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GEN
AGED CARE DATA

Residential Aged Care Quality Indicators—Annual Report

2019–2020

Compiled from mandatory reporting by residential aged care services,
covering the period 1 July 2019 to 30 June 2020

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Australian Institute of Health and Welfare
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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.

QI Program administrative arrangements

The QI Program collects quality indicator 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 (QI) 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 are set out in the [National Aged Care Mandatory Quality Indicators Program Manual 1.0](#) (Department of Health 2019). Further information about the QI Program is available on the [Department's website](#).

Up until 30 September 2020 the Australian Institute of Health and Welfare (AIHW) was contracted by the Department to provide computation and reporting services for the QI Program. From 1 October 2020, aspects of administrative responsibility for the QI Program transferred from the Department to the Aged Care Quality and Safety Commission (the Commission). The AIHW is now contracted by the Commission to provide computation and reporting services.

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

About this report

This Annual Report provides descriptive material about the quality indicators (in this Section), insights into data completeness and data quality (Section 2), an outline of future QI Program developments (Section 3) and presentation of alternative weight loss indicators (Section 4). This report uses recompiled quality indicator data for the four quarters of 2019-20, including source data that were not complete when compilations were first made to meet quarterly reporting timetables (in published quarterly reports on GEN). Updated quality indicator results for each indicator and quarter, compiled from a combination of data provided by the Department for quarterly QI reporting and a new data extract provided on 19 October 2020, are presented in Appendix A. Technical Notes are in Appendix B.

Note that in preparing the 2020-21 Annual Report the AIHW identified a methodological inconsistency in the 2019-20 Annual Report (published 16 March 2021), whereby RACS without any QI data (numerator) continued to contribute occupied bed days data (OBD, denominator) in the calculation of QI rates. For consistency with AIHW's quarterly reporting, services that did not provide data for any of the QIs in 2019-20 now no longer qualify as a submitting RACS and are excluded from the subsequent statistics and compilation of QI data presented here. This amended 2019-20 Annual Report was re-released 11 February 2022.

The indicators

Quality indicators measure aspects of service provision that contribute to the quality of care given by RACS. Since 1 July 2019, the QI Program requires residential aged care services to collect and report on 3 quality indicators:

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

A brief description of each indicator follows. Detailed specifications are set out in the [National Aged Care Mandatory Quality Indicator Program Manual 1.0](#) (Department of Health 2019).

Quality Indicator 1: Pressure Injuries

A pressure injury is a localised injury to the skin or underlying tissue due to pressure or friction. 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

As the AIHW is not the primary collector of the data it is not able to verify the quality of QI raw data. Observations about data quality are based on AIHW’s analysis of data as submitted by RACS to the Department.

A number of data quality issues are evident, such as upper level outliers in calculated indicators and the plausibility of what appear to be high levels of zero reporting by some RACS, and some data inconsistencies. The AIHW 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 continues 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 in reporting. Feedback provided to the Department to date has contributed to a better understanding of the quality of reporting and can inform strategies for managing 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 2019–20. The quarterly reports were based on data from between 90% and 95% 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 19 October 2020, have enabled this annual report to be compiled from more complete responses. Table 2.1 shows submission rates for RACS over the financial year.

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

	Quarter 1 July–Sept 2019	Quarter 2 Oct–Dec 2019	Quarter 3 Jan–Mar 2020	Quarter 4 Apr–Jun 2020
Number of RACS submitting QI data	2,635	2,643	2,606	2,569
Number of RACS submitting OBD claims	2,728	2,726	2,719	2,718
Proportion of RACS submitting QI data (%)	96.6	97.0	95.8	94.5
Number of RACS submitting zero values for all QIs*	56	41	34	39
Proportion of RACS submitting zero values for all QI (%)	2.1	1.6	1.3	1.5

* RACS reporting zero values for all QIs were considered as submitting and included in the compilation of QI rates in this report.

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 data for individual QIs. These figures are inclusive of devices and consecutive and unplanned weight loss respectively. It should be noted that, for unplanned weight loss, data submission was not mandatory for Quarter 1, July to September 2019, as indication of weight loss relied on the availability of weight measures from the prior quarter, when data collection had not been mandatory.

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	Quarter 2	Quarter 3	Quarter 4
	July–Sept 2019	Oct–Dec 2019	Jan–Mar 2020	Apr–Jun 2020
Pressure injury	32 (1.2%)	64 (2.4%)	60 (2.3%)	58 (2.3%)
Physical restraint	25 (0.9%)	26 (1.0%)	38 (1.5%)	24 (0.9%)
Unplanned weight loss	148 (5.6%)	13 (0.5%)	12 (0.5%)	4 (0.2%)

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	Quarter 2	Quarter 3	Quarter 4
	July–Sept 2019	Oct–Dec 2019	Jan–Mar 2020	Apr–Jun 2020
Assessed for pressure injury (%)	97.2	96.4	97.5	96.8
Monitored for significant unplanned weight loss (%)	78.7	89.5	89.1	90.7
Monitored for consecutive unplanned weight loss (%)	78.4	87.3	86.2	88.5

* 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 service size, service ownership, or interaction with healthcare services such as hospitals and palliative care services.

3 Future QI Program developments

The Department has announced that, under 2019–20 Australian Government budget measures, it is developing new QIs relating to medication management and falls and major injury, for inclusion in the QI Program from 1 July 2021. In developing these new QIs, the Department has also reviewed the existing indicators. Its trial of the following indicators and indicator categories, new and revised, has determined that they are relevant, appropriate and feasible to implement in residential aged care ([Department of Health website](#)). Table 3.1 outlines the new and revised QIs.

Table 3.1: New and revised QIs for inclusion 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

4 Alternative indicators of unplanned weight loss

The National Aged Care Mandatory Quality Indicators Program Manual 1.0 (Department of Health 2019) specifies that, for each QI category, the indicator is constructed by dividing the aggregated count—of pressure injuries, restraints or care recipients (unplanned weight loss)—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 from 1 July 2019 onwards, and in the tables in Appendix A of this report.

The QIs that were trialled during development of new and revised indicators for the QI Program (see Section 3) have been specified as proportions of care recipients—technically, ‘prevalence’ indicators. They use numerators that closely match the counts that are currently submitted by RACS for the QI Program, but use different denominators that represent the ‘population at risk’.

From data submitted under the current QI Program, compilation of proportions of care recipients meeting indicator criteria is possible only for unplanned weight loss. Table 4.1 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 4.1: 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 2019	Quarter 2 Oct–Dec 2019	Quarter 3 Jan–Mar 2020	Quarter 4 Apr–Jun 2020
<i>Significant unplanned weight loss:</i>				
Care recipients observed	12,731	15,162	16,615	13,239
Care recipients monitored	146,464	166,687	165,447	165,560
Estimated prevalence of significant unplanned weight loss (%)	8.7	9.1	10.0	8.0
<i>Consecutive unplanned weight loss:</i>				
Care recipients observed	13,109	15,824	14,825	12,820
Care recipients monitored	146,014	162,663	159,944	161,496
Estimated prevalence of consecutive unplanned weight loss (%)	9.0	9.7	9.3	7.9

Source: GEN-agedcaredata.gov.au

While presenting this alternative calculation, which foreshadows the nature of indicators that will be implemented from 1 July 2021, the AIHW recommends against interpreting prevalence estimates in Table 4.1 as indicating any trend or definitive measure of change between quarters. The general caveat that AIHW has consistently expressed in its quarterly reporting applies—that it is not able to verify the quality of QI raw data. AIHW has observed in its quarterly QI reporting that unexplained outliers and apparent inconsistencies remain in submitted data. In addition, variation in the proportion of estimated total care recipients who were monitored in each of the three quarters should be noted. This is described in Table 2.3. AIHW points out the likelihood that the proportion monitored for consecutive weight loss in

Quarter 1, July to September 2019, would have been affected by the unavailability at some RACS of data recorded for the prior quarter, when QI Program participation was not mandatory.

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 physical restraint—which would be needed to construct a denominator for indicator compilation—is not required to be reported by RACS.

Appendix A: Recompiled QI for 2019–20

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 2019 to 30 June 2020.

Between the dates on which original data were extracted by the Department for quarterly QI Program reporting and 19 October 2020, when a later extract was supplied to augment these data for this Annual Report, the number of RACS that had submitted QI data went up by 6.6% for Quarter 1, 3.6% for Quarter 2, 1.7% for Quarter 3, and 0.6% for Quarter 4. The subsequent increase in OBDs as a result of including them for this Annual Report was 7.1% in Quarter 1, 4.3% for Quarter 2, 1.6% in Quarter 3, and 0.7% 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–Sept 2019		Quarter 2 Oct–Dec 2019		Quarter 3 Jan–Mar 2020		Quarter 4 Apr–Jun 2020	
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	6,205	0.36	5,619	0.33	5,104	0.30	5,027	0.30
Stage 2	5,856	0.34	5,444	0.32	5,169	0.31	5,077	0.31
Stage 3	936	0.05	943	0.06	803	0.05	718	0.04
Stage 4	305	0.02	247	0.01	226	0.01	248	0.01
Unstageable	688	0.04	636	0.04	605	0.04	596	0.04
Suspected deep tissue injury	359	0.02	375	0.02	311	0.02	322	0.02
Total	14,349	0.84	13,249	0.77	12,218	0.72	11,988	0.72

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

Source: GEN-agedcaredata.gov.au

Table A1.2: Pressure injuries in residential age care, number per 1,000 care days*, by state and territory, July to September 2019

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Stage 1	0.34	0.29	0.39	0.45	0.48	0.45	0.32	0.39
Stage 2	0.33	0.35	0.34	0.34	0.38	0.33	0.26	0.79
Stage 3	0.06	0.05	0.05	0.04	0.07	0.09	0.05	0.20
Stage 4	0.02	0.01	0.01	0.02	0.02	0.03	0.03	0.09
Unstageable	0.04	0.04	0.04	0.05	0.04	0.02	0.05	0.05
Suspected deep tissue injury	0.03	0.02	0.02	0.03	0.02	0.01	0.00	0.05
Total	0.81	0.76	0.85	0.92	1.01	0.92	0.71	1.56

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

Source: GEN-agedcaredata.gov.au

Table A1.3: Pressure injuries in residential age care, number per 1,000 care days*, by state and territory, October to December 2019

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Stage 1	0.29	0.26	0.36	0.43	0.48	0.46	0.44	0.12
Stage 2	0.29	0.34	0.31	0.32	0.38	0.32	0.26	0.47
Stage 3	0.06	0.05	0.05	0.05	0.08	0.07	0.05	0.09
Stage 4	0.01	0.02	0.01	0.01	0.02	0.02	0.01	0.00
Unstageable	0.03	0.04	0.04	0.05	0.05	0.01	0.04	0.00
Suspected deep tissue injury	0.02	0.02	0.02	0.03	0.02	0.01	0.07	0.09
Total	0.70	0.72	0.79	0.88	1.03	0.89	0.87	0.76

* 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 2020

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Stage 1	0.29	0.26	0.33	0.31	0.35	0.49	0.38	0.38
Stage 2	0.29	0.31	0.34	0.28	0.32	0.33	0.32	0.33
Stage 3	0.05	0.05	0.04	0.05	0.05	0.05	0.03	0.05
Stage 4	0.01	0.01	0.01	0.01	0.02	0.02	0.05	0.02
Unstageable	0.03	0.04	0.04	0.04	0.04	0.02	0.02	0.10
Suspected deep tissue injury	0.02	0.02	0.02	0.02	0.02	0.01	0.08	0.00
Total	0.69	0.68	0.78	0.71	0.78	0.91	0.89	0.88

* 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 2020

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Stage 1	0.29	0.26	0.34	0.32	0.31	0.42	0.47	0.66
Stage 2	0.31	0.31	0.29	0.26	0.37	0.31	0.25	0.32
Stage 3	0.04	0.05	0.03	0.04	0.06	0.04	0.05	0.02
Stage 4	0.02	0.01	0.01	0.02	0.01	0.03	0.05	0.00
Unstageable	0.04	0.03	0.04	0.03	0.04	0.03	0.05	0.05
Suspected deep tissue injury	0.02	0.02	0.02	0.02	0.01	0.01	0.04	0.02
Total	0.72	0.69	0.73	0.68	0.81	0.83	0.91	1.07

* 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 2019

Indicator category	Major cities	Regional & remote
Stage 1	0.34	0.41
Stage 2	0.34	0.35
Stage 3	0.05	0.05
Stage 4	0.02	0.02
Unstageable	0.04	0.03
Suspected deep tissue injury	0.02	0.02
Total	0.81	0.88

* 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 2019

Indicator category	Major cities	Regional & remote
Stage 1	0.30	0.40
Stage 2	0.31	0.33
Stage 3	0.05	0.06
Stage 4	0.01	0.01
Unstageable	0.04	0.03
Suspected deep tissue injury	0.02	0.02
Total	0.75	0.84

* 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 2020

Indicator category	Major cities	Regional & remote
Stage 1	0.27	0.38
Stage 2	0.30	0.33
Stage 3	0.05	0.05
Stage 4	0.01	0.01
Unstageable	0.04	0.03
Suspected deep tissue injury	0.02	0.01
Total	0.68	0.81

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

Source: GEN-agedcaredata.gov.au

Table A1.9: Pressure injuries in residential age care, number per 1,000 care days*, by remoteness, April to June 2020

Indicator category	Major cities	Regional & remote
Stage 1	0.28	0.36
Stage 2	0.30	0.32
Stage 3	0.04	0.04
Stage 4	0.01	0.02
Unstageable	0.04	0.04
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

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–Sept 2019		Quarter 2 Oct–Dec 2019		Quarter 3 Jan–Mar 2020		Quarter 4 Apr–Jun 2020	
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	26,574	1.55	26,237	1.53	26,357	1.56	25,001	1.51
Physical restraint devices	66,700	3.89	63,029	3.68	64,567	3.82	63,232	3.81

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

Source: GEN-agedcaredata.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 2019

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Intent to restrain	1.23	0.61	3.08	3.27	0.99	0.99	1.29	2.24
Physical restraint devices	5.09	0.72	6.62	5.09	2.61	2.61	2.81	3.74

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 2019

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Intent to restrain	1.33	0.77	2.78	2.87	0.66	0.90	1.80	2.80
Physical restraint devices	4.86	0.82	6.16	4.50	2.51	2.28	3.04	4.32

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 2020

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Intent to restrain	1.33	0.86	2.74	2.83	0.67	1.18	1.65	2.26
Physical restraint devices	4.60	1.14	6.65	4.90	2.42	2.93	2.86	3.80

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 2020

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Intent to restrain	1.36	0.91	2.55	2.76	0.50	1.09	1.04	1.46
Physical restraint devices	4.58	1.13	6.86	4.34	2.33	3.56	3.10	5.29

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 2019

Indicator category	Major cities	Regional & remote
Intent to restrain	1.44	1.83
Physical restraint devices	3.77	4.29

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 2019

Indicator category	Major cities	Regional & remote
Intent to restrain	1.47	1.62
Physical restraint devices	3.60	3.98

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 2020

Indicator category	Major cities	Regional & remote
Intent to restrain	1.46	1.75
Physical restraint devices	3.75	4.13

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 2020

Indicator category	Major cities	Regional & remote
Intent to restrain	1.36	1.86
Physical restraint devices	3.68	4.33

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–Sept 2019		Quarter 2 Oct–Dec 2019		Quarter 3 Jan–Mar 2020		Quarter 4 Apr–Jun 2020	
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	12,731	0.74	15,162	0.88	16,615	0.98	13,239	0.80
Consecutive unplanned weight loss	13,109	0.77	15,824	0.92	14,825	0.88	12,820	0.77

* 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 2019

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Significant unplanned weight loss	0.74	0.68	0.89	0.83	0.52	1.16	0.38	1.00
Consecutive unplanned weight loss	0.74	0.78	0.80	0.77	0.76	0.72	0.59	1.20

* 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 2019

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Significant unplanned weight loss	0.89	0.83	0.95	0.99	0.87	0.83	0.89	1.20
Consecutive unplanned weight loss	0.90	0.95	0.89	0.99	1.08	0.68	0.82	0.96

* 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 2020

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Significant unplanned weight loss	1.18	0.82	0.92	1.04	0.96	0.78	0.56	1.45
Consecutive unplanned weight loss	0.81	0.94	0.85	0.91	1.08	0.67	0.80	1.28

* 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 2020

Indicator category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Significant unplanned weight loss	0.77	0.80	0.85	0.81	0.80	0.65	0.69	0.91
Consecutive unplanned weight loss	0.74	0.84	0.80	0.73	0.76	0.79	0.65	0.75

* 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 2019

Indicator category	Major cities	Regional & remote
Significant unplanned weight loss	0.72	0.81
Consecutive unplanned weight loss	0.75	0.80

* 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 2019

Indicator category	Major cities	Regional & remote
Significant unplanned weight loss	0.89	0.88
Consecutive unplanned weight loss	0.95	0.87

* 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 2020

Indicator category	Major cities	Regional & remote
Significant unplanned weight loss	1.03	0.89
Consecutive unplanned weight loss	0.90	0.84

* 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 2020

Indicator category	Major cities	Regional & remote
Significant unplanned weight loss	0.79	0.80
Consecutive unplanned weight loss	0.78	0.77

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

Source: GEN-agedcaredata.gov.au

Appendix B: Technical notes

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

It should be noted that, at least for the quarter April to June 2020, collection of quality indicators was undertaken in the context of the COVID-19 pandemic in Australia. Results 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 Manual for detailed description of the data elements required to be submitted each quarter by residential aged care services (RACS).

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 (unplanned weight loss)—by the number of care recipient days for which an Australian Government subsidy was claimed, and multiplying the result by 1,000. In constructing the QIs, the numerators and denominators included data only from those RACS that had submitted data for at least one QI in that quarter. 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 indicator 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 almost totally removed the presence of lagged reporting in the new extracts of subsidy claims data provided by the Department on 19 October 2020. At that time, fewer than 10 RACS had claimed OBD subsidies for less than 3 months in any quarter of 2019–20.

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). Both situations had required attention for quarterly reporting.

Calculation of national QIs

Calculations for the main 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 2019 (the latest available during the 2019-20 reference year), to bring the QI data together with additional characteristics for analysis—state and territory and remoteness characteristics. 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 ranged from 2.3% in Quarter 1 to 2.9% in Quarter 4, resulting in some under-representation in state-territory and 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. 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 are supplied directly by service providers as aggregated data, using specifications in the *National Aged Care Mandatory Quality Indicator Program Manual 1.0*.

The AIHW maintains the advice provided with quarterly reports that caution should be exercised in interpreting the QIs, and particularly discourages giving credibility to apparent differences in values of QIs between quarters or across geographical locations.

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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.

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<https://webarchive.nla.gov.au/awa/20190808055702/https://agedcare.health.gov.au/quality/quality-indicators/national-aged-care-mandatory-quality-indicator-program-manual-10>

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