

Technical notes

National Aged Care Mandatory Quality Indicator Program: 1 January to 31 March 2021

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

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

Indicator specifications

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

Data collection and transmission to AIHW

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

Since 1 October 2020 the AIHW has been contracted by the Aged Care Quality and Safety Commission for the provision of computation and reporting services for the QI Program—formerly this relationship was with the Department of Health, who continue to provide the QI data to the AIHW. QI raw data for the quarter 1 January to 31 March 2021 were provided to the AIHW on 12 May 2021, by secure data transfer from the Department.

As part of the same secure data transfer, the Department provided a file that contained 'occupied bed day' (OBD) data for each RACS for the period 1 January to 31 March 2021, for input to the denominators for calculation of the QIs.

Denominator data and QI construction

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

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

As reported for earlier quarters, lagged claims and retrospective adjustments in the subsidy claiming system can affect the alignment of time periods (months) covered by numerator (QI counts) and denominator (subsidy claim days) for some RACS. For the January to March

2021 quarter, supplementary information supplied by the Department showed that 24 RACS had claimed subsidies for fewer than 3 months of the quarter (19 and 5 RACS had submitted claims covering 2 months and 1 month, respectively). The impact on calculated QIs at aggregated levels was negligible. One service had no subsidy claims recorded for the quarter.

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

Consolidating and matching QI raw data with OBD data

For the January to March 2021 quarter, no duplicate QI records and no invalid Residential Aged Care Service Identifiers (RACS-IDs) were found. After merging QI data with subsidy claims data, using RACS-IDs as the link key, 2,585 QI records for individual services were matched with a count of care recipient days for the quarter. There were 135 failed matches from the OBD file, representing services that had claimed OBD subsidies for the January to March 2021 quarter, but for which QI data had not been present on the file supplied by the Department. One record from the QI data file did not find a match within the OBD claims file (the service for which no subsidy claims were recorded referred to above).

Calculation of national QIs

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

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

Service level data from the National Aged Care Data Clearinghouse

The QI data set, with matched care recipient days, was merged with service level data from the National Aged Care Data Clearinghouse (NACDC) as at 30 June 2020 (the latest available), to bring the QI data together with remoteness characteristics for analysis presented in this report. This merge used as its linkage key the National Approved Provider System (NAPS) service identification number, the identifier used in the NACDC. In this step, 22 of the 2,585 records failed to match with a service identified in the NACDC; thus, remoteness category information could not be identified for 22 records.

Geographic characteristics

Two separate disaggregations are reported for the location of RACS—state/territory and remoteness. State/territory, for the first time in this January to March 2021 quarter, was taken from location address information reported on the QI data file (rather than obtained from the NACDC data), and reflects standard sub-national administrative areas. Remoteness, for this report, was based on the Australian Statistical Geography Standard: Remoteness Structure (RA) (ABS 2018), collapsed into 2 categories—Major Cities of Australia and a combined category comprising Inner Regional Australia, Outer Regional Australia, Remote Australia and Very Remote Australia, and was obtained from the NACDC data.

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

Service response and care recipient coverage

The 2,585 records with QI data available for national indicator analysis represent 95% of the 2,720 RACS for which subsidy claims data had been provided for the quarter - nearly one percentage point lower than in the previous quarter.

There were 87 RACS included in the analysis that only submitted data for 1–2 QIs. By individual QIs, this included:

- 60 RACS that did not supply data on pressure injuries
- 26 RACS that did not supply data on use of physical restraint
- 11 RACS that did not supply data on unplanned weight loss.

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

Outliers and inconsistencies in calculated QIs

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

Conclusion

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

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

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

References

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.

Department of Health 2019. National Aged Care Mandatory Quality Indicator Program Manual 1.0. Canberra: Department of Health.

<https://www.health.gov.au/resources/publications/national-aged-care-mandatory-quality-indicator-program-manual>