



ROSA Outcome Monitoring System Home Care Brief Report for South Australia 2026

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ROSA OMS Home Care Report for South Australia 2026

On behalf of the Registry of Senior Australians (ROSA) Research Centre, we are delighted to release the 2026 ROSA Outcome Monitoring System (OMS) Home Care Brief Report for South Australia. The ROSA OMS Home Care Report is a significant milestone and Australian first, providing comprehensive quality and safety monitoring reports of home care services in Australia.

This report describes the quality and safety of care received by 24746 home care package recipients in South Australia enrolled in ROSA in 2023-24. Since August 2018, the Prospective Cohort of ROSA has enrolled individuals in South Australia who had an aged care eligibility assessment. In 2023-24, ROSA captured 79% of home care package recipients in South Australia.

The Prospective Cohort of ROSA is a Clinical Quality Registry¹ established in 2017, designed to monitor outcomes of people receiving aged care services. ROSA is supported by a partnership of institutions committed to improving the quality of aged care services, including aged care industry partners (ECH Inc, Silverchain, Bolton Clarke), universities (Flinders University and Adelaide University), a consumer health advocacy group (COTA SA), South Australian Health and Medical Research Institute, SA NT DataLink, and SA Health. Since its establishment, the ROSA team have delivered evidence to support and improve the aged care sector in key areas that impact the wellbeing of older Australians. ROSA has made significant contributions to investigations into quality and safety monitoring nationally and current aged care reforms, specifically within the area of measurement and monitoring of quality and safety, such as the expansion of the National Aged Care Mandatory Quality Indicator Program.¹

The ROSA OMS is a pragmatic and low burden monitoring and benchmarking system to support evidence-based quality and safety improvements through the delivery of important information to aged care providers. The ROSA OMS was built from collaboration of the ROSA team with aged care providers (ECH Inc, Silverchain, Bolton Clarke), peak body (Ageing Australia), industry representatives (SA Innovation Hub), clinicians, professional associations (Australian Medical Associations (Australian Medical Association, Australian Nursing and Midwifery Federation SA Branch), and other academics and consumer representatives including COTA-SA. Importantly, the ROSA OMS uses integrated national and state-based data sources for its report. These are: 1) Australian Institute of Health and Welfare's National Aged Care Data Clearinghouse, 2) Medicare Benefits Schedule, 3) Pharmaceutical Benefits Scheme, 4) National Death Index, 5) State Admitted Hospitalisation Records, and 6) State Emergency Department Records.¹ The use of these data sources and risk adjustment distinguishes the ROSA OMS from other quality monitoring programs in Australia.

In 2026, we undertook an extensive review of the ROSA OMS indicators to ensure they remain responsive to issues in the sector. Several improvements have been made, including the retiring of three indicators (antibiotic use, fractures, and weight loss/malnutrition related hospitalisations) and addition of three new indicators (continuity of primary care, dying at home, and time not at home during the reporting period).

The 2026 ROSA OMS reports on 15 quality and safety indicators for home care packages providers.² The indicators are: antipsychotic use, chronic opioid use, sedative load, fall-related hospitalisations, premature mortality, medication-related hospitalisations, delirium or dementia-related hospitalisations, emergency department presentations, pressure injury-related hospitalisations, utilisation of chronic disease management plans, home medicines reviews, continuity of primary care, time not at home, dying at home, and wait-time from aged care eligibility assessment to commencement of home care services.

South Australian home care package providers with more than 20 recipients enrolled in ROSA can receive an individualised Provider and Service Report with benchmarks for comparison. Request your report via the [ROSA OMS Reports Request Form](#) or email us: rosa.oms@flinders.edu.au.

To find out more about the ROSA OMS reports, see our webpage: <https://rosaresearch.org/oms>

¹ Inacio M, et al. ROSA: Integrating cross-sectoral information to evaluate quality and safety of care... BMJ Open. 2022;12(11): e066390

² Caughey G, et al. Quality and safety indicators for home care recipients in Australia... BMJ Open. 2022;12(8): e063152

ROSA OMS Home Care Report Summary for South Australia 2026

There were 24746 home care recipients (Levels 1-2: 41%, Levels 3-4: 59%), receiving care from 115 services in South Australia enrolled in ROSA in 2023-24. The median age of this cohort was 82 years old, 64% were women, and 14% had a diagnosis of dementia.

MEDICATION RELATED INDICATORS



5.6% (Levels 1-2: 2%, Levels 3-4: 7%) used an **antipsychotic**



12.3% (Levels 1-2: 10%, Levels 3-4: 14%) had **chronic opioid use**



27.3% (Levels 1-2: 24%, Levels 3-4: 29%) had a **high sedative load**



5.6% (Levels 1-2: 4%, Levels 3-4: 7%) were hospitalised for a **medication related event**



3.5% (Levels 1-2: 3%, Levels 3-4: 4%) had a **home medicines review**

ADVERSE EVENT INDICATORS



12.9% (Levels 1-2: 9%, Levels 3-4: 15%) had at least one **fall** requiring hospitalisation



2.4% (Levels 1-2: 1%, Levels 3-4: 3%) had a hospitalisation involving a **pressure injury**



0.3% (Levels 1-2: 0.1%, Levels 3-4: 0.3%) had **premature mortality**

COGNITIVE HEALTH INDICATOR



13.2% (Levels 1-2: 7%, Levels 3-4: 14%) of the people living with dementia were **hospitalised for delirium or dementia**

HOSPITALISATION INDICATOR



43.5% (Levels 1-2: 38%, Levels 3-4: 47%) had an **emergency department presentation**

COMPREHENSIVE CARE INDICATORS



49.8% (Levels 1-2: 56%, Levels 3-4: 46%) received a **chronic disease management plan**



46.0% (Levels 1-2: 46%, Levels 3-4: 46%) had **high continuity of primary care**ⁱ

ACCESS AND AVAILABILITY INDICATOR



32.9% (Levels 1-2: 22%, Levels 3-4: 41%) **waited more than 6 months** from aged care eligibility assessment approval to commencement of home care episode

AGEING IN PLACE INDICATORS



24.1% (Levels 1-2: 20%, Levels 3-4: 25%) died at **home**



6.4% (Levels 1-2: 4%, Levels 3-4: 8%) spent more than 30 days **not at home**ⁱⁱ

ⁱHigh continuity of care defined as having a Usual Provider Index of ≥ 0.75 (the proportion of attendances with most frequently seen primary care practitioner)

ⁱⁱNot at home meaning in hospital (transition care not included)