ACAC
AUSTRALIAN CONSORTIUM FOR AGED CARE

National Framework for High Quality Person-Centred Care for Older People

June 2026

Registry of Senior Australians Research Centre, South Australian Health and Medical Research Institute and Flinders University on behalf of the Australian Consortium for Aged Care – Quality Measurement Toolbox Research Collaborators

SAHMRI South Australian Health & Medical Research Institute | ROSA REGISTRY OF SENIOR AUSTRALIANS | Flinders University

The National Framework for High Quality Person-Centred Care for Older People has been developed in consultation with these partner organisations

The Framework has been endorsed by

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ACAC webpage: https://agedcareconsortium.com.au/

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Purpose of the National Framework for High Quality Person-Centred Care for Older People

The National Framework for High Quality Person-Centred Care for Older People is a cross-setting, evidence-based framework to monitor the quality and safety of health and aged care services provided to older people in Australia.

Older people are the highest utilisers of health care and aged care services nationally.[1] Frequently individuals receive care from multiple providers, across several settings, often concurrently. Their health and wellbeing are, in part, a result of these complex interactions. To date, quality improvement frameworks have largely focused on setting-specific goals and activities, or the overall population. This ignores the shared contributions and duplication between care settings and lacks focus on individual goals and unique needs of older people.

This Framework provides the rationale for cross-setting care quality monitoring for older people. It defines the guiding principles and elements that constitute high quality person-centred care for older people across the multiple settings in which they often receive care (e.g. primary care, hospital, community and residential aged care). It identifies domains of focus when considering the specific care needs and individual goals of older people, as well as higher level system enablers to guide the delivery of high-quality care. It also includes expert endorsed, scientifically robust quality indicators (QIs) that can be implemented to monitor these specific domains.

The development and subsequent implementation of this Framework is timely given the introduction of the new *Aged Care Act 2024* in November 2025, which is the governing legislation of the aged care sector nationally, where safe and quality care are included as a legal obligation of the sector.[2,3] The Framework is an important step towards a collective understanding by all involved in the care stewardship of older people regarding their quality of care experiences and outcomes, not only in aged care but also healthcare settings. The Framework will advance numerous national and international efforts to strengthen the delivery of person-centred, integrated high-quality care for the older population.[4]

The Australian Consortium for Aged Care and the Australian Consortium for Aged Care Quality Measurement Toolbox

Established in 2020, the Australian Consortium for Aged Care (ACAC) is a national collaboration of researchers from eight leading academic institutions, supporting organisations and government partners. The ACAC takes a system-wide approach to address key research questions that underpin, inform and improve the quality of care provided to older people, both in Australia and internationally.[5] From 2022 to 2026 the ACAC was supported by the Medical Research Future Fund to develop a Quality Measurement Toolbox (QMET). The QMET includes this evidence-based national Framework, a freely available online ACAC Quality Indicator Repository and methodological tools designed to support care providers, policy makers, regulators, consumers and other stakeholders to monitor the quality of care delivery received by older people across common care settings.

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[1] Australian Institute of Health and Welfare. Older Australians. 2024. https://www.aihw.gov.au/reports/older-people/older-australians/contents/about

[2] Australian Government, Department of Health, Disability and Ageing. New Aged Care Act. November 2025. https://www.health.gov.au/our-work/aged-care-act?language=en

[3] Older Persons Advocacy Network (OPAN). The Statement of Rights. November 2025. https://s3.ap-southeast-2.amazonaws.com/cdn-production.opan.org.au/uploads/2025/11/StatementofRights_Infosheet_Nov.pdf

[4] Inacio MC, Ryan O, Gray LC and Caughey GE on behalf of the ACAC-QMET Research Collaborators. Monitoring cross-setting care and outcomes among older people in aged care: a national framework is needed. Australian Health Review. 2024; 49: AH24294. https://doi.org/10.1071/AH24294

[5] Australian Consortium for Aged Care (ACAC). 2026. https://agedcareconsortium.com.au/

A robust methodological approach (Appendix 1) was employed to develop the National Framework for High Quality Person-Centred Care for Older People and identify potential QIs to monitor care quality. Briefly, our approach included:

1. A **literature review and synthesis** of international and national performance monitoring frameworks to identify elements relevant to health and aged care performance, including framework components (i.e., goals, guiding principles and enablers).[6]

2. **Nine literature reviews** to identify, evaluate and synthesise national and international programs, domains and QIs across eight care settings where older people commonly access care:
    - Primary care[7]
    - Hospital care[8]
    - Palliative care[9]
    - Care transitions[10]
    - Rehabilitation care[11]
    - Dementia care[12]
    - Aged care (both at home[13] and in residential settings[14])
    - Care in rural and remote areas[15]

    Upon completion of these reviews, a comprehensive synthesis of setting-specific QIs was undertaken to identify similar concepts and overarching domains.[16]

3. Expert **consultation** (including consumers) to prioritise and refine key elements of the framework, including goals, guiding principles and priority domains of care based upon the phases of work above.

4. Expert **evaluation** of existing QIs, using a modified-Delphi approach (i.e., consensus process) with expert panels that included clinicians, researchers, policymakers, and consumer representatives, to identify QIs with high importance, scientific acceptability and usability. These have been termed “ACAC Endorsed” and are included as example QIs in the Framework.

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[6] Dias M, et al. A mapping review of health and aged care performance frameworks. *In preparation*.
[7] Pulling B, et al. Quality and safety indicators in primary care for older adults: a scoping review. *In preparation*.
[8] Inacio M, et al. Quality and safety indicators in hospital care for older adults: a scoping review. *In preparation.*
[9] Ryan O, et al. Quality and safety indicators in palliative care for older people: a scoping review. *In preparation.*
[10] Fernando R, et al. Quality and safety indicators for care transitions by older adults: a scoping review. Journal of the American Medical Directors Association. 2025; 26(3):105424.
[11] Suen J, et al. Quality indicators to monitor, evaluate and improve rehabilitation care for older adults: a scoping review. *In preparation.*
[12] Lin X, et al. Quality indicators for dementia care among older people: a scoping review. *Submitted Medical Journal of Australia June 2026.*
[13] Caughey GE, et al. Quality indicators to monitor home care services for the older population: a scoping review. Journal of the American Medical Directors Association. 2025; 26(11):105876.
[14] Caughey GE, et al. Quality indicators to monitor care in long-term care facilities: a scoping review. Journal of the American Medical Directors Association. 2025; 26(10):105747.
[15] Suen J, et al. Identification of quality indicators used to monitor, evaluate and improve rural and remote care for older people: a scoping review. The Australian Journal of Rural Health. 2025;33(6):e70105.
[16] Inacio MC, et al. How is the quality and safety of care delivered to older people being measured? A synthesis of scoping reviews of quality measures across care settings. *Under review Int J Qual Health Care Jan 2026.*

The National Framework for High Quality Person-Centred Care for Older People

The Framework (Figure 1) provides the foundation to monitor and evaluate the quality of care provided to older people across care settings and support quality improvement. It focuses on older people, particularly when they become eligible for and start interacting with the aged care sector, including receiving supports to live at home in the community and residential aged care homes. The Framework includes goals to improve the care and wellbeing of older people, and five guiding principles that reflect key components of high-quality care. It outlines eleven priority domains of care quality; these and the principles are mapped to evidence-based QIs expertly appraised as important, scientifically acceptable, and useful in improving care to achieve the framework's goals. Supporting the Framework are important enablers that facilitate, strengthen, and sustain high-quality care. All components of the Framework reinforce a commitment to equitable, individualised, person-centred care for older people.

Goals

The goals of the National Framework for High Quality Person-Centred Care for Older People are to improve the health outcomes and wellbeing of the older population, driven by high quality, individualised, person-centred care across the care continuum.

- **Promote autonomy, independence, and wellbeing**: To promote the delivery of services that support autonomy, independence and wellbeing.
- **Nurture person-centred care**: To support the delivery of person-centred aged and health care that respects individual preferences (including dignity of risk), cultural background, values, goals and care needs.
- **Inform cross-setting high-quality integrated care**: To define the key components of high-quality care and promote integration of these across the settings that older people access care and supports.

Guiding Principles

The guiding principles of the National Framework for High Quality Person-Centred Care for Older People define that care should be:

- **Safe**: Care that prevents harm and ensures wellbeing.
- **Effective**: Care that achieves intended outcomes using evidence-based approaches.
- **Person-centred**: Care that respects individual preferences (including dignity of risk), cultural background, values, and goals, and is planned in partnership with older people and their carers.
- **Accessible**: Care that is equitable, available, affordable, timely, and responsive in all circumstances.
- **Comprehensive**: Care that is coordinated, continuous, and holistic, addressing the full range of individuals' needs across the care continuum.

ACAC
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NATIONAL FRAMEWORK FOR HIGH QUALITY PERSON-CENTRED CARE FOR OLDER PEOPLE

GOALS

PROMOTE AUTONOMY INDEPENDENCE AND WELLBEING

NURTURE PERSON-CENTRED CARE

INFORM CROSS-SETTING HIGH QUALITY INTEGRATED CARE

GUIDING PRINCIPLES

Care should be

- SAFE
- EFFECTIVE
- PERSON-CENTRED
- ACCESSIBLE
- COMPREHENSIVE

DOMAINS

Key priorities for older people

- Function
- Quality of life
- Cognitive health
- Comprehensive care
- Access and availability
- Consumer experience
- Mental wellbeing
- Carers
- Adverse events
- Hospitalisation
- Medications

ENABLERS

- Governance, leadership and culture
- Systems, policy and financing
- Interoperable data, information and technology
- Sustainable and skilled workforce
- Research and education
- Communication and collaboration

Figure 1. National Framework for High Quality Person-Centred Care for Older People

Priority Domains

The eleven priority domains of the National Framework for High Quality Person-Centred Care for Older People focus on the experiences of older people and their carers, the services they may receive, and the outcomes of their care. These priority domains provide the foundation for quality monitoring across care settings, and include key areas of high prevalence, associated with high morbidity, and/or directly affect older people or are recognised as significant areas of concern for older people.

There are multiple possible ways to measure quality of care in each of the domains, including a number of critical process-related issues that affect care quality or the outcomes themselves from individuals' experiences. The ACAC framework has mapped examples of existing potential QIs to the domains that have been deemed by experts to be technically robust, useful for practice change, and aligned with the five guiding principles of the framework. While these QIs are not intended to be prescriptive, and we recognise that they do not capture all important concepts within these domains, they represent the best existing QIs within the domains that have been employed nationally or internationally to monitor aspects of care within each domain. The list of highest ranked ACAC QIs for each of the domains prioritised in the Framework are shown in Appendix 2. For the full record of the 6,400+ QIs identified, the 3779 reviewed by the ACAC team, 556 reviewed and discussed by the ACAC expert panels, and 109 unique indicators endorsed (including for other domains) please refer to the ACAC Quality Indicator Repository. Descriptions of the eleven priority domains and potential QIs are summarised below, with the associated references shown in Appendix 3.

PRIORITY DOMAINS	
1. Function	
Definition	Function refers to an individual's ability to perform or participate in activities of daily living (ADLs), with or without support and is critical to maintaining independence and autonomy. This domain captures elements concerned with ability to complete physical tasks (e.g. walking, strength, balance) and perform activities (e.g. bathing, dressing, eating, shopping, cooking).
Importance	While functional decline can be a normal age-related change, it is exacerbated by chronic conditions, multimorbidity and cognitive impairment, and requires support across multiple care settings.[1] Globally it is estimated that just over a third (34%) of older people have ADL limitations and 57% instrumental ADL limitations.[2] In Australia, just over half (52%) of older people reported a disability defined as any limitation, restriction or impairment that restricts everyday activities, while 55% of people at entry to residential aged care were assessed as requiring assistance with mobility.[3,4] A decline in function is associated with an increased need for additional care supports including aged care services, and an increased risk of falls, hospitalisations, disability and mortality.[2,5,6] Appropriate care can slow the rate of decline and even improve physical function and ability to independently carry out ADLs.[6]
Examples of potential QIs	• Improvement of function • Improved or remained independent in early-loss ADLs
2. Quality of life	
Definition	This domain captures older people's own perception of their position in life, taking into consideration their environment and goals, expectations, standards, and concerns.[7] While the measurement of quality of life can be different for our increasingly diverse populations (e.g., people living with dementia, people with specific disabilities, First Nations Older people)[8,9],

	quality of life is often estimated from a function of domains that commonly include physical, mental, social and functional health.[7]
Importance	Robust quality of life measurement is critical to the idea of 'successful ageing', because it generally captures good health and wellbeing, productivity, safety, and the environment.[10] Approximately one fifth (23%) of older Australians living in residential care report their quality of life as ranging from very poor to moderate.[11] Improving or maintaining quality of life is often the top priority in settings caring for older people and also most affected by cross-setting care, making this an important area of shared accountability between settings.[12,13]
Example of potential QIs	• Quality of life
3. Cognitive health	
Definition	Cognitive health includes one's ability to understand, remember, make judgements, and carry out daily activities.[14] Within this domain, areas of concern include detection and monitoring of cognitive impairment, dementia, delirium, ability to communicate, and other associated signs and symptoms of cognitive impairment.[15]
Importance	Approximately 10-20% of older people have impaired cognitive function and 425,000 are living with dementia in Australia.[16] Among people living in residential aged care the prevalence of dementia is more than 50%. Individuals with cognitive impairment and dementia have a higher risk of further deterioration while hospitalised, often experience adverse events (e.g. medication errors, falls, and pressure injuries),[17] and may require a higher level of care at discharge, and increased mortality.[18] Like physical function, cognitive health is critical for older individuals to maintain independence, autonomy and function, and requires a coordinated and collaborative approach to care from multiple settings.[19]
Examples of potential QIs	• Percentage of people newly diagnosed with dementia who were referred for post-diagnostic support • Improved behavioural symptoms
4. Comprehensive care	
Definition	Comprehensive care is cross-setting and multidimensional care that typically includes preventive and holistic care.[19] This domain focuses on clinically appropriate, evidence-based, coordinated care across settings and providers, and alignment of care with an older individual's expressed goals, preferences and care needs.
Importance	Critical to a cross-setting quality monitoring framework is the ability to measure and inform the quality of comprehensive care for older people. Older people often experience multiple health conditions (73% of people aged 65+)[20], requiring the use of multiple medications (i.e. polypharmacy; nearly 40% of those aged 75+).[21] They also receive care from multiple settings concurrently (e.g. 40% of people living in residential and home-based aged care are hospitalised each year). Elements of care that may contribute to comprehensive care include continuity of care, comprehensive geriatric assessments, primary care health assessments, shared decision making, care planning and communication between providers (including between the aged and health care settings).[19,22]

Examples of potential QIs	• Continuity of care plans • GP encounter within 7 days after hospital discharge
5. Access and availability	
Definition	This domain is concerned with the aspects of care delivery and systems that relate to or affect equitable access and availability of care. Access and availability include financial, physical, technical and informational resources.
Importance	Older adults face several challenges related to accessing health and aged care services in Australia. Access and availability can be affected by disease burden, cognitive impairment, cultural background, geographical location, eligibility requirements, transport needs, cultural accessibility, digital literacy and many other factors. Wait times for services can be particularly problematic and are often used as an indicator of system-level stress, unmet needs and access barriers, with widespread cross-setting impacts.[23] Poor access and availability are associated with poorer health outcomes (including higher risk of mortality) and worse overall satisfaction with health and aged care systems by older people.[24]
Examples of potential QIs	• Hospital stay extended until home care services or supports ready • Number of acute bed days lost through delayed transfers of care
6. Consumer experience	
Definition	This domain captures the quality of care experience as reported by older people.[25] It encompasses older people's perceptions of their experiences and satisfaction of services received and of the providers that delivered them. It includes measures of older people's willingness to recommend services and providers, satisfaction or other ratings of the services, confidence in staff and care setting, and whether they are treated with respect and dignity.[25]
Importance	Consumer input is a hallmark of person-centred care. It is recognised as a critical area for monitoring to promote quality improvement, facility/service and provider comparisons, and transparency and increased accountability in care delivery. While it is recognised that health and aged care services should be informed and improved according to consumer experience insights, there is fragmented, often inconsistent collection of consumer experience data in Australia.[26]
Examples of potential QIs	• Consumer experience • Rating of this hospice
7. Mental wellbeing	
Definition	Mental health is a critical component of an older person's overall health, often affecting all elements of their life, including other health conditions and physical wellbeing.[27] This domain is concerned with the prevalence of mental health conditions, changes in mental health care needs, and access to and utilisation of mental health services (delivered by primary care, clinical psychologists, and specialists) by older people.[28,29]
Importance	Between 5-37% of older people experience depressive symptoms, which are associated with higher mortality, morbidity, and lower quality of life, as well as potential exacerbation of physical illnesses and dementia.[28] Hospitalised older people with depression have prolonged hospital stays, higher rates of readmission, and increased risk of death.[29] Additionally, prolonged grief can affect up to one in five older people dealing with losses.[30] Accessibility of mental health services has been persistently low for older people, while the

	use of psychotropic medicines to treat mental health conditions is high, leading to a significant unmet need within this population.[31]
Examples of potential QIs	• Percentage of residents who have depressive symptoms • Wait times for community mental health counselling
8. Carers	
Definition	This domain focuses on the physical, psychological, mental and spiritual wellbeing of older people's carers (i.e., family, friends or others, often delivering unpaid care) and the extent to which caregivers and healthcare providers are supported and involved in care planning and decision-making.
Importance	Informal care (i.e., care provided by family, friends or others, often unpaid)[32] is a critical component of the health and aged care ecosystem that facilitates older people to remain at home. In some communities, including Aboriginal and Torres Strait Islander communities, caring is considered a cultural responsibility. Approximately 12% of Australians reported being a carer for someone with either a disability or due to ageing associated factors.[3] More than 80% of those receiving aged care services at home report having a carer, highlighting the reliance upon and importance of informal carers.[33] A third of carers are the primary caregivers, being responsible for core activities of daily living. Carers often experience negative impacts on their health and wellbeing associated with their caring role.[34]
Example of potential QIs	• Health-related quality of life for carers
9. Adverse events	
Definition	Adverse events include actions or omissions that lead to, or might lead to, harm or injuries related to care.[35] This includes incidents arising from care (e.g. complications) or events that occurred while the person was in care (e.g. falls, pressure injuries).[35]
Importance	Adverse events occur in 10% of hospitalised patients, and more than 40% are preventable.[36] A third of older people living in the community fall at least once yearly. Falls are a leading cause of hospitalised injury (41%) and injury-related deaths (37% of all deaths).[37,38] Total healthcare costs associated with fall-related injuries among older Australians in 2021 were estimated at $790 million. This domain is commonly monitored in the hospital and aged care settings.[39,40]
Examples of potential QIs	• Sentinel events • Falls with injury • In-hospital adverse events
10. Hospitalisations	
Definition	Unplanned or potentially preventable hospitalisations, emergency department presentations or readmissions following discharge, potentially as a result of care received.
Importance	Hospitalisations are frequent in older people, with 44% of hospitalisations and 52% of patient days in 2023-24 occurring in people aged over 65 in Australia.[41] Hospitalisations are often associated with increased risks of harms and poor outcomes for older people[42] (especially for people living with dementia[43] or Aboriginal and Torres Strait Islander people[44]) and can lead to deconditioning and increased risk of premature entry into residential aged care.[42] Hospitalisations, particularly unplanned readmissions or potentially

	preventable hospitalisations, may be indicative of suboptimal care during the index admission, care transitions, or in primary care. While most hospitalisations are clinically appropriate for significant acute illness, hospitalisations are monitored across the settings where older people access care (e.g. primary care, aged care, rehabilitation) as a marker of care quality and safety.[45]
Examples of potential QIs	• Potentially preventable hospitalisations for selected vaccine preventable, acute and chronic conditions • Potentially avoidable presentations to emergency departments • Hospital-wide 30-day, all-cause, risk-standardised readmission rate following hospitalisation
11. Medications	
Definition	All aspects of care related to medication use are captured within this domain, including individual medication classes, burden of medication use, services to optimise medication use (e.g., medication reviews), adherence to guideline recommended medications, medication errors, and medication-related hospitalisations.[46]
Importance	More than 40% of people aged over 75 years in the community[21] and 85-94% of people accessing aged care services take five or more medicines.[47] The complex medication regimens of older people can result in higher risks of adverse events and poor health outcomes, and may benefit from medication reviews and rational deprescribing.[47,48] Nationally, it has been estimated that 250,000 hospital admissions per year are related to medications, with two-thirds estimated to be potentially preventable.[49] The high burden of medication use, which includes potentially inappropriate medication use, interactions, adverse events and other medication-related harms is important across all settings where older people access care.[46]
Examples of potential QIs	• Antipsychotic medication use • Potentially inappropriate medication prescribed

Enablers

The National Framework for High Quality Person-Centred Care for Older People includes six enablers that are required to support implementation of the framework and the delivery of high-quality care to older people.

ENABLERS	
1. Governance, leadership and culture	
Definition	Cross-setting governance, leadership and culture that is underpinned by continuous improvement.
Importance	Effective clinical and organisational governance and leadership establish clear policy frameworks, oversight mechanisms, and system design principles that promote high-quality care. These system-level components enable structures and behaviours that ensure accountability and strategic direction. A positive organisational culture characterised by transparency, collaboration, cultural and psychological safety is a defining feature of high performing care.
2. Systems, policy and financing	
Definition	Cross-setting responsive systems, policy and financing to support how care is organised, delivered and sustained.
Importance	Effective systems and financing ensure equitable access to care, set appropriate incentives, and support efficient use of resources. Sustainable policy and funding structures (e.g., activity and outcomes-based funding) balance current and future needs, maintain and renew human and physical capital, and enable innovation (e.g., telehealth/virtual care, assistive and smart home technologies) while minimising waste and maximising value.
3. Interoperable data, information and technology	
Definition	Interoperable data, information and technology systems enable the secure, timely, reliable and accurate exchange of information across care settings and care providers.
Importance	Effective and mature technical and governance infrastructures ensure data are reliable, relevant, readily integrated and accessible to those who need them, while protecting privacy, respecting Indigenous Data Sovereignty principles and supporting person centred care. Examples include data standards, interoperable digital platforms, and high-quality health information systems to support real time decision making, performance monitoring and coordinated care.
4. Sustainable and skilled workforce	
Definition	A sustainable workforce that has the knowledge, skills, cultural competency, capacity and supports to deliver high-quality, safe (including culturally safe) and person-centred care.
Importance	A sustainable workforce requires adequate training and investment in recruitment and retention of care/health workers. A skilled workforce is enabled by appropriate staffing levels, ongoing professional development, supportive supervision, and environments that promote learning, wellbeing, and high-quality practice. It includes all people involved in the delivery of care to older people, such as clinicians, care workers and

	managers. Additional support from the education sector is essential to build and maintain a sustainable workforce.
5. Research and education	
Definition	Research and education should generate, translate, and implement evidence to improve care quality, safety and outcomes. This includes continuous learning, innovation, capacity building (including for consumer engagement) and knowledge exchange across organisations and sectors.
Importance	New evidence generation and ongoing evaluation of care delivery and quality will drive actionable insights and high-quality care. Research and education ensure that care delivery is informed by recent and emergent evidence, that new knowledge is integrated into care and that the workforce is equipped to adapt to emerging needs and technologies. It is also critical to share and improve cross-setting knowledge sharing.
6. Communication and collaboration	
Definition	Clear and efficient communication and collaboration between care settings and providers, shared information, clear accountability and partnerships with consumers to support coordinated, continuous and well-connected care across providers, settings and sectors.
Importance	Meaningful and accessible communication and collaboration are essential to the integration of health and aged care delivery and ensures that care is seamless, enables timely responses to emerging care needs, concerns and reduces adverse events.

Alignment of National Framework with Other National Activities

While the ACAC Framework focuses on cross-setting quality monitoring and the shared responsibility and contributions of all involved in the care stewardship of older people, their care experiences and outcomes, it importantly complements and is aligned with a number of established regulatory and monitoring systems nationally. These include legislation that includes definitions of high-quality care (e.g., *Aged Care Act 2024*)[17], setting specific regulations (e.g., Strengthened Aged Care Quality Standards[18], National Safety and Quality Health Service Standards[19]), national systems performance frameworks and programs (e.g., the Australian Government Report on Government Services-Aged Care Services and Health[20], Australian Health Performance Framework[21]), and other setting specific quality monitoring programs (e.g., Registry of Senior Australian Outcome Monitoring System for the aged care sector[22,23], National Aged Care Quality Indicator Program[24], Australian Institute of Health and Welfare National Palliative Care Measures[25]).

As an example, the *Aged Care Act 2024*, defines 15 principles for high-quality care as outlined below. Mapping of the ACAC Framework to these principles, highlights that the Framework captures the majority of these concepts (13 were identified as either being considered or well considered), demonstrating alignment and value of the Framework to monitor and meet the legislative and regulatory requirements for government and aged care providers.

***Aged Care Act 2024* – Principles for High-Quality Care**	**Alignment with Framework**
1. Puts the individual first.	Well considered
2. Upholds the rights of the individuals under the Statement of Rights.	Well considered
3. Prioritises kindness, compassion and respect for the life experiences, self-determination, dignity, quality of life, mental health and wellbeing of the individual.	Well considered
4. Prioritises the timely and responsive delivery of the service to the individual.	Well considered
5. Prioritises specific tailoring of care to the personal needs, aspirations and preferences of the individual including preferences regarding the time when the service is delivered.	Well considered

[17] Australian Government, Department of Health, Disability and Ageing. New Aged Care Act. November 2025. https://www.health.gov.au/our-work/aged-care-act?language=en
[18] Aged Care Quality and Safety Commission. Strengthened Aged Care Quality Standards. 2025. https://www.agedcarequality.gov.au/providers/quality-standards/strengthened-aged-care-quality-standards
[19] Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2026. https://www.safetyandquality.gov.au/national-standards/nsqhs-standards
[20] Australian Government, Productivity Commission. Report on Government Services 2026. January 2026. https://www.pc.gov.au/ongoing/report-on-government-services/community-services/aged-care-services/
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[22] Inacio MC, Lang C, Caughey GE, et al. The Registry of Senior Australians outcome monitoring system: quality and safety indicators for residential aged care. Int J Qual Health Care. 2020; 32(8):502-510.
[23] Caughey GE, Lang CE, Bray SCE, et al. Quality and safety indicators for home care recipients in Australia: development and cross-sectional analyses. BMJ Open. 2022;12:e063152.
[24] Australian Government Department of Health, Disability and Ageing. National Quality Indicator Program. 2025. https://www.health.gov.au/our-work/qi-program?language=en
[25] Australian Institute for Health and Welfare. National palliative care measures. 2026. https://www.aihw.gov.au/reports/palliative-care-services/national-palliative-care-measures/contents/measures

Aged Care Act 2024 – Principles for High-Quality Care	Alignment with Framework
6. Prioritises respecting the individual's preferences regarding privacy and time alone.	Considered
7. Prioritises supporting the improvement of the individual's wellbeing, independence, autonomy and physical and cognitive capacity through reablement approaches, where the individual chooses to, including by helping the individual remain mobile and engaged if they are living in an approved residential care home.	Well considered
8. Prioritises supporting the individual to participate in meaningful and respectful activities and remain connected to friends, family, carers and the community, where the individual chooses to.	Considered
9. Prioritises supporting the individual to remain connected to the natural environment, and animals and pets, where the individual chooses to.	Not well considered
10. Prioritises implementing inclusive policies and procedures, in partnership with Aboriginal or Torres Strait Islander persons, family and community, to ensure that culturally safe, culturally appropriate and accessible care is delivered to those persons at all times, which incorporates flexibility and recognises the unique experience of those persons.	Not well considered
11. Prioritises adapting policy, practices and environments to ensure that services are culturally appropriate for the diverse life experiences of individuals, including by engaging workers with lived experience of diversity in the provider's workforce and governing body.	Considered
12. Prioritises bilingual aged care workers and interpreters being made available if required by the individual.	Considered
13. Prioritises training of aged care workers to facilitate the delivery of the service by well-skilled and empowered aged care workers who are able to develop and maintain a relationship with the individual.	Well considered
14. Prioritises recruitment and retention of aged care workers to ensure the needs of individuals are able to be met.	Well considered
15. Prioritises the delivery of high-quality nursing services by sufficient numbers of qualified and experienced direct care staff members.	Well considered

Recommended Implementation Strategy and Future Steps

Implementation requires collective action and supports national imperatives. The implementation of this Framework must be guided by the governing bodies charged with overseeing national health and aged care regulation, monitoring, reporting, policies and program development collaboratively. This includes, but is not limited to, organisations such as the Department of Health, Disability and Ageing, Aged Care Quality and Safety Commission, Australian Institute of Health and Welfare (e.g. Australian Health Performance Framework) and Australian Commission on Safety and Quality in Health Care.

The approach for implementation must be inclusive, pragmatic and iterative. The operationalisation of this Framework will require substantial engagement with stakeholders involved in the care and stewardship of older people, including individual care providers, care provider organisations, consumers and consumer advocacy organisations, and the workforce of the health and aged care sectors. Leveraging existing national resources, collaborations between settings, and reporting structures are an efficient approach for its implementation and sustainability. Complementing the established dissemination and cross-setting activities and learnings (as highlighted in the previous section) is also recommended. Implementation of this Framework should not create undue burden for individuals involved in collecting and contributing data or actioning reporting insights - this means leveraging system-wide data collections first and foremost for its implementation. An iterative approach to its implementation is also recommended so that learnings from each cycle of reporting and dissemination informs improvements in future cycles.[26] This also ensures that unintended consequences are closely monitored and potentially prevented.

Future expansion and adaptation of this Framework to support diverse communities is recommended. The approach for development of the Framework resulted in a lack of evidence regarding important elements required to monitor diverse and priority communities, including Aboriginal and Torres Strait Islander people. For example, it is understood that for Aboriginal and Torres Strait Islander older people, high-quality care should be examined in the context of colonisation, intergenerational trauma, cultural identify, and connection to country/island home.[27] Furthermore, it needs to be developed by Aboriginal and Torres Strait Islander People and responsive to community definitions of wellbeing and ageing and their priorities, to develop a framework to successfully monitor culturally safe, community informed, high-quality care. Learnings from the development of the recently published Aboriginal and Torres Strait Islander Aged Care Framework[27], which undertook co-design and leadership by Aboriginal communities and organisations, should be considered.

The independence, supported autonomy and wellbeing of older people is a collective responsibility and cross-setting high-quality care should be a national priority. In the long term, implementation of this Framework will improve our understanding of care experienced by older people, which will inform strategies to nurture person-centred care and identify opportunities for care integration promotion.

[26] Porritt K, et al. JBIs approach to evidence implementation: a 7-phase process model to support and guide getting evidence into practice. JBI Evidence Implementation. 2023; 21(1):3-13.
[27] Department of Health, Disability and Ageing. Aboriginal and Torres Strait Islander Aged Care Framework. 2025. https://www.health.gov.au/resources/publications/aboriginal-and-torres-strait-islander-aged-care-framework?language=en

Appendix 1 – Framework Development Process

The framework development process consisted of four phases:

1. A literature review and evidence synthesis of international and national performance monitoring frameworks
2. Scoping literature reviews and synthesis of quality improvement programs and QIs by setting
3. Expert appraisal and consensus prioritisation of framework elements
4. Expert appraisal of QIs using a modified-Delphi process and endorsement.

Phase 1: Literature review and evidence synthesis of international and national performance monitoring frameworks

Approach: A literature review of academic and grey literature of existing care performance frameworks from 1995 onwards was conducted. Data elements extracted included name, organisation/developer, country/region, source type, goals, and elements relevant to health care performance (including quality components and enablers).

Summary: The review identified 48 unique frameworks, within which 34 goals were found to have relevant themes that were subsequently synthesised into eight common concept *goals*, and 443 key elements and 890 accompanying descriptions (1,333 items in total) that were synthesised into ten common *guiding principles* for consideration and six *enablers*.

Phase 2: Scoping literature reviews and synthesis of quality improvement programs and QIs by setting

Approach: Nine setting-specific scoping literature reviews of academic and grey literature from 2012 onwards were conducted to identify, evaluate and synthesise national and international programs, domains and QIs, routinely used at the population level. Settings included primary care, hospital care, palliative care, care transitions, rehabilitation care, dementia care, aged care (care at home and residential care facilities) and care in rural and remote areas. Overarching and setting-specific protocols were developed and registered (Open Science Framework) and the Population-Concept-Context criteria was applied to develop the pre-defined eligibility criteria. Data elements extracted included an overview of the evidence source (e.g. country), QI data (e.g. name of indicator, QI characteristics, date used), and reporting details (e.g. frequency, methods, risk adjustments) using a predefined template, with 10% cross-check at all stages of review. QIs were synthesised into domains of care (e.g. hospitalisation, function), type (i.e. structure, process, outcome), and dimensions of health care quality (i.e. efficiency, effectiveness, person-centeredness, timeliness, equity, safety).

A comprehensive synthesis of setting-specific QIs was then undertaken to identify and harmonise (i.e., standardise) similar concepts and overarching domains across all care settings, using an iterative process to develop a set of definitions and data decision rules to code the cross-setting domains.[28]

Summary: A total of 6,031 QIs were identified, of which 3,745 QIs from 269 programs across 75 jurisdictions internationally met the pre-defined inclusion criteria. These are included in the publicly available ACAC Quality Indicator Repository. Synthesis of the setting-specific QIs were harmonised across all care settings to derive 25 quality of care domains (shown below).

[28] Inacio MC, et al. How is the quality and safety of care delivered to older people being measured? A synthesis of scoping reviews of quality measures across care settings. *Under review Int J Qual Health Care Jan 2026.*

ACAC Harmonised Quality of Care Domains	National Framework for High Quality Care for Older People Domains*
1. Access and availability	Access and availability
2. Cognition and behavioural symptoms	Cognitive health
3. Complications and adverse events	Adverse events
4. Falls and major injury	
5. Mortality	
6. Comprehensive care	Comprehensive care
7. Continence / elimination	
8. End of life and palliative care	
9. Family and carers	Carers
10. Function and ADLs	Function
11. Hospitalisation / Readmission	Hospitalisation
12. Infection and sepsis	
13. Mental wellbeing	Mental wellbeing
14. Medication-related	Medications
15. Other goals of care	
16. Pain	
17. Pressure injuries	
18. Preventive care	
19. Quality of care experience	Consumer experience
20. Quality of life	Quality of life
21. Resources	
22. Restrictive practices	
23. Wait-time	
24. Weight loss / nutrition	
25. Workforce	

Note: *In Phase 3 the domains were further synthesised by ACAC-QMET investigators into priority domains

Phase 3: Expert appraisal and consensus prioritisation of framework elements

Approach: Expert appraisal and review by ACAC-QMET investigators of the framework components ranked elements identified in Phase 1 (goals and guiding principles, enablers) and Phase 2 (domains), which then included further synthesis to develop priority domains. Potential QIs were identified from the list of ACAC endorsed QIs from Phase 4. An iterative process was then used to refine prioritised potential components of the framework.

Summary: The National Framework for High Quality Person-Centred Care for Older People includes three goals, five guiding principles (key components of high-quality care), eleven priority domains (key priority areas for older people) and six enablers.

Phase 4: Expert appraisal of QIs using a modified Delphi process and endorsement

Approach: Evaluation of identified QIs was undertaken by the ACAC team (groups of 5-7 researchers per setting and a consumer representative), to ascertain QIs that had high importance and scientific acceptability. When the same QI was part of multiple programs, only one instance of the QI was reviewed by the ACAC team.

QIs deemed by this process as having good properties were then evaluated by expert panels using a modified-Delphi process. The experts included clinicians, researchers, policymakers and consumer representatives with experience in one or more of the eight care settings. QIs were assessed for importance, scientific acceptability and usability. QIs were deemed 'ACAC endorsed' if consensus was achieved on all three criteria from the expert Delphi ratings:

- Mean importance score from the expert Delphi ratings ≥ 7
- Mean scientific acceptability score from the expert Delphi ratings ≥ 7
- Mean usability score from the expert Delphi ratings ≥ 5

Summary: A total of 109 unique QIs met the criteria for ACAC endorsement.

Appendix 2 – ACAC Endorsed Quality Indicators

Priority Domain	Quality Indicator
Function	Improvement of function
	Improved or remained independent in early-loss activities of daily living
	Functional gain following completed rehabilitation program
	Functional assessment within 48 hours of admission
	Percentage of inpatient rehabilitation facility patients whose functional abilities were assessed, and functional goals were included in their treatment plan
Quality of life[#]	Quality of life
	Health-related quality of life for people with three or more long-term conditions
Cognitive health	Improving behavioural symptoms*
	First appointment with dementia/mild cognitive impairment diagnostic service within 90 days of referral
	Percentage of people newly diagnosed with dementia who were referred for post-diagnostic support
Comprehensive care	Proportion of patients with a final diagnosis of acute stroke seen by a physiotherapist within 48 hours of presentation to hospital
	Proportion of patients with a final diagnosis of acute stroke assessed for ongoing rehabilitation using a structured assessment tool prior to separation from acute care
	Documented evidence of clinical management plan provided to an ongoing care provider
	Documented patient handovers
	Documentation of follow up care
	Involvement in decision-making and treatment options
	Appropriate response to escalation of care
	Advance care plan*
	Frailty assessment
	Mobilisation ≤2 days after admission
	Care transitions
	Continuity of care plans
Access and availability	Number of acute bed days lost through delayed transfers of care
	Hospital stay extended until home care services or supports ready*
Consumer experience[#]	Consumer experience
	Rating of this hospice
Mental wellbeing	Percentage of residents who have depressive symptoms
	Wait times for community mental health counselling
Carers	At your GP/nurse clinic, if you want to, are you able to have family/Whānau involved in discussions about your treatment and care?
	Health-related quality of life for carers
Adverse Events	Sentinel events
	In-hospital adverse events per 100,000 hospital discharges
	Postoperative respiratory failure
	Falls in the last 30 days in long-term care*
	Long-term care home residents who fell in the last 30 days

Priority Domain	Quality Indicator
	Hospital falls resulting in hip fracture
	Falls with injury*
	Hospital fall fracture rate
	Osteoporosis management in women who had a fracture*
	Hospital deaths following major surgery
	Deaths from venous thromboembolism-related events within 90 days post discharge from hospital*
Hospitalisation	Selected potentially preventable hospitalisations
	Potentially avoidable presentations to emergency departments
	Potentially preventable hospitalisations for selected vaccine preventable, acute and chronic conditions
	Emergency readmissions within 30 days of discharge from hospital*
	Hospital-wide 30-day, all-cause, risk-standardised readmission rate following hospitalisation
	Risk-standardised hospital visits within 7 days after hospital outpatient surgery
	Unplanned hospital readmission within 30 days of principal procedure*
	Unplanned reoperation within the 30-day postoperative period
	Rapid response escalations
	GP encounter within 7 days after hospital discharge*
Medications	Proportion of patients who receive treatment with antipsychotic drugs
	Levels of antipsychotic drug prescribing for people with dementia
	Potentially inappropriate medications for patients with dementia
	Antipsychotic medication use
	Adverse drug reactions documented on medication chart
	Clinical pharmacist review within one day of admission
	Potentially inappropriate medication prescribed to seniors
	People dispensed a 'strong' opioid for 6 weeks or more
	Potentially harmful drug-disease interactions in the elderly: the percentage of those with dementia who received a potentially harmful medication
	Antipsychotic use in persons with dementia
	Use of multiple anticholinergic medications in older adults
	Use of multiple central nervous system-active medications in older adults

Note: *Some QIs have multiple sets of technical specifications – all are available at https://agedcareconsortium.com.au/quality-indicators

#The QIs in these domains did not meet the criteria for ACAC endorsement and the top two ranked QIs by the ACAC team are included.

Appendix 3 – References for Priority Domains

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Chief Investigators
Prof Maria Inacio, Registry of Senior Australians Research Centre (ROSA), Flinders University and South Australian Health and Medical Research Institute (SAHMRI)
Prof Len Gray, University of Queensland
Prof Johanna Westbrook, Macquarie University
Prof Gillian Caughey, ROSA, Flinders University, SAHMRI
Prof Jeffrey Braithwaite, Macquarie University
Prof Peter Hibbert, Macquarie University
Prof Tracy Comans, University of Queensland, National Ageing Research Institute
Prof Maria Crotty, Flinders University
Prof Janet Sluggett, Adelaide University
Dr Stephanie Ward, University of New South Wales
A/Prof Nasir Wabe, Macquarie University

Associate Investigators
Ms Emma Cook, Australian Government, Department of Health, Disability and Ageing
Dr Robert Jorissen, ROSA, Flinders University, SAHMRI
Marjorie Schulze, Consumer Representative
Prof Elizabeth Beattie, Queensland University of Technology
Dr Tesfahun Eshetie, ROSA, Flinders University, SAHMRI
A/Prof Jyoti Khadka, Flinders University
Prof Julie Ratcliffe, Flinders University

Partners
The Australian Government, Department of Health, Disability and Ageing
Ageing Australia
South Australian Health Office for Ageing Well
Australian Institute of Health and Welfare
Aged Care Quality and Safety Commission

QI Expert Panellists
Prof Len Gray, University of Queensland
Prof Peter Hibbert, Macquarie University
Ms Alice Tran, Australian Institute of Health and Welfare
Ms Bonnie Pimm, Queensland Health
Dr Daniel Bailey, The University of Queensland
Prof Deborah Parker, University of Technology Sydney
Mr Derek Dittrich, Ageing Australia (previously ACCPA)
Prof Dimity Pond, University of Tasmania
Prof Elizabeth Beattie, Queensland University of Technology
Dr Ellen Burkett, Queensland Health
Ms Filomena Ciavarella, Regis
Dr Fred Graham, University of Queensland
Prof Gillian Caughey, ROSA, Flinders University, SAHMRI
Dr Hanh Dao, University of Queensland
Ms Ivy Webb, Consumer Representative
Prof Jane Phillips, Queensland University of Technology
Ms Jeanette Tyas, Australian Institute of Health and Welfare
A/Prof Jeffrey Rowland, Queensland Health
A/Prof Kasia Bail, University of Canberra
Ms Katherine Neil, CRANA Plus
Ms Leah Newman, Australian Institute of Health and Welfare
Dr Leanne Jack, Central Queensland University/Consumer Representative
Ms Louise York, Australian Institute of Health and Welfare
A/Prof Margaret MacAndrew, Queensland University of Technology
Ms Marilyn von Thien, Consumer Representative
Dr Melinda Martin-Khan, University of Exeter
Ms Nicole Hutchinson, Queensland Health
A/Prof Paul Varghese, Queensland Health
Prof Sabina Knight, James Cook University
Dr Sarah Fox, Queensland Health
Dr Tom Morris, HammondCare
Prof Tracy Comans, University of Queensland, National Ageing Research Institute
Ms Victoria Angel, Australian Government, Department of Health, Disability and Ageing

Framework Development Working Group
Prof Gillian Caughey, ROSA, Flinders University, SAHMRI
Dr Brian Pulling, ROSA, Flinders University, SAHMRI
Dr Mafalda Dias, ROSA, Flinders University, SAHMRI
Ms Olivia Ryan, ROSA, Flinders University, SAHMRI
Dr Dylan Harries, ROSA, Flinders University, SAHMRI
Prof Peter Hibbert, Macquarie University
Prof Len Gray, University of Queensland
Prof Maria Inacio, ROSA, Flinders University, SAHMRI

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ECH Inc.

International Centre for Future Health Systems, University of New South Wales

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Older Persons Advocacy Network

Registry of Senior Australians Advisory Committee

Registry of Senior Australians Consumer and Community Advisory Committee

South Australian Office for Ageing Well, Department of Human Services