

LASA taking the lead on quality indicators



Your opportunity to influence which quality indicators LASA will propose for the NQIP

From 1 July 2019 all providers of residential aged care have to report to the *National Aged Care Mandatory Quality Indicator Program (NQIP)* on three clinical indicators and, plans exist to add further indicators to the NQIP.

LASA decided on a pro-active stance to the planned enlargement of the NQIP, embarking on a Member-driven project of thought leadership to identify indicators for quality of clinical care and Quality of Life for LASA to recommend for the NQIP.

A LASA Member Working Group evaluated three sets of quality of clinical care indicators and six indicator sets of Quality of Life, rating their suitability for the residential and

home care sectors and for the NQIP. For clinical indicators the Working Group decided on the set developed by the Registry of Senior Australians (ROSA) as the best option. The Adult Social Care Outcomes Toolkit (ASCOT) was first choice as indicators for Quality of Life.

You can communicate to LASA your endorsement or other preference for the quality indicators via this [Survey Monkey link](#).

The full LASA project report: *Quality indicators in aged care* which shows the evaluation of all nine indicator sets considered can be [found here](#)

Clinical Indicators developed by ROSA	Reasons for the Working Group's decision
1. Falls	The ROSA indicators are relevant to residential aged care.
2. Fractures	Some ROSA indicators are considered relevant to home care.
3. Medication-related adverse events	ROSA has worked with providers to establish face validity ¹ of the indicators.
4. Weight loss and malnutrition	ROSA will undertake further scientific work to establish validity and reliability.
5. Delirium and/or dementia	ROSA indicators show differences in care outcomes.
6. Emergency room encounter	ROSA indicators can be risk adjusted.
7. Pressure injury	Definitions for ROSA indicators are established.
8. Sedative load	Quality performance for individual aged care service outlets will be identifiable.
9. Antipsychotic use	ROSA indicators will be measured using existing administrative, dispensing and transaction data relieving providers from burden of data collection.
10. Chronic opioid use	The large, nationwide data set compensates for any quality issues with administrative data.
11. Antimicrobial use	Providers can continue to use own benchmarking services.
12. Premature mortality	ROSA quality indicators would be low cost to run.

ROSA indicators have some disadvantages as listed below. If implemented the ROSA indicators' disadvantages will need to be traded-off against their advantages.

- A potential for long lag times before quality measures become available is a concern as this could impede the ROSA indicators' usefulness.
- Comparability with providers' existing quality benchmarking systems needs to be established.
- Education of management and front-line staff in the interpretation of the quality data is required.

¹ Face validity means that 'on the face of it' the indicators looks applicable to the aged care setting.

Quality of Life Indicators Adult Social Care Outcomes Toolkit	Reasons for the Working Group's decision
ASCOT Domain: Control over daily life 1. I have as much control over my daily life as I want 2. I have adequate control over my daily life 3. I have some control over my daily life but not enough 4. I have no control over my daily life	Measures the impact of social care delivered on consumers' quality of life. ASCOT can be used across residential and home care.
ASCOT Domain: Personal cleanliness and comfort 1. I feel clean and am able to present myself the way I like 2. I feel adequately clean and presentable 3. I feel less than adequately clean or presentable 4. I don't feel at all clean or presentable	Well established set of indicators that is being used in Australia by some aged care providers.
ASCOT Domain: Food and drink 1. I get all the food and drink I like when I want 2. I get adequate food and drink at OK times 3. I don't always get adequate or timely food and drink 4. I don't always get adequate or timely food and drink, and I think there is a risk to my health	The ASCOT's quality domains are weighted: indicators more important to care recipients have a greater weight. Therefore the overall score will reflect whether quality of social care addressed domains important to consumers.
ASCOT Domain: Personal safety 1. I feel as safe as I want 2. Generally I feel adequately safe, but not as safe as I would like 3. I feel less than adequately safe 4. I don't feel at all safe	Because the ASCOT measures eight broad quality of life domains, service delivery is unlikely to rust onto measurement points.
ASCOT Domain: Social participation and involvement 1. I have as much social contact as I want with people I like 2. I have adequate social contact with people 3. I have some social contact with people, but not enough 4. I have little social contact with people and feel socially isolated	As changes in the ASCOT domains tend not to occur quickly, providers report that they collect data annually.
ASCOT Domain: Occupation 1. I'm able to spend my time as I want, doing things I value or enjoy 2. I'm able to do enough of the things I value or enjoy with my time 3. I do some of the things I value or enjoy with my time but not enough 4. I don't do anything I value or enjoy with my time	
ASCOT Domain: Accommodation cleanliness and comfort 1. My home is as clean and comfortable as I want 2. My home is adequately clean and comfortable 3. My home is less than adequately clean or comfortable 4. My home is not at all clean or comfortable	
ASCOT Domain: Dignity 1. The way I'm helped and treated makes me think and feel better about myself 2. The way I'm helped and treated does not affect the way I think or feel about myself 3. The way I'm helped and treated sometimes undermines the way I think and feel about myself 4. The way I'm helped and treated completely undermines the way I think and feel about myself	

The ASCOT has some disadvantages that will require trading-off against the positives:

- Cost of system-wide implementation is likely to be significant for government and providers.
- Data collection is likely to be reasonably time intensive.
- Staff will require training in administering the ASCOT, in particular when administering it to people with dementia.
- Management and front-line staff will need training in the interpretation of results.

LASA is looking forward to receiving your views as which quality indicators to take forward to Government via [Survey Monkey](#)

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