

# Estimating Threshold for Good Quality of Life in Aged Care Residents: Anchor-Based Cut-Off for the Quality of Life-Aged Care Consumers Instrument



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## Background

- Ageing populations are driving global demand for aged care.
- Ensuring quality of aged care is a key policy priority.
- In 2023, Australian government expanded the National Quality Indicator (QI) program to include person-centred outcomes, alongside nine clinical indicators (e.g. pressure injury, falls).<sup>1</sup>
- Two preference-based measures developed by our team were introduced nationally: **QOL-ACC** (Quality of Life-Aged Care Consumer) ; **QCE-ACC** (Quality of Care Experience- Aged Care Consumers).<sup>2</sup>
- While implementation is a major achievement, guidance is need to interpret QOL-ACC and QCE-ACC scores in practice.
- Aim:** To establish evidence-based cut-off scores on the QOL-ACC to distinguish between good and poor quality of life (QoL) in aged care residents.

## Methods

- Data were collected through self-reports from residents and proxy reports from informal carers (Figure 1).

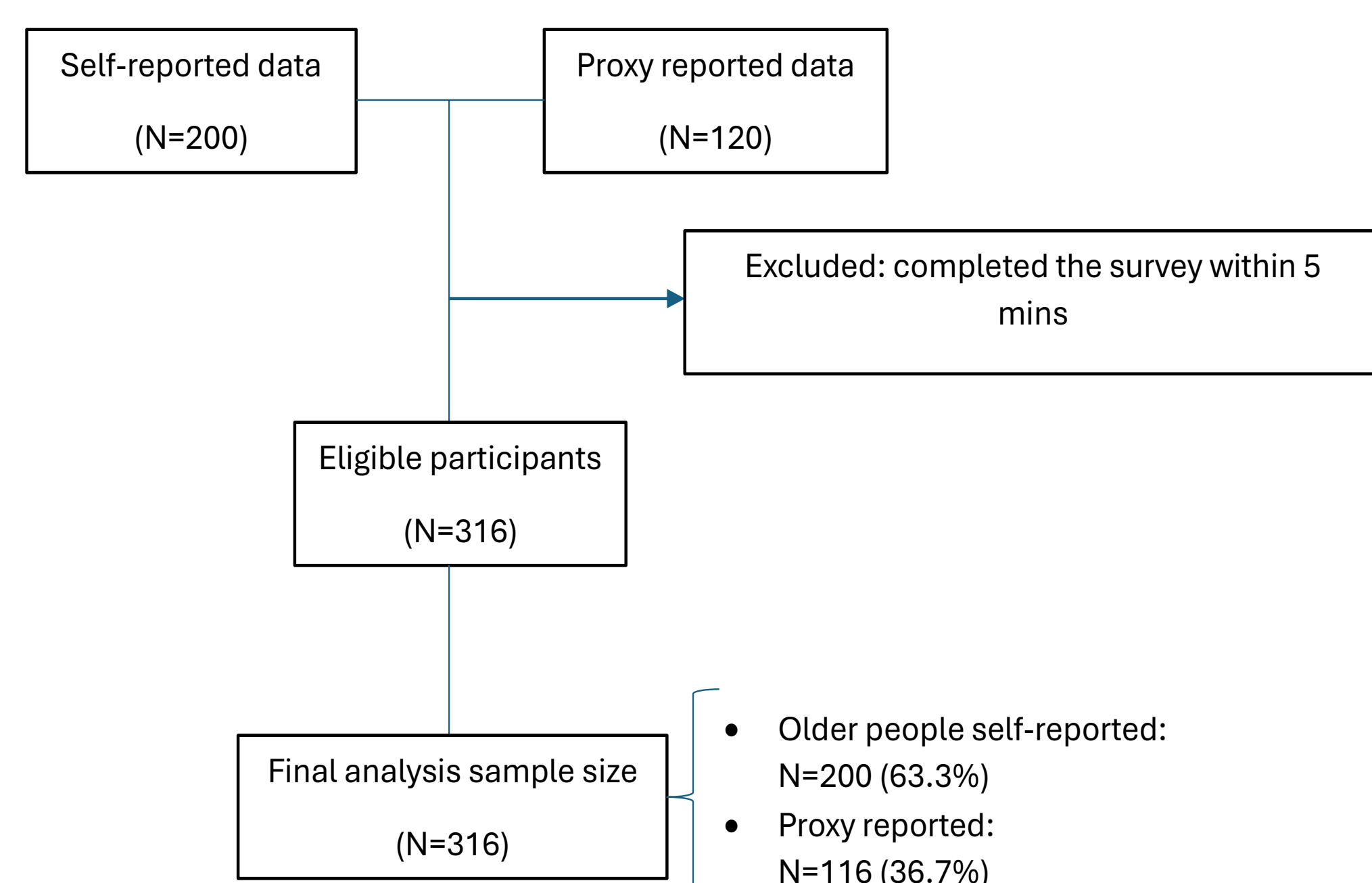


Figure 1: Study sample selection

- Care recipients were grouped based on the perceived quality of life and health rated on the two global items of health and QoL (Table 1)
  - Group 5 : Good QoL and Health
  - Group 6: Poor QoL and Health

Global item of QoL		Global item of health	
Excellent Very Good Good	G1 (n=221)	G5 (n=160, 49.4%)	G3 (n=181)
Fair Poor	G2 (n=95)	G6 (n=74, 23.4%)	G4 (n=135)

Table 1: Grouping of care recipients based on global quality life and health ratings. (Note: G= Group)

- Receiver Operating Characteristic (ROC)** curve analysis , using an anchor-based method, compared QOL-ACC scores between Group 5 and Group 6.
- Performance metrics** calculated included area under the curve (AUC), sensitivity and specificity.

## Results

- A total 316 respondents included in the study (Figure 1)
- Of these, 200 [63%] were self-reports by residents and 116 [37%] were proxy-reports by carers on behalf of residents.
- The mean age of the care recipients was  $84 \pm 8.2$  years.
- Majority were female [64%], born in Australia [70%] and spoke English at home [94%].

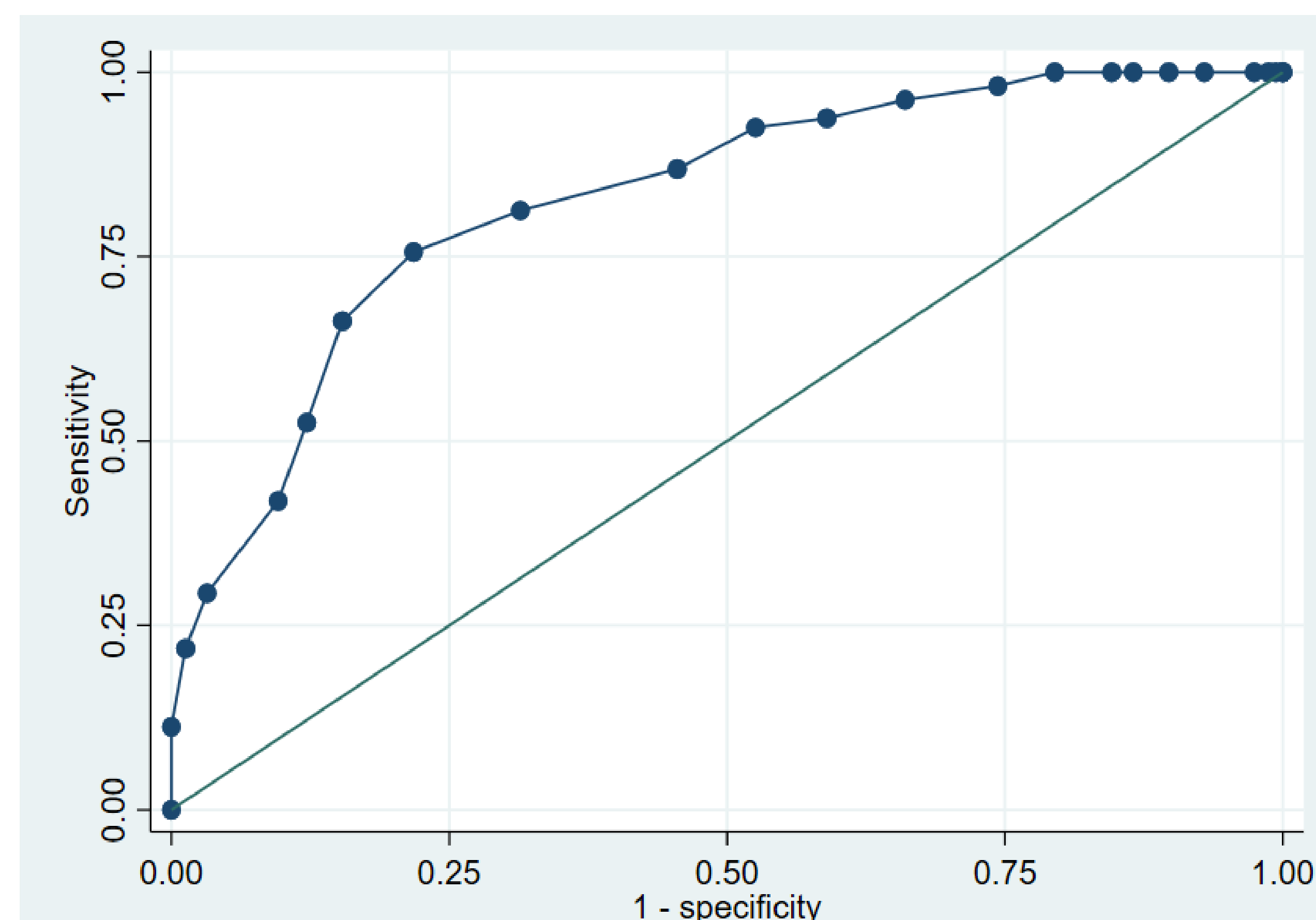


Figure 2: ROC curve showing sensitivity and specificity of cut-off points to predict good quality of life

- A **QOL-ACC score of  $\geq 18$**  was identified as the optimal threshold for indicating good quality of life.
- The area under the curve: 0.83 [95% CI: 0.78 – 0.87] with 76% sensitivity and 78% specificity, indicating strong discrimination ability (Figure 2).

## Conclusions

- This study provided a practical, evidence-based benchmark for interpreting QOL-ACC scores.
- The identified cut of [ $\geq 18$ ] helps detect care recipients with lower quality of life and can inform care planning, service evaluation and quality improvement in aged care.

## References

- National Aged Care Mandatory Quality Indicator Program (QI Program). <https://www.health.gov.au/our-work/qi-program>. (September 2025).
- Khadka, J., et al. (2022b). Assessing feasibility, construct validity, and reliability of a new aged care-specific preference-based quality of life instrument: evidence from older Australians in residential aged care. *Health Qual Life Outcomes* 20(1), 159.

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