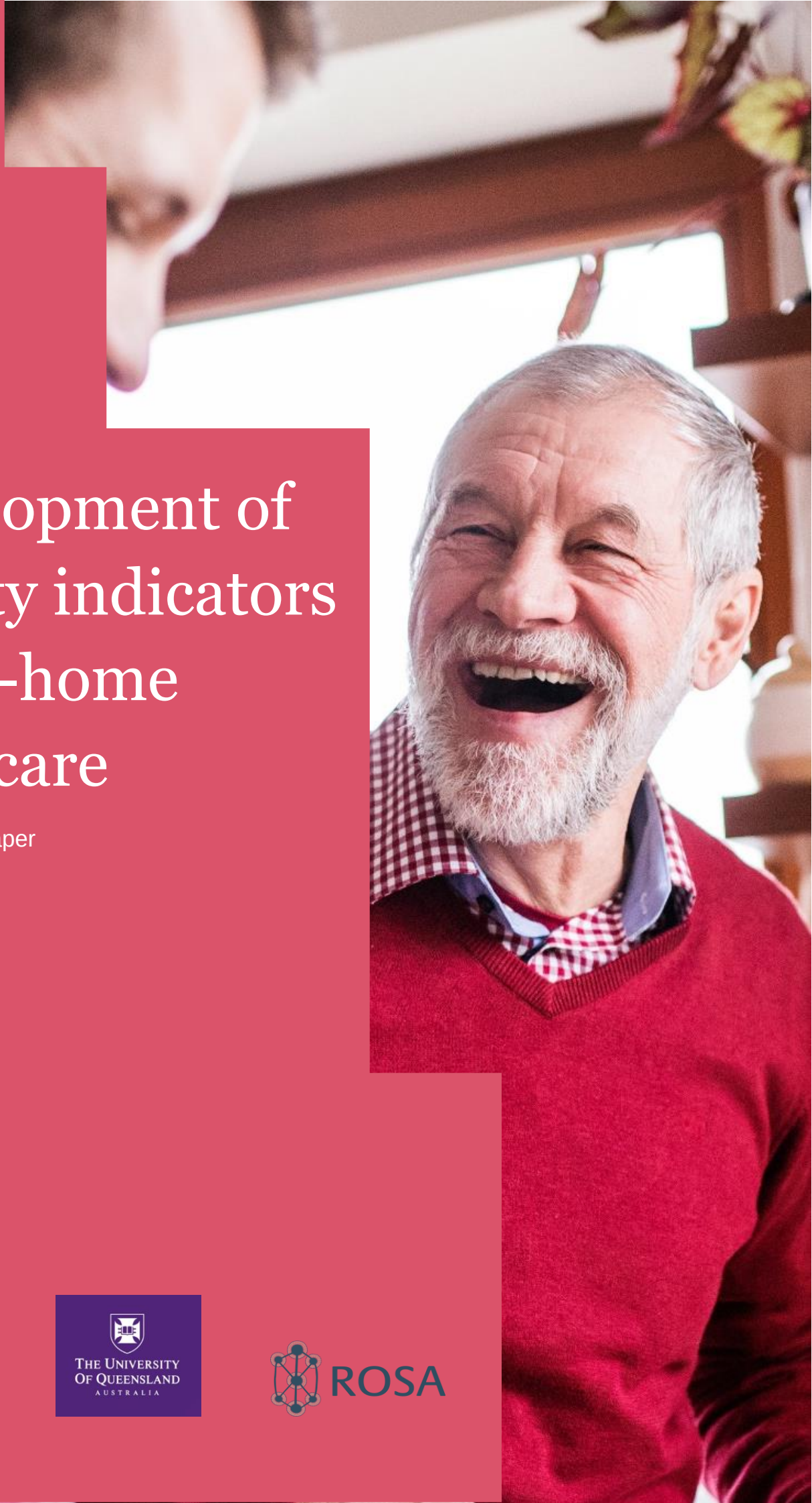
www.pwc.com



Development of quality indicators for in-home aged care

Consultation paper

November 2021

pwc

The University Of Queensland
AUSTRALIA

ROSA

Disclaimer

This consultation paper is not intended to be used by anyone other than Department of Health.

We prepared this consultation paper solely for Department of Health's use and benefit in accordance with and for the purpose set out in the Work Order with Department of Health dated 23 September 2021. In doing so, we acted exclusively for Department of Health and considered no-one else's interests.

We accept no responsibility, duty or liability:

- to anyone other than Department of Health in connection with this consultation paper
- to Department of Health for the consequences of using or relying on it for a purpose other than that referred to above.

We make no representation concerning the appropriateness of this consultation paper for anyone other than Department of Health. If anyone other than Department of Health chooses to use or rely on it they do so at their own risk.

This disclaimer applies:

- to the maximum extent permitted by law and, without limitation, to liability arising in negligence or under statute; and
- even if we consent to anyone other than Department of Health receiving or using this consultation paper.

Liability limited by a scheme approved under Professional Standards legislation.

Contents

Consultation overview

Executive summary

A consortium consisting of PricewaterhouseCoopers (PwC), the Centre for Health Services Research at the University of Queensland (UQ CHSR) and the Registry of Senior Australians (ROSA) at the South Australian Health and Medical Research Institute (SAHMRI) has been engaged by the Australian Government Department of Health (the Department) to assist in the development of quality indicators for in-home aged care. The project, to develop quality indicators, is intended to guide the further expansion of the National Aged Care Mandatory Quality Indicator Program (QI Program).

The overall aims of the QI Program are to:

- provide older people with more information about the quality of aged care services when making choices about their care
- support aged care services to measure, monitor, compare and improve the quality of their services
- provide the government with system-level measures of quality in aged care and an evidence-base to inform policy and regulation.

This project commenced in September 2021; the consortium has been engaged to identify, assess, and pilot evidence-based quality indicators across five quality of care domains for in-home aged care, and examine the use of assessment tools for a consumer experience and quality of life (CEQOL) domain.

A review of national and international literature identified evidence based quality of care domains and quality indicators for possible expansion of the QI Program to in-home aged care. The domains and quality indicators were assessed and ranked in the evidence review, with those most strongly supported by the outcomes of the evidence review presented in this consultation paper. In parallel, a comprehensive evidence review of validated tools to measure quality of life, consumer experience and consumer satisfaction in aged care was conducted by Flinders University.[1] This paper also presents the CEQOL domains and assessment tools for consultation.

Purpose of consultation

The Department is seeking feedback from aged care stakeholders to inform the quality of care domains and quality indicators selected for pilot in early 2022. This consultation paper will support online written consultations and virtual workshops to be held between 15 November – 10 December 2021.

This consultation paper has been developed to seek feedback and views from stakeholders on quality of care domains for in-home aged care with a particular focus on those most strongly supported by the outcomes of the evidence review:

- Domain 1: Function and activities of daily living (ADLs)
- Domain 2: Service delivery and care plans
- Domain 3: Weight loss/malnutrition/dehydration
- Domain 4: Falls and major injuries
- Domain 5: Pressure injuries/skin integrity
- Domain 6: Workforce
- Domain 7: Pain

[1] Ratcliffe J, Khadka J, Crocker M, Lay K, Caughey G, Cleland J, Gordon S, Westbrook J. Measurement tools for assessing quality of life, consumer satisfaction and consumer experience across residential and in-home aged care: Summary Report. Caring Futures institute, Flinders University, October 2021.

- Domain 8: Continence
- Domain 9: Hospitalisations (including emergency department presentations)
- Domain 10: Depression

This consultation paper also presents the assessment tools identified for the CEQOL domain.

The details of the quality of care domains and quality indicators presented in this consultation paper have been kept concise to support the consultation process. However, additional details can be found in the evidence review summary report which can be viewed at the following address. Consultation questions have been included in each section of this paper to focus the reader's attention to specific areas for consideration. The questions are not intended to be prescriptive or limit feedback. It is recognised that not all domains and questions may be applicable to the reader and therefore there is no expectation to consider all questions.

In general, the type of feedback being sought includes, but is not limited to:

- Which quality of care domains and quality indicators are most useful for quality improvement?
- Which quality of care domains and quality indicators are most appropriate for quarterly collection as part of the QI Program?
- Which CEQOL domain is most meaningful for consumer, providers, and the broader aged care sector?
- Which quality of care and CEQOL domains best meet the objectives of the QI Program?

Structure of consultation paper

This consultation paper is structured by the quality of care domains listed above. The final chapter presents the CEQOL domain.

Each chapter includes:

- an overview of the quality of care domain
- the quality indicators or assessment tools identified through the evidence review
- a summary of the key considerations for the domain, quality indicators and assessment tools
- a list of consultation questions.

The quality indicators within each domain are grouped into categories. Each quality indicator has a unique name to differentiate quality indicators that are very similar.

While reading this consultation paper, please note the terms 'clients', 'consumers' and 'patients' are used interchangeably to align with the terminology used in the country or jurisdiction the domains and quality indicators were sourced from.

If you require additional support with this consultation paper or consultation process, please contact the project team at qipilothomecare@au.pwc.com or 02 8266 1016.

Domain 1: Function and activities of daily living (ADLs)

Overview of domain

Activities of daily living (ADLs) are categorised as basic and instrumental (IADLS). Basic ADLs include the fundamental skills needed to manage basic physical needs such as personal hygiene, dressing, toileting/continence, transferring or ambulating, and eating. IADLS are more complex tasks such as managing finances, preparing meals and managing transportation. ADLs are essentially a measurement of independence. Measuring independence in ADLs is important as a decline often results in clients experiencing other issues (e.g. hospitalisation, pressure injuries, pneumonia, constipation) and a lower quality of life. Clients who are less independent also require more support from in-home aged care services.

Quality indicators for this domain

ID	Quality indicators
A	**Clients whose ability to perform activities of daily living has deteriorated**
A.1	Clients whose ability to perform daily activities (such as eating and bathing) decreased over the six months
A.2	Clients whose ADL functioning declined (bathing, personal hygiene, locomotion) (incidence)
A.3	Clients with a score of less than 18 on the baseline ADL Long Form who decline further (incidence)
A.4	Clients with a score of less than 15 on the IADL self-performance summary scale at baseline who declined (incidence)
A.5	Clients with a score of less than 18 on the baseline IADL Scale who decline further (incidence)
A.6	Clients who decline in independence since their last assessment
B	**Clients whose ability to perform activities of daily living has improved**
B.1	Clients with baseline impairment and a better score on the ADL Long Form (incidence)
B.2	Clients with a score greater than 0 on the IADL self-performance summary scale at baseline who experience an improvement (incidence)
B.3	Client improvement in ability to ambulate
B.4	Client who improved or stayed the same in their ability to bathe
B.5	Clients who improve in self-bathing
B.6	Clients who improve or stay the same in their ability to get in and out of bed
B.7	Clients who improved in their ability to get in and out of bed
B.8	Clients who improved in their ability to get to and from and on and off the toilet
B.9	Clients who improve in their ability to dress lower body
B.10	Clients who improve in their ability to dress upper body
C	**Clients who experience difficulties in mobilising and do not have an assistive device**
C.1	Clients who do not have an assistive device and have difficulty in mobility

ID	Quality indicators
D	**Clients who experience difficulties in mobilising at home**
D.1	Clients with impaired mobility within their home (incidence)
E	**Clients whose ability to perform activities of daily living has improved or stayed the same**
E.1	Clients who improve or stay the same in ability to manage toileting hygiene
E.2	Clients who improve or stay the same in their ability to get to and from and on and off the toilet
E.3	Clients who improve or stay the same in ability to groom self
F	**Clients who potentially could benefit from rehabilitation but do not receive therapy**
F.1	Clients who have rehabilitation potential and do not receive therapy

Key considerations

There are several considerations for these quality indicators:

- Varied definitions for ADLs are used and advice is sought on the most suitable definition for the Australian context.
- Several quality indicators within this domain focus on similar ADL concepts, but measure either an improvement or decline in ADLs. There is an opportunity to advise on whether there is a preference to measure improvement or decline in ADLs.
- Many of the quality indicators require sequential assessments of clients conducted in a consistent way. For example, any quality indicator that measures ‘improvement’ or ‘decline’ requires two observations.
- Some quality indicators in this domain require the use of validated or standardised tools to assess ADLs. Licenses to use these tools may need to be required before these may be piloted.
- In-home aged care services may not be able to impact the results of some quality indicators. For example, services may not be able to influence overall decline in consumer ADLs.
- Several quality indicators are not applicable to all consumers across in-home aged care. For example, quality indicators may only be applicable to consumers receiving higher or more frequent levels of in-home support.
- It is important to consider which staff members have the right skills to collect the data for these quality indicators.

Consultation questions

1. Does regular measuring/monitoring of function and ADLs support quality improvement for in-home aged care services?
2. Are there contemporary tools used in aged care in Australia to measure function and ADLs?
3. Can in-home aged care services influence function and ADLs?
4. How feasible would it be for in-home aged care services to collect and report this data?
5. Is it more important to measure point in time ADLs (point prevalence) or improvement/decline over time for people?
6. What function and ADLs are most important to measure (specific ADLS, mobilisation, early-loss of ADLs)?
7. In measuring ADLs, is there a preference to measure improvement, maintenance or decline in function?
8. Could reporting on function and ADL quality indicators help consumers to choose services?
9. What type of in-home aged care services would be appropriate to report on function and ADL quality indicators?

Domain 2: Service delivery and care plans

Overview of domain

The service delivery and care planning domain includes a series of services that intend to measure whether care is planned for, integrated with, and individualised for each person. According to the Australian Aged Care Quality Standards, aged care services are expected to demonstrate ongoing assessment and planning with their consumers. Care planning, specifically co-developed with clients and person centred, is recognised as a fundamental aspect of service delivery for all consumers receiving in-home aged care services.

Quality indicators for this domain

ID	Quality indicators
A	**Clients who provide input into their home care plan**
A.1	Clients involved in developing their home care plan
A.2	Client input into assistance, ability to influence care times, staff ability to carry out work in required timeframe
B	**Clients with an updated care plan**
B.1	Clients with an updated care plan
C	**Missed or late visits**
C.1	Safety incidents related to missed or late home care visits
C.2	Evidence of process to ensure clients have a home care plan that identifies how their provider will respond to missed or late visits
C.3	Planned home care visits that are missed
C.4	Clients that have a home care plan that identifies how their provider will respond to missed or late visits
D	**Clients who have a home care plan that includes their personal priorities**
D.1	Clients with care plans that identify how their personal priorities and outcomes will be met
D.2	Clients whose home care plan includes their personal priorities and outcomes
D.3	Evidence of process to ensure home care plans identify personal priorities and outcomes of clients will be met
E	**Clients who have a review of the outcomes of their home care plan**
E.1	Clients who have a review of the outcomes of their home care plan within a year of their previous review
E.2	Evidence of process to ensure clients have a review of the outcomes of their home care plan at least annually
E.3	Clients who have a review of the outcomes of their home care plan within six-weeks of the service starting
E.4	Evidence of process to ensure that clients have a review of the outcomes of their home care plan within six-weeks of the service starting
F	**Clients who have an unplanned readmission to hospital**
F.1	Clients discharged to the community who do not have an unplanned admission to an acute care hospital or long-term care hospital in the 31 days and remain alive

ID	Quality indicators
G	**Clients with a chronic disease management plan**
G.1	Clients with a chronic disease management plan
H	**Clients who receive home care with risk prevention measures**
H.1	Clients who receive home care with risk prevention measures for malnutrition
H.2	Clients who receive home care with risk prevention measures for pressure ulcers
H.3	Clients who receive home care with risk prevention measures for impaired oral health
I	**Length of visit**
I.1	Visits of less than 30 minutes with a prior agreement that a shorter visit is acceptable
I.2	Evidence of process to ensure clients have visits of at least 30 minutes unless otherwise agreed for a specific reason
I.3	Visits lasting 30 minutes or longer

Key considerations

There are several considerations for these quality indicators:

- Many of the quality indicators reflect service delivery aspects within the control of in-home aged care services, increasing the potential for quality improvement.
- Many of the quality indicators did not score highly in terms of scientific properties in the evidence review. Consideration should be given to the balance between using quality indicators in a pilot where the scientific properties are not very strong but are likely to support quality improvement and consumer choice within an expanded in-home QI Program.
- Some quality indicators may need to be considered for the pilot in light of the different consumer populations within the in-home aged care context. For example, some quality indicators may only be appropriate for consumers receiving frequent in-home support.
- Consideration will be necessary for the pilot in relation to the type of staff within in-home aged care services who are appropriate to collect data for these quality indicators.
- Some of the higher ranked quality indicators may be more influenced by the health care system and may not be able to be directly influenced by in-home aged care services.

Consultation questions

1. Does measuring/monitoring these service planning and care delivery quality indicators support quality improvement for in-home aged care services?
2. How feasible would it be for in-home aged care services to collect and report this data?
3. What quality indicators of service planning and care delivery are important to measure (updated care plans, client input into plans, missed visits)?
4. Could process indicators[2], as opposed to outcome indicators, for service delivery and care planning be useful for quality improvement and consumer choice?
5. Could reporting on service care and delivery plans quality indicators help clients make decisions about choosing services?
6. What type of in-home aged care services would be appropriate to report on service care and delivery planning quality indicators?

2 Process indicators measure activities or systems within a service. For example, for service delivery and care plans, a process indicator would assess outcomes of a client's home care plan.

Domain 3: Weight loss, malnutrition, and dehydration

Overview of domain

Unplanned weight loss is the result of deficiency in a person's dietary intake relative to their needs and may be a symptom and consequence of disease. Malnutrition is the lack of proper nutrition and can be caused by not having enough to eat, not eating enough of the right things, or not being able to use the food and nutrition that one does eat. Dehydration occurs when you use or lose more fluid than you take into your body, and your body does not have enough fluids to carry out its normal functions. Unplanned weight loss, malnutrition and/or dehydration are reported in up to 30 per cent of older adults and can be associated with poor health outcomes, reduced quality of life and related healthcare costs.[3] [4] Unplanned weight loss can be a clinical symptom and consequence of poor health or presence of disease and is one of the best indications of poor nutrition in older people. 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.

Quality indicators for this domain

ID	Quality indicators
A	**Clients who experienced weight loss**
A.1	Clients who experienced weight loss
A.2	Clients with weight loss in the last 30 days
B	**Clients who experienced unintended weight loss**
B.1	Clients with unintended weight loss at follow-up
B.2	Clients with unintentional weight loss (client reported)
C	**Clients who present to Emergency Department or are hospitalised with weight loss or malnutrition**
C.1	Clients who present to Emergency Department or are hospitalised and weight loss or malnutrition were reported
D	**Clients who experienced dehydration**
D.1	Clients with dehydration
D.2	Clients with dehydration in the last 30 days

Key considerations

There are several considerations for these quality indicators:

- Many of the quality indicators require multiple linked assessments that may not be possible within a six-week pilot cycle.

3 Alibhai SM, Greenwood C, Payette H. An approach to the management of unintentional weight loss in elderly people. CMAJ 2005;172:773-80.

4 Banks M, Ash S, Bauer J, Gaskill D. Prevalence of malnutrition in adults in Queensland public hospitals and residential aged care facilities. Nutr Diet 2007;64:172-8.

- The weight loss quality indicator measures currently used in the QI Program for residential aged care could be considered for the in-home aged care pilot.
- Some quality indicators may need to be considered for the pilot in light of different consumer populations within the in-home aged care context. For example, some quality indicators may only be appropriate for consumers receiving services that have a direct role in nutrition and hydration (e.g. meal services).
- It will be necessary to consider the type of staff within in-home aged care services who are appropriate to collect data for these quality indicators.

Consultation questions

1. Does measuring weight loss, malnutrition, and dehydration support quality improvement for in-home aged care services?
2. Can in-home aged care services influence weight loss, malnutrition, and dehydration?
3. How feasible would it be for in-home aged care services to collect and report data?
4. What are the most important weight loss, malnutrition, and dehydration quality indicators to measure (unintended weight loss, dehydration etc)?
5. Should weight, malnutrition, and dehydration quality indicators be measured at a point in time, or over a period of time (e.g. a week, a month, a quarter)?
6. Could reporting on weight loss, malnutrition, and dehydration quality indicators help clients make decisions about choosing services?
7. What type of in-home aged care services would be appropriate to report on these weight loss, malnutrition, and dehydration quality indicators?

Domain 4: Falls and major injuries

Overview of domain

A fall is an event that results in a person coming to rest inadvertently on the ground or floor or other lower level. A fall resulting in major injury is a fall that meets this definition and results in one or more serious injuries like bone fractures, joint dislocations, or closed head injuries. Falls in older people are a public health priority due to their high prevalence, related injuries, increased risk of mortality and reduced quality of life. In Australia, falls are the leading cause of hospitalised injury and injury-related deaths in older people. A third of older people living in the community fall at least once every year.[5] There are many factors that influence falls, and many of these factors can be prevented.

Quality indicators for this domain

ID	Quality indicators
A	**Clients who experienced a fall**
A.1	Clients who fell
A.2	Clients who experienced one or more falls in the last 90 days
A.3	Clients with an incident of falling
B	**Clients who experienced a fall with injury requiring medical attention**
B.1	Clients experiencing one or more falls requiring medical attention
B.2	Clients with fall injuries admitted to hospital among people 80 years and older (3 year average)
C	**Clients who experienced a fall with major injury**
C.1	Clients with new fall-related injuries and breaks
C.2	Clients experiencing at least one fall-related fracture
C.3	Clients with new fall-related injuries (fractures, second- or third-degree burns, unexplained injuries)
C.4	Clients experiencing one or more falls with major injury
C.5	Clients who fall with trauma (last 30 days)
D	**Clients who experienced a hip fracture**
D.1	Hip fractures among people 65 years and older (3 year average)

Key considerations

There are several considerations for these quality indicators:

- Some quality indicators identified within this domain may need to be considered for the pilot in light of different consumer populations within the in-home aged care context. For example, some quality indicators may only be appropriate for consumers receiving frequent in-home support.

[5] Deandrea S, Bravi F, Turati F, et al. Risk factors for falls in older people in nursing homes and hospitals. A systematic review and meta-analysis. Arch Gerontol Geriatrics 2013; 56:407-15.

- It will be necessary to consider the type of staff within in-home aged care services who are appropriate to collect data for these quality indicators prior to the commencement of the pilot.
- Consideration will need to be given to the ability of in-home aged care services to influence the quality indicators as some quality indicators may be unrelated to the care provided.
- The falls quality indicator measures currently used in the QI Program for residential aged care could be considered for the in-home aged care pilot.

Consultation questions

1. Does measuring/monitoring falls and major injuries support quality improvement for in-home aged care services?
2. Can in-home aged care services influence falls and major injuries?
3. How feasible would it be for in-home aged care services to collect and report falls and major injuries data?
4. What are the most important falls and major injuries quality indicators to measure (falls, major injury from falls, hip fractures)?
5. Should falls and major injuries quality indicators be measured at a point in time, or over a period of time (e.g. a week, a month, a quarter)?
6. Could reporting on falls and major injuries quality indicators help consumers to choose services?
7. What type of in-home aged care services would be appropriate to report on falls and major injuries quality indicators?

Domain 5: Pressure injuries and skin integrity

Overview of domain

A pressure injury is a localised injury to the skin and/or underlying tissue, usually over a bony prominence, due to pressure, shear, or a combination of these factors. Pressure injuries decrease a person's quality of life, are expensive to manage and are potentially life threatening. The older population are at higher risk of developing pressure injuries, because of skin and soft-tissue changes associated with ageing as well as other age-related impairments such as malnutrition, immobility, incontinence, impaired cognitive status, and frailty.

Quality indicators for this domain

ID	Quality indicators
A	**Clients who experienced a pressure injury**
A.1	Percentage of quality episodes in which the client has one or more stage 2-4 pressure ulcers, or an unstageable ulcer/injury, present at discharge that are new or worsened since the beginning of the quality episode
A.2	Pressure ulcer or skin tear in the last 30 days
A.3	Incidence of clients with a skin ulcer
A.4	Proportion of clients with a pressure ulcer
B	**Clients who experienced a pressure injury requiring hospitalisation**
B.1	Proportion of clients who had an emergency department presentation or hospitalisation where pressure injury was reported

Key considerations

There are several considerations for these quality indicators:

- Some quality indicators need to be considered for the pilot in light of different consumer populations within the in-home aged care context. For example, some quality indicators may only be appropriate for consumers receiving frequent or specific types of in-home support.
- It will be necessary to consider the type of staff within in-home aged care services who are appropriate to collect data on pressure injuries prior to the commencement of the pilot.
- Consideration will need to be given to the ability of in-home aged care providers to influence pressure injuries in consumers.
- The pressure injuries quality indicator measures currently used in the QI Program for residential aged care could be considered for the in-home aged care pilot.

Consultation questions

1. Does measuring/monitoring pressure injuries and skin integrity support quality improvement for in-home aged care services?
2. Can in-home aged care services influence pressure injuries in consumers?
3. How feasible would it be for in-home aged care services to collect and report on pressure injuries and skin integrity data?
4. Should pressure injuries and skin integrity quality indicators be measured at a point in time, or over a period of time (e.g. a week, a month, a quarter)?
5. Could reporting on pressure injuries and skin integrity quality indicators help consumers to choose services?
6. What type of in-home aged care services would be appropriate to report on pressure injuries and skin integrity quality indicators?

Domain 6: Workforce

Overview of domain

Aged care is one of Australia's largest service industries. In 2020 the industry employed 434,000 paid workers, with the majority (76 per cent) in direct care roles. This includes 123,048 direct care staff employed in the home care setting (home care packages and home support services).[6] Findings from the Royal Commission into Aged Care Quality and Safety have reported Australia's aged care system is understaffed and undertrained.

Quality indicators for this domain

ID	Quality indicators
A	**Responsiveness of staff, safety living at home, and confidence in staff**
A.1	Responsiveness of staff, safety living at home, and confidence in staff
B	**Consistency of care for home care clients**
B.1	Number of home care workers providing care to an older person
B.2	Staff helping a client in 14-day period (average)
B.3	Evidence of processes to ensure consistent team of workers for each client
C	**Staff retention**
C.1	Staff retention
D	**Visits for each client per home care worker**
D.1	Visits for each client per home care worker
E	**Home care workers who had a supervision discussion**
E.1	Evidence of supervision discussions with home care workers (every 3 months)
E.2	Workers who had a supervision discussion (within 3 months)

6 Australian Government. Department of Health. 2020 Aged Care Workforce Census Report. https://www.health.gov.au/resources/publications/2020-aged-care-workforce-census. 2021.

Key considerations

There are several considerations for these quality indicators:

- Many quality indicators within the domain reflect aspects that are within the control of in-home aged care services, increasing the potential for quality improvement.
- Most of the quality indicators did not score highly in terms of scientific properties in the evidence review. Consideration should be given to the balance between using quality indicators in a pilot where the scientific properties are not very high but are likely to support quality improvement and consumer choice within an expanded in-home QI Program.

Consultation questions

1. Does measuring/monitoring workforce quality indicators support quality improvement for in-home aged care services?
2. How feasible would it be for in-home aged care services to collect and report on workforce data?
3. What type of workforce quality indicators are most important to measure (e.g. number of staff, supervision, continuity of staff)?
4. Should workforce quality indicators be measured at a point in time, or over a period of time (e.g. a week, a month, a quarter)?
5. Could reporting on workforce quality indicators help consumers to choose services?
6. What type of in-home aged care services would be appropriate to report on workforce quality indicators?

Domain 7: Pain

Overview of domain

Pain affects a significant and increasing portion of older adults. Pain affects people's functional capabilities, activities of daily living, quality of life, and overall disability. In a geriatric, frail person, or person with dementia, the effect of pain may be even more pronounced and cause more serious complications.

Quality indicators for this domain

ID	Quality indicators
A	**Clients who have daily pain**
A.1	Clients who complained or showed evidence of daily pain
A.2	Clients with pain (on pain medication or no pain medication)
A.3	Clients with daily pain (over 3 days)
B	**Clients with inadequate pain control**
B.1	Clients who have pain and are receiving inadequate pain control or no pain medication
B.2	Clients with inadequate pain control
C	**Clients who have daily severe pain**
C.1	Clients with at least daily episodes of severe pain at follow up
C.2	Clients with daily severe pain
D	**Clients whose pain improved**
D.1	Clients with a reduction in pain
D.2	Clients whose pain improved

Key considerations

There are several considerations for these quality indicators:

- Varied definitions and measurement tools for pain are used and advice is sought on the most useful for the Australian context.
- Several quality indicators within this domain focus on similar concepts in pain, but measure either improvement or decline in pain. There is an opportunity to advise on whether there is a preference to measure improvement or decline in pain. Is it more useful to measure point in time (point prevalence) or improvement/decline over time for people?
- Many of the quality indicators require sequential assessments of clients, which may not be possible within a six-week pilot cycle. This would not apply to quality indicators that measure daily or weekly pain.
- Many of the quality indicators require the use of validated or standardised tools to assess pain. Licenses to use these tools may be required. If alternative, but similar quality indicators were to be developed for the pilot, a process of selection, implementation of measures and assessment requirements would be required. It may be preferable for clients to self-complete assessments, or the use of a proxy may be required (i.e. family member, carer, or both). Consideration should be given to determining when and how a proxy should be used to complete the assessment.
- Consideration should be given to how quality indicators within this domain should be reported across in-home aged care services providing different types of care. For example, in-home aged care services providing high level care (for

example Home Care Packages 3 and 4) are likely to report a higher number of clients who experience high levels of pain. By comparison, in-home aged care services providing low level care are likely to have fewer clients who experience high levels of pain.

Consultation questions

1. Does measuring/monitoring pain in consumers support quality improvement for in-home aged care services?
2. Are there existing measurement or screening tools used to measure pain that could be used for these type of quality indicators?
3. Can in-home aged care services influence pain outcomes?
4. How feasible would it be for in-home aged care services to collect and report this data?
5. What pain quality indicators are most important to measure (change in pain, severe pain, daily pain)?
6. Is it more useful to measure point in time behaviour (point prevalence) or improvement/decline over time for people?
7. Is it more important to measure existence or frequency or severity of pain?
8. How feasible would it be for consumers to self-complete assessments on pain?
9. Could reporting on pain quality indicators help consumers make decisions about choosing services?
10. What type of in-home aged care services would be appropriate to report on pain quality indicators?

Domain 8: Continence

Overview of domain

Continence is the ability to control one's bladder and bowel elimination, and incontinence is the involuntary loss of bladder and bowel control. Incontinence is not a physiological part of the ageing process and can often be successfully treated. Age-related changes together with frailty, cognitive decline, or impaired mobility, can put older adults at risk of incontinence. Incontinence is an important consideration as having bowel and bladder control can prevent other poor health outcomes (e.g. infection, pressure injuries). Furthermore, when clients receive treatment for incontinence it can improve their well-being (both dignity and assisting them socially). With the right treatment and assistance from health care professionals and service providers, continence can improve.

Quality indicators for this domain

ID	Quality indicators
A	**Clients with continence issues**
A.1	Clients who had difficulty controlling urination
A.2	Clients with bladder or bowel problem in last 30 days
A.3	Clients diagnosed with incontinence by doctor or specialised nurse
A.4	Clients with obstipation (incidence)
B	**Clients who experience a decline in continence**
B.1	Clients who experience a decline in bladder continence
B.2	Clients who experience a decline in bladder continence (incidence)
C	**Clients who experience an improvement in continence**
C.1	Clients who experience an improvement in bladder continence
C.2	Clients with improvement in bowel control
D	**Clients with a catheter**
D.1	Clients with a catheter

Key considerations

There are several considerations for these quality indicators:

- Some quality indicators identified within this domain may need to be considered for the pilot in light of different consumer populations within the in-home aged care context. For example, some quality indicators may only be appropriate for consumers receiving frequent levels or specific types of in-home support.
- Several quality indicators within this domain focus on similar concepts in continence, but measure either improvement or decline in continence. There is an opportunity to advise on whether there is a preference to measure improvement or decline in continence.
- Many of the quality indicators require multiple linked assessments that may not be possible to undertake in a six-week pilot cycle.
- The quality indicators cover a range of concepts. Prior to pilot it would be necessary to decide if quality indicators that are taken to pilot reflect bladder aspects, bowel aspects, or both, noting that bladder incontinence is more frequently observed in community based older people.

Consultation questions

1. Does measuring/monitoring continence support quality improvement for in-home aged care services?
2. Are there contemporary tools used in aged care in Australia to measure continence?
3. Can in-home aged care services influence continence outcomes?
4. How feasible would it be for in-home aged care services to collect and report on continence quality indicators?
5. What are the most important continence quality indicators to measure (bladder, bowel, catheters, or all)?
6. Is it more important to measure improvement, maintenance or decline in continence?
7. Is it more useful to measure point in time pain (point prevalence) or improvement/decline over time for people?
8. Are there process indicators (e.g. continence management) that would be appropriate as quality indicators?
9. Could reporting on continence quality indicators help consumers make decisions about choosing services?
10. What type of in-home aged care services would be appropriate to report on continence quality indicators?

Domain 9: Hospitalisations

Overview of domain

Hospitalisations are admissions to hospitals to receive treatment, which can be planned (i.e. elective) or unplanned. Emergency department care is also provided in many hospitals, and this includes urgent care provision that may or may not result in hospital admissions. Approximately a third of Australians receiving Home Care Packages experience unplanned hospitalisation each year.[7] Many hospitalisations are considered potentially preventable with preventative health interventions, early disease management, or better access to certain care.

Quality indicators for this domain

ID	Quality indicators
A	**Emergency Department presentation or visits**
A.1	Emergency Department presentation within 30 days of discharge from hospital
A.2	Emergency Department visits by new home care clients in 30 days after leaving hospital
A.3	Acute care hospitalisation during first 60 days of home health stay
A.4	Emergency Department presentation or hospitalisation for medication-related events
A.5	Emergency Department presentation for clients with dementia or clients hospitalised for delirium or dementia
B	**Clients readmitted to hospital within 30 days of discharge**
B.1	Clients who had a potentially preventable 30 day post-discharge readmission
B.2	Readmissions for new home care clients 30 days after leaving hospital
C	**Clients requiring hospitalisation**
C.1	Clients who require hospital stay or Emergency Department care
C.2	Hospitalisation or Emergency Department use in the 90-day period before follow-up assessment
C.3	Hospital admission in 30 days between surveys
C.4	Clients who require hospitalisation, emergency department presentation or emergent care
C.5	Emergency Department use without hospitalisation during the first 60 days of home health stay
D	**Clients who have an unplanned readmission to hospital**
D.1	Clients discharged to community with no unplanned admission to acute hospital or long-term care facilities in 31 days after discharge

Key considerations

There are several considerations for these quality indicators:

7 MC I. Registry of Senior Australians. Report prepared by the Registry of Senior Australians for ECH Inc, July 2021.

- Many of the quality indicators for this domain do not use provider level data for hospital admissions. As the pilot will collect primary data directly from in-home aged care services, this may be inconsistent with the use of these quality indicators.
- Quality indicators vary in relation to what is measured, such as Emergency Department or hospital admissions.
- Considerations should be given to the ability of in-home aged care services to influence the quality indicators through their own actions.

Consultation questions

1. Does measuring/monitoring hospitalisation or hospital presentations for consumers support quality improvement for in-home aged care services?
2. Can in-home aged care services influence hospitalisation or hospital presentations for in-home aged care consumers?
3. How feasible would it be for in-home aged care services to collect and report on this data?
4. Do in-home aged care services currently capture this data?
5. Are there hospitalisation or hospital presentation quality indicators that are more important to measure (Emergency Department presentation, unplanned admission, re-admission within 30 days of discharge)?
6. Is the cause of hospitalisation or hospital presentation important to measure for in-home aged care services (e.g. delirium dementia)?
7. Could reporting on hospitalisation or hospital presentation quality indicators help consumers make decisions about choosing in-home aged care services?
8. What type of in-home aged care services would be appropriate to report on hospitalisation or hospital presentations?

Domain 10: Depression

Overview of domain

Depression is a common and serious mood disorder that can affect all aspects of an individual's life and can negatively impact people's quality of life. Individuals who suffer depression may experience persistent feeling of sadness and hopelessness and lose interest in activities they normally would enjoy. Depression symptoms such as fatigue, loss of interests, low mood and concentration problems can be managed, improved, or resolved through behavioural or pharmacological therapies. Aged care services are expected to detect and provide support to address changes and deterioration of mental, cognitive or physical function, as well as capacity or condition of consumers. Identifying depression in clients can be complicated by individual circumstances (e.g. loss of a spouse, chronic pain and illness, and/or cognitive decline).

Quality indicators for this domain

ID	Quality indicators
A	**Clients whose mood declined**
A.1	Clients whose mood declined
B	**Clients with fewer depressive symptoms**
B.1	Clients with fewer depressive symptoms
C	**Clients with more depressive symptoms**
C.1	Clients with more depressive symptoms
D	**Clients suffering from depression**
D.1	Clients suffering from depression

Key considerations

There are several considerations for these quality indicators:

- Varied definitions for depression, mood or depressive systems are used and advice is sought on the most suitable definition for the Australian context.
- Several quality indicators within this domain focus on similar concepts in depression, but measure either an improvement or a decline in depression, mood or depressive symptoms. There is an opportunity to advise on whether there is a preference to measure improvement, decline or both in depression, mood or depressive symptoms.
- Many of the quality indicators require multiple linked assessments that may not be possible within a six-week pilot cycle.
- Consideration will need to be given prior to the pilot in relation to the type of staff within in-home aged care services who are appropriate to collect data for these quality indicators.
- Many quality indicators in this domain require the use of validated or standardised tools to assess depression. Licenses to use these tools may need to be obtained before these can be used in the pilot. If alternative, but similar quality indicators were to be developed for the pilot, a process of selection, implementation of measures and assessment requirements would be required. It may be preferable for clients to self-complete assessments, or the use of a proxy may be required (i.e. family member, carer, or both). Consideration should be given to determining when and how a proxy should be used to complete the assessment.

Consultation questions

1. Does measuring/monitoring depression, mood, or depressive symptoms support quality improvement for in-home aged care services?
2. Are there contemporary tools used in aged care in Australia to measure depression, mood or depressive symptoms?
3. Can in-home aged care services influence a consumer's symptoms of depression, mood or depressive symptoms?
4. How feasible would it be for in-home aged care services to collect and report on this data?
5. How feasible would it be for consumers to self-complete assessments on depression, mood or depressive symptoms?
6. What depression quality indicators are the most important to measure (all moods, depression symptoms, diagnosed depression)?
7. Is it more important to measure improvement, decline or prevalence in depression, mood or depressive symptoms?
8. Is it more useful to measure point in time depression (point prevalence) or improvement/decline over time for people?
9. Could reporting depression quality indicators help consumers make decisions about choosing services?
10. What type of in-home aged care services would be appropriate to report on depression, mood or depressive symptoms?

Consumer experience and quality of life

To capture the voices of aged care consumers, an assessment tool measuring quality of life, consumer experience or consumer satisfaction will be implemented.

Quality of life refers to a consumer's perception of their position in life, taking into consideration their contextual environment and their goals, expectations, standards, and concerns.[8] It includes their emotional, physical, material, and social wellbeing.

Consumer experience looks at the experience of the consumer receiving care. The Consumer Experience Reports developed by the Aged Care Quality and Safety Commission currently capture aspects of consumer experience within aged care.[9]

Consumer satisfaction is a measurement that determines how well a service is meeting the consumer's expectations, it also assesses the level of a consumer's fulfillment with the care and services provided to them.

The associated assessment tools will allow consumers to provide feedback on their lived experience, and, over time, provide information on quality in aged care to assist consumer decision making. In addition, the assessment tool will support in-home aged care services with access to robust, valid data to monitor performance and ensure continuous quality improvement.

The tools to measure quality of life, consumer experience or consumer satisfaction are not inter-changeable as they measure different concepts or dimensions (i.e. wellbeing, social relationships, independence).

The Royal Commission into Aged Care Quality and Safety recommended a quality of life assessment tool should be implemented in residential and in-home aged care.[10] A review of quality of life, consumer experience and consumer satisfaction assessment tools by Flinders University identified quality of life as the most important measure for aged care.[11]

Assessment tools for this domain

#	Assessment tool
A	**Quality of life**
A.1	Quality of Life–Aged Care Consumers (QOL-ACC) This tool has been designed specifically for quality assessment in aged care to capture consumer (older person and family carer) focused quality of life outcomes from their own perspective. It was codesigned with consumers in Australia for used in aged care. The tool consists of six dimensions: mobility, emotional wellbeing, social connections, independence, activities, and pain management with five response levels attached to each dimension. There are self-completed, interviewer administered and proxy versions of the QOL-ACC available.

8 World Health Organization (2012). The World Health Organization Quality of Life (WHOQOL).

9 Aged Care Quality and Safety Commission. A voice and choice in quality care. Consumer Experience Reports: Residential Aged Care Services.

10 Royal Commission into Aged Care Quality and Safety, Commonwealth of Australia. Final report 2021.

11 Ratcliffe J, Khadka J, Crocker M, Lay K, Caughey G, Cleland J, Gordon S, Westbrook J. Measurement tools for assessing quality of life, consumer satisfaction and consumer experience across residential and in-home aged care: Summary Report. Caring Futures institute, Flinders University, October 2021.

#	Assessment tool
A.2	Good Spirit, Good life tool (GSGL) This non preference-based tool measures the quality of life of older Aboriginal Australians aged 45 years and over. It consists of twelve dimensions: family and friends, country, community, culture, health, respect, elder role, supports and services, safety and security, spirituality, future planning, and basic needs. There is also a carer version of the tool available. It is the first instrument of its kind developed from its inception with older Aboriginal people and was designed to be applied with this population.
A.3	Dementia Quality of Life tool (DEMQOL) This non preference-based tool measures the health-related quality of life of individuals with dementia. The tool has five dimensions: health and well-being, cognitive functioning, social relationships, daily activities, and self-concept. There are 28 self-report measures completed by the person with dementia, and 31 items competed by a caregiver.
B	**Consumer experience**
B.1	Quality of Care-Aged Care Consumers (QCE-ACC) The QCE-ACC is a preference-based measure of aged care specific quality of care experience. It has six dimensions: respect and dignity, services and supports, decision-making, staff skills and training, social relationships, and feedback.
C	**Consumer satisfaction**
C1	Resident Satisfaction Questionnaire (RSQ) The RSQ was developed in 1998 in Australia to measure aged care residents' level of satisfaction with their care. It covers ten dimensions (50 questions): overall level of satisfaction; care by staff; individual needs; your room; residential centre; social life and involvement in the aged care centre; links with the community; chaplaincy services; resident services; resident involvement and feedback.

Key considerations

There are several considerations for these assessment tools:

- There are currently no recommendations on how often quality of life, consumer experience or consumer satisfaction assessments should be completed. Consideration should be given to the assessment frequency of assessment tool administration.
- It is preferable for consumers to self-complete quality of life, consumer experience and consumer satisfaction assessments using a proxy (i.e. family member, carer, or both) only when required. Consideration should be given to determine when and how a proxy should be engaged to complete the assessment.
- Assessment tools are available in varying formats, including via tablet, computer or hard copy (pen and paper survey). Consideration should be given to consumer preference and resources within in-home aged care services when administering the preferred assessment.
- The consumer satisfaction tools have wide applicability to consumers and services. However, evidence from the broader health system suggests that consumer satisfaction tools may not be a reliable measure of quality due to the presence of 'satisfaction bias'. Consumer satisfaction is often overwhelmingly positive and unequal to true levels of satisfaction. This may in turn, impact the variation of the results across services, reducing its value as a measure to support quality improvement and, in time, consumer choice. The presence of this bias will need to be considered in the implementation of consumer satisfaction tools.
- The identified tools provide limited recommendations on collection and reporting of assessment data across in-home aged care. Consideration should be given to determining the appropriate staff to collect assessment data, the frequency of data collection, and the number of consumers from which data is to be collected in each reporting period.

Consultation questions

1. Does measuring/monitoring these concepts support quality improvement for in-home aged care services?
2. Are there existing measurement or screening tools used to measure quality of life, consumer experience or consumer satisfaction that could be used for these type of quality indicators?
3. Can in-home aged care services influence quality of life in clients?
4. Can in-home aged care services influence consumer experience in client?
5. Can in-home aged care services influence consumer satisfaction in clients?
6. How feasible would it be for in-home aged care services to collect and report on this data?
7. How should the data be collected?
8. How often should the data be reported?
9. Is it more important to measure quality of life, consumer experience, or consumer satisfaction?
10. Could reporting on quality of life, consumer experience or consumer satisfaction quality indicators help consumers make decisions about choosing services?
11. What type of in-home aged care services would be appropriate to report on quality of life, consumer experience or consumer satisfaction?

www.pwc.com.au

127084565