ACAC
AUSTRALIAN CONSORTIUM FOR AGED CARE

ACAC Quality Indicator Repository Overview

Public Summary (Fifth Release)

Version 1.1.3, April 2026

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Acknowledgments

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To access the ACAC Quality Indicator Repository visit:

https://agedcareconsortium.com.au/quality-indicators

Section 1: Introduction to the Quality Indicator Repository

The Australian Consortium for Aged Care Quality (ACAC) Quality Indicator Repository (the 'QI Repository') was publicly released in March 2025. This work was produced by a collaboration of researchers supported through an Australian Government Medical Research Future Fund grant (GNT 2015823; 2022-25). The purpose of this document is to describe the QI Repository development and guide the interpretation of information presented in the QI Repository.

The first release of the QI Repository (Version 1.0.0, March 2025) included **1,326 QIs** identified from scoping reviews of quality indicator programs focusing on older people's care in six care settings (i.e., aged care, palliative care, care transitions, dementia care, rural and remote care and rehabilitation care).

The second release of the QI Repository (Version 1.1.0, July 2025) included **6,422 QIs** identified from scoping reviews of quality indicator programs in eight care settings (i.e., the aforementioned settings plus primary and hospital care). This release also included 391 QIs identified through the Pharmacists Actioning Rational use of Medicines in Aged Care (PHARMA-Care) project.

The third release of the QI Repository (Version 1.1.1, December 2025) included additional information on **139 QIs** regarding their endorsement status by the ACAC. Specifically, the '*Australian Consortium for Aged Care Endorsed*' flag has now been populated.

The fourth release of the QI Repository (Version 1.1.2, December 2025) included minor content updates on **2,076 QIs** that were identified during QI data cleaning and harmonisation processes. This update was necessary to ensure consistent 'Publishing Organisation' titles were recorded in instances where the same organisation was listed across multiple care settings or where slight variations on naming conventions were originally extracted.

The fifth release of the QI Repository (Version 1.1.3, April 2026) includes the results of the ACAC assessment of the perceived feasibility of scaling **556 QIs** deemed by the ACAC Collaborators as containing generally good properties in Australia's current data landscape. The results of this assessment are summarised in the field '*Can the Quality Indicator be Readily Implemented at a Population Level in Australia Given its Current Data Landscape?*'.

Section 2: Methods Used to Create the Quality Indicator Repository

2.1 Scoping Literature Reviews & Extracted QI Data

The QIs in the QI Repository were identified through a series of scoping literature reviews completed between 2022 to 2025 by the ACAC Research Team. The reviews identified and characterised QIs used to measure and evaluate the quality of care for older people across **eight key care settings** - this included aged care (inclusive of residential[1] and home care[2]) palliative care, care transitions[3], dementia care, rural and remote care[4], rehabilitation care, primary care and hospital care.

An overarching protocol for the scoping reviews was published to describe our approach.[5] Briefly, the reviews searched academic and grey literature sources relevant to each setting, published from 2012 and available in English to identify QIs and QI programs of interest. Setting-specific protocols were also registered prospectively on the Open Science Framework and the reviews were conducted in accordance with the Preferred Reporting Items for Systematic Review and Meta-Analysis Extension for Scoping Reviews (PRISMA-ScR).[6] For protocol details see:

1. **Overarching protocol:** Lathlean TJH, Inacio MC, Westbrook J, et al. Quality indicators to monitor the quality and safety of care for older people: a scoping review protocol. JBI Evid Synth. 2024;22(9):1857-65.
2. **Aged care:** Lathlean T, Caughey G, Inacio, M. Quality indicators of quality and safety of care for older people.
3. **Palliative care:** Lathlean T, Caughey G, Inacio, M. Identification and appraisal of quality indicators to monitor, evaluate and improve the quality of care for older people receiving palliative care.
4. **Care transitions:** Fernando R, Lathlean T, Caughey G, Inacio, M. Quality and safety indicators for care transitions by older people - a scoping review.
5. **Dementia care:** Lin X, Ward S, Lathlean T, Caughey G, Inacio M. A scoping review of quality indicators for dementia care.
6. **Rural and remote care:** Suen J, Fernando R, Inacio M, Caughey G, Crotty M. Identification of quality indicators used to monitor, evaluate and improve the quality of rural and remote care for older people: A Scoping Review Protocol.
7. **Rehabilitation care:** Suen J, Inacio M, Caughey G, Crotty M. Quality indicators to monitor, evaluate and improve the quality of rehabilitation care for older people: Scoping Review Protocol.
8. **Primary care:** Fernando R, Pulling B, Caughey G, Inacio M. Identification of indicators to monitor, evaluate and improve the quality and safety of primary care for older people.

The protocol for the **hospital care** setting is under embargo until the scoping review is published (expected mid 2026). This document will be updated accordingly when that occurs.

For published reviews see:

1. **Aged care:**
    - **Residential:** Caughey GE, Rahja M, Fernando R, Inacio MC. Quality Indicators to Monitor Care in Long-Term Care Facilities: A Scoping Review. Journal of the American Medical Directors Association. 2025; 26(10):105747.
    - **Home care:** Caughey GE, Rahja M, Fernando R, Inacio MC. 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.
2. **Care transitions:** Fernando RL, Inacio MC, Sluggett JK, Ward SA, Beattie E, Khadka J, Caughey, GE. Quality and Safety Indicators for Care Transitions by Older Adults: A Scoping Review. Journal of the American Medical Directors Association. 2025, 26(3):105424.
3. **Rural and remote care:** Suen J, Fernando RL, Inacio MC, Crotty M, Lin X, Caughey GE. Identification of quality indicators used to monitor, evaluate and improve rural and remote care for older people: A scoping review. Australian Journal of Rural Health. 2025, 33(6):e70105.

The reviews for the remaining five care settings are still under review by journals and will be included here when they are published.

Our search strategy (**Table 1**) in the scoping reviews was to identify QIs used to monitor and evaluate care at a population-based level, that were publicly available, with evidence of routine use/implementation at the population level (e.g., national, state/territory, province or large care network programs) within the review timeframe (since 2012).

Table 1. Scoping Literature Review Search Strategy

Population	Concept	Context
Older people aged ≥ 65 years old.	QIs used to monitor and evaluate quality of care at the population level at least once since 2012. Specifically: • Population-based standardised data collections • Routinely monitored/reported • Publicly available • English language	Eight care settings: 1. Aged Care (including residential and home care) 2. Palliative Care 3. Rehabilitation Care 4. Dementia Care 5. Care Transitions 6. Care delivered in rural and remote areas 7. Primary Care 8. Hospital Care

Data on QIs were extracted from their original documentation, with minimal alterations (e.g., shortening at times) using a standardised data extraction template (**Table 2**). Elements about the QIs characteristics were inferred by the ACAC Research Team if not explicitly reported in the documentation identified. Identifying attributes that required judgement by researchers (e.g., quality dimension, domain classifications) were usually identified by the researcher extracting the data, reviewed by others and conflicts resolved through team discussions.

Table 2. Summary of the Standardised Data Extraction Template

QI Attributes	Fields
Identifying Attributes	• Care Setting • Country • Publishing Organisation • Type of Quality Indicator[7] (i.e., structure, process, outcome) • Institute of Medicine (IOM) Quality Dimension • Domain Captured by Quality Indicator
Defining Attributes	• Definition • Numerator • Denominator • Exclusions • Use of Risk Adjustment • Risk Adjustments • Stratifications
Collection and Reporting Attributes	• Type of Data Collection • Data Collection Methods • Frequency of Data Collection • Frequency of Data Collection in Days • Reporting Methods • Reporting Frequency • Reporting Frequency in Days • Indicator Has Recommended Targets
Source and Reference Attributes	• Evidence Source • Technical Specifications • Link to Measurement Tools

2.2 QI Repository Fields Added by the ACAC Team

In addition to the information extracted through the scoping reviews (**Table 2**) the QI Repository includes four fields that were determined after the initial data extraction (**Table 3**).

Table 3. ACAC Repository Included Fields

QI Attributes	Fields
Source and Reference Attributes	• Quality Indicator Confirmed to be Part of a Program Used to Monitor Quality and Safety of Care Among Older People at a Population-Level between 2012-2022 • Assessed by the Australian Consortium for Aged Care Collaborators as Generally Containing Good Properties (Importance and Scientific Acceptability) • Australian Consortium for Aged Care Endorsed • Can the Quality Indicator be Readily Implemented at a Population Level in Australia Given its Current Data Landscape?

The field *'Quality Indicator Confirmed to be Part of a Program Used to Monitor Quality and Safety of Care Among Older People at a Population-Level between 2012-2022'* indicates that the ACAC Research Team confirmed that the QI fit the scoping review criteria, which at times required discussion and confirmation. QIs identified in our search that are not still in use were extracted for inclusion in the QI Repository for completeness.

The field '*Assessed by the Australian Consortium for Aged Care Collaborators as Generally Containing Good Properties (Importance and Scientific Acceptability)*' was added by the ACAC team, after it conducted an assessment of the QIs. The assessment of importance and scientific acceptability, as defined by the US National Quality Forum[8] proposed definitions (**Table 4**), was undertaken by the ACAC team (usually by groups of 5-7 researchers), and confirmed with a consumer advocate for QIs with sufficient information (i.e., not missing defining attributes). When the same QI was part of multiple programs, only one instance of the QI was reviewed by the ACAC team. If the QI was assessed as having generally good properties, then duplicate instances are also flagged in the repository.

The field '*Australian Consortium for Aged Care Endorsed*' was added by the ACAC team. This field was populated for QIs that met the research team's preliminary assessment of importance and scientific acceptability (already outlined above) and then subsequently assessed by invited clinical, lived experience and subject experts as part of a modified Delphi process. The experts included a range of Australian-based clinicians, researchers, policymakers and consumer representatives with experience in one or more of the eight care

settings. Using the criteria described in **Table 4**, the QIs that met the ACAC endorsement criteria were those that satisfied the following:

- 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
- Consensus achieved on all three criteria (importance, scientific acceptability and usability) from the expert Delphi ratings.

Table 4. Summary of National Quality Forum QI Scoring Criteria

Criteria	Description
Importance	Is the concept important to measure? Is the measure evidence-based? Is there opportunity for improvement?
Scientific Acceptability	Is the measure precisely defined? Is it reliable? Does the measure demonstrate face validity, construct validity, and predictive validity? Is there systematic bias and can that bias be addressed with adjustment? Does it detect meaningful differences in performance?
Feasibility	Is the data collection and implementation feasible? Is there data that is readily available? Can the data be collected with minimal burden?
Usability	Is the measure meaningful, understandable and useful to a range of audiences? Can the measure progress improvement in quality of care i.e., inform practice change and/or quality improvement?

The field '*Can the Quality Indicator be Readily Implemented at a Population Level in Australia Given its Current Data Landscape?'* was added by the ACAC team. QIs that were assessed by the ACAC team as having generally good properties underwent a theoretical scalability assessment. A three-stage approach was undertaken to determine if these high-value international quality indicators could be scaled using Australia's data environment as of 2025. In brief, this included:

- an examination of existing national data collection dictionaries for potential to support calculation of the assessed quality indicators in Australia conducted by a single researcher;

- a desktop review of information on data collection practices, data quality, and developments in extractable clinical data conducted by the same researcher;
- consultation with a convenience sample of national population data experts (identified from the Australian Institute for Health Innovation based in New South Wales) to ascertain practical data availability, extraction constraints, and linkage limitations.

The flag in the QI Repository to describe this process includes the following:

- Yes. Data exists, with high coverage.
- No. Data does not currently exist or not routinely collected.
- No. Data exists but not formatted in a usable manner.
- No. Data exists but it is not routinely linked or cannot be linked.
- No. Some data exists in a program or registry, but there is insufficient coverage.
- Implementation of this quality indicator was not assessed.

The pragmatic theoretical scalability assessment was exploratory only and did not consider broader operational aspects. Two academic publications are underway that describe the assessment and endorsement process and theoretical scalability assessment.

A summary of the QI Repository content at the time of this release (April 2026) is outlined in **Table 5**.

2.3 QIs Identified by the PHARMA-Care Project

The QI repository includes 391 additional QIs identified by researchers in a separate but related project. The Pharmacists Actioning Rational use of Medicines in Aged Care (PHARMA-Care) project. This project aims to develop, implement, cost and disseminate a quality indicator framework to support credentialed pharmacists who work in and with aged care homes to improve medicines use and health outcomes for residents.[9] This is a pharmacist-led, multidisciplinary project supported through the Australian Government Medical Research Future Fund (GNT MRFMMIP000019; 2023-27).

In a literature review undertaken for this project, researchers identified 442 QIs, of which 391 were not identified in prior ACAC literature reviews. The subset of QIs identified by the PHARMA-Care researchers and their attributes were consolidated to align with the information included in the ACAC repository. These QIs are presented in the '*Identified by PHARMA-Care*' field included in the repository. For more information on this literature review see:

- **Protocol:** https://www.crd.york.ac.uk/PROSPERO/view/CRD42023442537
- **Publication:** Gutteridge DS, Calder AH, Stasinopoulos J, et al. Quality indicators for safe and effective use of medications in long-term care settings: A systematic review. Br J Clin Pharmacol. 2025; 91(11), 3054–3069.

Table 5. Summary of QI Repository (Version 1.1.3) Content Up to April 2026, Overall and by Care Setting

Steps	Criteria	Included in QI Repository	Residential Aged Care	Home Care	Care Transitions	Palliative Care	Rehabilitation Care	Dementia Care	Rural and Remote Care	Hospital Care	Primary Care
1: Scoping Review of International QI Programs	Identified	6,422	645	362	750	476	797	720	105	920	1,647
2: International QIs Meeting ACAC Inclusion Criteria	QIs are: (1) population-based, part of a standardised data collection; (2) routinely monitored/reported; (3) publicly available; (4) English language.	3,779	327	226	395	133	157	62	53	920	1,506
3.1: QIs assessed and flagged by the ACAC Collaborators as Generally Containing Good Properties (Importance and Scientific Acceptability)	QI domains are deemed to be of at least average importance and QIs have high scientific acceptability.	556*	68	60	55	64	30	51	34	90	104
3.2: QIs assessed as scalable by technical experts given Australia's current data landscape	QIs are theoretically scalable, given data availability, extraction constraints, and data linkage considerations.	167**	13	19	28	14	8	3	11	47	24
4: ACAC endorsed QIs	QIs are endorsed by an expert panel (consensus achieved on importance, scientific acceptability and usability).	139***	13	3	13	2	13	8	8	51	28

ACAC: Australian Consortium for Aged Care. QI: Quality Indicator.
* Includes 467 unique QIs assessed by ACAC collaborators and 89 duplicates of assessed QIs.
** Includes 143 unique QIs assessed for scalability and 24 duplicates of assessed QI.
*** Includes 109 unique QIs appraised by expert panels and 30 duplicates of appraised QIs

Section 3: Management of the Quality Indicator Repository

The earlier releases included QIs identified from eight care settings, as well as details about the QIs that satisfied the ACAC endorsement criteria as generally containing good properties and reaching expert consensus. The Fifth Release (Version 1.1.3, April 2026) includes a high-level flag used to describe the perceived feasibility of the ACAC 'endorsed' QIs, based on data from a convenience sample of Australian-based experts.

No further QI Repository releases for content changes are planned, but if content changes arise this document will be updated accordingly.

Individuals seeking to provide feedback about the QI Repository can contact the ACAC Coordinating Centre via email (ROSA@SAHMRI.COM).

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