Information for general practitioners

From 1 July 2019 across Australia, every Commonwealth subsidised residential aged care service must collect and provide clinical quality indicator data to the Department of Health. Aged care providers can do this by either:

a) joining the National Aged Care Quality Indicator Program;

b) using a commercial benchmarking service; or

c) using an in-house system.

The National Aged Care Quality Indicator Program (QI Program) measures different aspects of care. The specific indicators used in the QI Program for residential facilities are:

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

These areas can all have serious and potentially catastrophic impacts on the physical, mental, emotional and spiritual health for residents. Monitoring and measuring performance in these areas is vital to support residents to receive a good quality of care within a framework of continuous improvement.

A Quality Indicator (QI) is usually calculated as a rate by counting how often an event (for example, physical restraint) occurs over a period of time in each residential facility.

Every three months residential facilities will be required to collect and submit their QI data to the Australian Government Department of Health (the department), which processes the data and generates a report about the indicators.

The QI Program complements but does not replace resident safety, risk, quality improvement, accreditation and innovation activities.

The QI Program does not and cannot say whether the care in the facility is right or wrong; or whether it is good or bad. It only tells us if rates change or are different in other residential facilities.

**Information sources**

Most residential facilities have a staff member who coordinates the collection and reporting of QI information (usually the manager or the quality coordinator).

Information is gathered from residents’ progress notes, care plans, assessments and audits. Privacy is protected as information submitted to the department does not contain identifying information about any resident.

Sometimes, additional information is obtained by talking with the clinical and care staff.
The role of general practitioners
The QIs are a reflection of how clinical and support staff provide care. General practitioner views are vital in order to interpret the data.
Any changes to improve resident care will also require the involvement of general practitioners.
Facilities need to respond proactively to QI information to continuously improve care.

Improving quality of life for residents
A Victorian survey that examined the use of the indicators in the Victorian Quality Indicator Program found these would trigger a review of care for the individual resident (62–79 per cent); staff practice (45–63 per cent) and the whole system (45–55 per cent). Following these reviews, beneficial changes in care for residents occurred in 58–75 per cent of occasions.
General practitioners have a vital contribution to make in examining practice to understand changes in the QI rates. The indicators directly or indirectly relate to clinical care and require medical expertise to interpret the data, reduce harm and improve care.

Other areas of care
The QIs used in the QI Program cover a limited number of areas which are high-priority risk areas for older people living in residential facilities.
There are many other important areas of risk such as constipation, pain, falls, use of medicines, depression, delirium and palliative care that facilities need to monitor through other programs.
It is not possible or desirable to measure every aspect of care through QIs.
The three indicators chosen are important measures that have a broad impact across a number of other care areas.

Actions to take
- Be familiar with the QIs and the QI Program.
- Ask questions.
- Ask for the QI reports.
- Ask to be involved with interpreting the information and contribute ideas to improve care.
- Be thorough, clear and accurate when completing documentation about care provided to each resident.