%	5	0.2%
Antipsychotics	9	0.4%	27	1.1%
Activities of daily living	2	0.1%	138	5.7%
Incontinence associated dermatitis	6	0.2%	724	29.8%
Hospitalisations – Emergency department presentations	0	0.0%	166	6.8%
Hospitalisations – Emergency department presentations and hospitalisations	2	0.1%	61	2.5%
Workforce	3	0.1%	409	16.8%
Consumer experience	298	12.3%	4	0.2%
Quality of life	157	6.5%	6	0.2%

Note: Percentages are calculated in relation to 2,429 RACS
Source: Department of Health and Aged Care, data extracted 21 May 2024, published on GEN-agedcaredata.gov.au

Trend analysis

Analysis to examine trends in QI performance over time was conducted using a quasi-Poisson regression model. Only the 5 indicators included in the program since 1 July 2021 are included in trend analysis. The 6 new QIs will be included in the trend analysis once there are 6 or more quarters of data available.

Poisson regression is commonly used to model counts and rates. With a traditional Poisson regression model we would expect the conditional means and variances of the event counts to be about the same in various groups. To account for potential over-dispersion (e.g. where the variance is larger than the mean) in the data, a quasi-Poisson regression method was used to examine the trend of aggregated quality indicators over 11 quarters from Q1 (July to September) 2021 to Q3 (January to March) 2024 as outlined in Formula 1. Quasi-Poisson regression fits an extra dispersion parameter to account for the extra variance. Models were fitted in R 4.2.2 using the glm() function with family = "quasipoisson".

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

Formula 1. Quasi-Poisson regression model

Where:

- $Y_{i,j}$ = the count of care recipients who meet the criteria for quality indicator *i* (one or more pressure injuries, use of physical restraint, significant unplanned weight loss, consecutive unplanned weight loss, polypharmacy, antipsychotics) in quarter *j*.
- β_0, β_1 = fitted regression coefficients
- t_j = quarter number *(i.e., t_j = 1, 2, …, 11)*
- $n_{i,j}$ = the number of care recipients assessed for quality indicator *i* in quarter *j*.

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

Interpreting risk ratios

A quasi-Poisson regression model generates risk ratios. In this analysis, risk ratios describe the average change in QI performance per quarter (Table 3). A risk ratio greater than 1.0 indicates an increasing trend over time, and a risk ratio less than 1.0 indicates a declining trend over time. 95% confidence intervals indicate the precision of the risk ratio. Where a 95% confidence interval crosses 1.0, this indicates that the risk ratio is not statistically significant to $p < 0.05$ and there has been no meaningful change in indicator performance over time.

For example:

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

quarter over the reporting period. A 95% confidence interval (1.009-1.021) tells us that there is a 95% likelihood that the true average increase per quarter lies between 0.9% and 2.1%

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

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

Table 3: Prevalence proportion of care recipients reported by RACS as meeting criteria for quality indicators, Q1 July-September 2021 to Q3 January-March 2024

	Prevalence proportion												
Indicator	**Q1 21/22**	**Q2 21/22**	**Q3 21/22**	**Q4 21/22**	**Q1 22/23**	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q1 23/24**	**Q2 23/24**	**Q3 23/24**	**Risk ratio (95% Confidence Interval)**	**Relative quarterly change in prevalence proportion**
One or more pressure injuries	5.9	5.7	5.9	6.3	6.5	6.0	5.8	5.9	5.9	5.9	5.5	0.995 (0.992-0.998)	-0.5%*
Use of physical restraint	23.0	21.9	21.4	21.5	21.2	19.8	19.5	18.1	17.4	17.8	17.7	0.971 (0.968-0.975)	-2.9%*
Use of physical restraint exclusively through the use of a secure area	17.2	16.8	16.7	16.9	16.8	15.7	15.7	14.4	13.8	14.0	13.7	0.975 (0.971-0.979)	-2.5%*
Significant unplanned weight loss	8.4	8.9	10.9	9.4	9.3	9.4	8.6	7.7	7.8	9.0	8.7	0.988 (0.985-0.990)	-1.2%*
Consecutive unplanned weight loss	9.5	10.0	11.2	9.4	9.2	9.7	9.3	7.8	8.2	9.4	9.3	0.985 (0.983-0.988)	-1.5%*
Falls	31.9	31.5	31.5	32.2	32.4	31.5	31	32.1	32.0	31.5	31.3	0.999 (0.998-1.000)	-0.1%
Falls that resulted in major injury	2.1	2.1	2.2	2.2	2.1	2.0	1.9	1.9	1.7	1.8	1.8	0.976 (0.971-0.980)	-2.4%*
Polypharmacy	41.0	38.3	37.4	37.3	36.7	36.3	36	35.8	34.4	35.1	34.6	0.986 (0.985-0.987)	-1.4%*
Antipsychotic use	21.6	20.7	20.5	19.3	18.4	18.5	18.4	18.1	17.7	18.2	18.0	0.982 (0.979-0.985)	-1.8%*

*Statistically significant to $p < 0.05$.

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

Conclusion

This quarterly report uses data collected under the National Aged Care Mandatory Quality Indicator Program Manual 3.0. In this quarter, 92% of services that claimed Australian Government subsidies for delivering care provided QI data, the same as the previous quarter.

Measurement and reporting factors impacting on data quality remain and some are described earlier in these technical notes. For example, QI data are submitted by residential aged care providers as aggregated data at the service level and there is no mechanism for independent monitoring or validation against source data. In addition, QIs are not risk adjusted at the service level to account for different case-mix of residents. Similarly, analyses to compare QI data between geographic regions and over time are not risk adjusted and do not consider factors that might affect differences (e.g. case mix, service size).

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

References

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