National Aged Care Mandatory Quality Indicator Program (QI Program)

Quality indicator data elements summary to support QI Program expansion from 1 July 2021

March 2021

The following tables outline the data elements for each of the QI Program quality indicators for implementation from 1 July 2021.

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 2.0 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** | * One 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 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 a fall (one or more) at the service during the quarter
* Care recipients who experienced a fall (one or more) 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 to 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 to hospital for the entire seven-day assessment period
 |