



Australian Government  
Department of Health and Aged Care



# **Establishment of a National Aged Care Mandatory Quality Indicator Program for in-home aged care services**

## **Consultation Paper**

[agedcareengagement.health.gov.au](https://agedcareengagement.health.gov.au)

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# Consultation overview

The Australian Government Department of Health and Aged Care (the Department) has commissioned a project to investigate how best to establish a National Aged Care Mandatory Quality Indicator Program (QI Program) for in-home aged care services and supports.

The project is being delivered in collaboration with HealthConsult, the University of Queensland's Centre for Health Services Research, and the South Australian Health and Medical Research Institute.

## Background

In the [2021-22 Budget](#), the Australian Government committed to establishing a QI program to report crucial measures of care for Government funded services and supports delivered to people living at home. A Quality Indicator program for in-home aged care is expected to deliver the following benefits:

- older people will be able to exercise greater choice with transparent, publicly available information about the quality of aged care
- the publication of standardised information will encourage providers to improve the quality of care they deliver and be able to differentiate their performance, and
- it will contribute to a comprehensive aged care data set to provide improved insight on individual service, broad system quality, and inform future Government policy.

## About this consultation paper

The purpose of this consultation paper is to present draft positions on what we see as the key issues to be considered when establishing a QI Program for in-home aged care services and supports and to seek feedback on the priority areas for QIs.

While applying the QI Program to all service types may present challenges, we are seeking feedback on whether to include all service types, to ensure all older people receiving in-home aged care services are provided with high-quality care.

The draft design has been informed by:

- interviews and focus group sessions with older people receiving aged care services at home and providers of in-home aged care services to better understand their expectations of quality and the issues of establishing a QI Program

- interviews with advocacy groups, professional bodies representing aged care workers, and aged care peak bodies, and
- an evidence review of the quality indicators (QIs) used nationally and internationally in a home care setting (the results from this review are included at [Appendix A](#) including a summary table for each priority domain).

## Sharing your feedback

Providers of in-home aged care services, peak bodies, health professionals, academics and researchers, older people and their families and carers, and other interested members of the public are all welcome to share their views.

Feedback is being gathered via an [online survey](#) or can be provided in writing to [QI@healthconsult.com.au](mailto:QI@healthconsult.com.au).

The online survey is designed to make it easy for you to share your feedback. It includes various question formats, such as open text, agree/disagree, ranking, and tick box responses. Optional open-text questions the survey allow you to elaborate and provide further details on your answers.

There are 20 questions in the survey. The survey does not need to be completed in one sitting. There is an option to save your responses at any point during the survey and return later to continue answering the questions.

## What happens with your feedback

The feedback and results received through this consultation will be collated and analysed to identify the issues that require further investigation, either through follow-up consultation and a pilot to test the proposed QIs.

**Your feedback will be used to shape the future of quality of in-home aged care services in Australia.**

By sharing your insights, you can directly influence the planning and implementation of the QI Program for in-home aged care services, ensuring that it meets the needs of both consumers and providers.

## If you have questions about this project

Please contact the HealthConsult team at [QI@healthconsult.com.au](mailto:QI@healthconsult.com.au).

# Draft design for consultation

## QI Program aims

The proposed aims of the QI Program for in-home aged care services are:

1. Help older people (and their family, friends and carers) to find information about the quality of in-home aged care services when making choices about their care
2. Help providers of in-home aged care to measure, monitor, compare and improve the quality of their services, and
3. Help Government and other policymakers to make decisions and consider system-wide issues based on evidence of the quality of care delivered by providers.

## Services/providers covered by the QI Program

It is proposed that the QI Program apply to all services and supports under the new Support at Home Program. This would include ongoing and short-term services, as well as clinical and non-clinical services, such as personal care, nursing, allied health, domestic assistance, and social supports.

We are also proposing that a proportionate approach be applied, meaning that some services would be subject to more (or fewer) QIs depending on the type of service/s they provide or their registration category (for further information on the new model for regulating aged care, including registration categories please visit the [Department's website](#)). For example, a provider of domestic assistance would not be expected to report data for a weight loss/nutrition QI, as this would be outside their scope of responsibilities.

## Implementation strategy

We recognise that establishing a QI Program for in-home aged care is a complex undertaking and it is proposed that there will be a staged implementation with the following features:

- Commence the in-home QI Program with a small number of QIs (as few as one but no more than three)
- Collect initial QI information for a period of time before making decisions on when/how to –
  - Expand the number of QIs that would apply to in-home aged care services, and

- Publish the results of the information collected.

## Timing

The Support at Home program will replace Home Care Packages and Short-Term Restorative Care Programme from 1 July 2025. The Commonwealth Home Support Programme will transition no earlier than 1 July 2027.

To minimise the impact on the sector, it is proposed that the QI Program be implemented 12 months after the implementation of the Support at Home program (1 July 2026). This will allow sufficient time for providers to meet the new Support at Home arrangements and for implementation to be bedded down.

## Priority QIs

Based on an evaluation of the domains identified through an evidence review, it is proposed that QIs be developed and prioritised in the following seven key areas of care:

1. Consumer experience
2. Quality of life
3. Function
4. Service delivery/care planning
5. Workforce
6. Weight loss/nutrition, and
7. Falls/fractures/injury

# Appendix A: Key findings from the Evidence Review

An evidence review was carried out to **identify the QIs** used nationally and internationally in similar home care settings.

**A total of 227 QIs were identified.**

The reported QIs were from nine different QI programs, **across eight countries**: United States, the United Kingdom, Finland, Canada, The Netherlands, Switzerland, Sweden and Australia.

The identified QIs were **mapped to areas of care** (referred to domains), that can affect the health and wellbeing of older people receiving care in their home.

An **evaluation of the domains** was then undertaken. The domains were assessed and prioritised against four criteria:

- The domain contains high quality evidence-based indicators
- There is international agreement that the domain is important
- Aged care providers can influence care and experiences of the domain, and
- The domain is important to monitor the delivery of high-quality care and consumer experience.

Following the evaluation of the QI domains, each domain was mapped against their alignment with the strengthened Aged Care Quality Standards and definition of high-quality care.<sup>1</sup>

As a result of this mapping exercise, 7 domains were identified as priorities when establishing a QI Program for in-home aged care services. These are described in the Table 1.

The full list of 21 QI domains identified are listed in Table 2.

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<sup>1</sup> As per the definition in the *Aged Care Bill 2023 Exposure Draft* (Cwth) s.19

# Table 1

## Consumer experience

Domain	Consumer experience
<b>Description</b>	The perspective of the person receiving care on the quality of care and services they receive
<b>Importance/relevance</b>	Consumer experience is essential to capturing the consumer voice of older people. Understanding factors that are associated with poor consumer experience can reduce the risk of poor outcomes, improve wellbeing and quality of life.
<b>Example quality indicators<sup>2</sup></b>	<ul style="list-style-type: none"> <li>• <b>Consumer experience measure:</b> Quality of Care Experience Aged Care Consumers (QCE-ACC) or other tool aggregate measure of care experience</li> <li>• <b>Understanding and addressing needs:</b> Percentage of respondents who thought their care needs were understood and addressed.</li> <li>• <b>Building relationships and trust:</b> Percentage of respondents who were able to easily communicate with their care coordinator and provider and were treated with respect.</li> <li>• <b>Client willingness to recommend service provider to family or friends:</b> Proportion of respondents who answered “Definitely Yes” to the question “Would you recommend this service provider to your family and friends if they needed in-home aged care?”</li> <li>• <b>Overall rating of care:</b> Proportion of respondents who gave a rating of 9 or 10 for the question “Using any number from 0–10, where 0 is the worst care possible, and 10 is the best care possible, what number would you use to rate your care from this aged care provider?”</li> </ul>
<b>Alignment with strengthened Aged Care Quality Standards</b>	Standard 1: The person Standard 2: The organisation Standard 3: The care and services
<b>Alignment with definition of high quality care<sup>3</sup></b>	Aligns
<b>Home care service types this domain could apply to<sup>4</sup></b>	<ul style="list-style-type: none"> <li>• Domestic assistance</li> <li>• Home maintenance and repairs</li> <li>• Personal care</li> <li>• Meals</li> </ul>

<sup>2</sup> All identified QIs were evaluated according to scientific acceptability, importance and applicability to the Australian in-home care context. These example QIs represent the diversity/breadth of QIs that could be considered in the domain

<sup>3</sup> Alignment with ‘Meaning of high quality care’ in the *Aged Care Bill 2023 Exposure Draft* (Cwth) s.19

<sup>4</sup> Suggested service types based on home care service types under current home care programs



Domain	Consumer experience
	<ul style="list-style-type: none"> <li>• Social support and community engagement – individual</li> <li>• Social support and community engagement – group activity</li> <li>• Transport</li> <li>• Respite</li> <li>• Care management</li> <li>• Restorative care management</li> <li>• Nursing care</li> <li>• Allied health and other therapeutic services</li> </ul>

## Quality of life

Domain	Quality of life
<b>Description</b>	How satisfied a person is with their life, including emotional, physical, material and social wellbeing
<b>Importance/relevance</b>	Quality of life should be the predominant aim in the provision of aged care services, and the desire for a good quality of life does not diminish over changing care needs or life course, with needs to value health, independence, safety and control.
<b>Example quality indicators</b>	<ul style="list-style-type: none"> <li>• <b>Quality of life score:</b> Quality of Life-Aged Care Consumers (QOL-ACC) or other older-person-specific quality of life instrument score</li> <li>• <b>Alone and distressed:</b> Proportion of home care clients who are distressed by a decline in social activities and are alone for long periods or all the time at follow-up</li> <li>• <b>Social isolation:</b> Percentage of clients who are feeling alone and distressed (Change in social activities and time alone (long periods or all the time) at assessment)</li> <li>• <b>Reduced community activity:</b> Percentage of clients with reduced community activity (who go out less or not at all)</li> <li>• <b>Home care services helped the recipient stay living at home:</b> Percentage of consumers who reported that their in-home aged care services were very helpful in allowing them to stay living at home</li> </ul>
<b>Alignment with strengthened Aged Care Quality Standards</b>	Standard 1: The person
<b>Alignment with definition of high quality care</b>	Aligns
<b>Home care service types this domain could apply to</b>	<ul style="list-style-type: none"> <li>• Domestic assistance</li> <li>• Home maintenance and repairs</li> <li>• Personal care</li> <li>• Social support and community engagement – individual</li> </ul>

Domain	Quality of life
	<ul style="list-style-type: none"> <li>• Social support and community engagement – group activity</li> <li>• Transport</li> <li>• Care planning</li> <li>• Meals</li> <li>• Restorative care management</li> <li>• Nursing care</li> <li>• Allied health and other therapeutic services</li> </ul>

## Function

Domain	Function
<b>Description</b>	A person's ability to perform basic daily activities and how it changes over time
<b>Importance/relevance</b>	A decline in physical function is often a reason for individuals to obtain aged care services, and is associated with falls, hospitalisations, disability, entry into residential aged care, and death. Appropriate care provision can slow or improve the rate of decline of physical functioning of individuals.
<b>Example quality indicators</b>	<ul style="list-style-type: none"> <li>• <b>Activities of Daily Living (ADL) improvement:</b> Proportion of home care clients with baseline impairment and a better score on the ADL assessment</li> <li>• <b>ADL decline:</b> Proportion of home care clients with a low baseline ADL assessment who decline further</li> <li>• <b>Declined ADLs:</b> Percentage of clients whose ADL functioning declined (bathing, personal hygiene, locomotion)</li> <li>• <b>Home care clients' decreased ability to perform daily activities:</b> Percentage of clients, of all ages, receiving publicly funded home care services for at least 60 days, whose ability to perform daily activities (such as eating and bathing) decreased over the last six months. A lower percentage of clients is better</li> </ul>
<b>Alignment with strengthened Aged Care Quality Standards</b>	Standard 5: Clinical care
<b>Alignment with definition of high quality care</b>	Aligns
<b>Home care service types this domain could apply to</b>	<ul style="list-style-type: none"> <li>• Personal care</li> <li>• Restorative care management</li> <li>• Nursing care</li> <li>• Allied health and other therapeutic services</li> <li>• Nutrition</li> </ul>

## Service delivery/care planning

Domain	Service delivery/care planning
Description	Whether care is planned and individualised for each aged care recipient
Importance/relevance	This domain examines whether individualised needs have been assessed and care plans are developed that incorporate an understanding of the person's goals and preferences to ensure the delivery of person-centred safe and effective care.
Example quality indicators	<ul style="list-style-type: none"> <li>• <b>Client involvement in their Home Care Plan:</b> Percentage of publicly funded Support at Home clients, of all ages, who agreed or disagreed (on a 5-point Likert scale) that they felt involved in developing their home care plan</li> <li>• <b>Care plans meet client goals:</b> Clients with care plans that identify how their personal priorities and outcomes will be met</li> <li>• <b>Time between re-assessments:</b> Percentage of assessed clients with a prior assessment in the same episode of care where the time between the 2 assessments was 1) Within 12 months and 2) Greater than 15 months</li> </ul>
Alignment with strengthened Aged Care Quality Standards	Standard 1: The person Standard 2: The organisation Standard 3: The care and services Standard 4: The environment Standard 5: Clinical care
Alignment with definition of high quality care	Aligns
Home care service types this domain could apply to	<ul style="list-style-type: none"> <li>• Respite</li> <li>• Care management</li> <li>• Restorative care management</li> <li>• Nursing care</li> <li>• Allied health and other therapeutic services</li> </ul>

## Workforce

Domain	Workforce
Description	The staffing levels, skill mix and training of aged care workers
Importance/relevance	Inadequate staffing levels, skill mix and appropriate trainings are principal causes of substandard care.



Domain	Workforce
Example quality indicators	<ul style="list-style-type: none"> <li>• <b>Trust and security in staff:</b> Percentage of clients who answered positively to the three questions.               <ol style="list-style-type: none"> <li>a. Do the staff respond well to you?</li> <li>b. How safe or insecure does it feel to live at home with support from the aged care provider?</li> <li>c. Do you feel confident about the staff coming to your home?</li> </ol> </li> <li>• <b>Staff Continuity Within the Home:</b> Average number of home care provider staff helping in 14 days</li> <li>• <b>Consistent team of home care workers - Average number of home care visits per person:</b> The average number of home care visits each older person receives per home care worker</li> <li>• <b>Consistent team of home care workers - Total number of home care workers:</b> Total number of home care workers providing care to an older person using home care services</li> <li>• <b>Staff retention:</b> Staff retention</li> </ul>
Alignment with strengthened Aged Care Quality Standards	Standard 2: The organisation Standard 3: The care and services Standard 5: Clinical care
Alignment with definition of high quality care	Aligns
Home care service types this domain could apply to	<ul style="list-style-type: none"> <li>• Domestic assistance</li> <li>• Personal care</li> <li>• Social support and community engagement – individual</li> <li>• Transport</li> <li>• Restorative care management</li> <li>• Nursing care</li> <li>• Allied health and other therapeutic services</li> </ul>

## Weight loss/nutrition

Domain	Weight loss/nutrition
Description	Unintended weight loss and malnutrition in older adults, which can lead to poor health outcomes
Importance/relevance	Unplanned weight loss and malnutrition are associated with higher mortality and morbidity, including increased risk of falls and fracture, pressure injury development, hospitalisations, infections, poor recovery from disease or surgery, reduced physical and mental function, and lower quality of life.
Example quality indicators	<ul style="list-style-type: none"> <li>• <b>Weight loss:</b> Percentage of clients who experienced weight loss</li> </ul>

Domain	Weight loss/nutrition
	<ul style="list-style-type: none"> <li>• <b>Weight loss:</b> Proportion of home care clients with any unintended weight loss at follow-up</li> </ul>
Alignment with strengthened Aged Care Quality Standards	Standard 5: Clinical care
Alignment with definition of high quality care	Weight loss/nutrition are not explicitly referenced in the definition of high quality care
Home care service types this domain could apply to	<ul style="list-style-type: none"> <li>• Meals</li> <li>• Nursing care</li> <li>• Nutrition</li> </ul>

## Falls/fractures/injury

Domain	Falls/fractures/injury
Description	The occurrence and prevention of falls, fractures and injuries in older people
Importance/relevance	Falls in older people are highly prevalent, leading to injuries, increased risk of mortality and reduced quality of life. Falls are the leading cause of hospitalised injury and injury-related deaths.
Example quality indicators	<ul style="list-style-type: none"> <li>• <b>Injuries:</b> Proportion of home care clients with new injuries - fractures, second- or third-degree burns or unexplained injuries – since baseline</li> <li>• <b>Injuries and breaks:</b> Percentage of clients with new injuries and breaks (fractures, second- or third-degree burns or unexplained injuries)</li> <li>• <b>Falls:</b> Proportion of home care clients who experienced one or more falls in the last 90 days</li> </ul>
Alignment with strengthened Aged Care Quality Standards	Standard 5: Clinical care
Alignment with definition of high quality care	Falls/fractures/injury are not explicitly referenced in the definition of high quality care
Home care service types this domain could apply to	<ul style="list-style-type: none"> <li>• Home maintenance and repairs</li> <li>• Nursing care</li> <li>• Allied health and other therapeutic services</li> </ul>

## Table 2

Prioritisation of the domains by evaluation, and alignment with the Strengthened Aged Care Quality Standards and definition of high quality care

Domain	Evaluation	Alignment with Strengthened Aged Care Quality Standards	Alignment with definition of high quality care
Consumer experience*			
Quality of life*			
Function			
Service delivery/care planning			
Workforce			
Weight loss/nutrition			
Falls/fractures/injury			
Pressure injury			
Pain			
Continence			
Hospitalisation			
Depression			
Caregiver distress			



Domain	Evaluation	Alignment with Strengthened Aged Care Quality Standards	Alignment with definition of high quality care
Medication-related			
Wait times/system access			
Behavioural symptoms			
Infection control			
Cognition			
Palliative care			
Other clinical			
Mortality			