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**Australian Institute of
Health and Welfare**

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AGED CARE DATA

Residential Aged Care Quality Indicators – Quarterly Report

October to December 2025

**Compiled from mandatory reporting by residential care homes,
covering the period 1 October to 31 December 2025**

The Australian Institute of Health and Welfare is an independent statutory Australian Government agency producing authoritative and accessible information and statistics to inform and support better policy and service delivery decisions, leading to better health and wellbeing for all Australians.

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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.**

Residential Aged Care Quality Indicators— October to December 2025

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

This quarterly report includes QI measurements from data collected from 1 October to 31 December 2025 for 2,575 RCH conducted under the QI Program ([National Aged Care Quality Indicator Program Manual](#)). These RCH are those that had received Australian Government subsidies for delivering care, services, and accommodation in that period; and had submitted QI data by the submission due date (21 January 2026) up to the date of data extraction. QI and occupied bed days (OBD) data processing, checking, and preparing the data for transfer was completed by the Department of Health, Disability and Ageing between the submission and extraction dates, and was supplied to the Australian Institute of Health and Welfare (AIHW) on 11 February 2026. Quarterly Financial Report (QFR) data related to three staffing QIs was supplied to the AIHW on 16 February 2026.

Available data represented 99.7% of the 2,584 RCH that received government subsidies in the quarter (based on occupied bed days data extracted on 11 February 2026). Further detail on the resident coverage of the QI Program in this quarter, including counts of resident measurements and exclusions for each QI, is presented in Table S1 of the <<Technical notes>>.

Definitions of quality indicators

Quality Indicator 1: Pressure injuries

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

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

- **Stage 1** pressure injuries: intact skin with non-blanchable redness of a localised area
- **Stage 2** pressure injuries: partial-thickness skin loss presenting as a shallow open ulcer with a red/pink wound bed
- **Stage 3** pressure injuries: full-thickness skin loss, no exposure of bone, tendon or muscle

- **Stage 4** pressure injuries: full-thickness loss of skin and tissue with exposed bone, tendon or muscle
- **Unstageable** pressure injuries: full-thickness skin tissue loss in which the base of the injury is covered by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black)
- **Suspected deep tissue** injuries: purple or maroon localised area of discoloured intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.

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

Quality Indicator 2: Restrictive practices

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

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

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

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

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

Quality Indicator 3: Unplanned weight loss

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

This QI includes two categories:

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

Quality Indicator 4: Falls and major injury

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

This indicator includes two categories:

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

Quality Indicator 5: Medication management

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

This indicator includes two categories:

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

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

Quality Indicator 6: Activities of daily living

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

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

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

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

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

Quality Indicator 7: Incontinence care

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

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

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

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

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

Quality Indicator 8: Hospitalisation

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

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

The QI includes two categories:

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

Quality Indicator 9: Workforce

The workforce QI captures information about percentage of staff turnover. Registered providers of residential care homes 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 workers or nursing assistants.

Registered providers report workforce data in three steps:

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

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

Quality Indicator 10: Consumer experience

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

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

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

Responses are categorised as:

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

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

Quality Indicator 11: Quality of life

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

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

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

Responses are categorised as:

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

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

Quality Indicator 12: Enrolled nursing (EN)

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

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

Registered providers are not required to submit data for the enrolled nursing QI through QI Program reporting in the Government Provider Management System. The Department

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

Quality Indicator 13: Allied health

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

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

Note: The registered providers only need to:

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

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

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

Quality Indicator 14: Lifestyle officers

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

- **Lifestyle officers care minutes:** reported as average lifestyle officers care minutes per resident per day. Registered providers are not required to submit data for the lifestyle officers care minutes QI through QI Program reporting in the Government Provider Management System. The Department extracts the data needed to calculate this QI from data submitted through the Quarterly Financial Report.

Among the 14 QIs detailed in this report:

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

National data: variation over time

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

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

The trend analysis included data from 18 quarters, from July–September 2021 to October–December 2025. Eleven QIs (1–11) are included in the trend analysis.

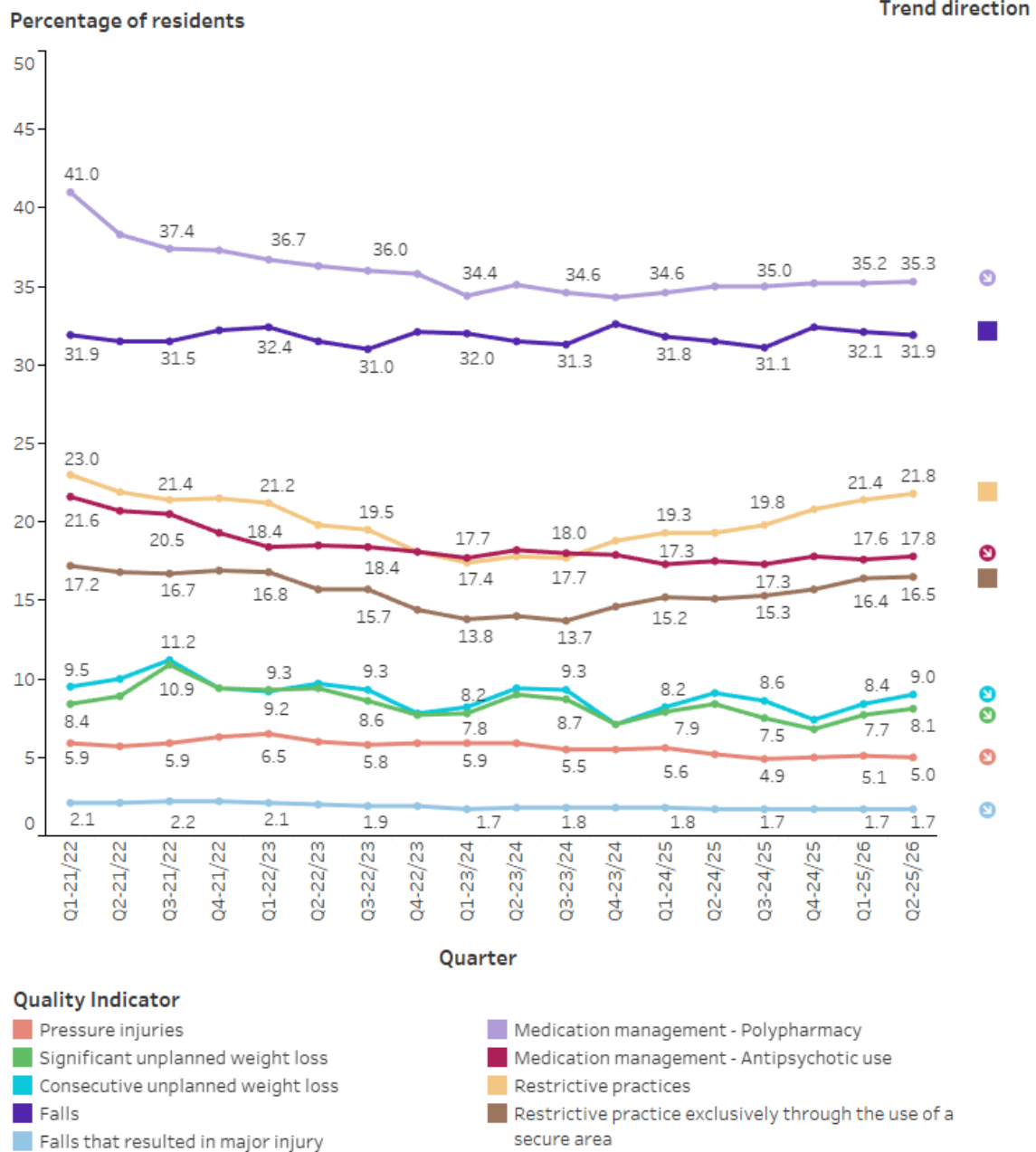
Regarding QIs that measure adverse events, complications, or undesirable outcomes (i.e., lower values of these QIs indicate better quality of care), results show that:

- Over time there has been a statistically significant decrease in the proportion of residents experiencing one or more pressure injuries, significant unplanned weight loss, consecutive unplanned weight loss, falls that resulted in major injury, polypharmacy, antipsychotic medication use, incontinence, and in the proportion of workforce turnover
- There has been a statistically significant increase in both ‘emergency department presentations’ and ‘emergency department presentations or hospital admissions’
- Over time there has been no statistically significant change in the proportion of residents experiencing restrictive practices, restrictive practice exclusively through the use of a secure area, falls, a decline in their ADL score, or IAD. Although the overall trend analysis across 18 quarters indicates no statistically significant change in the proportion of residents subject to restrictive practices or restrictive practice exclusively through the use of a secure area, both QIs show a gradual increase in the most recent four quarters.

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

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

Trends in quality indicator performance over time, Q1 2021-22 to Q2 2025-26



Note:

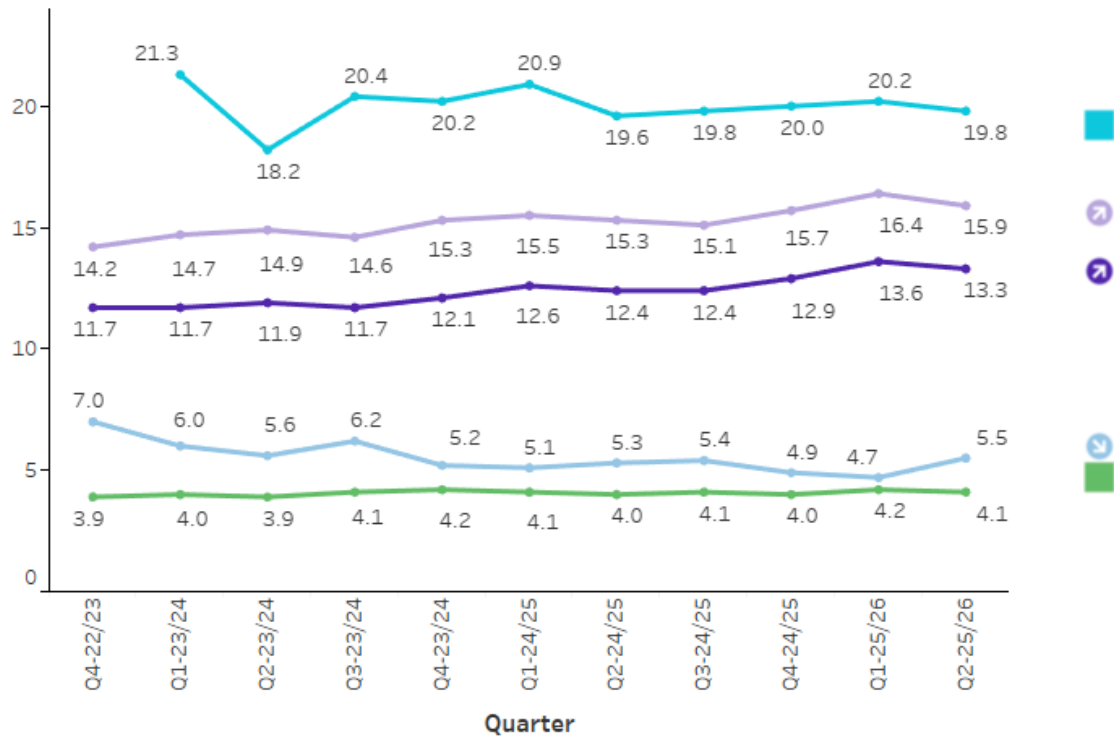
- ⬇ indicates a statistically significant downward trend at $p < .05$
- ▬ indicates a statistically non-significant trend ($p \geq .05$)

Note: Although the overall trend analysis across 18 quarters indicates no statistically significant change in the proportion of residents subject to *restrictive practices* or *restrictive practice exclusively through the use of a secure area*, both quality indicators show a gradual increase in the most recent four quarters. This increase in the use restrictive practices should be noted when interpreting the data.

Trends in quality indicator performance over time, Q4 2022-23 to Q2 2025-26

Percentage of residents

Trend direction



Quality Indicator

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

Note:

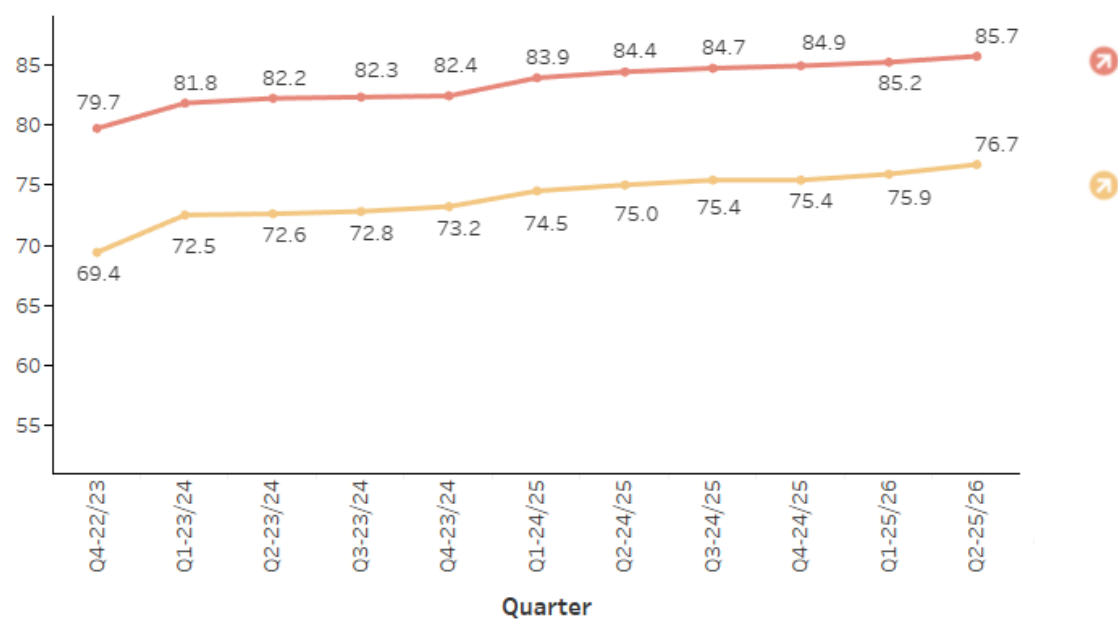
- ⬆ indicates a statistically significant upward trend at $p < .05$.
- ⬇ indicates a statistically significant downward trend at $p < .05$
- indicates a statistically non-significant trend ($p \geq .05$)

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

Trends in consumer experience and quality of life quality indicators, Q4 2022-23 to Q2 2025-26

Percentage of residents

Trend direction



Quality Indicator

Consumer experience

Quality of life

Note:

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

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

National data

QI data are presented below at a national level. The table presents data for all eligible residents aggregated across all 2,575 included RCH. The boxplot that follows presents data for all eligible residents aggregated at the home level. For further information on boxplots, see 'Interpreting boxplots' below.

Table 1: Pressure injuries in residential aged care, percentage of residents, October to December 2025

QI category	Number of residents with one or more pressure injuries acquired outside the home	Total number of residents with one or more pressure injuries (numerator)	Proportion of residents with one or more pressure injuries
One or more	2,132	10,600	5.0%
Stage 1	754	4,262	2.0%
Stage 2	849	4,882	2.3%
Stage 3	243	880	0.4%
Stage 4	89	245	0.1%
Unstageable	263	828	0.4%
Suspected deep tissue	182	692	0.3%

Note: 212,370 eligible residents (denominator) were assessed for pressure injuries at the 2,575 RCH that submitted data for this QI. The total number of residents with one or more pressure injuries includes pressure injuries acquired both inside and outside the home.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Table 2: Restrictive practices in residential aged care, percentage of residents, October to December 2025

QI category	Number of residents subject to the use of a restrictive practice (numerator)	Proportion of residents subject to the use of a restrictive practice
Restrictive practices (total)	44,949	21.8%
Restrictive practice exclusively through the use of a secure area	34,119	16.5%

Note: 206,334 eligible residents (denominator) were assessed for restrictive practices (excluding chemical restraint) at the 2,575 RCH that submitted data for this QI. The total number of residents subject to the use of a restrictive practice includes residents who were subject to the use of a restrictive practice exclusively using a secure area and residents who were subject to the use of a restrictive practice not exclusively using a secure area.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Number of residents with unplanned weight loss (numerator)	Proportion of residents with unplanned weight loss
Significant unplanned weight loss	14,161	8.1%
Consecutive unplanned weight loss	15,502	9.0%

Note: 175,258 eligible residents (denominator) were assessed for significant unplanned weight loss at the 2,574 RCH that submitted data for this QI and 171,299 eligible residents were assessed for consecutive unplanned weight loss at the 2,574 RCH that submitted data for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Number of residents with recorded falls (numerator)	Proportion of residents with recorded falls
Falls (total)	71,805	31.9%
Falls that resulted in major injury	3,779	1.7%

Note: 225,364 eligible residents (denominator) were assessed for falls and falls that resulted in major injury at the 2,575 RCH that submitted data for this QI. The total number of falls includes falls resulting in major injury and falls not resulting in major injury.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Table 5: Medication management – polypharmacy in residential aged care, percentage of residents, October to December 2025

QI category	Number of residents who were prescribed nine or more medications (numerator)	Proportion of residents who were prescribed nine or more medications
Polypharmacy	72,618	35.3%

Note: 205,788 eligible residents (denominator) were assessed for polypharmacy at the 2,575 RCH that submitted data for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Table 6: Medication management – antipsychotics in residential aged care, percentage of residents, October to December 2025

QI category	Number of residents who received an antipsychotic medication (numerator)	Proportion of residents who received an antipsychotic medication
Use of antipsychotics (total)	36,678	17.8%
Antipsychotic use with diagnosed psychosis	16,211	7.8%

Note: 206,624 eligible residents (denominator) were assessed for antipsychotic use at the 2,575 RCH that submitted data for this QI. The total use of antipsychotics includes residents who received an antipsychotic medication with diagnosed psychosis and residents who received an antipsychotic medication without diagnosed psychosis.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Number of eligible residents who experienced a decline in their ADL score (numerator)	Proportion of eligible residents who experienced a decline in their ADL score
Activities of daily living	38,200	19.8%

Note: 192,480 eligible residents (denominator) were assessed for a decline in activities of daily living (ADL) score at the 2,572 RCH that submitted data for this QI. A decline in score was defined as a decrease of one point or more since the previous quarter. Among those residents assessed for ADL, 10,785 had an ADL assessment total score of zero (that is, were completely dependent) in the previous quarter.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Table 8: Incontinence care in residential aged care, percentage of residents, October to December 2025

QI category	Number of eligible residents with incontinence and incontinence associated dermatitis (numerator)	Proportion of eligible residents with incontinence and incontinence associated dermatitis
Incontinence	159,662	75.2%
Incontinence associated dermatitis (IAD)	6,473	4.1%
Stage 1A IAD	4,154	2.6%
Stage 1B IAD	519	0.3%
Stage 2A IAD	1,577	1.0%
Stage 2B IAD	187	0.1%

Note: 212,433 eligible residents (denominator for incontinence) were assessed for incontinence at the 2,575 RCH that submitted data for this QI. Among those residents assessed for incontinence 159,662 were recorded with incontinence in 2,574 RCH and were assessed for incontinence associated dermatitis (IAD), that is, denominator for IAD QI. The total number of residents with IAD is not equal to the sum of IAD sub-category totals as one resident can have multiple instances and stages of IAD at the same time.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Table 9: Hospitalisation in residential aged care, percentage of residents, October to December 2025

QI category	Number of eligible residents with hospitalisation (numerator)	Proportion of eligible residents with hospitalisation
Emergency department presentations	30,238	13.3%
Emergency department presentations or hospital admissions	36,009	15.9%

Note: 226,603 eligible residents (denominator) were assessed for hospitalisation at the 2,575 RCH that submitted data for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Number of staff employed at start of quarter (denominator)	Number of staff who stopped working during the quarter (numerator)	Proportion of staff who stopped working during the quarter
All eligible staff	209,064	11,601	5.5%
Service managers	5,616	392	7.0%
Nurse practitioners or registered nurses	37,243	2,724	7.3%
Enrolled nurses	12,689	763	6.0%
Personal care workers or nursing assistants	153,516	7,722	5.0%

Note: 209,064 staff members were assessed for workforce at the 2,558 RCH that submitted data for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Number reporting 'good' consumer experience	Number reporting 'excellent' consumer experience	Number reporting 'good' or 'excellent' consumer experience	Proportion reporting 'good' or 'excellent' consumer experience
Total included residents	28,499	88,631	117,130	85.7%
Residents who responded via self-completion	7,301	22,283	29,584	85.2%
Residents who responded via interviewer facilitated completion	16,539	52,704	69,243	86.6%
Residents who responded via proxy-completion	4,659	13,644	18,303	83.4%

Note: 136,624 eligible residents were assessed for consumer experience at the 2,553 RCH that submitted data for this QI. The total number of responses includes those who responded via self-completion (34,713), via interviewer facilitated completion (79,973), and via proxy-completion (21,938).

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Number reporting 'good' quality of life	Number reporting 'excellent' quality of life	Number reporting 'good' or 'excellent' quality of life	Proportion reporting 'good' or 'excellent' quality of life
Total included residents	38,599	66,050	104,649	76.7%
Residents who responded via self-completion	9,366	18,231	27,597	79.7%
Residents who responded via interviewer facilitated completion	22,832	40,023	62,855	78.7%
Residents who responded via proxy-completion	6,401	7,796	14,197	64.7%

Note: 136,468 eligible residents were assessed for quality of life at the 2,551 RCH that submitted data for this QI. The total number of responses includes those who responded via self-completion (34,624), via interviewer facilitated completion (79,914), and via proxy-completion (21,930).

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Table 13: Proportion of enrolled nursing care minutes in residential aged care, October to December 2025

QI category	Average care minutes per resident per day (unit: care minute, numerator)	Proportion of total nursing care minute
Enrolled nursing	12.1	5.5%
Enrolled nursing and registered nursing	56.6	25.6%

Note: A total of 2,544 RCH submitted data on nursing care minutes. These RCH recorded 18,259,717 occupied bed days over the quarter, corresponding to an estimated 198,475 residents. On average, a total of 221.3 nursing care minutes per resident per day (denominator) were recorded, calculated as the sum of average care minutes per resident per day delivered by enrolled nurses (12.1 care minutes per resident per day), registered nurses (44.5), and personal care workers or nursing assistants (164.7) at the national level. See 'Technical notes' for more information on the calculation logic of this QI.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Total care minutes (count of minutes, numerator)	Average care minutes per resident per day (unit: care minute)
Allied health (total)	88,616,402	4.9
Physiotherapy	51,649,621	2.8
Occupational therapy	5,607,476	0.3
Speech pathology	2,657,653	0.1
Podiatry	6,692,476	0.4
Dietetics	4,208,572	0.2
Other allied health	4,378,945	0.2
Allied health assistant	13,421,660	0.7

Note: A total of 2,545 RCH submitted data on allied health care minutes. These RCH recorded 18,259,717 occupied bed days (denominator) over the quarter, corresponding to an estimated 198,475 residents.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Number of recommended services (denominator)	Number of recommended services received (numerator)	Percentage of recommended services received
Allied health (total)	473,816	454,964	96.0%
Physiotherapy	161,217	157,904	97.9%
Occupational therapy	29,812	26,771	89.8%
Speech pathology	27,690	23,643	85.4%
Podiatry	163,086	158,764	97.3%
Dietetics	47,592	42,647	89.6%
Other allied health	20,407	26,579	130.2%
Allied health assistant	24,012	18,656	77.7%

Note: 223,363 eligible residents were assessed for allied health recommended services received at the 2,546 RCH that submitted data for this QI. Some RCH reported a total number of allied health services received that exceeds the number of services recommended. This QI only captures those allied health services recommended in care and services plans that were received during the reporting period and should not capture multiple instances of the same service type being received or services received outside of care plans.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Table 16: Average lifestyle officers care minutes per resident per day in residential aged care, October to December 2025

QI category	Total care minutes (count of minutes, numerator)	Average care minutes per resident per day (unit: care minute)
Lifestyle officers	133,800,919	7.3

Note: A total of 2,545 RCH submitted data on lifestyle officers care minutes. These RCH recorded 18,259,717 occupied bed days (denominator) over the quarter, corresponding to an estimated 198,475 residents.

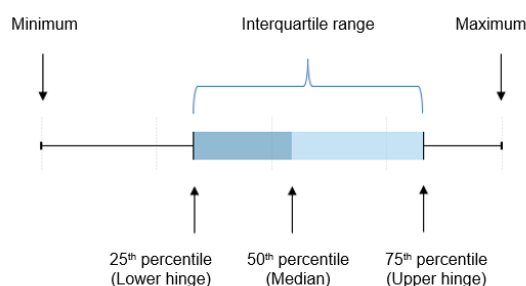
Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Interpreting boxplots (accordion widget)

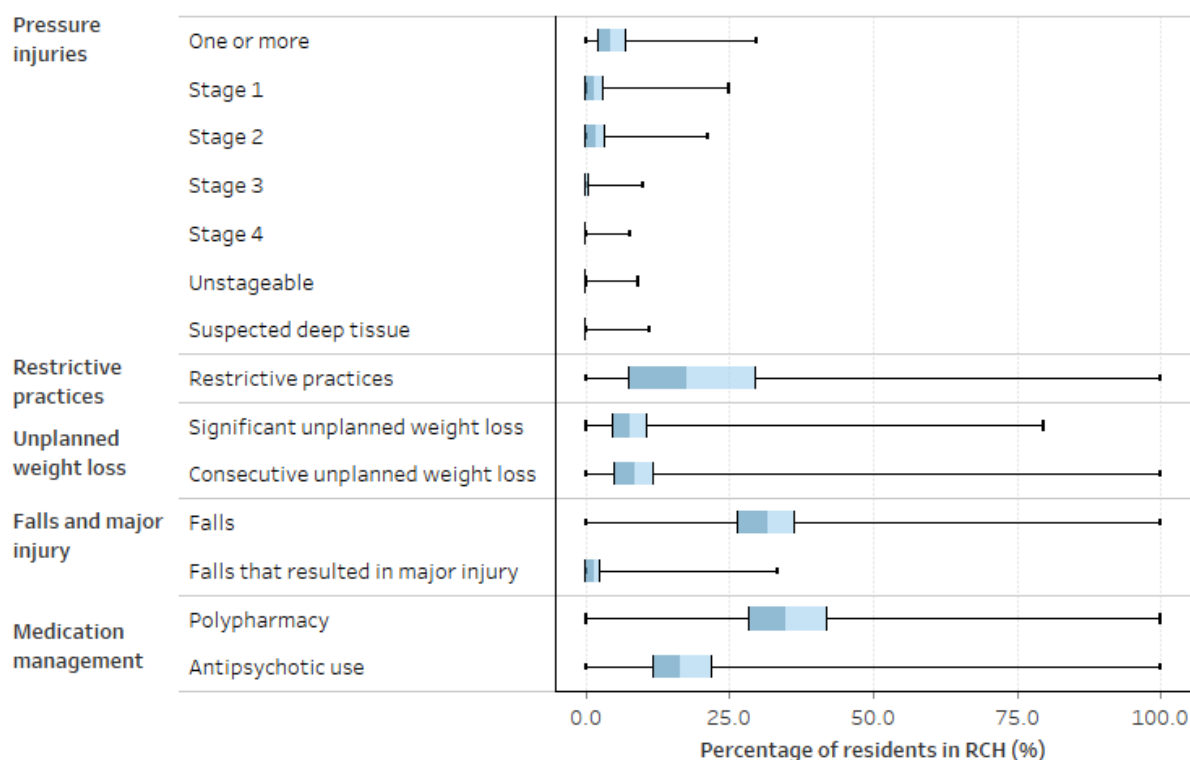
The values shown in the box plots are the **minimum** value, 25th percentile ('**Lower Hinge**'), the 50th percentile ('**Median**'), 75th percentile ('**Upper Hinge**') and the **maximum** value.

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

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



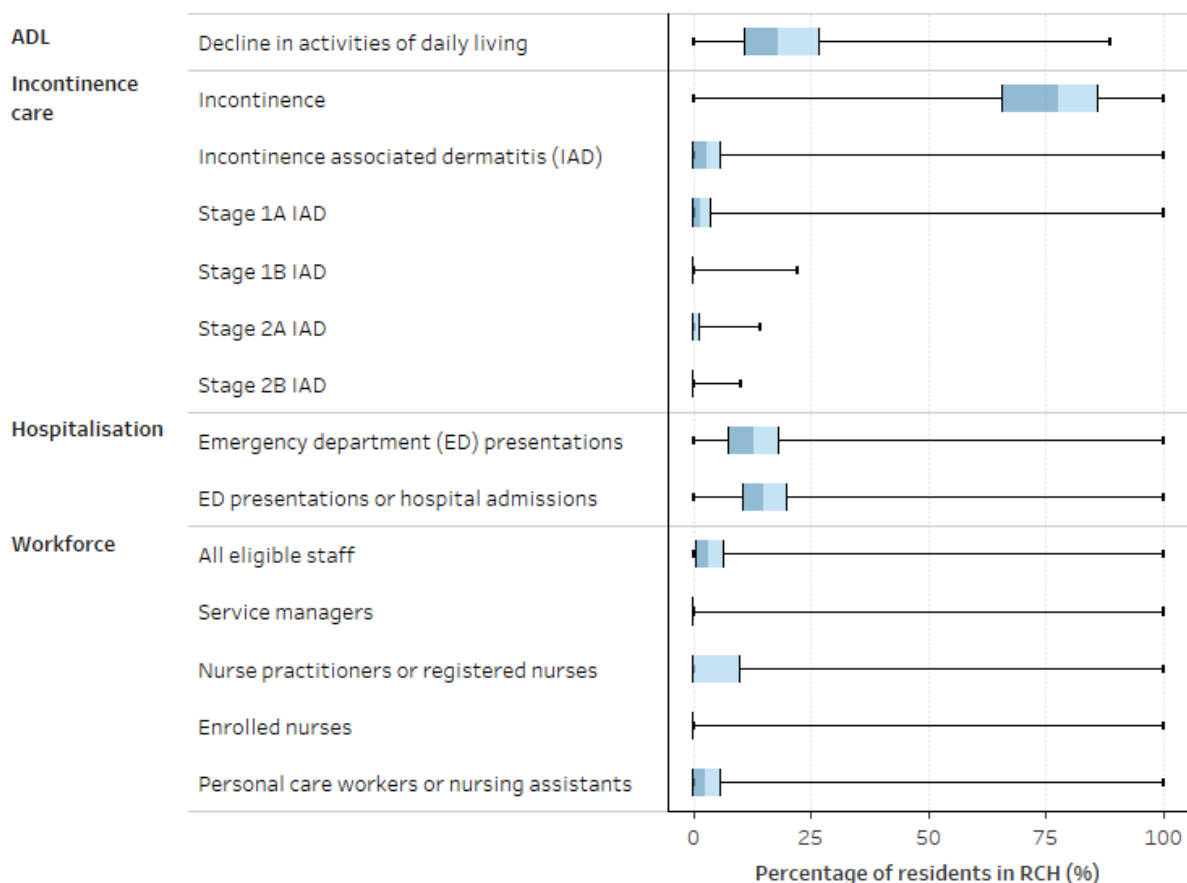
Distribution of percentage of residents reported by RCH as meeting criteria for quality indicators, October to December 2025



Note: The number of RCH reporting 100% QI prevalence rates ranged from 0.0-14.7% of the 2,575 RCH 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 RCH reporting 0% and 100%.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Distribution of percentage of residents and proportion of care staff reported by RCH as meeting criteria for quality indicators, October to December 2025 (continued)



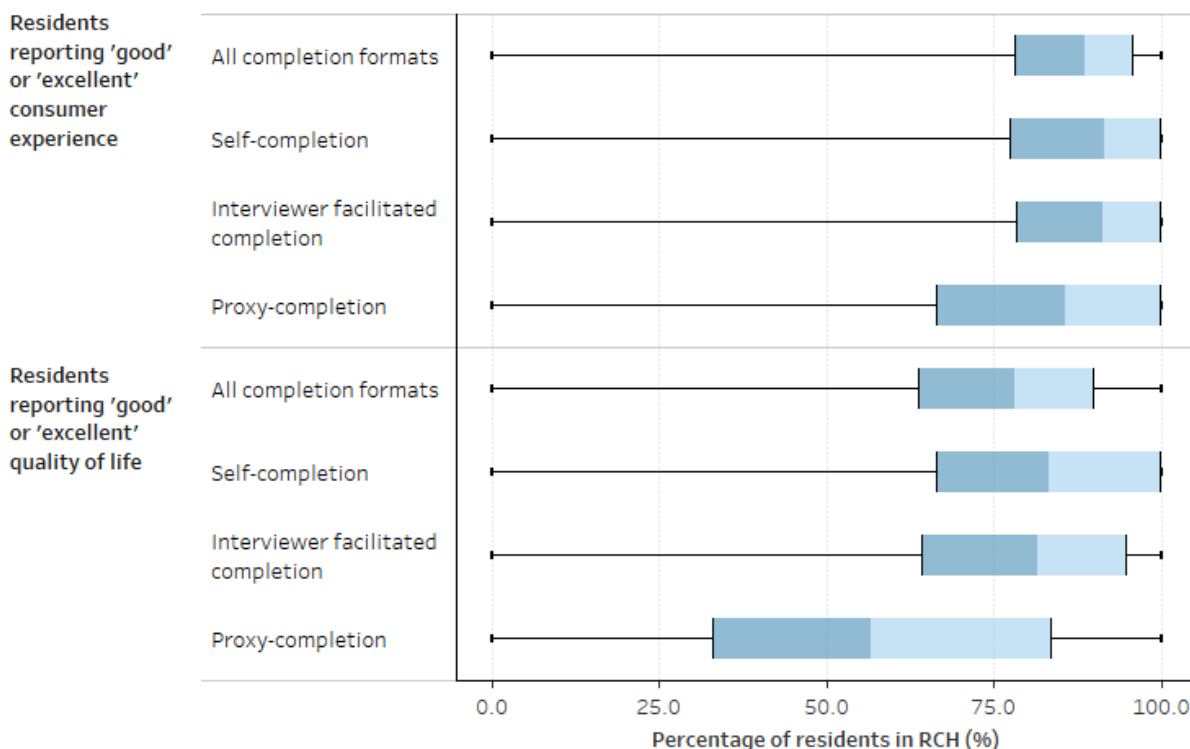
Note: The number of RCH reporting 100% QI prevalence rates ranged from 0.0-14.7% of the 2,575 RCH included in this report. These outlying values have not been removed prior to compiling the statistics presented in this report because although some could reflect recording errors others could reflect valid data. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RCH reporting 0% and 100%.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Note: The number of RCH reporting 100% QI prevalence rates ranged from 0.0-14.7% of the 2,575 RCH 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 RCH reporting 0% and 100%.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

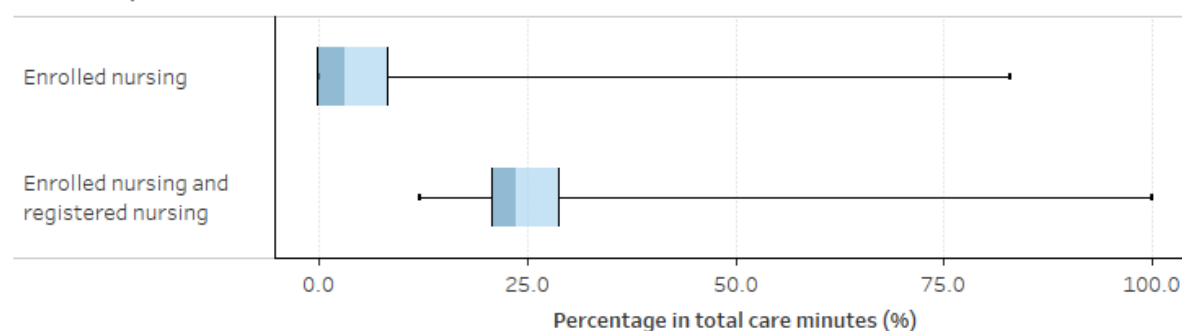
Distribution of percentage of residents reported by RCH as meeting criteria for quality indicators, October to December 2025 (continued)



Note: The number of RCH reporting 100% QI prevalence rates ranged from 0.0-14.7% of the 2,575 RCH 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 RCH reporting 0% and 100%.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

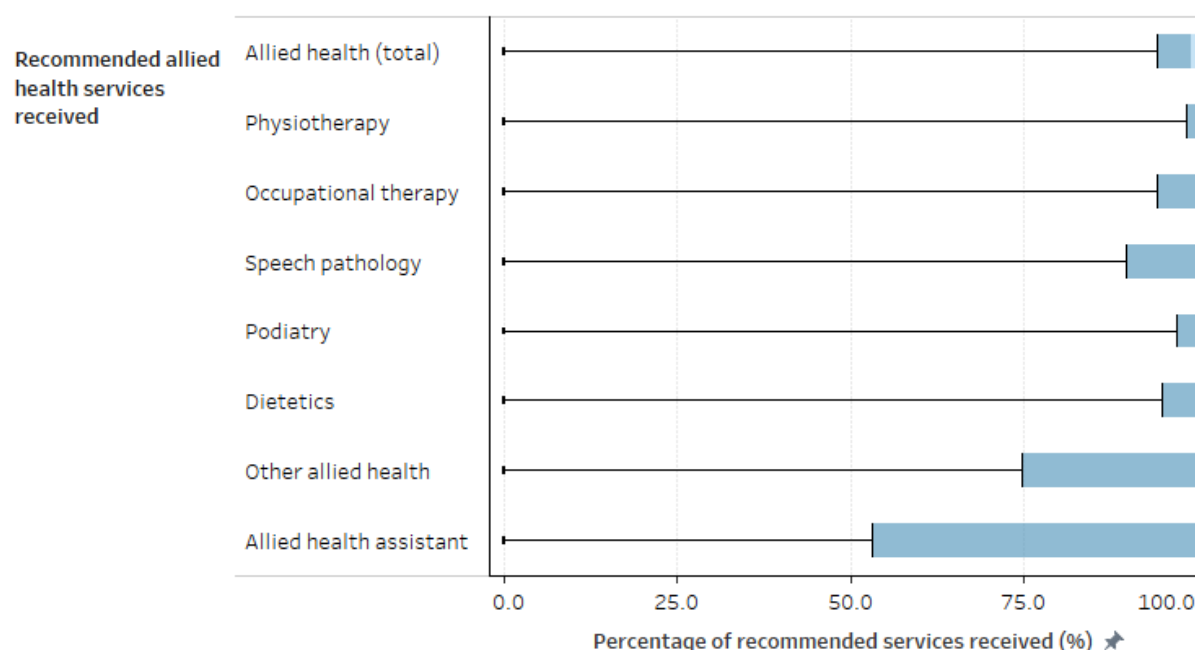
Distribution of proportion of enrolled nursing care minutes in total nursing care minutes, October to December 2025



Note: Of the 2,575 RCH included in this report, only 0.6% reported that 100% of their total care minutes were delivered by enrolled nurses and registered nurses, meaning no care minutes were provided by personal care workers or nursing assistants. These outlying values have not been removed prior to compiling the statistics presented in this report because they could reflect valid data. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RCH reporting 0% and 100%.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

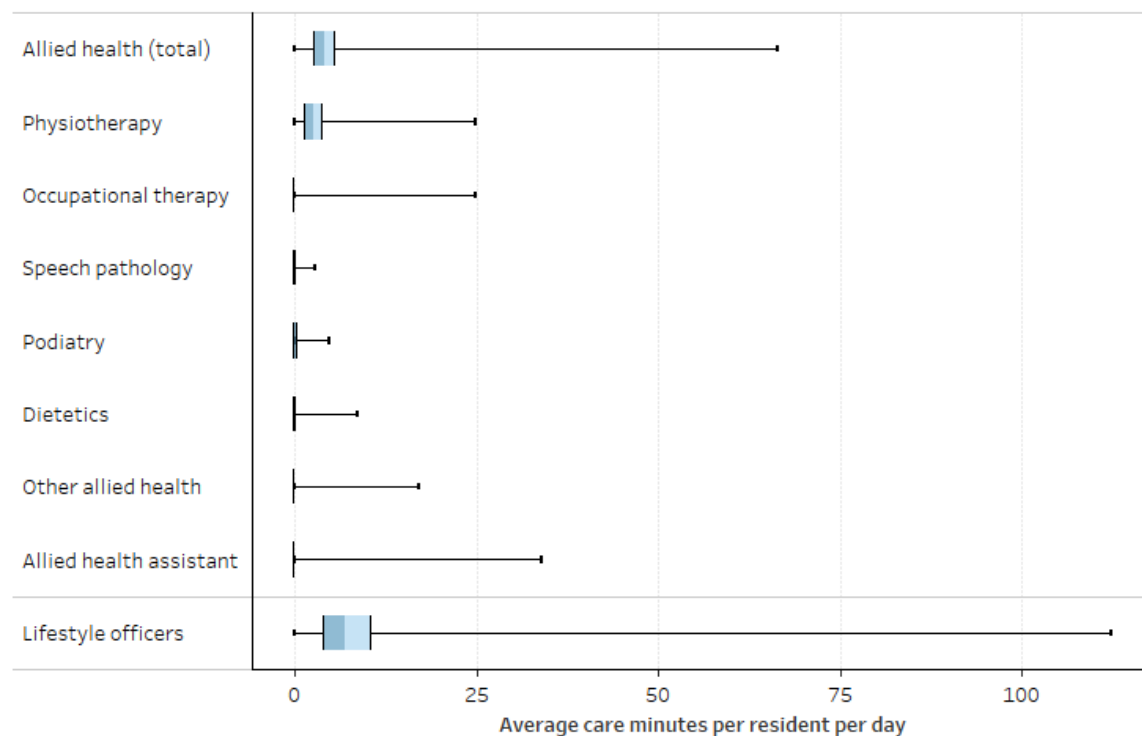
Distribution of percentage of recommended allied health services received in residential aged care, October to December 2025



Note: Among the 2,575 RCH included in this report, the percentage of RCH that delivered all (100%) of their recommended allied health services to their residents ranged from 17.0% (allied health assistant) to 66.6% (physiotherapy). Some RCH reported number of allied health services received that exceeds the number of services recommended, with proportions ranging from 1.2%-4.0% across the different types of allied health services of the 2,575 RCH included in this report. This QI only captures those allied health services recommended in care and services plans that were received during the reporting period and should not capture multiple instances of the same service type being received or services received outside of care plans. Outlying values above 100% have not been removed prior to compiling the statistics presented in this report. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RCH reporting 0% and 100%.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Distribution of allied health and lifestyle officers care minutes per resident per day in residential aged care, October to December 2025



Note: A total of 2,545 RCH submitted data on care minutes out of the 2,575 RCH included in this report.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Note: A total of 2,545 RCH submitted data on care minutes out of the 2,575 RCH included in this report.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

Table 17: Distribution of percentage of residents and percentage of care staff reported by RCH as meeting criteria for QIs, October to December 2025

QI category	Percentage of residents in RCH (%)				
	Minimum	25 th percentile	Median	75 th percentile	Maximum
One or more pressure injuries	0.0	2.2	4.3	7.2	29.6
Stage 1 pressure injuries	0.0	0.0	1.4	3.1	25.0
Stage 2 pressure injuries	0.0	0.0	1.8	3.5	21.2
Stage 3 pressure injuries	0.0	0.0	0.0	0.6	10.0
Stage 4 pressure injuries	0.0	0.0	0.0	0.0	7.7
Unstageable pressure injuries	0.0	0.0	0.0	0.0	9.1
Suspected deep tissue injuries	0.0	0.0	0.0	0.0	11.1
Restrictive practices	0.0	7.6	17.6	29.6	100.0
Unplanned weight loss – significant	0.0	4.8	7.6	10.8	79.6
Unplanned weight loss – consecutive	0.0	5.1	8.6	12.0	100.0
Falls – falls (total)	0.0	26.6	31.6	36.5	100.0
Falls – falls that resulted in major injury	0.0	0.0	1.4	2.5	33.3
Medication management – polypharmacy	0.0	28.6	34.9	42.1	100.0
Medication management – antipsychotics	0.0	11.8	16.4	22.2	100.0
Activities of daily living	0.0	11.1	18.1	27.0	88.9
Incontinence	0.0	66.1	77.9	86.4	100.0
Incontinence associated dermatitis (IAD)	0.0	0.0	2.9	6.1	100.0
Stage 1A IAD	0.0	0.0	1.5	3.9	100.0
Stage 1B IAD	0.0	0.0	0.0	0.0	22.2
Stage 2A IAD	0.0	0.0	0.0	1.4	14.3
Stage 2B IAD	0.0	0.0	0.0	0.0	10.0
Hospitalisation – emergency department presentations	0.0	7.7	12.8	18.5	100.0
Hospitalisation – emergency department presentations or hospital admissions	0.0	10.7	15.0	20.3	100.0
Workforce – all eligible staff	0.0	0.9	3.3	6.8	100.0
Workforce – service managers	0.0	0.0	0.0	0.0	100.0
Workforce – nurse practitioners or registered nurses	0.0	0.0	0.0	10.0	100.0
Workforce – enrolled nurses	0.0	0.0	0.0	0.0	100.0
Workforce – personal care workers or nursing assistants	0.0	0.0	2.6	6.0	100.0
Consumer experience – all completion format	0.0	78.3	88.6	96.0	100.0
Consumer experience – self-completion	0.0	77.8	91.7	100.0	100.0
Consumer experience – interviewer facilitated completion	0.0	78.6	91.3	100.0	100.0
Consumer experience – proxy-completion	0.0	66.7	85.7	100.0	100.0
Quality of life – all completion format	0.0	64.0	78.2	90.0	100.0
Quality of life – self-completion	0.0	66.7	83.3	100.0	100.0
Quality of life – interviewer facilitated completion	0.0	64.6	81.5	95.1	100.0
Quality of life – proxy-completion	0.0	33.3	56.8	83.8	100.0

Note: The number of RCH reporting 100% QI prevalence rates ranged from 0.0-14.7% of the 2,575 RCH 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 RCH reporting 0% and 100%.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Table 18: Distribution of proportion of enrolled nursing care minutes in total nursing care minutes, October to December 2025

QI category	Proportion in total care minutes (%)				
	Minimum	25th percentile	Median	75th percentile	Maximum
Enrolled nursing	0.0	0.0	3.2	8.5	83.0
Enrolled nursing and registered nursing	12.2	20.9	23.8	29.0	100.0

Note: Of the 2,575 RCH included in this report, only 0.6% reported that 100% of their total care minutes were delivered by enrolled nurses and registered nurses, meaning no care minutes were provided by personal care workers or nursing assistants. These outlying values have not been removed prior to compiling the statistics presented in this report because they could reflect valid data. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RCH reporting 0% and 100%.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Proportion of recommended services received				
	Minimum	25th percentile	Median	75th percentile	Maximum
Allied health (total)	0.0	94.3	99.1	100.0	3,268.0
Physiotherapy	0.0	98.6	100.0	100.0	6,000.0
Occupational therapy	0.0	94.4	100.0	100.0	5,700.0
Speech pathology	0.0	90.0	100.0	100.0	1,100.0
Podiatry	0.0	97.3	100.0	100.0	17,600.0
Dietetics	0.0	95.0	100.0	100.0	2,300.0
Other allied health	0.0	75.0	100.0	100.0	9,700.0
Allied health assistant	0.0	53.3	100.0	100.0	12,200.0

Note: Among the 2,575 RCH included in this report, the percentage of RCH that delivered all (100%) of their recommended allied health services to their residents ranged from 17.0% (allied health assistant) to 66.7% (physiotherapy). Some RCH reported number of allied health services received that exceeds the number of services recommended, with proportions ranging from 1.2%-4.0% across the different types of allied health services of the 2,575 RCH included in this report. This QI only captures those allied health services recommended in care and services plans that were received during the reporting period and should not capture multiple instances of the same service type being received or services received outside of care plans. Outlying values above 100% have not been removed prior to compiling the statistics presented in this report. See 'Technical notes' for more information on outliers, inconsistencies in calculated QIs and number of RCH reporting 0% and 100%.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Care minutes per resident per day				
	Minimum	25th percentile	Median	75th percentile	Maximum
Allied health (total)	0.0	2.8	4.1	5.6	66.4
Physiotherapy	0.0	1.6	2.7	3.8	24.8
Occupational therapy	0.0	0.0	0.0	0.0	24.8
Speech pathology	0.0	0.0	0.1	0.2	2.9
Podiatry	0.0	0.1	0.3	0.5	4.8
Dietetics	0.0	0.1	0.2	0.3	8.7
Other allied health	0.0	0.0	0.0	0.1	17.2
Allied health assistant	0.0	0.0	0.0	0.0	34.0
Lifestyle officers	0.0	4.1	7.0	10.7	112.3

Note: A total of 2,545 RCH submitted data on care minutes out of the 2,575 RCH included in this report.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Geographic variation

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

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

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
One or more	4.6%	5.0%	4.9%	5.2%	5.8%	7.0%	5.9%	4.3%	5.0%
Stage 1	1.9%	1.8%	2.1%	1.9%	2.3%	3.6%	3.1%	1.4%	2.0%
Stage 2	2.1%	2.4%	2.3%	2.3%	2.7%	3.1%	2.0%	2.1%	2.3%
Stage 3	0.4%	0.4%	0.3%	0.4%	0.6%	0.4%	0.5%	0.4%	0.4%
Stage 4	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.0%	0.1%
Unstageable	0.3%	0.4%	0.3%	0.5%	0.5%	0.4%	0.3%	0.9%	0.4%
Suspected deep tissue	0.3%	0.3%	0.2%	0.5%	0.3%	0.3%	0.9%	0.2%	0.3%

Note: This table presents aggregate data for 212,370 eligible residents assessed for pressure injuries at the 2,575 RCH that submitted data for this QI, by state and territory. It includes data for pressure injuries acquired both inside and outside the home. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Table 22: Pressure injuries in residential aged care acquired outside the home, percentage of residents, by state and territory, October to December 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
One or more	1.0%	0.9%	0.9%	1.1%	1.3%	1.4%	1.4%	0.9%	1.0%
Stage 1	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.8%	0.2%	0.4%
Stage 2	0.4%	0.4%	0.4%	0.4%	0.5%	0.7%	0.4%	0.2%	0.4%
Stage 3	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%
Stage 4	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%
Unstageable	0.1%	0.1%	0.1%	0.1%	0.2%	0.3%	0.1%	0.5%	0.1%
Suspected deep tissue	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 212,370 eligible residents assessed for pressure injuries at the 2,575 RCH that submitted data for this QI, by state and territory. The national percentage for stage 4 pressure injuries acquired outside the home is reported as 0.0% due to rounding to one decimal place, despite some state and territory-level values exceeding zero. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Restrictive practices (total)	21.4%	20.9%	20.1%	29.6%	22.3%	17.9%	18.7%	33.3%	21.8%
Restrictive practice exclusively through the use of a secure area	16.6%	15.4%	14.7%	25.2%	15.6%	11.3%	15.3%	27.6%	16.5%

Note: This table presents aggregate data for 206,334 eligible residents assessed for restrictive practices (excluding chemical restraint) at the 2,575 RCH that submitted data for this QI, by state and territory. The total number of residents subject to the use of a restrictive practice includes residents who were subject to the use of a restrictive practice exclusively using a secure area and residents who were subject to the use of a restrictive practice not exclusively using a secure area. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Significant unplanned weight loss	7.6%	7.8%	9.0%	8.7%	8.0%	6.5%	7.7%	11.1%	8.1%
Consecutive unplanned weight loss	8.9%	8.9%	9.9%	8.4%	8.9%	8.7%	8.9%	11.7%	9.0%

Note: This table presents aggregate data for 175,258 eligible residents assessed for significant unplanned weight loss at the 2,574 RCH that submitted data for this QI and 171,299 eligible residents assessed for consecutive unplanned weight loss at the 2,574 RCH that submitted data for this QI, by state and territory. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Falls (total)	30.9%	31.7%	32.2%	32.2%	34.5%	32.6%	33.7%	24.6%	31.9%
Falls that resulted in major injury	1.7%	1.6%	1.8%	1.6%	1.7%	1.5%	1.1%	2.0%	1.7%

Note: This table presents aggregate data for 225,364 eligible residents assessed for falls and falls that resulted in major injury at the 2,575 RCH that submitted data for this QI, by state and territory. The total number of falls includes falls resulting in major injury and falls not resulting in major injury. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Polypharmacy	35.6%	36.2%	35.5%	35.4%	32.5%	31.0%	33.5%	22.6%	35.3%
Antipsychotics (total)	16.2%	19.9%	16.8%	20.0%	18.0%	15.5%	14.3%	16.7%	17.8%
Antipsychotics with diagnosed psychosis	7.3%	9.1%	7.1%	7.7%	8.2%	7.2%	5.6%	4.9%	7.8%

Note: This table presents aggregate data for 205,788 eligible residents assessed for polypharmacy at the 2,575 RCH that submitted data for this QI and 206,624 eligible residents assessed for antipsychotic use at the 2,575 RCH that submitted data for this QI, by state and territory. The total use of antipsychotics includes residents who received an antipsychotic medication with diagnosed psychosis and residents who received an antipsychotic medication without diagnosed psychosis. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Activities of daily living	18.4%	19.3%	22.2%	22.7%	17.5%	24.0%	17.2%	27.2%	19.8%

Note: This table presents aggregate data for 192,480 eligible residents assessed for a decline in activities of daily living (ADL) score at the 2,572 RCH that submitted data for this QI, by state and territory. A decline in score was defined as a decrease of one point or more since the previous quarter. Among those residents assessed for ADL, 10,785 had an ADL assessment total score of zero (that is, were completely dependent) in the previous quarter. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Incontinence	74.8%	73.1%	76.3%	76.1%	80.4%	72.5%	75.5%	74.4%	75.2%
Incontinence associated dermatitis (IAD)	4.0%	4.2%	3.4%	4.3%	4.4%	6.0%	4.8%	2.2%	4.1%
Stage 1A IAD	2.5%	2.5%	2.3%	2.9%	3.1%	4.7%	3.4%	1.4%	2.6%
Stage 1B IAD	0.3%	0.4%	0.3%	0.3%	0.3%	0.3%	0.4%	0.0%	0.3%
Stage 2A IAD	1.1%	1.1%	0.7%	0.9%	1.0%	1.1%	0.8%	1.2%	1.0%
Stage 2B IAD	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.0%	0.1%

Note: This table presents aggregate data for 212,433 eligible residents assessed for incontinence at the 2,575 RCH that submitted data for this QI, by state and territory. Among those residents assessed for incontinence, 159,662 were recorded with incontinence in 2,574 RCH and were assessed for incontinence-associated dermatitis (IAD). The total number of residents with IAD is not equal to the sum of IAD sub-category totals as one resident can have multiple instances and stages of IAD at the same time. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Emergency department presentations	12.4%	12.9%	16.4%	12.2%	12.7%	10.8%	14.3%	22.4%	13.3%
Emergency department presentations or hospital admissions	15.4%	15.2%	19.0%	14.2%	15.2%	12.2%	16.6%	24.1%	15.9%

Note: This table presents aggregate data for 226,603 eligible residents assessed for hospitalisation at the 2,575 RCH that submitted data for this QI, by state and territory. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
All eligible staff	5.2%	4.6%	6.6%	7.8%	5.4%	5.2%	3.7%	7.1%	5.5%
Service managers	5.3%	5.9%	8.1%	11.3%	11.0%	4.6%	4.5%	7.1%	7.0%
Nurse practitioners or registered nurses	7.3%	5.3%	9.0%	10.4%	7.1%	9.1%	5.7%	4.8%	7.3%
Enrolled nurses	5.8%	4.7%	6.4%	14.9%	6.3%	5.3%	5.0%	11.1%	6.0%
Personal care workers or nursing assistants	4.7%	4.3%	6.0%	6.8%	4.6%	4.3%	3.2%	7.6%	5.0%

Note: This table presents aggregate data for 209,064 staff assessed for workforce at the 2,558 RCH that submitted data for this QI, by state and territory. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Total included residents	87.3%	86.7%	84.7%	80.6%	84.9%	83.2%	83.1%	87.4%	85.7%
Residents who responded via self-completion	85.3%	86.3%	84.7%	81.7%	85.1%	85.9%	87.9%	92.9%	85.2%
Residents who responded via interviewer facilitated completion	88.3%	87.9%	85.4%	80.6%	86.2%	83.0%	83.5%	86.6%	86.6%
Residents who responded via proxy-completion	86.8%	83.6%	81.5%	78.7%	79.7%	78.8%	73.6%	87.2%	83.4%

Note: This table presents aggregate data for 136,624 eligible residents assessed for consumer experience at the 2,553 RCH that submitted data for this QI, by state and territory. The total number of responses includes those who responded via self-completion (34,713), via interviewer facilitated completion (79,973), and via proxy-completion (21,938). See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Total included residents	77.7%	77.8%	76.5%	70.4%	77.1%	71.4%	75.3%	72.3%	76.7%
Residents who responded via self-completion	78.6%	81.1%	80.5%	76.4%	80.3%	80.6%	80.9%	68.8%	79.7%
Residents who responded via interviewer facilitated completion	79.9%	80.1%	77.7%	71.1%	80.9%	72.3%	77.6%	75.5%	78.7%
Residents who responded via proxy-completion	68.6%	65.9%	63.4%	57.9%	58.8%	48.1%	56.0%	54.8%	64.7%

Note: This table presents aggregate data for 136,468 eligible residents assessed for quality of life at the 2,551 RCH that submitted data for this QI, by state and territory. The total number of responses includes those who responded via self-completion (34,624), via interviewer facilitated completion (79,914), and via proxy-completion (21,930). See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Enrolled nursing	1.4%	10.4%	3.9%	4.0%	10.6%	10.1%	1.4%	1.9%	5.5%
Enrolled nursing and registered nursing	21.4%	31.0%	24.6%	23.4%	29.6%	29.3%	20.7%	23.1%	25.6%

Note: This table presents aggregate data for 18,259,717 occupied bed days over the quarter, corresponding to an estimated 198,475 residents, for the proportion of enrolled nursing care minutes QI at the 2,544 RCH that had available Quarterly Financial Report data for this QI, by state and territory. The numerators are calculated by dividing the total enrolled nursing care minutes and the combined total of enrolled and registered nursing care minutes, aggregated across all RCH within each state and territory, by the total occupied bed days at the state and territory level. The denominators are calculated by dividing the total care minutes delivered by enrolled nurses, registered nurses, and personal care workers or nursing assistants aggregated across all RCH within each state and territory, by the total occupied bed days at the state and territory level. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Allied health (total)	4.4	4.2	3.8	10.2	5.3	4.3	5.4	4.5	4.9
Physiotherapy	2.8	2.9	2.6	2.6	3.3	3.1	3.4	2.9	2.8
Occupational therapy	0.2	0.1	0.1	1.6	0.5	0.1	0.0	0.1	0.3
Speech pathology	0.1	0.1	0.1	0.2	0.2	0.1	0.1	0.2	0.1
Podiatry	0.3	0.4	0.4	0.4	0.4	0.4	0.3	1.0	0.4
Dietetics	0.2	0.2	0.2	0.3	0.3	0.2	0.3	0.3	0.2
Other allied health	0.3	0.2	0.1	0.4	0.3	0.2	0.4	0.0	0.2
Allied health assistant	0.5	0.2	0.2	4.6	0.3	0.3	0.9	0.0	0.7

Note: This table presents aggregate data for 18,259,717 occupied bed days over the quarter, corresponding to an estimated 198,475 residents, for average allied health care minutes per resident per day at the 2,545 RCH that had available Quarterly Financial Report data for this QI, by state and territory. The numerators represent the total care minutes for each allied health service type, aggregated across all included RCH within each state and territory. The denominators are the total occupied bed days, aggregated at the state and territory level. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Allied health (total)	96.2%	97.1%	97.1%	93.0%	94.9%	94.9%	93.6%	95.3%	96.0%
Physiotherapy	97.2%	98.6%	101.7%	91.6%	98.2%	96.7%	96.0%	99.5%	97.9%
Occupational therapy	90.5%	92.6%	91.7%	87.6%	90.2%	84.8%	84.6%	100.0%	89.8%
Speech pathology	92.0%	84.7%	83.9%	71.1%	89.0%	85.8%	93.8%	74.4%	85.4%
Podiatry	95.9%	97.6%	98.9%	101.5%	95.5%	95.6%	89.3%	98.3%	97.3%
Dietetics	93.4%	89.7%	88.2%	82.8%	89.5%	90.3%	96.8%	89.6%	89.6%
Other allied health	106.8%	112.3%	124.2%	263.4%	95.0%	107.2%	97.9%	100.0%	130.2%
Allied health assistant	94.7%	105.3%	74.2%	47.1%	96.0%	83.6%	96.7%	100.0%	77.7%

Note: This table presents aggregate data for 223,363 eligible residents assessed for allied health recommended services received at the 2,546 RCH that submitted data for this QI, by state and territory. Some RCH reported a total number of allied health services received that exceeds the number of services recommended. This QI only captures those allied health services recommended in care and services plans that were received during the reporting period and should not capture multiple instances of the same service type being received or services received outside of care plans. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

N/A: Not applicable due to no recommended services

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Table 36: Average lifestyle officers care minutes per resident per day in residential aged care, by state and territory, October to December 2025

QI category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Lifestyle officers	7.1	7.8	6.4	6.3	9.4	9.8	5.9	12.3	7.3

Note: This table presents aggregate data for 18,259,717 occupied bed days over the quarter, corresponding to an estimated 198,475 residents, for average lifestyle officers care minutes per resident per day at the 2,545 RCH that had available Quarterly Financial Report data for this QI, by state and territory. See the 'Technical notes' for details on the calculation logic for this QI and refer to Table 3.3 in the Supplementary Data for a breakdown of QI numerators and denominators by state and territory.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
One or more	4.7%	5.1%	5.9%	5.0%
Stage 1	1.8%	2.2%	2.6%	2.0%
Stage 2	2.2%	2.3%	2.7%	2.3%
Stage 3	0.4%	0.3%	0.4%	0.4%
Stage 4	0.1%	0.1%	0.1%	0.1%
Unstageable	0.4%	0.4%	0.3%	0.4%
Suspected deep tissue	0.3%	0.2%	0.3%	0.3%

Note: This table presents aggregate data for 212,370 eligible residents assessed for pressure injuries at the 2,575 RCH that submitted data for this QI, by Modified Monash Model (2019) classifications. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Table 38: Pressure injuries in residential aged care acquired outside the home, percentage of residents, by remoteness, October to December 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
One or more	0.9%	1.0%	1.2%	1.0%
Stage 1	0.3%	0.3%	0.5%	0.4%
Stage 2	0.4%	0.4%	0.5%	0.4%
Stage 3	0.1%	0.1%	0.1%	0.1%
Stage 4	0.0%	0.0%	0.0%	0.0%
Unstageable	0.1%	0.2%	0.1%	0.1%
Suspected deep tissue	0.1%	0.1%	0.1%	0.1%

Note: This table presents aggregate data for 212,370 eligible residents assessed for pressure injuries at the 2,575 RCH that submitted data for this QI, by Modified Monash Model (2019) classifications. The national percentage for stage 4 pressure injuries acquired outside the home is reported as 0.0% due to rounding to one decimal place, despite some MMM group-level values exceeding zero. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Restrictive practices (total)	21.9%	21.1%	21.8%	21.8%
Restrictive practice exclusively through the use of a secure area	16.9%	15.3%	15.6%	16.5%

Note: This table presents aggregate data for 206,334 eligible residents assessed for restrictive practices (excluding chemical restraint) at the 2,575 RCH that submitted data for this QI, by Modified Monash Model (2019) classifications. The total number of residents subject to the use of a restrictive practice includes residents who were subject to the use of a restrictive practice exclusively using a secure area and residents who were subject to the use of a restrictive practice not exclusively using a secure area. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Significant unplanned weight loss	7.9%	8.9%	8.4%	8.1%
Consecutive unplanned weight loss	8.9%	9.9%	9.2%	9.0%

Note: This table presents aggregate data for 175,258 eligible residents assessed for significant unplanned weight loss at the 2,574 RCH that submitted data for this QI and 171,299 eligible residents assessed for consecutive unplanned weight loss at the 2,574 RCH that submitted data for this QI, by Modified Monash Model (2019) classifications. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Falls (total)	31.8%	32.4%	32.0%	31.9%
Falls that resulted in major injury	1.7%	1.6%	1.5%	1.7%

Note: This table presents aggregate data for 225,364 eligible residents assessed for falls and falls that resulted in major injury at the 2,575 RCH that submitted data for this QI, by Modified Monash Model (2019) classifications. The total number of falls includes falls resulting in major injury and falls not resulting in major injury. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Polypharmacy	35.3%	34.9%	35.3%	35.3%
Antipsychotics (total)	17.9%	17.4%	17.4%	17.8%
Antipsychotics with diagnosed psychosis	8.3%	6.5%	6.9%	7.8%

Note: This table presents aggregate data for 205,788 eligible residents assessed for polypharmacy at the 2,575 RCH that submitted data for this QI and 206,624 eligible residents assessed for antipsychotic use at the 2,575 RCH that submitted data for this QI, by Modified Monash Model (2019) classifications. The total use of antipsychotics includes residents who received an antipsychotic medication with diagnosed psychosis and residents who received an antipsychotic medication without diagnosed psychosis. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Activities of daily living	19.4%	22.9%	20.2%	19.8%

Note: This table presents aggregate data for 192,480 eligible residents assessed for a decline in activities of daily living (ADL) score at the 2,572 RCH that submitted data for this QI, by Modified Monash Model (2019) classifications. A decline in score was defined as a decrease of one point or more since the previous quarter. Among those residents assessed for ADL, 10,785 had an ADL assessment total score of zero (that is, were completely dependent) in the previous quarter. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Incontinence	75.7%	74.8%	73.3%	75.2%
Incontinence associated dermatitis (IAD)	4.0%	3.7%	4.5%	4.1%
Stage 1A IAD	2.4%	2.6%	3.3%	2.6%
Stage 1B IAD	0.3%	0.3%	0.3%	0.3%
Stage 2A IAD	1.1%	0.8%	0.8%	1.0%
Stage 2B IAD	0.1%	0.1%	0.1%	0.1%

Note: This table presents aggregate data for 212,433 eligible residents assessed for incontinence at the 2,575 RCH that submitted data for this QI, by Modified Monash Model (2019) classifications. Among those residents assessed for incontinence, 159,662 were recorded with incontinence in 2,574 RCH and were assessed for incontinence associated dermatitis (IAD). The total number of residents with IAD is not equal to the sum of IAD sub-category totals as one resident may have multiple instances and stages of IAD at the same time. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Emergency department presentations	13.2%	15.2%	13.0%	13.3%
Emergency department presentations or hospital admissions	15.9%	17.4%	15.4%	15.9%

Note: This table presents aggregate data for 226,603 eligible residents assessed for hospitalisation at the 2,575 RCH that submitted data for this QI, by Modified Monash Model (2019) classifications. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
All eligible staff	5.5%	5.3%	5.8%	5.5%
Service managers	7.1%	6.7%	6.8%	7.0%
Nurse practitioners or registered nurses	7.1%	7.8%	7.8%	7.3%
Enrolled nurses	6.1%	5.1%	6.2%	6.0%
Personal care workers or nursing assistants	5.0%	4.7%	5.2%	5.0%

Note: This table presents aggregate data for 209,064 staff assessed for workforce at the 2,558 RCH that submitted data for this QI, by Modified Monash Model (2019) classifications. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3–MM7)	Aust
Total included residents	85.9%	84.4%	85.8%	85.7%
Residents who responded via self-completion	85.1%	86.4%	85.3%	85.2%
Residents who responded via interviewer facilitated completion	87.1%	84.6%	85.8%	86.6%
Residents who responded via proxy-completion	83.0%	79.8%	86.4%	83.4%

Note: This table presents aggregate data for 136,624 eligible residents assessed for consumer experience at the 2,553 RCH that submitted data for this QI, by Modified Monash Model (2019) classifications. The total number of responses includes those who responded via self-completion (34,713), via interviewer facilitated completion (79,973), and via proxy-completion (21,938). See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3-MM7)	Aust
Total included residents	77.3%	76.0%	74.9%	76.7%
Residents who responded via self-completion	79.8%	81.8%	78.1%	79.7%
Residents who responded via interviewer facilitated completion	79.7%	76.8%	76.3%	78.7%
Residents who responded via proxy-completion	65.2%	62.1%	64.0%	64.7%

Note: This table presents aggregate data for 136,468 eligible residents assessed for quality of life at the 2,551 RCH that submitted data for this QI, by Modified Monash Model (2019) classifications. The total number of responses includes those who responded via self-completion (34,624), via interviewer facilitated completion (79,914), and via proxy-completion (21,930). See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3-MM7)	Aust
Enrolled nursing	4.5%	7.1%	8.3%	5.5%
Enrolled nursing and registered nursing	24.3%	27.7%	29.3%	25.6%

Note: This table presents aggregate data for 18,259,717 occupied bed days over the quarter, corresponding to an estimated 198,475 residents, for the proportion of enrolled nursing care minutes QI at the 2,544 RCH that had available Quarterly Financial Report data for this QI, by Modified Monash Model (2019) classifications (MMM). The numerators are calculated by dividing the total enrolled nursing care minutes and the combined total of enrolled and registered nursing care minutes, aggregated across all RCH within each MMM group, by the total occupied bed days at the MMM group level. The denominators are calculated by dividing the total care minutes delivered by enrolled nurses, registered nurses, and personal care workers or nursing assistants aggregated across all RCH within each MMM group, by the total occupied bed days at the MMM group level. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3-MM7)	Aust
Allied health (total)	5.0	4.1	4.6	4.9
Physiotherapy	2.8	2.7	2.8	2.8
Occupational therapy	0.3	0.2	0.3	0.3
Speech pathology	0.1	0.1	0.1	0.1
Podiatry	0.4	0.4	0.4	0.4
Dietetics	0.2	0.2	0.3	0.2
Other allied health	0.3	0.2	0.1	0.2
Allied health assistant	0.8	0.3	0.6	0.7

Note: This table presents aggregate data for 18,259,717 occupied bed days over the quarter, corresponding to an estimated 198,475 residents, for average allied health care minutes per resident per day at the 2,545 RCH that had available Quarterly Financial Report data for this QI, by Modified Monash Model (2019) classifications (MMM). The numerators represent the total care minutes for each allied health service type, aggregated across all included RCH within each MMM group. The denominators are the total occupied bed days, aggregated at MMM group level. See 'Technical notes' for details on the calculation logic of this QI.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

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

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3-MM7)	Aust
Allied health (total)	96.4%	96.8%	94.3%	96.0%
Physiotherapy	97.5%	101.4%	98.2%	97.9%
Occupational therapy	89.7%	98.0%	87.4%	89.8%
Speech pathology	86.5%	86.0%	81.2%	85.4%
Podiatry	98.1%	94.6%	95.4%	97.3%
Dietetics	90.6%	89.2%	86.8%	89.6%
Other allied health	134.6%	124.3%	115.8%	130.2%
Allied health assistant	75.6%	92.8%	80.9%	77.7%

Note: This table presents aggregate data for 223,363 eligible residents assessed for allied health recommended services received at the 2,546 RCH that submitted data for this QI, by Modified Monash Model (2019) classifications. Some RCH reported a total number of allied health services received that exceeds the number of services recommended. This QI only captures those allied health services recommended in care and services plans that were received during the reporting period and should not capture multiple instances of the same service type being received or services received outside of care plans. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Table 52: Average lifestyle officers care minutes per resident per day in residential aged care, by remoteness, October to December 2025

QI category	Metropolitan (MM1)	Regional centres (MM2)	Rural and remote (MM3-MM7)	Aust
Lifestyle officers	7.0	7.3	8.6	7.3

Note: This table presents aggregate data for 18,259,717 occupied bed days over the quarter, corresponding to an estimated 198,475 residents, for average lifestyle officers care minutes per resident per day at the 2,545 RCH that had available Quarterly Financial Report data for this QI, by Modified Monash Model (2019) classifications. See the 'Technical notes' for details on the calculation logic for this QI.

Source: Department of Health, Disability and Ageing, Quarterly Financial Report data extracted 16 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Technical notes

National Aged Care Quality Indicator Program: 1 October to 31 December 2025

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

Data collection and transmission to AIHW

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

Since 1 July 2023 the AIHW has been contracted by the Department for the provision of computation and reporting services for the QI Program. Throughout the life of this contracted period, the Department have provided the QI data to the AIHW. Raw QI data and Quarterly Financial Report (QFR) data for the quarter 1 October to 31 December 2025 were provided to the AIHW on 11 February and 16 February 2026, respectively, via secure data transfer from the Department.

Numerator data and QI interpretation

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

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

Denominator data and QI construction

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

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

This group include:

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

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

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

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

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

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

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

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

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

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

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

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

Proportion of EN care minutes per resident per day

$$= \frac{\text{Average EN care minutes per resident per day at reporting level (national, state and territory, or remoteness category)}}{\text{Average EN care minutes per resident per day} + \text{Average RN care minutes per resident per day} + \text{Average PCW/NA care minutes per resident per day, at reporting level}} \times 100$$

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

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

Proportion of nursing care minutes per resident per day

$$= \frac{\text{Average EN and RN care minutes per resident per day at reporting level (national, state and territory, or remoteness category)}}{\text{Average EN care minutes per resident per day} + \text{Average RN care minutes per resident per day} + \text{Average PCW/NA care minutes per resident per day, at reporting level}} \times 100$$

QIs that measure care minutes per resident per day

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

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

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

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

Home participation and estimated resident coverage

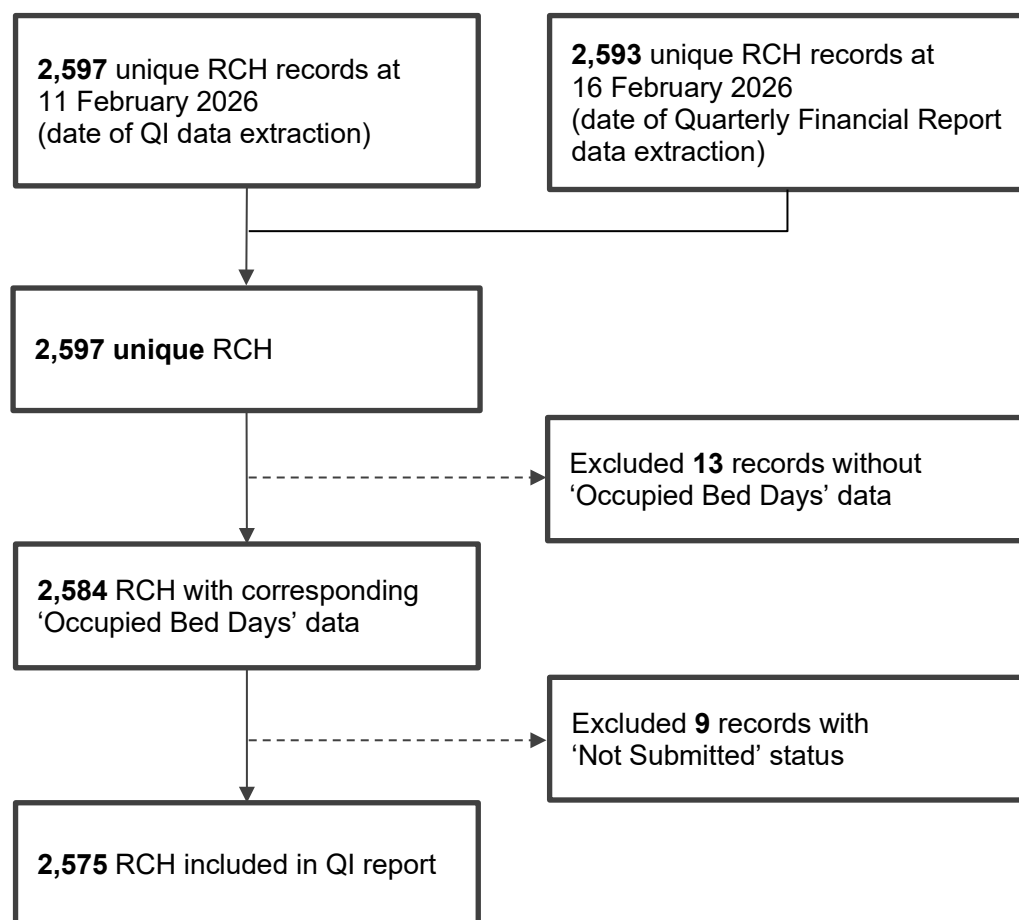
The QI Program collects QI data from 'eligible residents' or 'eligible staff' only, meaning that QI events or outcomes experienced by residents or staff who met exclusion criteria for QI measurement are not included in the statistics presented in this report. These exclusion criteria are further detailed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

For this quarter, providers were required to submit QI data to the Department by 21 January 2026. The QI raw data were then extracted by the Department on 11 February 2026, comprising data from 2,597 RCH with no duplicate records. The Department extracted data for care minute-related QIs from QFR on 16 February 2026, comprising data from 2,593 RCH with no duplicate records. All of the 2,593 records from QFR data could be linked with the 2,597 RCH in the extracted QI data. The unique RCH records were then filtered using OBD data provided within the QI data to derive an approximate denominator. Thirteen RCH were excluded due to not having available data about Australian Government subsidies for delivering care, services and accommodation (OBD data).

Of the remaining 2,584 RCH, 2,525 (97.7%) had a submission status of 'Submitted' (i.e., QI data were submitted on time), 49 (1.9 %) were 'Submitted - Updated After Due Date', 1 (~0.0%) were recorded as a 'Late submission' and 9 (0.4%) were recorded as 'Not Submitted'. The 9 RCH with a 'Not Submitted' status were excluded from the analyses presented in this quarterly report.

The final data set included 2,575 RCH with at least some QI data submitted. Compared with the previous quarter, this represents a decrease in RCH included in this quarterly report of 0.2%. Of the included 2,575 RCH, 2,502 (97.2%) submitted QI data for all 12 QIs (QIs 1–12) detailed in this report, 72 (2.7%) submitted data for 10 or 11 QIs, and 1 (~0.0%) submitted data for 9 QIs. Of the 2,575 RCH, 2,545 RCH (98.8%) have care minute data included the QFR dataset.

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



The QI Program's coverage of the estimated resident population ranged from 99.2% for proportion of enrolled nursing care minutes to 113.8% for hospitalisations (Table S1). It was not possible to calculate coverage for the Workforce QI, because population data for the aged care workforce are not available.

When interpreting these coverage data, it is important to note that the calculations are based on an approximation of the denominator using data that shows how many bed days were funded for each home in that period. While the numerator data for QIs measure one event per resident, 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 residents occupied beds per quarter. This approximation assumes that residents occupy beds for the same number of days per quarter, but this may not be the case.

There are various reasons a resident 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 resident level, there is the possibility for proportions to exceed one hundred per cent. Additional factors contribute to the misalignment of the numerator and denominator, including lagged claims, retrospective adjustments, measurement timings, absent residents (e.g. hospitalisations) and resident deaths. It should also be noted that in the interests of timeliness for the release of this quarterly report, the preliminary OBD data extracted on 11 February 2026 was used in the analysis; prior to finalisation of the quality assurance of these data by the Department. Preliminary data is considered robust for this purpose as only minor changes to data are expected after the quality assurance process since the date of OBD data extraction.

The number of residents excluded (Table S1, Columns C and D) was highest for quality of life (33.2%) and consumer experience (33.7%). For these QIs, the most common reason for exclusion was that the resident did not choose to complete the survey.

Table S1: Estimated resident coverage and exclusions in the RCH QI Program, October to December 2025

QI	Estimated resident coverage in QI Program		Exclusions and measurements of residents in QI Program		
	Residents assessed for QI eligibility in included RCH* (A)	Coverage of estimated resident population in all RCH (B)	Residents excluded due to not providing consent (C)	Residents excluded due to ineligibility (D)	Residents eligible for QI measurement (E)
Pressure injuries	214,369	107.2%	1,633 (0.8%)	366 (0.2%)	212,370 (99.1%)
Restrictive practices	208,172	104.1%	N.A.	1,838 (0.9%)	206,334 (99.1%)
Unplanned weight loss – significant	225,529	112.8%	5,251 (2.3%)	45,020 (20.0%)	175,258 (77.7%)
Unplanned weight loss – consecutive	225,739	112.9%	6,294 (2.8%)	48,146 (21.3%)	171,299 (75.9%)
Falls and major injury	225,634	112.9%	N.A.	270 (0.1%)	225,364 (99.9%)
Medication management – polypharmacy	207,120	103.6%	N.A.	1,332 (0.6%)	205,788 (99.4%)
Medication management – antipsychotics	207,330	103.7%	N.A.	706 (0.3%)	206,624 (99.7%)
Activities of daily living	220,876	110.5%	N.A.	28,396 (12.9%)	192,480 (87.1%)
Incontinence	213,175	106.7%	N.A.	742 (0.3%)	212,433 (99.7%)
Incontinence associated dermatitis	213,175	106.7%	N.A.	53,513 (25.1%)	159,662 (74.9%)
Hospitalisation	227,535	113.8%	N.A.	932 (0.4%)	226,603 (99.6%)
Workforce**	N.A.	N.A.	N.A.	N.A.	N.A.
Consumer experience	204,634	102.4%	64,861 (31.7%)	3,149 (1.5%)	136,624 (66.8%)
Quality of life	205,598	102.9%	66,138 (32.2%)	2,992 (1.5%)	136,468 (66.4%)
Allied health recommended services received	224,054	112.1%	N.A.	691 (0.3%)	223,363 (99.7%)
EN care minutes	198,268	99.2%	N.A.	N.A.	198,268 (100.0%)
AH care minutes	198,399	99.3%	N.A.	N.A.	198,399 (100.0%)
Lifestyle officers care minutes	198,399	99.3%	N.A.	N.A.	198,399 (100.0%)

Notes:

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

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

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

B (*Coverage of estimated resident population in all RCH*) was calculated by dividing **A** (*Residents assessed for QI eligibility in included RCH*) by an estimate of the total RCH resident population for this quarter (199,882) residents—calculated by summing the total number of 'Occupied Bed Days' (OBD) for which an Australian Government residential aged care subsidy was claimed by all RCH and dividing by the number of days in the quarter).

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

N.A., not applicable.

Source: Department of Health, Disability and Ageing, QI and OBD data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Geographic characteristics

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

The QI data set was merged with home-level data from the National Aged Care Data Clearinghouse (NACDC) as at 30 June 2025 (the latest available) to bring the QI data together with the Modified Monash Model (MMM) 2019 remoteness classifications for the analysis presented in this report. This merge used as its linkage key the National Approved Provider System (NAPS) home identification number, the identifier used in the NACDC. In this step, 2,572 of the 2,575 included records matched with a home identified in the NACDC. Three records did not match with the NACDC home list but could be matched to MMM using the MMM 2019 list.

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

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

Coherence, inconsistencies, and outliers in calculated QIs

This data collection was conducted under the [National Aged Care Quality Indicator Program Manual](#), which has been in place since 31 October 2025. The QI Program Manual counts the number of residents meeting QI criteria and produces prevalence rates in the form of percentages. This value is calculated by dividing the number of eligible residents that meet the criteria to be counted for the QI by the total number of eligible residents assessed for that QI and then multiplying by 100.

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

The Department has implemented a QI Assurance Program that will review a proportion of QI data submissions against home source data on a quarterly basis. It will use both a targeted and random sampling approach of homes and resident data, to increase the reliability of future QI data submissions. These reviews will occur quarterly following public reporting and may result in resubmissions to correct data.

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

the QI. Rates of 100% and 0% monitored in this report is to identify any such data quality issues.

For QIs where higher percentages indicate poorer performance, 100% prevalence reporting was most common for workforce (0.7%) and restrictive practices (0.5%). This is expected for restrictive practices QI as some homes that have reported 100% for restrictive practices are specialist dementia or mental health services within a locked facility. Therefore, all residents in these homes would be assessed as using of a restrictive practice exclusively through the use of a secure area (as per the manual). For QIs where higher percentages indicate better performance, 100% prevalence reporting was most common for allied health recommended services received (42.8%) (Table S2). Some RCH reported zero residents meeting the criteria for individual QIs, which varied between QIs (Table S2).

Table S2. Selected RCH reporting characteristics in the QI Program, October to December 2025

QI	Number of RCH that reported 100% QI rate	Percentage of RCH that reported 100% QI rate	Number of RCH that reported 0% QI rate	Percentage of RCH that reported 0% QI rate
One or more pressure injuries	0	0.0%	256	9.9%
Restrictive practices	13	0.5%	310	12.0%
Unplanned weight loss – significant	0	0.0%	151	5.9%
Unplanned weight loss – consecutive	2	0.1%	150	5.8%
Falls – falls (total)	2	0.1%	3	0.1%
Falls – falls that resulted in major injury	0	0.0%	864	33.6%
Medication management – polypharmacy	2	0.1%	3	0.1%
Medication management – antipsychotics	9	0.3%	16	0.6%
Activities of daily living	0	0.0%	94	3.7%
Incontinence associated dermatitis	4	0.2%	692	26.9%
Hospitalisation – emergency department presentations	2	0.1%	107	4.2%
Hospitalisation – emergency department presentations or hospital admissions	3	0.1%	34	1.3%
Workforce	18	0.7%	590	22.9%
Consumer experience	379	14.7%	1	0.0%
Quality of life	180	7.0%	1	0.0%
Allied health recommended services received	1,101	42.8%	3	0.1%

Note: Percentages are calculated in relation to 2,575 RCH

Source: Department of Health, Disability and Ageing, QI data extracted 11 February 2026, published on <https://www.gen-agedcaredata.gov.au/>

Trend analysis

Regression model

Analysis to examine trends in QIs over time was conducted using a quasi-Poisson regression model. Poisson regression is commonly used to model counts and rates. With a traditional Poisson regression model, we would expect the conditional means and variances of the event counts to be about the same in various groups. To account for potential over-dispersion (e.g. where the variance is larger than the mean) in the data, a quasi-Poisson regression method as outlined in Formula 1 was used to examine the long-term trend in aggregated QIs over all quarters of available data, i.e. since Q1 (July to September) 2021-22

to the latest quarter Q2 (October to December) 2025-26. Quasi-Poisson regression fits an extra dispersion parameter to account for the extra variance. Models were fitted in R 4.2.2 using the `glm()` function with `family = "quasipoisson"`.

$$\log(Y_{ij}) = \log(n_{ij}) + \beta_0 + \beta_1 t_j$$

Formula 1. Quasi-Poisson regression model

Where:

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

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

Interpreting risk ratios

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

For example:

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

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

Count data used for trend analysis

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

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

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

References

Department of Health, Disability and Ageing (2025) [Modified Monash Model](#), Department of Health, Disability and Ageing website, Australian Government, accessed 2 April 2026.

Department of Health, Disability and Ageing (2025) [National Aged Care Quality Indicator Program Manual \(November 2025\)](#). Department of Health, Disability and Ageing, Australian Government, accessed 2 April 2026.