Request ID (Office Use Only): \_\_\_\_

**Registry of Senior Australians Outcome Monitoring System**

**Reports Request Form**

1. This form is to be used by South Australian aged care providers to request the **Registry of Senior Australians (ROSA) Outcome Monitoring System (OMS) Residential Aged Care Facility and/or Home Care Provider Reports.**
2. The **ROSA** is an Australian Clinical Quality Registry designed to monitor and evaluate the health, service use, medication use, mortality, and other outcomes of people receiving aged care services in Australia. The ROSA was rolled out in South Australia in August 2018 and captures all individuals who entered aged care from August 2018 onwards only and did not opt-out of the Registry.
3. The **ROSA OMS** is a monitoring and benchmarking system designed to examine the variation in the quality and safety of care delivered to individuals obtaining aged care services in South Australia. The aim of this report is to provide a summary to South Australian aged care providers of their performance regarding twelve quality and safety indicators for residential aged care and fifteen for home care package services, benchmarking opportunities and to stimulate conversations within and between providers regarding best practices in the care of older Australians. For more information on the development of the ROSA OMS please refer to: <https://rosaresearch.org/rosa-oms>.
4. **ROSA OMS Facility and Home Care Provider Reports** examine the variation in the quality and safety of care delivered to individuals living in South Australian residential aged care facilities and individuals receiving home care packages, respectively, in South Australia who are in the ROSA dataset, using integrated health and aged care data.
5. In line with best practices regarding privacy and confidentiality protection, reports will only be made when there is signed approval from the provider CEO (or equivalent).
6. Providers may use their ROSA OMS Reports at their own discretion. This includes use for publication, public release, and other forms of communication. If adequate, please reference the report as per the following example:

Registry of Senior South Australians (ROSA), ROSA Outcome Monitoring System (OMS) ROSA OMS Facility or Home Care Provider Report 2025: < Provider or Facility/Service X>. ROSA, South Australian Health and Medical Research Institute, October 2025, Adelaide.

1. South Australian aged care providers will not be charged for ROSA OMS Reports.
2. To minimise a potential breach of confidentiality we have employed a secure procedure for file sharing (i.e. LiquidFiles™). You will receive your report in this secure environment and information on how to access your copy of the report will be provided to you in an email from the ROSA team.
3. ROSA encourages Providers or Facilities/Services\* to share their ROSA OMS Reports with care recipients and their families. We suggest this information could be presented during consultations, meetings and events, shared in newsletters or other mechanisms available to communicate with recipients and family members.

*\*Services refer to care service outlets that provide care through home care packages, while a provider refers to an approved organisation that operates one or multiple facilities or services.*

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| **REQUESTER CONTACT DETAILS** | |
| **Date of request** |  |
| **Date information required by** |  |
| **Principal requester** |  |
| **Position** |  |
| **Telephone** |  |
| **Email (must be an institution or organisation email to receive reports directly from ROSA)** |  |
| **Provider or facility/service§ report is requested for:** | Provider  Home care service(s)  Residential care facility(ies) |
| **Provider name:** | **Facility name(s):**  **Service name(s):** |
| **REPORT OPTIONS** |  |
| **Benchmark estimates for comparison (check all that apply)** | Remoteness (i.e., rural vs urban)  Ownership (i.e., not-for-profit, for profit, government)  Size (i.e., 0-49, 50-99, 100+ places) |
| **The signed approval from the provider CEO (or equivalent) is a requirement for ROSA to provide *ROSA OMS Facility and/or Home Care Provider Reports*.** | |
| **CEO (or equivalent) APPROVAL** | |
| Name |  |
| Email |  |
| Signature |  |
| Date |  |

§If multiple facilities or services, please include all names.

Please email this form to [rosa.oms@sahmri.com](mailto:rosa.oms@sahmri.com).

You should expect a response within 1 week providing you with a reference number to track your request.