

# Aged Care Data Compare (ACDC)

Clinical & Expert User Working Group

## Quality Indicator Development: An Invitation to Participate

### Background

The ACDC project is now proceeding with the proposed project to develop a candidate Quality Indicator (QI) set to support the benchmarking activity which is at the heart of the ACDC project. In summary, ACDC is aiming to demonstrate that reliable data that is primarily used for assessment and care planning in a residential aged care facility can be “re-used” to develop a suite of quality indicators that are meaningful and useful to the RACF staff and its residents to assist in improving care. ACDC will also demonstrate that its proposed data exchange technology can be used to support a process of external data assembly, that would enable provider organisations to confidentially compare their performance against their peers, without compromising security or privacy of information.

This work aims to complement work being done by government to support accreditation and public reporting. The ACDC emphasis is on internal day to day use of quality measures to monitor and improve care delivery.

### The Process

ACDC aims to create a list of provisional QIs upon which to develop benchmarking software architecture.

The QIs will be selected from a list of 305 QIs identified by our partner research organization ROSA (Registry of Senior Australians) in a project commissioned by the recent Royal Commission on Quality and Safety in Aged Care (see Research Report 8)<sup>1</sup>. These indicators have the advantage of being used in routine practice in one or more nations.

We seek the participation of industry experts, who understand the operations of RACFs, and appreciate the issues that might be well examined by quality measures.

Participants will be invited to contribute to the selection of QIs, through a modified Delphi technique – the RAND/UCLA appropriateness methodology<sup>1</sup>. We have used this technique in previous QI development work. We will use a truncated version of this method to secure consensus on QI selection.

It should be emphasized that resources limit the depth of review and engagement that we can achieve. However, the purpose of this project is to secure a ‘provisional’ set of indicators to demonstrate the feasibility and value of a benchmarking infrastructure. Such a structure should incorporate an ability to revise and add indicators as the program evolves.

### Involvement

We seek involvement of clinically oriented experts, who are engaged in the aged care sector, to participate in this opportunity.

A major online briefing workshop will be held on Friday April 23 (9–12am EST). This will be followed by an in person full day workshop in May 2021, supported by further online meetings.

### For further information, contact:

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or visit the ACDC website:

[chsr.centre.uq.edu.au/aged-care-data-compare](https://chsr.centre.uq.edu.au/aged-care-data-compare)

*Len Gray*

Project lead, April 2021



Australian Government

Department of Health



digital health  
CRC



Health  
Foundation

<sup>1</sup> *Research Paper 8 - International and National Quality and Safety Indicators for Aged Care | Royal Commission into Aged Care Quality and Safety August 2020.*

<sup>2</sup> *Fitch, Kathryn, Steven J. Bernstein, Maria Dolores Aguilar, Bernard Burnand, Juan Ramon LaCalle, Pablo Lazaro, Mirjam van het Loo, Joseph McDonnell, Janneke Vader, and James P. Kahan, The RAND/UCLA Appropriateness Method User's Manual. Santa Monica, CA: RAND Corporation, 2001. [https://www.rand.org/pubs/monograph\\_reports/MR1269.html](https://www.rand.org/pubs/monograph_reports/MR1269.html)*