



# ACAC Quality Indicator Repository Overview

Public Summary (Second Release)

Version 1.1.0, July 2025



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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 project 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) includes **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 includes 391 QIs identified through the Pharmacists Actioning Rational use of Medicines in Aged Care (PHARMA-Care) project.

Further updates to the content in the QI Repository are expected in late 2025, and this document will be updated accordingly.

## 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 (residential aged care and home care), palliative care, care transitions, dementia care, rural and remote care, rehabilitation care, primary care and hospital care.

An overarching protocol for the scoping reviews was published to describe our approach.<sup>1</sup> 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).<sup>2</sup> 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 late 2025). This document will be updated accordingly when that occurs.

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 $\geq 65$ years old.	<p>QIs used to monitor and evaluate quality of care at the population level at least once since 2012. Specifically:</p> <ul style="list-style-type: none"> <li>Population-based standardised data collections</li> <li>Routinely monitored/reported</li> <li>Publicly available</li> <li>English language</li> </ul>	<p>Eight care settings:</p> <ol style="list-style-type: none"> <li>Aged Care (including residential and home care)</li> <li>Palliative Care</li> <li>Rehabilitation Care</li> <li>Dementia Care</li> <li>Care Transitions</li> <li>Care delivered in rural and remote areas</li> <li>Primary Care</li> <li>Hospital Care</li> </ol>

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	<ul style="list-style-type: none"> <li>Care Setting</li> <li>Country</li> <li>Publishing Organisation</li> <li>Type of Quality Indicator<sup>3</sup> (i.e., structure, process, outcome)</li> <li>Institute of Medicine (IOM) Quality Dimension</li> <li>Domain Captured by Quality Indicator</li> </ul>
Defining Attributes	<ul style="list-style-type: none"> <li>Definition</li> <li>Numerator</li> <li>Denominator</li> <li>Exclusions</li> <li>Use of Risk Adjustment</li> <li>Risk Adjustments</li> <li>Stratifications</li> </ul>



QI Attributes	Fields
Data Attributes	<ul style="list-style-type: none"> <li>• Type of Data Collection</li> <li>• Data Collection Methods</li> <li>• Frequency of Data Collection</li> <li>• Frequency of Data Collection in Days</li> <li>• Reporting Methods</li> <li>• Reporting Frequency</li> <li>• Reporting Frequency in Days</li> <li>• Indicator Has Recommended Targets</li> </ul>
Source and Reference Attributes	<ul style="list-style-type: none"> <li>• Evidence Source</li> <li>• Technical Specifications</li> <li>• Link to Measurement Tools</li> </ul>

## 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 three additional fields that were determined after the initial data extraction (**Table 3**).

**Table 3. ACAC Repository Included Fields**

QI Attributes	Fields
Source and Reference Attributes	<ul style="list-style-type: none"> <li>• 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</li> <li>• Assessed by the Australian Consortium for Aged Care Collaborators as Generally Containing Good Properties (Importance and Scientific Acceptability)</li> <li>• Australian Consortium for Aged Care Endorsed</li> </ul>

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 still 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<sup>4</sup> proposed

definitions (NQF) (**Table 4**), was undertaken by the ACAC team (usually by groups of 5-7 researchers), confirmed with a consumer advocate, for QIs with sufficient information (i.e., not missing data attributes).

The field ‘**Australian Consortium for Aged Care Endorsed**’ is currently blank but will be updated after the ACAC project is completed (expected in December 2025) and a full description of its endorsement criteria will then be provided. A summary of the QI Repository content at the time of this release (July 2025) is outlined in **Table 5**.

**Table 4. Summary of National Quality Forum QI Scoring Criteria**

Criteria	Description
Importance	<p>Is the concept important to measure?</p> <p>Is the measure evidence-based?</p> <p>Is there opportunity for improvement?</p>
Scientific Acceptability	<p>Is the measure precisely defined?</p> <p>Is it reliable?</p> <p>Does the measure demonstrate face validity, construct validity, and predictive validity?</p> <p>Is there systematic bias and can that bias be addressed with adjustment?</p> <p>Does it detect meaningful differences in performance?</p>

## 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.<sup>5</sup> 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 the specific search criteria used to identify these QIs, please visit:

<https://www.crd.york.ac.uk/PROSPERO/view/CRD42023442537>



For more information on the PHARMA-Care study, please visit:

<https://unisa.edu.au/research/arena/research-projects/establishing-the-pharmacists-actioning-rational-use-of-medicines-in-aged-care-pharma-care-quality-monitoring-program-in-aged-care-homes/>

**Table 5. Summary of QI Repository Content Up to July 2025, 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 QI Programs Meeting ACAC Inclusion Criteria	Specifically enforced criteria of:  (1) population-based 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: Assessed and flagged by the Australian Consortium for Aged Care Collaborators as Generally Containing Good Properties (Importance and Scientific Acceptability)	Domain ranking based on the average importance of QIs within. QI ranking based on scientific acceptability scores. If QI had a scientific acceptability score <7 (less than high) it is not shown here.	467	61	58	37	62	29	32	31	70	87

ACAC: Australian Consortium for Aged Care. QI: Quality Indicator.

## Section 3: Management of the QI Repository

The second QI Repository release includes QIs identified from eight care settings.

Subsequent content updates will be implemented in late 2025 to include a full description of the ACAC endorsement criteria when the project is completed. **Individuals seeking to provide feedback about the QI Repository can contact the ACAC Coordinating Centre via email ([ROSA@SAHMRI.COM](mailto:ROSA@SAHMRI.COM)).**

## References

1. 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. *JBIM Evid Synth*. 2024;22(9):1857-65.
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4. National Quality Forum. Measure Evaluation Criteria and Guidance for Evaluating Measures for Endorsement. 2021. Available at <https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=88439> [accessed 30 January 2025].
5. University of South Australia. Establishing the Pharmacists Actioning Rational use of Medicines in Aged Care (PHARMA-Care) quality monitoring program in aged care homes. 2025. Available at <https://unisa.edu.au/research/arena/research-projects/establishing-the-pharmacists-actioning-rational-use-of-medicines-in-aged-care-pharma-care-quality-monitoring-program-in-aged-care-homes/> [accessed 15 July 2025].