









ROSA Outcome Monitoring System Residential Aged Care Brief Report for South Australia 2025

Published November 2025 Reporting period 1 October 2022 - 30 June 2023

Funding sources: Australian Government National Health and Medical Research Council and Medical Research Future Fund.

ROSA OMS Residential Aged Care Report for South Australia 2025

On behalf of the Registry of Senior Australians (ROSA) Research Centre, we are delighted to release the 2025 ROSA Outcome Monitoring System (OMS) Residential Aged Care Brief Report for South Australia.

This report describes the quality and safety of care received by 13583 residents of 236 South Australian aged care facilities who were enrolled in ROSA from 1 October 2022 to 30 June 2023. Since August 2018, the Prospective Cohort of ROSA has enrolled people in South Australia who had an aged care eligibility assessment. For 2022-23, ROSA captured 66% of people living in residential care in South Australia. With each passing year, the coverage of ROSA will increase. This year's report includes the cohort of people living in residential care in South Australia enrolled in ROSA over a 9-month period, to account for the introduction on 1 October 2022 of the residential aged care needs assessment using the Australian National Aged Care Classification funding model. Our report uses the information captured during these care needs assessments and we therefore decided to report on the 9 months from commencement of the new assessment to ensure consistency across the entire reporting period. In 2026, the ROSA OMS reports will resume using a one-year reporting period.

The Prospective Cohort of ROSA is an Australian Clinical Quality Registry² 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, University of Adelaide, and University of South Australia), 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 areas that impact the wellbeing of older Australians. ROSA has made significant contributions to the investigations into quality and safety 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.²

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 Association, Australian Nursing and Midwifery Federation SA Branch), and other academics and consumer representatives including COTA-SA.

The ROSA OMS includes 12 quality and safety indicators³, five of which cover similar domains as those included in the Australian Government National Mandatory Aged Care Quality Indicator Program. The ROSA OMS indicators are antipsychotic use, chronic opioid use, high sedative load, antibiotic use, fall-related hospitalisation, fractures, premature mortality, medication-related hospitalisation, weight loss or malnutrition-related hospitalisation, delirium or dementia-related hospitalisation, emergency department presentations, and pressure injury-related hospitalisation.

Importantly, the ROSA OMS uses several national and state-based data sources integrated in ROSA 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.² The use of these data sources and risk adjustment distinguishes the ROSA OMS from other quality monitoring programs in Australia.

South Australian aged care facilities with more than 20 residents enrolled in ROSA can receive an individualised Provider and Facility Report, with benchmarks for comparison. Request your report via the: ROSA OMS Reports Request Form or email us: rosa.oms@sahmri.com.

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

³ Inacio M, et al. ROSA Outcome Monitoring System: quality and safety indicators for residential aged care. IJQHC. 2020;32(8):502-510.









¹ Australian Government. Department of Health and Aged Care. Residential aged care funding reform 2023. Available from: https://www.health.gov.au/topics/aged-care/aged-care-reforms-and-reviews/residential-aged-care-funding-reform

² Inacio M, et al. ROSA: Integrating cross-sectoral information to evaluate quality and safety of care... BMJ Open. 2022;12(11): e066390

ROSA OMS Residential Aged Care Report Summary for South Australia 2025

There were 13583 individuals living in 236 facilities in South Australia enrolled between 1 October 2022 to 30 June 2023. The median age of individuals in this cohort was 86 years old, 63% were women, and 40% had a diagnosis of dementia.

MEDICATION-RELATED INDICATORS



16.9% used an antipsychotic



37.9% had a high sedative load



20% had chronic opioid use



51.1% used an antibiotic

HOSPITALISATION OR MORTALITY-RELATED INDICATORS



9.5% had at least one **fall** requiring hospitalisation



1.1% had a hospitalisation involving malnutrition or weight loss



4% had at least one **fracture** requiring hospitalisation



4.8% of the people living with dementia were **hospitalised for delirium or dementia**



0.7% had premature mortality



31.6% had an emergency department presentation



2.1% were hospitalised for a **medication related event**



1.5% had a hospitalisation involving a **pressure injury**







