Recommendations for Home Care
Quality and Safety Indicators in Australia

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These recommendations for the Royal Commission into Aged Care Quality and Safety are based on the findings from the report "Caughey GE, Lang CE, Bray SC, Moldovan M, Jorissen RN, Wesselingh S, Inacio MC, (2020) International and National Quality and Safety Indicators for Aged Care. Report for the Royal Commission into Aged Care Quality and Safety. South Australian Health and Medical Research Institute, Adelaide, South Australia".  

The following table provides a summary of home care quality and safety indicators, which either have been implemented in other countries, or were recommended for monitoring in this population, or have been associated with poor outcomes and increased risk of harm, and are feasible in Australia using existing aged care and health care datasets.

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<th>Home Care Quality and Safety Indicators</th>
<th>Datasets</th>
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<td>Use of medication reviews</td>
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* Included as part of ROSA Outcome Monitoring System for residential aged care in Australia²

MBS, Medicare Benefits Schedule; PBS, Pharmaceutical Benefits Scheme; NDI, National Death Index; ACAP, Aged Care Assessment Program.
A total of 50 home care quality and safety indicators are in use in three countries, Canada, Netherlands and Sweden. A fourth country, New Zealand, is currently implementing a set of home care indicators nationally.

Canada has a Home Care Reporting System (HCRS) that includes 16 clinical quality indicators for home care, using the RAI Home Care (RAI-HC) Assessment Systems, that are reported by the Canadian Institute for Health Information (CIHI). These assessment systems are designed to be used for all individuals who receive publicly funded home care services in home and community-based settings. It includes people who receive short-term care related to a time-limited acute condition, in addition to those who require longer term support to enable them to remain in a community setting. There are five main client groups: acute (accounting for 23.9% of HCRS), end of life (4.3%), rehabilitation (9.5%), long term supportive care (22.0%) and long term maintenance care (36.7%). It is expected that individuals receiving long term supportive and maintenance care are assessed using the RAI-HC, however only 62% of long term home care recipients were reported to have been assessed in 2018-19. As of 2018-19 six provinces and territories have committed to submitting RAI-HC data to Canada’s HCRS. HCRS data are collected and reported every 90 days. For the home care quality and safety indicators, participating jurisdictions can access detailed results through CIHI’s private reporting environment and are available quarterly. Province-level clinical and administrative home care data are publicly available online (www.cihi.ca) and published in annual reports available online, similar to the long-term quality of care indicators.

Physical

1. Instrumental activity of daily living (IADL)
   - Improved ADLs: Percentage of clients with baseline impairment and a better score on the ADL long form.
   - Stratified by IADL capacity scale score
   - Decline in ADLs: Percentage of clients with a score of less than 18 on the baseline ADL long form who decline further.
2. Activity of daily living (ADL)
   
   **Improved ADLs:** Percentage of clients with baseline impairment and a better score on the ADL long form.
   
   **Stratified by IADL capacity scale score**
   
   **Decline in ADLs:** Percentage of clients with a score of less than 18 on the baseline ADL long form who decline further.
   
   **Stratified by IADL summary scale**

3. Communication: Percentage of clients receiving publicly funded home care for at least 60 days (such as for chronic/complex illnesses) who had problems understanding, or being understood by, other people

4. Bladder continence: Percentage of clients receiving publicly funded home care for at least 60 days (such as for chronic/complex illnesses) who had difficulty controlling urination

**Psychosocial**

5. Cognition:
   
   **Improved cognition:** Percentage of clients who had cognitive impairment (assessed by Cognitive Performance Scale) that improved
   
   **Decline in cognition:** Percentage of clients whose cognitive impairment (assessed by Cognitive Performance Scale) declined
   
   **Stratified by IADL performance score**

6. Caregiver distress: Percentage of long stay home care clients whose primary informal caregiver experienced distress, anger or depression in relation to their caregiving role or were unable to continue in that role (stratified by cognitive performance scale score)

7. Social isolation: Clients who are distressed by a decline in social activities and are alone for long periods or all the time at follow-up (stratified by clinical risk)

8. Reduced community activity: Clients who go out less or not at all

9. Mood decline: Clients with more depressive symptoms on the Depression Rating Scale (stratified by ADL hierarchy scale)
Safety

10. **Falls**: Percentage of clients receiving publicly funded home care for at least 60 days (such as for chronic / complex illnesses) who fell (stratified by clinical risk)

11. **Hospitalisation (hospital, emergency department, emergent care)**: Clients who have been hospitalised or visited the emergency department (stratified by IADL capacity scale score)

12. **Injuries and breaks**: Clients with new injuries - fractures, second- or third-degree burns or unexplained injuries (stratified by clinical risk)

Other Clinical Issues

13. **Pain-Inadequate medication**: Clients who have pain and are receiving inadequate pain control or no pain medication.

14. **Daily pain**: Individuals with at least daily episodes of severe pain at follow-up (stratified by clinical risk)

15. **Weight loss**: Clients with any unintended weight loss at follow-up

16. **No flu vaccination**: Clients who did not receive an influenza vaccination at either baseline or 6-month follow-up assessments (stratified by clinical risk).

*All of Canada’s home care quality indicators are risk-adjusted at the individual covariate level and through direct standardisation (case-mix index).

**Netherlands** has a total of seven home care indicators that are routinely examined nationally.²⁻⁸

1. **Pressure ulcer**: Proportion of clients with a pressure ulcer

2. **Malnutrition according to client**: Proportion of unintentional weight loss (i.e. malnutrition) reported by the client

3. **Falls**: Proportion of clients with an incident of falling

4. **Incontinent**: Proportion of clients who are incontinent

5. **Incontinence diagnosed by health professional**: Proportion of clients whereby a doctor or specialised nurse was involved diagnosing incontinence

6. **Catheter**: Proportion of clients who have a catheter
7. Depression: Proportion of clients suffering from depression

Sweden has 14 quality and safety indicators for home care recipients nationally. 

1. Attendance, trust and security in the home service: Percentage of elderly people who answered positively to the three questions:
   a. Do the staff respond well to you?
   b. How safe or insecure it feels to live at home support from the home service?
   c. Do you feel confident about the staff coming home to you?

2. Influence and enough time in the home service: Percentage of elderly people who answered positively to the three questions:
   a. Do the staff take into account your opinions and wishes about how the assistance should be performed?
   b. Ability to influence at what times the staff come?
   c. Do the staff have enough time to be able to carry out their work with you?

3. Risk prevention measures (home service): Percentage of people 65 years and older with health care in ordinary living (home health care) with measures at risk of cases, malnutrition, pressure ulcers and impaired oral health.

4. Personnel continuity within the home service: The average number of home service personnel helping with 14 days.


6. Percentage of older people who are satisfied with the home service as a whole: Percentage of elderly people who are, overall, very or quite satisfied with the 2017 home service.

7. Waiting times for special housing for the elderly: Waiting time (number of days) from date of application to the date when the person is offered a place in institutional care.
8. Fall injuries among people 80 years and older: Number of people with fall injuries per 1,000 people 80 years and older admitted to hospital, average values for the years 2014–2016.

9. Fractures of thigh and hip among people 65 years and older: Number of thigh and hip fractures among people 65 years and older per 100,000 people, average values for the years 2014–2016.

10. Assessment of pain during the last week of life: Percentage of persons deceased at age 65 or older who had an assessment of pain during their last week in life.

11. Three or more psychoactive drugs, persons 75 years and older in ordinary living with home service: Proportion of persons 75 years and older with home care who were treated with three or more psychoactive drugs concurrently.

12. Ten or more drugs, persons 75 years and older in ordinary living with home service: Proportion of people 75 years and older in the home service who were treated with ten or more drugs.

13. Inappropriate drugs, persons 75 years and older in ordinary living with home service: Proportion of persons 75 years and older, in home care treated with at least one of four indicators of inappropriate drug use.

14. Use of antipsychotic drugs, persons 75 years and older in ordinary living with home service: Proportion of persons aged 75 years and older in home care who have been treated with an antipsychotic drug.

All care recipients should also have:

1. An updated care plan: Proportion of residents with an updated care plan

2. Medication review: Proportion of residents who received a medication review.
References


