

Eshetie T,^{1,2,3} Caughey G,^{1,3,4} Lang C,¹ Ryan O,¹ Wesselingh S,⁵ Inacio M,^{1,3,4}
on behalf of the ROSA OMS Advisory Committee

¹Registry of Senior Australians (ROSA), South Australian Health and Medical Research Institute (SAHMRI), Australia; ²UniSA Clinical & Health Sciences, University of South Australia, Australia; ³UniSA Allied Health and Human Performance, University of South Australia, Australia; ⁴Caring Futures Institute, College of Nursing and Health Sciences, Flinders University, Australia; ⁵ South Australian Health and Medical Research Institute, Australia.

Introduction

- Quality and safety monitoring programs for the long-term care sector vary internationally.
- In Australia, the ROSA Outcome Monitoring System (OMS), is a multi-stakeholder led pragmatic (i.e., uses existing data collections) and low burden (i.e., requires no provider data input) program developed to monitor long-term aged care quality and safety.
- This study showcases the ROSA OMS and examines the national 2019 prevalence and variation of the quality of care provided to older people in residential care or in the community.

Methods

- Design:** A cross-sectional population-based study using the ROSA National Historical Cohort was conducted.
- Cohort:** All individuals nationally who received long-term care in a residential aged care facility or in the community with home care packages in 2019.
- Measures:** Quality and safety indicators of care for residential (N=12) and home care (N=15) services examined included: *antipsychotic use, chronic opioid use, high sedative load, antibiotic use, fractures, emergency department (ED) presentations, premature mortality, hospitalisations for falls, medication-related events, weight loss/malnutrition, pressure injury or delirium/dementia, chronic disease management plan, home medicines review and wait-times.*
- Analysis:** Indicator estimates were risk-adjusted for age, sex, and health conditions, and when appropriate additional covariates (e.g. dementia). Prevalence estimates, with 95% confidence intervals (CI) are presented.
- Facility or home care service variation were examined using funnel plots, stratified by provider ownership type.
- Percentage outliers (i.e., above or below the 95% CIs), indicative of sub-optimal care, were reported.

ROSA OMS Advisory Committee:

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Results

- Cohort included:**
 - 244,754 residents (65% women, 55% with dementia, median age 86, IQR 80-91) receiving care in 2746 facilities
 - 149,104 individuals (65% women, 19% with dementia, median age 83, IQR 77-88) receiving care at home by 2407 home care services
- Indicators with greatest proportion of outliers in *residential care*:**
 - ED presentations (prevalence: 38%, 95%CI 38-38, 19% outliers)
 - Antibiotic use (prevalence: 65%, 95%CI 64-65, 14% outliers)
 - High sedative load (prevalence: 46%, 95%CI 45-46, 13% outliers)
- Indicators with greatest proportion of outliers in *home care*:**
 - Waited ≥6 months for services (prevalence: 82%, 95%CI 81-82, 18% outliers)
 - ED presentations (prevalence: 43%, 95%CI 43-44, 15% outliers)
 - Chronic disease management plan (prevalence: 43%, 95%CI 43-44, 13% outliers)
 - Medications review (prevalence: 3%, 95%CI 3-3, 29% outliers)
- Compared to residential care recipients, home care recipients had more:**
 - Weight loss/malnutrition (prevalence: 6%, 95%CI 5-6 vs 3%, 95%CI 2-3)
 - Medication-related events (prevalence: 1%, 95%CI 1-1 vs 0.5%, 95%CI 0.4-0.5)
 - Delirium/dementia related hospitalisations (prevalence: 11%, 95%CI 10-11 vs 4% 95%CI 4.3-4.5)

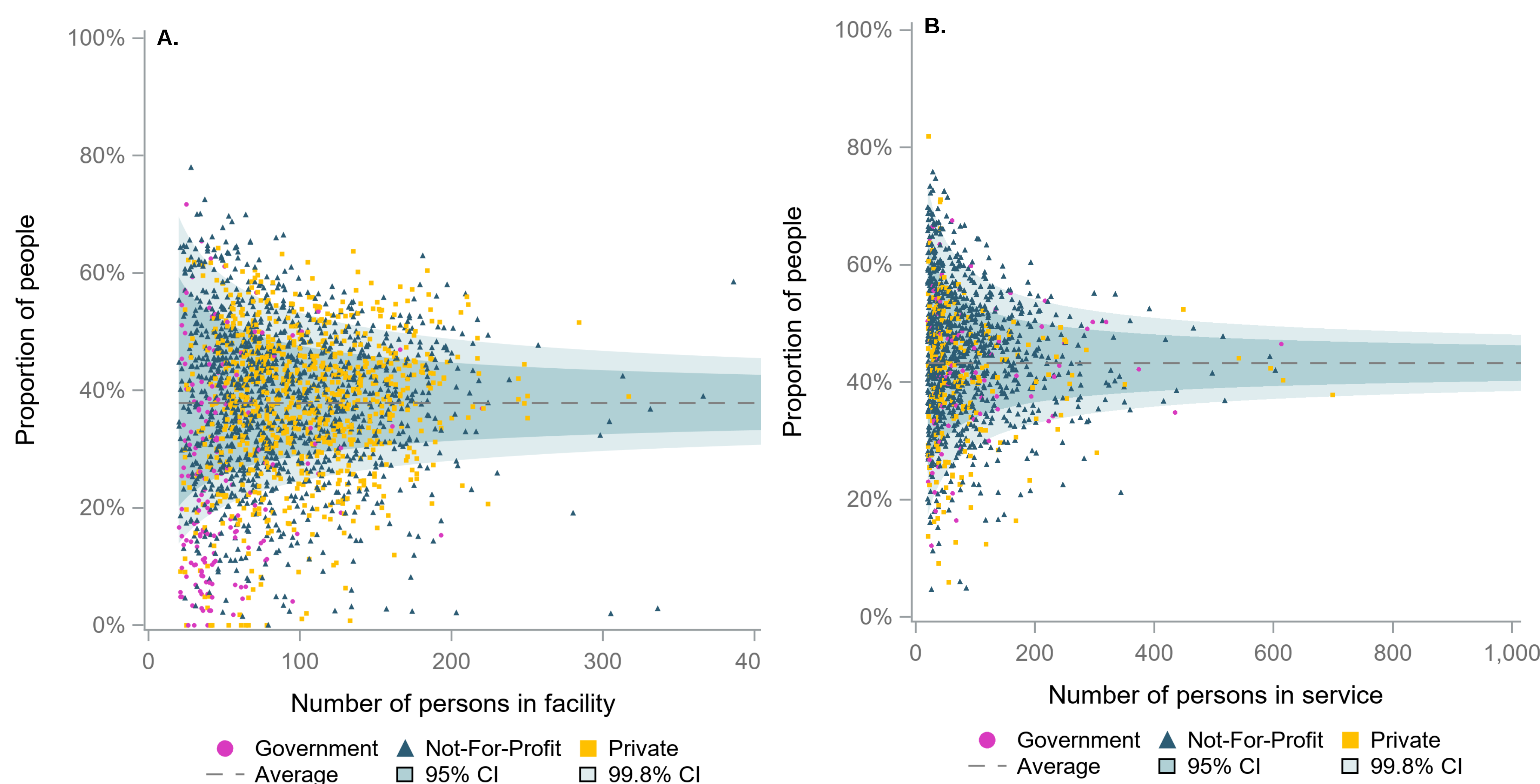


Figure 1. Variation in adjusted ED presentations at (A) 2295 facilities and (B) 1276* home care services, by ownership type, 2019.

*Only 4 states (with 1276 out of 2406 services) included in this figure

Conclusion

- There was significant variation in quality measures for long-term care recipients and disparities between residential aged care and home care were observed, particularly for:
 - ED presentations, antibiotic use, high sedative load, wait-time for services, medication reviews and chronic disease management plans (home care only)
- High burden areas affecting older individuals in long-term care were identified and there are both high and low performing aged care providers nationally.