



Australian Government
Australian Institute of
Health and Welfare

GEN
AGED CARE DATA

Residential Aged Care Quality Indicators—Annual Report

2020–21

Compiled from mandatory reporting by residential aged care services,
covering the period 1 July 2020 to 30 June 2021

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Australian Institute of Health and Welfare
Canberra

The Australian Institute of Health and Welfare is a major national agency whose purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Please note that there is the potential for minor revisions of data in this report.

Please check the online version at <www.aihw.gov.au> for any amendments.

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1 National Aged Care Mandatory Quality Indicator Program

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 residential aged care services (RACS).

The *Aged Care Legislation Amendment (Quality Indicator Program) Principles 2019*, which provided legislative authority for the QI Program, stated its objectives as:

- to give consumers transparent information about quality in aged care to aid decision making and
- for providers to have robust, valid data to measure and monitor their performance and support continuous quality improvement.

The major current focus for the QI Program is, over time, to provide an evidence base that can be used to improve the quality of services provided to care recipients.

Changes occurred to the QI Program from 1 July 2021, although these do not impact data reported in this Annual Report. For more information on these changes, refer to Section 3 – Changes to the QI Program.

QI Program administrative arrangements

The QI Program collects quality indicator (QI) data from RACS every 3 months. All Australian Government-subsidised RACS 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. Quality indicator raw data for each quarter are required to be submitted by the 21st day of the month after the end of that quarter.

Detailed requirements for participation in the QI Program prior to 1 July 2021 are set out in the [National Aged Care Mandatory Quality Indicator Program Manual 1.0](#) (Department of Health 2019). Further information about the QI Program from 1 July 2021 is available from the [Department of Health](#).

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.

Quarterly reports have been released on the AIHW [GEN aged care data](#) from December 2019 onwards.

About this report

This Annual Report provides descriptive material about the QIs (in this Section), insights into data completeness and data quality (Section 2), and an outline of QI Program developments (Section 3). This report uses recompiled QI data for the four quarters of 2020-21, including source data that were not complete when compilations were first made to meet quarterly reporting timetables (in published quarterly reports on GEN). Updated results for each QI and quarter, compiled from a combination of data provided by the Department for quarterly

QI reporting and a new data extract provided on 18 October 2021, are presented in Appendix A. Technical Notes are in Appendix B.

In relation to data quality issues, the AIHW has advised consistently in quarterly reporting that it is not able to verify the quality of the QI raw data. The data were supplied directly by service providers as aggregated data, using specifications in the *National Aged Care Mandatory Quality Indicator Program Manual 1.0*.

The indicators

Quality indicators measure aspects of service provision that contribute to the quality of care given by RACS. Between 1 July 2019 and 30 June 2021, the QI Program required RACS to collect and report on 3 QIs:

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

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

The rate for each of the QIs is a rate per 1000 occupied bed days (OBD). The OBD refers to the number of days in care (i.e. care recipient days) in which an Australian Government subsidy was claimed.

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

Quality Indicator 1: Pressure Injuries

A pressure injury is a localised injury to the skin or underlying tissue due to pressure or friction. Pressure injuries are potentially life threatening, decrease the care recipient’s quality of life, and are expensive to manage.

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

For pressure injuries, the QI Program includes 6 indicator categories:

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

Quality Indicator 2: Use of physical restraint

Physical restraint refers to any practice, device or action that restricts a care recipient's ability to move freely or make decisions. Physical restraint does not include chemical restraints or prescribed medication.

The use of physical restraint is assessed in the morning, afternoon and night on 3 different days each quarter – i.e. counts are aggregated across 9 observational assessments during the quarter. Assessments are not announced in advance to staff or care recipients. For specified physical restraint devices, the number in use is counted, whether the devices are being used to intentionally restrain a care recipient or not.

For use of physical restraint, the QI Program includes 2 indicator categories:

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

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.

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

For unplanned weight loss, the QI Program includes 2 indicator categories:

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

2 Data quality—service response and care recipient coverage

The AIHW is not the primary collector of the data and observations about data quality are based on AIHW's analysis of data as submitted by RACS to the Department. Data are supplied directly by service providers as aggregated data, using specifications in the *National Aged Care Mandatory Quality Indicator Program Manual 1.0*.

Data quality issues identified by the AIHW in this report include the reporting of zero values for all QIs by a small number of RACS in 2020-21 (<2%; Table 2.1), which could suggest non-reporting. Extreme upper-level outliers were also observed in some indicator counts, but these were less prevalent in 2020-21 than in 2019-20 for some indicators (e.g. unplanned weight loss and use of physical restraint). While the AIHW is not able to verify the accuracy of QI raw data, the data appear suitable for reporting at aggregate levels.

The AIHW continues to conduct analysis to identify the most extreme upper-level outliers along the service size continuum, the extent of zero reporting and any apparent internal inconsistencies in reporting. Feedback provided back to the Department to date has contributed to a better understanding of the quality of reporting and can inform strategies for improving data quality over time.

The following material focuses on RACS response levels and the coverage of their care recipient populations.

The data in this report may be different from QI Program quarterly reports published by the AIHW for the four quarters of 2020-21. The quarterly reports were based on data from between 95% and 96% of RACS—those that submitted by the 21st day of the month following the end of each quarter. Data from other RACS, received by the Department after the Mandatory QI Program submission due date and included in the new data extract provided on 18 October 2021, have enabled this Annual Report to be compiled from slightly more complete responses. Table 2.1 shows submission rates for RACS over the financial year.

For consistency with AIHW's quarterly reporting, services that did not provide data for any of the QIs did not qualify as a submitting RACS and were excluded from the subsequent statistics and compilation of QI data. Note that in preparing this 2020-21 Annual Report the AIHW identified a methodological inconsistency in the 2019-20 Annual Report, whereby RACS without any QI data (numerator) continued to contribute OBD data (denominator) in the calculation of QI rates. At the national level, the QI rates in this 2020-21 Annual Report are comparable to the rates published in the 2019-20 Annual Report. However, the QI rates reported by state and territory in the 2020-21 Annual Report are not comparable to the 2019-20 Annual Report and comparisons between the two should not be made. An amended 2019-20 Annual Report is planned for release in early 2022.

Table 2.1: Number and proportion of RACS submitting QI Program data, quarters 1 to 4 of Mandatory QI Program

	Quarter 1 July–Sept 2020	Quarter 2 Oct–Dec 2020	Quarter 3 Jan–Mar 2021	Quarter 4 Apr–Jun 2021
Number of RACS submitting QI data	2,617	2,621	2,610	2,613
Number of RACS submitting OBD claims	2,722	2,724	2,721	2,710
Proportion of RACS submitting QI data (%)	96.1	96.2	95.9	96.4
Number of RACS reporting zero values for all QIs	49	47	42	41
Proportion of RACS reporting zero values for all QIs (%)	1.9	1.8	1.6	1.6

Source: GEN-agedcaredata.gov.au

Of the submitting RACS, not all submitted data against all 3 QIs. Table 2.2 shows the number whose submitted data was missing for individual QIs.

Table 2.2: Number (and proportion) of included RACS without data available on individual QIs, quarters 1 to 4 of Mandatory QI Program

RACS that did not submit QI data for:	Quarter 1 July–Sept 2020	Quarter 2 Oct–Dec 2020	Quarter 3 Jan–Mar 2021	Quarter 4 Apr–Jun 2021
Pressure injury	57 (2.2%)	57 (2.2%)	55 (2.1%)	48 (1.8%)
Physical restraint	32 (1.2%)	32 (1.2%)	25 (1.0%)	14 (0.5%)
Unplanned weight loss	10 (0.4%)	12 (0.5%)	10 (0.4%)	20 (0.8%)

Source: GEN-agedcaredata.gov.au

From available information on the number of care recipients assessed for pressure injuries or monitored for weight loss, the overall proportional coverage of care recipients for these indicators is shown in Table 2.3. It should be noted that interpretation of this table requires some understanding of exclusions specified for some care recipients, such as, for unplanned weight loss, those in respite care or receiving end-of-life palliative care, and others as set out in the QI Program Manual (Department of Health 2019). Similar calculations are not possible for the physical restraint QI, for which the number of care recipients assessed at each RACS is not required to be submitted.

Table 2.3: Proportion of estimated care recipient population* assessed for pressure injury and monitored for unplanned weight loss, quarters 1 to 4 of Mandatory QI Program

	Quarter 1 July–Sept 2020	Quarter 2 Oct–Dec 2020	Quarter 3 Jan–Mar 2021	Quarter 4 Apr–Jun 2021
Assessed for pressure injury (%)	96.5	97.2	97.6	97.0
Monitored for significant unplanned weight loss (%)	88.5	88.8	90.9	87.9
Monitored for consecutive unplanned weight loss (%)	86.8	86.9	88.2	86.1

* Denominator calculated from the number of care recipient days for which an Australian Government residential aged care subsidy was claimed by responding RACS.

Source: GEN-agedcaredata.gov.au

Geographic variation

Disaggregation of quality indicators by state/territory and by remoteness categories, shown in Appendix A, 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 residents' care needs at the service level (casemix) nor how this interacts with other features known to vary across geographical areas: such as socioeconomic status, service size, or interaction with healthcare services such as hospitals and palliative care services.

3 Changes to the QI Program

New and revised quality indicators

New QIs related to medication management and falls and major injuries were developed as part of the 2019-20 Budget Measure More Choices for a Longer Life. As part of this budget measure, an evidence-based review of the current QI measures was undertaken with consultation from the aged care sector, expert committees, alongside review of national and international literature.

This led to the development of new and revised QIs. The [National Aged Care Mandatory Quality Indicator Program Manual 2.0](#) was introduced on 1 July 2021, resulting in QIs calculated as the proportion of eligible care recipients within a RACS that were recorded as meeting the criteria for each QI-related outcome. QIs from 1 July 2021 will now be derived using the following formula:

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

In the QI Program from 1 July 2021, consent is required from care recipients to measure two QIs only: unplanned weight loss and pressure injuries. In addition, although amendments to the Restraints Principles that occurred on 1 July 2021 are not relevant to this Annual Report, differences may exist in the definitions of physical restraint in the QI Program before and after 1 July 2021 given legislative changes.

More information about the QI Program is available from the [Department of Health](#), where there is a description of the 2 additional QIs and of revisions to current QIs that were implemented from 1 July 2021 (these are outlined in Table 3.1). Specifications for the new QI reports are set out in the [National Aged Care Mandatory Quality Indicator Program Manual 2.0](#) (July 2021).

All future AIHW reporting on the QI Program will feature new QI data and an updated report format beginning in the next quarterly report (QI data collected July to September 2021).

Table 3.1: New and revised QIs in the QI Program from 1 July 2021

Quality indicator	Categories
Pressure injuries	Percentage of care recipients with pressure injuries, reported against 6 pressure injury stages
Use of physical restraint	Percentage of care recipients who were physically restrained
Unplanned weight loss	Percentage of care recipients who experienced significant unplanned weight loss (5% or more) Percentage of care recipients who experienced consecutive unplanned weight loss
Falls and major injury	Percentage of care recipients who experienced one or more falls Percentage of care recipients who experienced one or more falls resulting in major injury
Medication management	Percentage of care recipients who were prescribed 9 or more medications Percentage of care recipients who received antipsychotic medications

Alternative indicators of unplanned weight loss

Each indicator under the *National Aged Care Mandatory Quality Indicator Program Manual 1.0* (Department of Health 2019) is constructed by dividing the aggregated count – of pressure injuries, restraints or care recipients – by the number of care recipient days for which an Australian Government subsidy was claimed, and multiplying the result by 1,000.

This specification has been followed by the AIHW in its compilation of QIs for release in quarterly reports for periods between 1 July 2019 and 30 June 2021 and in the tables in Appendix A of this report.

For data submitted under the QI Program between 1 July 2019 and 30 June 2021, compilation of prevalence indicators under the new *National Aged Care Mandatory Quality Indicator Program Manual 2.0* is only possible for unplanned weight loss. Table 3.2 presents prevalence indicators calculated from numbers of care recipients observed to have experienced unplanned weight loss and, as denominators, counts of care recipients reported as monitored for unplanned weight loss in each of the QIs two categories – significant and consecutive unplanned weight loss.

Table 3.2: RACS unplanned weight loss, number of care recipients and estimated prevalence, quarters 1 to 4 of Mandatory QI Program

Unplanned weight loss observed and monitored, and prevalence ratio	Quarter 1 July–Sept 2020	Quarter 2 Oct–Dec 2020	Quarter 3 Jan–Mar 2021	Quarter 4 Apr–Jun 2021
<i>Significant unplanned weight loss:</i>				
Care recipients observed	14,016	15,040	14,573	13,191
Care recipients monitored	161,449	162,094	166,853	162,993
Estimated prevalence of significant unplanned weight loss (%)	8.7	9.3	8.7	8.1
<i>Consecutive unplanned weight loss:</i>				
Care recipients observed	13,567	15,350	14,554	12,784
Care recipients monitored	158,426	158,612	161,865	159,693
Estimated prevalence of consecutive unplanned weight loss (%)	8.6	9.7	9.0	8.0

Source: GEN-agedcaredata.gov.au

Alternative (prevalence) indicators cannot be calculated from submitted data for pressure injuries or physical restraints. For pressure injuries, numerator data are counts of injuries, rather than of persons with injuries, and for physical restraint, the count is of number of physical restraints, rather than care recipients. In each of these cases, multiple counts can relate to a single care recipient. Additionally, the number of care recipients observed for pressure injuries or physical restraint—which would be needed to construct a denominator for indicator compilation—is not required to be reported by RACS under the *National Aged Care Mandatory Quality Indicator Program Manual 1.0*.

Appendix A: Recompiled QI for 2020–21

This Appendix presents a recompilation of tables previously released in quarterly Residential Aged Care Quality Indicator reports on the [GEN aged care website](#) for the period 1 July 2020 to 30 June 2021.

Between the dates on which original data were extracted by the Department for quarterly QI Program reporting and 18 October 2021, when a later extract was supplied to update these data for this Annual Report, the number of RACS with QI data available increased by 1.5% for quarter 1 (38 more services), 0.5% for quarter 2 (13 more services), 1% in Quarter 3 (25 more services), and less than 1% in Quarter 4 (2 more services). Subsequently, the number of OBD claims used to compile the updated QI results increased by 1.5% for quarter 1, 0.5% in quarter 2, 1% in quarter 3, and 0.2% in quarter 4.

Quality Indicator 1: Pressure Injuries

Table A1.1: Pressure injuries in residential aged care, quarters 1 to 4 of Mandatory QI Program

Reference period	Quarter 1 July–Sep 2020		Quarter 2 Oct–Dec 2020		Quarter 3 Jan–Mar 2021		Quarter 4 Apr–Jun 2021	
Indicator category	No. of pressure injuries	Number per 1,000 care days*	No. of pressure injuries	Number per 1,000 care days*	No. of pressure injuries	Number per 1,000 care days*	No. of pressure injuries	Number per 1,000 care days*
Stage 1	5,074	0.30	4,823	0.29	4,672	0.28	5,066	0.30
Stage 2	5,083	0.30	5,091	0.30	5,107	0.31	5,217	0.31
Stage 3	794	0.05	795	0.05	799	0.05	769	0.05
Stage 4	229	0.01	244	0.01	227	0.01	208	0.01
Unstageable	612	0.04	570	0.03	616	0.04	700	0.04
Suspected deep tissue injury	384	0.02	403	0.02	317	0.02	425	0.03
Total	12,176	0.72	11,926	0.71	11,738	0.71	12,385	0.73

* care recipient days for which an Australian Government subsidy was claimed.

Source: GENagedcaredata.gov.au

Table A1.2: Pressure injuries in residential age care, number per 1,000 care days*, by state and territory, July to September 2020

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Stage 1	0.28	0.28	0.33	0.30	0.33	0.46	0.46	0.46
Stage 2	0.30	0.29	0.31	0.25	0.33	0.32	0.40	0.46
Stage 3	0.04	0.05	0.04	0.05	0.06	0.08	0.06	0.04
Stage 4	0.02	0.01	0.01	0.01	0.02	0.02	0.01	0.00
Unstageable	0.04	0.04	0.04	0.04	0.04	0.01	0.05	0.00
Suspected deep tissue injury	0.03	0.02	0.02	0.03	0.02	0.02	0.02	0.04
Total	0.69	0.69	0.75	0.68	0.79	0.90	0.99	1.02

* care recipient days for which an Australian Government subsidy was claimed.

Source: GENagedcaredata.gov.au

Table A1.3: Pressure injuries in residential age care, number per 1,000 care days*, by state and territory, October to December 2020

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Stage 1	0.27	0.25	0.29	0.33	0.33	0.35	0.38	0.39
Stage 2	0.31	0.30	0.28	0.26	0.37	0.27	0.29	0.26
Stage 3	0.04	0.05	0.04	0.05	0.06	0.06	0.02	0.04
Stage 4	0.02	0.01	0.01	0.01	0.01	0.01	0.00	0.04
Unstageable	0.03	0.03	0.03	0.05	0.04	0.04	0.07	0.02
Suspected deep tissue injury	0.03	0.02	0.03	0.03	0.02	0.03	0.03	0.04
Total	0.70	0.67	0.68	0.73	0.83	0.76	0.81	0.81

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A1.4: Pressure injuries in residential age care, number per 1,000 care days*, by state and territory, January to March 2021

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Stage 1	0.25	0.26	0.31	0.28	0.34	0.35	0.46	0.39
Stage 2	0.30	0.31	0.30	0.24	0.38	0.30	0.35	0.66
Stage 3	0.05	0.05	0.04	0.05	0.06	0.08	0.04	0.02
Stage 4	0.02	0.01	0.01	0.01	0.01	0.01	0.01	0.05
Unstageable	0.03	0.04	0.03	0.05	0.05	0.03	0.04	0.05
Suspected deep tissue injury	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.00
Total	0.68	0.68	0.71	0.65	0.85	0.79	0.94	1.16

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A1.5: Pressure injuries in residential age care, number per 1,000 care days*, by state and territory, April to June 2021

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Stage 1	0.27	0.28	0.34	0.26	0.35	0.53	0.37	0.46
Stage 2	0.29	0.32	0.32	0.24	0.33	0.39	0.35	0.55
Stage 3	0.05	0.05	0.04	0.03	0.06	0.06	0.07	0.09
Stage 4	0.01	0.01	0.01	0.01	0.01	0.02	0.00	0.02
Unstageable	0.04	0.04	0.04	0.04	0.05	0.03	0.06	0.00
Suspected deep tissue injury	0.03	0.02	0.03	0.02	0.02	0.02	0.03	0.07
Total	0.69	0.72	0.79	0.61	0.82	1.03	0.88	1.19

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A1.6: Pressure injuries in residential age care, number per 1,000 care days*, by remoteness, July to September 2020

Indicator category	Major cities	Regional & remote
Stage 1	0.27	0.36
Stage 2	0.29	0.31
Stage 3	0.05	0.05
Stage 4	0.01	0.01
Unstageable	0.04	0.03
Suspected deep tissue injury	0.02	0.02
Total	0.69	0.79

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A1.7: Pressure injuries in residential age care, number per 1,000 care days*, by remoteness, October to December 2020

Indicator category	Major cities	Regional & remote
Stage 1	0.26	0.34
Stage 2	0.30	0.31
Stage 3	0.05	0.05
Stage 4	0.01	0.02
Unstageable	0.04	0.03
Suspected deep tissue injury	0.03	0.02
Total	0.68	0.76

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A1.8: Pressure injuries in residential age care, number per 1,000 care days*, by remoteness, January to March 2021

Indicator category	Major cities	Regional & remote
Stage 1	0.26	0.34
Stage 2	0.30	0.31
Stage 3	0.05	0.05
Stage 4	0.01	0.02
Unstageable	0.04	0.03
Suspected deep tissue injury	0.02	0.02
Total	0.68	0.77

* care recipient days for which an Australian Government subsidy was claimed.

Source: GENagedcaredata.gov.au

Table A1.9: Pressure injuries in residential age care, number per 1,000 care days*, by remoteness, April to June 2021

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

* care recipient days for which an Australian Government subsidy was claimed.

Source: GENagedcaredata.gov.au

Quality Indicator 2: Use of physical restraint

Table A2.1: Physical restraint in residential aged care, quarters 1 to 4 of Mandatory QI Program

Reference period	Quarter 1 July–Sep 2020		Quarter 2 Oct–Dec 2020		Quarter 3 Jan–Mar 2021		Quarter 4 Apr–Jun 2021	
Indicator category	No. of restraints	Number per 1,000 care days*	No. of restraints	Number per 1,000 care days*	No. of restraints	Number per 1,000 care days*	No. of restraints	Number per 1,000 care days*
Intent to restrain	22,549	1.33	24,501	1.45	23,815	1.43	21,390	1.26
Physical restraint devices	57,828	3.41	54,294	3.21	50,969	3.07	49,423	2.92

* care recipient days for which an Australian Government subsidy was claimed.

Source: GENagedcaredata.gov.au

Table A2.2: Use of physical restraint in residential aged care, restraints per 1,000 care days*, by state and territory, July to September 2020

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Intent to restrain	1.09	0.70	2.37	2.59	0.67	1.15	0.61	1.48
Physical restraint devices	3.84	0.93	6.45	4.20	1.94	2.50	2.41	2.77

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

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A2.3: Use of physical restraint in residential aged care, restraints per 1,000 care days*, by state and territory, October to December 2020

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Intent to restrain	1.08	0.69	2.96	2.66	0.71	1.11	0.86	0.77
Physical restraint devices	3.57	0.80	6.08	4.02	2.08	2.08	2.40	3.47

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

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A2.4: Use of physical restraint in residential aged care, restraints per 1,000 care days*, by state and territory, January to March 2021

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Intent to restrain	1.00	0.59	3.03	2.47	0.97	1.07	0.76	2.94
Physical restraint devices	3.32	0.75	5.97	3.79	1.92	2.05	2.28	2.19

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

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A2.5: Use of physical restraint in residential aged care, restraints per 1,000 care days*, by state and territory, April to June 2021

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Intent to restrain	0.89	0.76	2.64	1.81	0.63	1.35	0.51	1.16
Physical restraint devices	3.25	0.77	5.60	3.40	1.93	1.82	2.26	1.92

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

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A2.6: Use of physical restraint in residential aged care, restraints per 1,000 care days*, by remoteness, July to September 2020

Indicator category	Major cities	Regional & remote
Intent to restrain	1.22	1.58
Physical restraint devices	3.29	3.69

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

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A2.7: Use of physical restraint in residential aged care, restraints per 1,000 care days*, by remoteness, October to December 2020

Indicator category	Major cities	Regional & remote
Intent to restrain	1.32	1.77
Physical restraint devices	3.05	3.60

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

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A2.8: Use of physical restraint in residential aged care, restraints per 1,000 care days*, by remoteness, January to March 2021

Indicator category	Major cities	Regional & remote
Intent to restrain	1.33	1.67
Physical restraint devices	2.86	3.59

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

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A2.9: Use of physical restraint in residential aged care, restraints per 1,000 care days*, by remoteness, April to June 2021

Indicator category	Major cities	Regional & remote
Intent to restrain	1.13	1.58
Physical restraint devices	2.70	3.49

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

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Quality Indicator 3: Unplanned weight loss

Table A3.1: Unplanned weight loss in residential aged care, quarters 1 to 4 of Mandatory QI Program

Reference period	Quarter 1 July–Sep 2020		Quarter 2 Oct–Dec 2020		Quarter 3 Jan–Mar 2021		Quarter 4 Apr–Jun 2021	
Indicator category	No. of care recipients	Number per 1,000 care days*	No. of care recipients	Number per 1,000 care days*	No. of care recipients	Number per 1,000 care days*	No. of care recipients	Number per 1,000 care days*
Significant unplanned weight loss	14,016	0.83	15,040	0.89	14,573	0.88	13,191	0.78
Consecutive unplanned weight loss	13,567	0.80	15,350	0.91	14,554	0.88	12,784	0.75

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A3.2: Unplanned weight loss in residential aged care, care recipients per 1,000 care days*, by state and territory, July to September 2020

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Significant unplanned weight loss	0.79	0.89	0.86	0.77	0.79	0.72	0.67	1.35
Consecutive unplanned weight loss	0.75	0.91	0.79	0.72	0.82	0.71	0.53	1.11

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A3.3: Unplanned weight loss in residential aged care, care recipients per 1,000 care days*, by state and territory, October to December 2020

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Significant unplanned weight loss	0.83	0.90	0.94	1.00	0.90	0.75	0.84	0.99
Consecutive unplanned weight loss	0.83	0.98	0.93	0.92	0.94	0.81	0.92	1.45

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A3.4: Unplanned weight loss in residential aged care, care recipients per 1,000 care days*, by state and territory, January to March 2021

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Significant unplanned weight loss	0.86	0.88	0.91	0.97	0.82	0.67	0.81	1.23
Consecutive unplanned weight loss	0.85	0.93	0.85	0.99	0.83	0.63	0.78	1.16

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A3.5: Unplanned weight loss in residential aged care, care recipients per 1,000 care days*, by state and territory, April to June 2021

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

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A3.6: Unplanned weight loss in residential aged care, care recipients per 1,000 care days*, by remoteness, July to September 2020

Indicator category	Major cities	Regional & remote
Significant unplanned weight loss	0.83	0.81
Consecutive unplanned weight loss	0.82	0.76

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A3.7: Unplanned weight loss in residential aged care, care recipients per 1,000 care days*, by remoteness, October to December 2020

Indicator category	Major cities	Regional & remote
Significant unplanned weight loss	0.86	0.96
Consecutive unplanned weight loss	0.90	0.94

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A3.8: Unplanned weight loss in residential aged care, care recipients per 1,000 care days*, by remoteness, January to March 2021

Indicator category	Major cities	Regional & remote
Significant unplanned weight loss	0.86	0.91
Consecutive unplanned weight loss	0.88	0.87

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.au

Table A3.9: Unplanned weight loss in residential aged care, care recipients per 1,000 care days*, by remoteness, April to June 2021

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

* care recipient days for which an Australian Government subsidy was claimed.

Source: GEN-agedcaredata.gov.

Appendix B: Technical notes

These notes provide general information about data arrangements and the AIHW's collation, processing and reporting of QIs for residential aged care. Similar notes are published alongside the results for each quarter on the [GEN aged care website](#).

Denominator data and QI construction

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

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

In quarterly QI reporting, a small number of lagged claims and retrospective adjustments in the subsidy claiming system had affected the alignment of time periods (months) covered by numerator (QI counts) and denominator (subsidy claim days) for some RACS. In re-compilation for this Annual Report, elapsed time has for the most part removed the presence of lagged reporting in the new extracts of subsidy claims data provided by the Department on 18 October 2021.

QI data users are advised that the Manual does not specify that any adjustments are to be made to denominator data where care recipients are excluded from certain QI assessments, as is specified for unplanned weight loss indicator categories.

Examination of QI raw data

The AIHW undertook initial examination of all QI data to confirm that there were no cases of duplicate reporting from a single service within a quarter, as well as no data supplied against invalid Residential Aged Care Service Identifiers (RACS-IDs).

Service level data from the National Aged Care Data Clearinghouse

The QI data set, with matched care recipient days, was merged with service level data from the National Aged Care Data Clearinghouse (NACDC) as at 30 June 2020 (the latest available during the 2020–21 reference year), to bring the QI data together with additional characteristics for analysis (remoteness). This merge was done through an intermediate concordance, supplied by the Department, between the RACS_ID and the National Approved Provider System (NAPS) number, the identifier used in the NACDC. Not all RACS QI data records found a match with the latest available NACDC records—the proportions that failed to match were 0.2% in quarter 1, 0.5% in quarter 2, 0.9% in quarter 3, and 1.1% in quarter 4. This has resulted in some under-representation in remoteness tables in Appendix A.

Geographic characteristics

Two separate disaggregations, from records that matched with NACDC records (see above), are reported for the location of residential aged care services—state/territory and remoteness. State/territory reflects standard sub-national administrative areas. Remoteness, for this report, is based on the Australian Statistical Geography Standard: Remoteness Structure (ABS 2018), collapsed into 2 categories—Major Cities of Australia and a combined category comprising Inner Regional Australia, Outer Regional Australia, Remote Australia and Very Remote Australia. It is important to note that data presented by state/territory and remoteness are not risk adjusted to account for possible differences in the care complexity of residents in different geographical locations.

Conclusion

Re-compilation of QIs to incorporate RACS data available after quarterly cut-off dates has produced a more complete data set for analysis. This demonstrates how reporting on re-compiled QIs (this Annual Report) produces QI information that more fully represents Australian RACS. However, some issues remain with unexplained outliers and inconsistencies in submitted data. As a new data collection, comparisons over time may reflect differences in evolving processes of data collection, rather than a true variation in values of QIs.

In relation to these quality issues, the AIHW has advised consistently in quarterly reporting that it is not able to verify the quality of the QI raw data. The data were supplied directly by service providers as aggregated data, using specifications in the *National Aged Care Mandatory Quality Indicator Program Manual 1.0*.

This is the last publication from AIHW using QIs compiled as per the *National Aged Care Mandatory Quality Indicator Program Manual 1.0*. New and revised QI specifications were introduced with the *National Aged Care Mandatory Quality Indicator Program Manual 2.0*—from 1 July 2021. Participating RACS now report on falls, major injuries and medication management, in addition to the current reporting on pressure injuries, restraints and unplanned weight loss. The revised specification of the percentage of eligible care recipients meeting the criteria out of the total eligible number assessed moves the QI reporting towards a prevalence-based indicator.

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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
Commission	Aged Care Quality and Safety Commission
Department	Department of Health
NACDC	National Aged Care Data Clearinghouse
NAPS	National Approved Provider System
OBD	Occupied bed days
QI	Quality Indicator
RACS	Residential Aged Care Service

References

ABS (Australian Bureau of Statistics) 2018 Cat. No.1270.0.55.005. Australian Statistical Geography Standard (ASGS): Volume 5 – Remoteness Structure, July 2016. Canberra: ABS.

<https://www.abs.gov.au/ausstats/abs@.nsf/mf/1270.0.55.005>

Department of Health 2019. [National Aged Care Mandatory Quality Indicator Program Manual 1.0](#). Canberra: Department of Health.

Department of Health 2021. [National Aged Care Mandatory Quality Indicator Program Manual 2.0](#). Canberra: Department of Health.

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