National Aged Care Mandatory Quality Indicator Program (QI Program)

Quality indicator data elements summary to support QI Program expansion from 1 April 2023

September 2022

The following tables outline the data elements for each of the QI Program quality indicators for implementation from 1 April 2023.

This summary is intended to provide an outline of QI Program quality indicator data elements only. Adherence to the legislated requirements of the QI Program involves meeting the full requirements detailed in the QI Program Manual 3.0 Part A which will be made available on the Department of Health’s [website](https://www.health.gov.au/initiatives-and-programs/national-aged-care-mandatory-quality-indicator-program) when published.

Table 1: Pressure injuries

| Quality indicator | *Percentage of care recipients with pressure injuries, reported against six pressure injury stages* |
| --- | --- |
| Collection | * A single observation assessment for each care recipient, around the same time every quarter
 |
| QI reporting | * Care recipients with one or more pressure injuries
* Care recipients with one or more pressure injuries reported against each of the six pressure injury stages:
	+ Stage 1 Pressure Injury
	+ Stage 2 Pressure Injury
	+ Stage 3 Pressure Injury
	+ Stage 4 Pressure Injury
	+ Unstageable Pressure Injury
	+ Suspected Deep Tissue Injury
 |
| Additional reporting | * Care recipients assessed for pressure injuries
* Care recipients with one or more pressure injuries acquired outside of the service during the quarter
* Care recipients with one or more pressure injuries acquired outside of the service during the quarter, reported against each of the six pressure injury stages:
	+ Stage 1 Pressure Injury
	+ Stage 2 Pressure Injury
	+ Stage 3 Pressure Injury
	+ Stage 4 Pressure Injury
	+ Unstageable Pressure Injury
	+ Suspected Deep Tissue Injury

Exclusions:* Care recipients who withheld consent to undergo an observation assessment for pressure injuries for the entire quarter
* Care recipients who were absent from the service for the entire quarter
 |

Table 2: Physical restraint

| Quality indicator | *Percentage of care recipients who were physically restrained* |
| --- | --- |
| Collection | * A single three-day record review for each care recipient on a selected day every quarter
 |
| QI reporting | * Care recipients who were physically restrained
 |
| Additional reporting | * Care recipients assessed for physical restraint
* Care recipients who were physically restrained exclusively through the use of a secure area
* Collection date

Exclusions:* Care recipients who were absent from the service for the entire three-day assessment period
 |

Table 3: Unplanned weight loss – significant

| Quality indicator | *Percentage of care recipients who experienced significant unplanned weight loss (5% or more)* |
| --- | --- |
| Collection | * The weight of each care recipient is collected in the last month (finishing weight) of the quarter and compared to their weight at the last month (finishing weight) of the previous quarter to determine percentage of weight loss
 |
| QI reporting | * Care recipients who experienced significant unplanned weight loss (5% or more)
 |
| Additional reporting | * Care recipients assessed for significant unplanned weight loss

Exclusions:* Care recipients who withheld consent to be weighed
* Care recipients who are receiving end-of-life care
* Care recipients who did not have the required weight records available and comments providing explanation as to why the weight recording/s are absent
 |

Table 4: Unplanned weight loss – consecutive

| Quality indicator | *Percentage of care recipients who experienced consecutive unplanned weight loss* |
| --- | --- |
| Collection | * Three monthly weights are collected for each care recipient every quarter and are compared against each other, as well as the finishing weight from the previous quarter, to determine consecutive unplanned weight loss
 |
| QI reporting | * Care recipients who experienced consecutive unplanned weight loss of any amount
 |
| Additional reporting | * Care recipients assessed for consecutive unplanned weight loss

Exclusions:* Care recipients who withheld consent to be weighed at the starting, middle and/or finishing weight collection dates
* Care recipients who are receiving end-of-life care
* Care recipients who did not have their previous, starting, middle and/or finishing weight recorded and comments providing explanation as to why the weight recording/s are absent
 |

Table 5: Falls and major injury

| Quality indicator | *Percentage of care recipients who experienced one or more falls**Percentage of care recipients who experienced one or more falls resulting in major injury* |
| --- | --- |
| Collection | * A single review of the care records of each care recipient for the entire quarter
 |
| QI reporting | * Care recipients who experienced one or more falls at the service during the quarter
* Care recipients who experienced one or more falls at the service resulting in major injury, or injuries, during the quarter
 |
| Additional reporting | * Care recipients assessed for falls and major injury

Exclusions:* Care recipients who were absent from the service for the entire quarter
 |

Table 6: Medication management – polypharmacy

| Quality indicator | *Percentage of care recipients who were prescribed nine or more medications* |
| --- | --- |
| Collection | * A single review of medication charts and/or administration records for each care recipient on a selected collection date every quarter
 |
| QI reporting | * Care recipients who were prescribed nine or more medications
 |
| Additional reporting | * Care recipients assessed for polypharmacy
* Collection date

Exclusions:* Care recipients admitted in hospital on the collection date
 |

Table 7: Medication management – antipsychotics

| Quality indicator | *Percentage of care recipients who received antipsychotic medications* |
| --- | --- |
| Collection | * A seven-day medication chart and/or administration record review for each care recipient every quarter
 |
| QI reporting | * Care recipients who received an antipsychotic medication
 |
| Additional reporting | * Care recipients assessed for antipsychotic medications
* Care recipients who received an antipsychotic medication for a diagnosed condition of psychosis
* Collection date

Exclusions:* Care recipients who were admitted in hospital for the entire seven-day assessment period
 |

Table 8: Activities of daily living

| Quality indicator | *Percentage of care recipients who experienced a decline in activities of daily living* |
| --- | --- |
| Collection | * A single assessment for each care recipient is completed around the same time every quarter and compared to their ADL assessment total score in the previous quarter to determine decline.
 |
| QI reporting | * Care recipients who experienced a decline in their ADL assessment total score of 1 or more points
 |
| Additional reporting | * Care recipients assessed for ADL function
* Care recipients with an ADL assessment total score of 0 in the previous quarter

Exclusions:* Care recipients who are receiving end-of-life care
* Care recipients who were absent from the service for the entire quarter
* Care recipients who did not have an ADL assessment total score recorded for the previous quarter and comments providing explanation as to why recording is absent
 |

Table 9: Incontinence care

| Quality indicator | *Percentage of care recipients who experienced incontinence associated dermatitis* |
| --- | --- |
| Collection | * A single assessment for each care recipient, around the same time every quarter as part of routine care
 |
| QI reporting | * Care recipients with incontinence who experienced IAD
* Care recipients who experienced IAD, reported against each of the four sub-categories:
	+ 1A: Persistent redness without clinical signs of infection
	+ 1B: Persistent redness with clinical signs of infection
	+ 2A: Skin loss without clinical signs of infection
	+ 2B: Skin loss with clinical signs of infection
 |
| Additional reporting | * Care recipients assessed for incontinence
* Care recipients with incontinence

Exclusions for incontinence care:* Care recipients who were absent from the service for the entire quarter

Exclusions for IAD assessment:* Care recipients who did not have incontinence
 |

Table 10: Hospitalisation

| Quality indicator | *Percentage of care recipients who had one or more emergency department presentations* |
| --- | --- |
| Collection | * A single review of the care records for each care recipient for the entire quarter
 |
| QI reporting | * Care recipients who had one or more emergency department presentations during the quarter
 |
| Additional reporting | * Care recipients assessed for hospitalisation
* Care recipients who had one or more emergency department presentations or hospital admissions during the quarter

Exclusions:* Care recipients who were absent from the service for the entire quarter
 |

Table 11: Workforce

| Quality indicator | *Percentage of staff turnover* |
| --- | --- |
| Collection | * A single review of staff records
 |
| QI reporting | * Staff employed at the start of the quarter as:
	+ service managers
	+ nurse practitioners or registered nurses
	+ enrolled nurses
	+ personal care staff or assistants in nursing
* Staff who stopped working during the quarter as:
	+ service managers
	+ nurse practitioners or registered nurses
	+ enrolled nurses
	+ personal care staff or assistants in nursing
 |
| Additional reporting | * Staff who worked any hours during the previous quarter as:
	+ service managers
	+ nurse practitioners or registered nurses
	+ enrolled nurses
	+ personal care staff or assistants in nursing
 |

Table 12: Consumer experience

| Quality indicator | *Percentage of care recipients who report ‘good’ or ‘excellent’ experience of the service* |
| --- | --- |
| Collection | * A consumer experience assessment must be offered to each care recipient for completion, around the same time every quarter
 |
| QI reporting | * Care recipients who reported consumer experience through each completion mode of the QCE-ACC (self-completion, interviewer facilitated completion or proxy-completion), scored against the categories:
	+ ‘Excellent’ (care recipients who score between 22–24)
	+ ‘Good’ (care recipients who score between 19–21)
 |
| Additional reporting | * Care recipients who were offered a consumer experience assessment for completion
* Care recipients who reported consumer experience through each completion mode of the QCE-ACC (self-completion, interviewer facilitated completion or proxy-completion), scored against the categories:
	+ ‘Moderate’ (care recipients who score between 14–18)
	+ ‘Poor’ (care recipients who score between 8–13)
	+ ‘Very poor’ (care recipients who score between 0–7)

Exclusions:* Care recipients who were absent from the service for the entire quarter
* Care recipients who did not choose to complete the consumer experience assessment for the entire quarter
 |

Table 13: Quality of life

| Quality indicator | *Percentage of care recipients who report ‘good’ or ‘excellent’ quality of life* |
| --- | --- |
| Collection | * A quality of life assessment must be offered to each care recipient for completion, around the same time every quarter
 |
| QI reporting | * Care recipients who reported quality of life through each completion mode of the QOL-ACC (self-completion, interviewer facilitated completion or proxy-completion), scored against the categories:
	+ ‘Excellent’ (care recipients who score between 22–24)
	+ ‘Good’ (care recipients who score between 19–21)
 |
| Additional reporting | * Care recipients who were offered a quality of life assessment for completion
* Care recipients who reported quality of life through each completion mode of the QOL-ACC (self-completion, interviewer facilitated completion or proxy-completion), scored against the categories:
	+ ‘Moderate’ (care recipients who score between 14–18)
	+ ‘Poor’ (care recipients who score between 8–13)
	+ ‘Very poor’ (care recipients who score between 0–7)

Exclusions:* Care recipients who were absent from the service for the entire quarter
* Care recipients who did not choose to complete the quality of life assessment for the entire quarter
 |