QIs Jul – Sep 2021

Residential Aged Care Quality Indicators—July to September 2021

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

- Pressure injuries
- Physical restraint
- Unplanned weight loss
- Falls and major injury
- Medication management

While the original QI Program counted occurrences of pressure injuries, unplanned weight loss and physical restraint devices (meaning that more than one pressure injury or physical restraint device could be counted for a single care recipient), the expanded QI Program from 1 July 2021 counts the number of care recipients meeting/not meeting QI criteria and produces prevalence rates in the form of percentages. This value is calculated by dividing the number of eligible care recipients that meet the criteria to be counted for the QI by the total number of eligible care recipients assessed and then multiplying by 100.

Not all care recipients are counted in each QI measurement. Care recipients may be excluded from QIs for various reasons, such as not consenting to being assessed or have their data collected (for applicable QIs), being absent from the service during the QI assessment period, or receiving end-of-life care. Consent is required from care recipients for the purposes of two QIs only: unplanned weight loss and pressure injuries. The reasons for other exclusions differ by QI and are detailed in the *National Aged Care Mandatory Quality Indicator Program Manual 2.0 - Part A* (QI Program Manual). The care recipients eligible to contribute to QI measurements are those in the total care recipient population who remain after subtracting ineligible care recipients (including those that do not provide consent).

Most QIs in this report are measured during specified assessment windows (e.g. physical restraint is assessed during a review of three days of records in the quarter). The results for some QIs may therefore not represent the occurrence of those events across other, non-assessed periods in the quarter. Further detail on each QI, including its rationale and measurement, can be found in the QI Program Manual. More information on the QI Program is available from the Department of Health.

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This quarterly report includes QI measurements from the first data collection conducted under the expanded QI Program (1 July to 30 September 2021) for 2,410 residential aged care services (RACS). These RACS are those that had received Australian Government subsidies for delivering care, services and accommodation in that period; had submitted QI data by the due date (21 October 2021); and had not amended these data by the date of QI data extraction (8 November 2021). This represented 89% of all RACS that received these government subsidies in the quarter. Further detail on the care recipient coverage of the QI Program in this quarter, including counts of care recipient measurements and exclusions for each QI, is presented in Table 1 of the Technical notes.

Quality indicator definitions

Quality Indicator 1: Pressure injuries

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

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

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

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

Quality Indicator 2: Physical restraint

Physical restraint refers to any practice or intervention that has the effect of restricting the rights or freedom of movement of a care recipient. This includes physical restraint, mechanical restraint, environmental restraint and seclusion and excludes chemical restraint.

It is a legal requirement for RACS to document all instances of physical restraint (see Part 4A of the Quality of Care Principles). For this QI in each quarter, three days of existing records for all eligible care recipients at a service are assessed for any instances of physical restraint. This indicator is therefore a measure of the use of physical restraint across the

three-day period only. This three-day period is selected and recorded by providers but must be varied each quarter and not known to the staff directly involved in care.

Physical restraints are still recorded even if a care recipient or their representative have provided consent for the use of the restraint.

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

Quality Indicator 3: Unplanned weight loss

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

This indicator includes two categories:

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

Quality Indicator 4: Falls and major injury

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

This indicator includes two categories:

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

Quality Indicator 5: Medication management

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

This indicator includes two categories:

- **Polypharmacy:** Eligible care recipients who were prescribed nine or more medications as at the collection date in the quarter.

- **Antipsychotics:** Eligible care recipients who received an antipsychotic medication during the seven-day assessment period in the quarter.

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

National data

Quality indicator data are presented below at a national level. The table presents data for all eligible care recipients aggregated across all 2,410 included RACS. The boxplot that follows presents data for all eligible care recipients aggregated at the service level. For further information on boxplots, see ‘Interpreting boxplots’ below.

Table 1: Pressure injuries in residential aged care, July to September 2021

Indicator category	Number of care recipients with one or more pressure injuries acquired outside the service	Total number of care recipients with one or more pressure injuries	Proportion of care recipients with one or more pressure injuries
One or more injuries	1,811	10,197	5.9%
Stage 1	629	4,423	2.6%
Stage 2	661	4,577	2.7%
Stage 3	216	823	0.5%
Stage 4	73	216	0.1%
Unstageable	167	626	0.4%
Suspected deep tissue	99	393	0.2%

Note: 171,575 eligible care recipients were assessed for pressure injuries at the 2,410 included RACS. The total number of care recipients with one or more pressure injuries includes pressure injuries acquired both inside and outside the service.

Source: GEN-agedcaredata.gov.au

Table 2: Physical restraint in residential aged care, July to September 2021

Indicator category	Number of care recipients physically restrained exclusively through the use of a secure area	Total number of care recipients restrained	Proportion of care recipients restrained
Physical restraint	29,158	38,914	23.0%

Note: 169,416 eligible care recipients were assessed for physical restraints at the 2,410 included RACS. The total number of care recipients physically restrained includes care recipients physically restrained exclusively through the use of a secure area and care recipients physically restrained not exclusively through the use of a secure area.

Source: GEN-agedcaredata.gov.au

Table 3: Unplanned weight loss in residential aged care, July to September 2021

Indicator category	Number of care recipients with unplanned weight loss	Proportion of care recipients with unplanned weight loss
Significant unplanned weight loss	12,512	8.4%
Consecutive unplanned weight loss	13,780	9.5%

Note: 149,165 eligible care recipients were assessed for significant unplanned weight loss and 145,065 eligible care recipients were assessed for consecutive unplanned weight loss at the 2,410 included RACS.

Source: GEN-agedcaredata.gov.au

Table 4: Falls and falls that resulted in major injury in residential aged care, July to September 2021

Indicator category	Number of care recipients with recorded falls	Proportion of care recipients with recorded falls
Falls (total)	57,599	31.9%
Falls that resulted in major injury	3,840	2.1%

Note: 180,483 eligible care recipients were assessed for falls and major injuries at the 2,410 included RACS. The total number of falls includes falls resulting in major injury and falls not resulting in major injury.

Source: GEN-agedcaredata.gov.au

Table 5: Medication management—polypharmacy in residential aged care, July to September 2021

Indicator category	Number of care recipients who were prescribed nine or more medications	Proportion of care recipients who were prescribed nine or more medications
Polypharmacy	69,555	41.0%

Note: 169,737 eligible care recipients were assessed for polypharmacy at the 2,410 included RACS.

Source: GEN-agedcaredata.gov.au

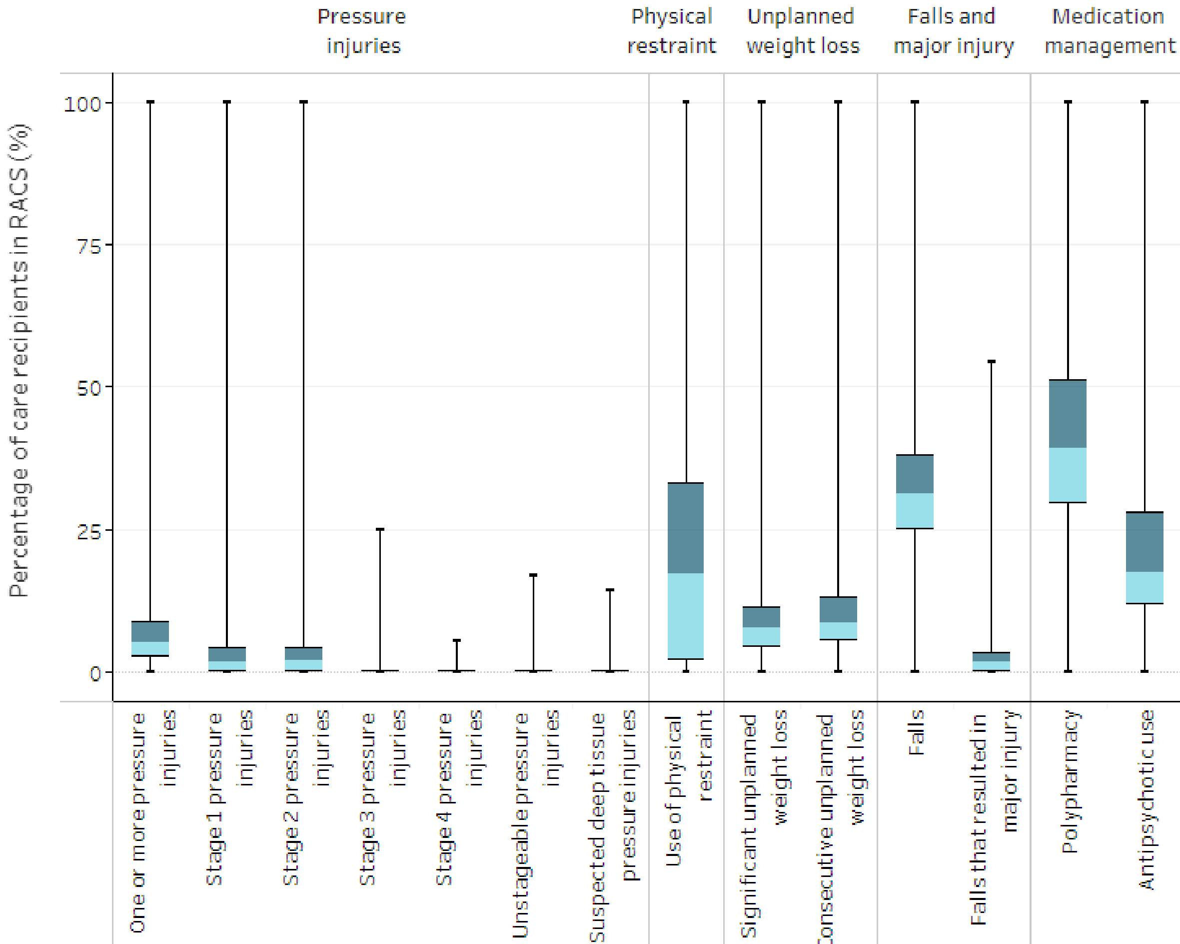
Table 6: Medication management—antipsychotics in residential aged care, July to September 2021

Indicator category	Number of care recipients who received an antipsychotic medication	Proportion of care recipients who received an antipsychotic medication
Use of antipsychotics (total)	36,310	21.6%
Antipsychotic use with diagnosed psychosis	19,557	11.6%

Note: 168,361 eligible care recipients were assessed for antipsychotic use at the 2,410 included RACS. The total use of antipsychotics includes care recipients who received an antipsychotic medication with diagnosed psychosis and care recipients who received an antipsychotic medication without diagnosed psychosis.

Source: GEN-agedcaredata.gov.au

Boxplot—percentage of care recipients reported by RACS as meeting criteria for quality indicators, July to September 2021



Note: The number of RACS reporting 100% QI prevalence rates was small and ranged from 0%–3.2% of the 2,410 RACS included in this report. These outlying values have not been removed prior to compiling the statistics presented in this report. See 'Technical notes' for more information on outliers and inconsistencies in calculated QIs.
GEN-agedcaredata.gov.au

Table 7: Percentage of care recipients reported by RACS as meeting criteria for quality indicators, July to September 2021

	Percentage of care recipients in RACS (%)				
Indicator	**Minimum**	**25th percentile**	**Median**	**75th percentile**	**Maximum**
One or more pressure injuries	0	2.5	5.1	8.5	100
Stage 1 presure injuries	0	0	1.7	4.0	100
Stage 2 pressure injuries	0	0	2.0	4.0	100
Stage 3 pressure injuries	0	0	0	0	25.0
Stage 4 pressure injuries	0	0	0	0	5.3
Unstageable pressure injuries	0	0	0	0	16.7
Suspected deep tissue pressure injuries	0	0	0	0	14.3
Use of physical restraint	0	2.0	17	33.0	100
Significant unplanned weight loss	0	4.3	7.7	11.1	100
Consecutive unplanned weight loss	0	5.2	8.6	12.9	100
Falls	0	25.0	31.3	37.8	100
Falls that resulted in major injury	0	0	1.5	3.0	54.6
Polypharmacy	0	29.6	39.3	51.1	100
Antipsychotic use	0	11.6	17.4	27.6	100

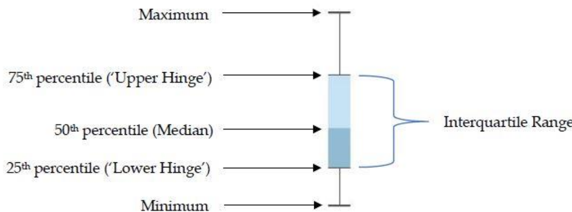
Note: The number of RACS reporting 100% QI prevalence rates was small and ranged from 0%–3.2% of the 2,410 RACS included in this report. These outlying values have not been removed prior to compiling the statistics presented in this report. See 'Technical notes' for more information on outliers and inconsistencies in calculated QIs.

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 RACS reported a rate lower than this, and conversely 75% of the RACS reported a QI rate higher than this. The median value represents the QI prevalence rate in the middle of the values reported in Australia.

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



Geographic variation

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

Table 8a: Pressure injuries in residential aged care, percentage of care recipients, by state and territory, July to September 2021

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
One or more injuries	5.8%	5.9%	6.0%	5.1%	6.8%	7.8%	6.1%	6.7%	5.9%
Stage 1	2.3%	2.4%	2.8%	2.4%	3.0%	4.5%	2.7%	2.9%	2.6%
Stage 2	2.7%	2.7%	2.7%	2.0%	3.2%	2.6%	2.3%	2.9%	2.7%
Stage 3	0.5%	0.4%	0.4%	0.5%	0.7%	0.5%	0.5%	0.7%	0.5%
Stage 4	0.1%	0.1%	0.1%	0.1%	0.1%	0.3%	0.1%	0.2%	0.1%
Unstageable	0.3%	0.4%	0.4%	0.3%	0.5%	0.3%	0.6%	0.2%	0.4%
Suspected deep tissue	0.3%	0.2%	0.2%	0.2%	0.3%	0.2%	0.4%	0.5%	0.2%

Note: This table presents aggregate data for eligible care recipients at the 2,410 included RACS by state and territory. It includes data for pressure injuries acquired both inside and outside the service.

Source: GEN-agedcaredata.gov.au

Table 8b: Pressure injuries in residential aged care acquired outside the service, percentage of care recipients, by state and territory, July to September 2021

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
One or more injuries	1.0%	1.2%	1.0%	0.8%	1.2%	1.3%	1.3%	1.7%	1.1%
Stage 1	0.3%	0.3%	0.4%	0.4%	0.4%	0.6%	0.4%	0.2%	0.4%
Stage 2	0.4%	0.4%	0.4%	0.3%	0.4%	0.4%	0.4%	1.2%	0.4%
Stage 3	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.3%	0.2%	0.1%
Stage 4	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.2%	0.0%
Unstageable	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.2%	0.0%	0.1%
Suspected deep tissue	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%

Note: This table presents aggregate data for eligible care recipients at the 2,410 included RACS by state and territory.

Source: GEN-agedcaredata.gov.au

Table 9: Use of physical restraint in residential aged care, percentage of care recipients, by state and territory, July to September 2021

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Physical restraint (total)	22.4%	20.2%	27.4%	27.4%	21.3%	16.5%	15.5%	22.0%	23.0%
Physical restraint exclusively through the use of a secure area	17.1%	17.2%	16.2%	22.1%	18.0%	11.4%	10.9%	11.2%	17.2%

Note: This table presents aggregate data for eligible care recipients at the 2,410 included RACS by state and territory. The total number of care recipients physically restrained includes care recipients physically restrained exclusively through the use of a secure area and care recipients physically restrained not exclusively through the use of a secure area.

Source: GEN-agedcaredata.gov.au

Table 10: Unplanned weight loss in residential aged care, percentage of care recipients, by state and territory, July to September 2021

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Significant unplanned weight loss	8.5%	7.6%	8.8%	9.1%	8.0%	9.3%	8.3%	11.2%	8.4%
Consecutive unplanned weight loss	9.1%	10.5%	9.2%	8.6%	9.9%	8.6%	9.1%	10.7%	9.5%

Note: This table presents aggregate data for eligible care recipients at the 2,410 included RACS by state and territory.

Source: GEN-agedcaredata.gov.au

Table 11: Falls and falls that resulted in major injury in residential aged care, percentage of care recipients, by state and territory, July to September 2021

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Falls (total)	30.7%	30.7%	32.8%	35.4%	35.8%	31.0%	29.0%	19.2%	31.9%
Falls that resulted in major injury	2.0%	2.0%	2.5%	2.2%	2.1%	2.1%	2.0%	0.9%	2.1%

Note: This table presents aggregate data for eligible care recipients at the 2,410 included RACS by state and territory. The total number of falls includes falls resulting in major injury and falls not resulting in major injury.

Source: GEN-agedcaredata.gov.au

Table 12: Medication management in residential aged care, percentage of care recipients, by state and territory, July to September 2021

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Polypharmacy	43.0%	40.2%	38.6%	48.0%	37.1%	34.5%	44.0%	25.3%	41.0%
Antipsychotics (total)	20.2%	25.0%	19.3%	25.7%	20.3%	18.1%	18.3%	15.3%	21.6%
Antipsychotics with diagnosed psychosis	11.0%	13.7%	10.8%	11.8%	11.4%	8.2%	7.2%	4.8%	11.6%

Note: This table presents aggregate data for eligible care recipients at the 2,410 included RACS by state and territory. The total use of antipsychotics includes care recipients who received an antipsychotic medication with diagnosed psychosis and care recipients who received an antipsychotic medication without diagnosed psychosis.

Source: GEN-agedcaredata.gov.au

Table 13a: Pressure injuries in residential aged care, percentage of care recipients, by remoteness, July to September 2021

Indicator category	Metropolitan and regional centres MM1–MM2	Rural and remote MM3–MM7	Aust
One or more injuries	5.7%	6.8%	5.9%
Stage 1	2.4%	3.3%	2.6%
Stage 2	2.6%	2.9%	2.7%
Stage 3	0.5%	0.5%	0.5%
Stage 4	0.1%	0.1%	0.1%
Unstageable	0.4%	0.3%	0.4%
Suspected deep tissue	0.2%	0.2%	0.2%

Note: This table presents aggregate data for eligible care recipients at the 2,410 included RACS by Modified Monash Model (2019) classifications. It includes data for pressure injuries acquired both inside and outside the service.

Source: GEN-agedcaredata.gov.au

Table 13b: Pressure injuries in residential aged care acquired outside the service, percentage of care recipients, by remoteness, July to September 2021

Indicator category	Metropolitan and regional centres MM1–MM2	Rural and remote MM3–MM7	Aust
One or more injuries	1.0%	1.3%	1.1%
Stage 1	0.3%	0.5%	0.4%
Stage 2	0.4%	0.4%	0.4%
Stage 3	0.1%	0.1%	0.1%
Stage 4	0.0%	0.1%	0.0%
Unstageable	0.1%	0.1%	0.1%
Suspected deep tissue	0.1%	0.0%	0.1%

Note: This table presents aggregate data for eligible care recipients at the 2,410 included RACS by Modified Monash Model (2019) classifications.

Source: GEN-agedcaredata.gov.au

Table 14: Use of physical restraint in residential aged care, percentage of care recipients, by remoteness, July to September 2021

Indicator category	Metropolitan and regional centres MM1–MM2	Rural and remote MM3–MM7	Aust
Physical restraint (total)	22.9%	23.2%	23.0%
Physical restraint exclusively through the use of a secure area	17.4%	16.3%	17.2%

Note: This table presents aggregate data for eligible care recipients at the 2,410 included RACS by Modified Monash Model (2019) classifications. The total number of care recipients physically restrained includes care recipients physically restrained exclusively through the use of a secure area and care recipients physically restrained not exclusively through the use of a secure area.

Source: GEN-agedcaredata.gov.au

Table 15: Unplanned weight loss in residential aged care, percentage of care recipients, by remoteness, July to September 2021

Indicator category	Metropolitan and regional centres MM1–MM2	Rural and remote MM3–MM7	Aust
Significant unplanned weight loss	8.5%	7.9%	8.4%
Consecutive unplanned weight loss	9.7%	8.9%	9.5%

Note: This table presents aggregate data for eligible care recipients at the 2,410 included RACS by Modified Monash Model (2019) classifications.

Source: GEN-agedcaredata.gov.au

Table 16: Falls and falls that resulted in major injury in residential aged care, percentage of care recipients, by remoteness, July to September 2021

Indicator category	Metropolitan and regional centres MM1–MM2	Rural and remote MM3–MM7	Aust
Falls (total)	31.9%	31.9%	31.9%
Falls that resulted in major injury	2.2%	2.0%	2.1%

Note: This table presents aggregate data for eligible care recipients at the 2,410 included RACS by Modified Monash Model (2019) classifications. The total number of falls includes falls resulting in major injury and falls not resulting in major injury.

Source: GEN-agedcaredata.gov.au

Table 17: Medication management in residential aged care, percentage of care recipients, by remoteness, July to September 2021

Indicator category	Metropolitan and regional centres MM1–MM2	Rural and remote MM3–MM7	Aust
Polypharmacy	41.1%	40.6%	41.0%
Antipsychotics (total)	21.0%	23.8%	21.6%
Antipsychotics with diagnosed psychosis	11.5%	12.0%	11.6%

Note: This table presents aggregate data for eligible care recipients at the 2,410 included RACS by Modified Monash Model (2019) classifications. The total use of antipsychotics includes care recipients who received an antipsychotic medication with diagnosed psychosis and care recipients who received an antipsychotic medication without diagnosed psychosis.

Source: GEN-agedcaredata.gov.au

Technical notes

National Aged Care Mandatory Quality Indicator Program: 1 July to 30 September 2021.

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

The QI Program collects QI data from 'eligible care recipients' only, meaning that QI events or outcomes experienced by care recipients who met exclusion criteria for QI measurement are not included in the statistics presented in this report. These exclusion criteria are further detailed in the *National Aged Care Mandatory Quality Indicator Program Manual 2.0* (the Manual).

Note that collection of QIs in this period was undertaken in the context of the ongoing COVID-19 pandemic in Australia.

Data collection and transmission to AIHW

In accordance with the the Manual from 1 July 2021, all Australian Government-subsidised residential aged care providers are required to collect specified data at the service level and submit these via the My Aged Care Provider Portal to the Department of Health (the Department). With the prior agreement of the Department, services can submit data through a commercial benchmarking company. The QI raw data are required by the 21st day of the month after the end of each quarter.

Since 1 October 2020 the AIHW has been contracted by the Aged Care Quality and Safety Commission for the provision of computation and reporting services for the QI Program—formerly this relationship was with the Department of Health, who continue to provide the QI data to the AIHW. QI raw data for the quarter 1 July to 30 September 2021 were provided to the AIHW on 8 November 2021 by secure data transfer from the Department.

Numerator data and QI interpretation

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

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

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

Denominator data and QI construction

In accordance with the Manual, the total number of care recipients meeting the criteria to be counted for the QI is divided by the total number of care recipients assessed at the service who do not meet exclusion criteria (referred to throughout this report as 'eligible care recipients') and multiplied by 100 to construct each QI category.

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

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

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

Consolidating QI raw data

For the July to September 2021 quarter, 1 duplicate QI record was found and removed.

Service response and care recipient coverage

The QI raw data were extracted by the Department on 8 November 2021. On that day, 2,411 (89%) records had a ‘Submitted’ submission status, 87 (3%) records were ‘Updated after due date’, 57 (2%) records were ‘In progress’, 36 (1%) records were ‘Not started’, and 116 (4%) records had a blank submission status. Therefore, 2,498 (92%) of RACS had complied with the requirement to lodge QI data by the due date (‘Submitted’ and ‘Updated after due date’).

The RACS analysed in this quarterly report include only those with a ‘Submitted’ status, 1 of which was further excluded due to having not received Australian Government subsidies for delivering care, services and accommodation. The remaining 2,410 RACS had received these subsidies.

The 2,410 records with QI data available for national QI analysis represent 89% of the 2,701 RACS for which subsidy claims data had been provided for the quarter. Of the included 2,410 RACS, 2,354 (98%) submitted QI data for all QIs. Of the 56 RACS that did not submit data for all QIs, 50 (89%) submitted data for 4 of 5 QIs.

Table 1: Care recipient coverage and exclusions in the RACS QI Program, July to September 2021

Quality indicator	Estimated care recipient coverage in QI Program		Exclusions and measurements of care recipients in QI Program		
	Care recipients assessed for QI eligibility (A)	**Coverage of estimated care recipient population (B)**	**Care recipients excluded due to not providing consent (C)**	**Care recipients excluded due to ineligibility (D)**	**Care recipients eligible for QI measurement (E)**
Pressure injuries	174,065	91.7%	1,901 (1.1%)	589 (0.3%)	171,575 (98.6%)
Physical restraint	170,751	89.9%	N.A.	1,335 (0.8%)	169,416 (99.2%)
Unplanned weight loss—significant	178,129	93.8%	2,961 (1.7%)	26,003 (14.6%)	149,165 (83.7%)
Unplanned weight loss—consecutive	176,377	92.9%	3,633 (2.1%)	27,679 (15.7%)	145,065 (82.2%)
Falls and major injury	181,412	95.6%	N.A.	929 (0.5%)	180,483 (99.5%)
Medication management—polypharmacy	170,869	90.0%	N.A.	1,132 (0.7%)	169,737 (99.3%)
Medication management—Antipsychotics	169,208	89.1%	N.A.	847 (0.5%)	168,361 (99.5%)

Notes:

Reasons for ineligibility for measurement differ by QI and are detailed in the QI Program Manual.

A (*Care recipients assessed for inclusion*) was calculated as the sum of **C** (*Care recipients excluded due to not providing consent*), **D** (*Care recipients excluded due to ineligibility*) and **E** (*Care recipients eligible for QI measurement*).

B (*Coverage of estimated care recipient population*) was calculated by dividing **A** (*Care recipients assessed for inclusion*) by an estimate of the total RACS care recipient population (189,848 care recipients—calculated by summing the total number of 'Occupied Bed Days' for which an Australian Government residential aged care subsidy was claimed by these RACS and dividing by the number of days in the quarter). The number of care recipients assessed for QI eligibility is higher than these figures when RACS with a submission status other than 'Submitted' are also included.

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

N.A., not applicable.

Service-level data from the National Aged Care Data Clearinghouse

The QI data set was merged with service-level data from the National Aged Care Data Clearinghouse (NACDC) as at 30 June 2021 (the latest available) to bring the QI data together with Modified Monash Model (2019) remoteness classifications for analysis presented in this report. This merge used as its linkage key the National Approved Provider System (NAPS) service identification number, the identifier used in the NACDC. In this step, 3 of the 2,410 records failed to match with a service identified in the NACDC. Remoteness category information was therefore manually added for these 3 RACS through matching the service suburb and postcode with the corresponding Modified Monash Model (2019) classification in a Department of Health data file.

Geographic characteristics

Two separate disaggregations are reported for the location of RACS—state/territory and remoteness. State/territory was taken from location address information reported on the QI data file and reflects standard sub-national administrative areas. Remoteness was based on the Modified Monash Model (MMM) 2019 collapsed into 2 categories—Metropolitan and

Regional Centres, and a category combining Inner Regional, Outer Regional, Remote and Very Remote regions, and was obtained predominantly from NACDC data.

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

Outliers and inconsistencies in calculated QIs

This is the first data collection conducted under the *National Aged Care Mandatory Quality Indicator Program Manual 2.0.* RACS' familiarity with and adherence to the Manual is expected to improve over time.

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

The AIHW has noted in previous QI data reports that it has no firm basis for determining that an apparent 'outlier' in the distribution of QIs across RACS represents an incorrect data point. Therefore, no data cleaning is undertaken by AIHW prior to compiling the figures in this report.

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

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

Some services appeared to have only assessed and counted care recipients who met the criteria for that particular indicator, without accounting for those who were assessed but did not meet the criteria. For example, when assessing care recipients for the medication management (antipsychotics) QI, some services only accounted for those who received an antipsychotic medication, without accounting for those who did not receive an antipsychotic medication. Services may have recorded 35 care recipients assessed as meeting the criteria for the antipsychotics indicator out of 35 care recipients assessed (or 100%), rather than 35 care recipients assessed as meeting the criteria out of 167 assessed, 132 of whom were found not to meet the criteria (or 21%). This type of error means that QI percentages are overestimated for some RACS.

The number of 100% prevalence rate reporting was highest for physical restraints (Table 2). In contrast, zero reporting (i.e. a RACS reporting counts of zero for all QI measurements) was present in 1–2% of RACS in 2020–21 but was not observed in the data used to compile this quarterly report. Some RACS reported zero care recipients meeting criteria for individual QIs, which varied between QIs substantially (Table 2).

Table 2. Selected RACS reporting characteristics in the Mandatory QI Program, July to September 2021

Quality indicator	Number of RACS that reported 100% QI rate	Percentage of RACS that reported 100% QI rate	Number of RACS that reported 0% QI rate	Percentage of RACS that reported 0% QI rate
One or more pressure injuries	8	0.3%	289	12.0%
Physical restraint	77	3.2%	514	21.3%
Significant unplanned weight loss	15	0.6%	217	9.0%
Consecutive unplanned weight loss	31	1.3%	200	8.3%
Falls	22	0.9%	7	0.3%
Falls that resulted in major injury	0	0.0%	843	35.0%
Polypharmacy	41	1.7%	6	0.2%
Antipsychotics	56	2.3%	39	1.6%

Conclusion

This is the first data collection conducted under the *National Aged Care Mandatory Quality Indicator Program Manual 2.0* and the AIHW's first quarterly report on the expanded QI Program.

The AIHW's last quarterly report on the original QI Program (April to June 2021) included 96% of RACS that received Australian Government subsidies for delivering care, services and accommodation. In comparison, 89% of eligible RACS were included in this quarterly report (July to September 2021). However, different criteria are now applied to determine RACS inclusion (previously all RACS were eligible for inclusion regardless of the submission status of their QI data), and submission rates are expected to increase in the coming quarters as services become better acquainted with the new reporting requirements and template.

Similarly, while the AIHW observed some reporting abnormalities in the QI data for this quarter, other abnormalities observed in previous QI reporting were no longer present. For example, zero reporting here was completely absent. Overall, RACS familiarity with and adherence to the Manual is expected to improve, meaning that comparisons of QIs over time may in part reflect differences in evolving processes of data collection instead of changing care practices.

The change to reporting QIs from counts of QI events (which often occur multiple times in the same care recipient) to counts of care recipients meeting QI criteria appears to provide more transparent information on RACS QIs.

References

Department of Health 2021. Modified Monash Model – fact sheet. Canberra: Department of Health.

https://www.health.gov.au/resources/publications/modified-monash-model-fact-sheet

Department of Health 2021. National Aged Care Mandatory Quality Indicator Program Manual 2.0. Canberra: Department of Health. https://www.health.gov.au/resources/publications/national-aged-care-mandatory-quality-indicator-program-manual

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