

The data and its limitations

Introduction

The prime data source for this publication is the Commonwealth Hostel Information Payment System (CHIPS) held by the Commonwealth Department of Health and Family Services. This central computerised system primarily is a payment processing system with the major objective of making accurate and timely payment of benefits to hostels, in respect of their residents. At the time of its development, management information, other than that required for financial management, was a minor objective. In some cases this has led to the development of an environment where accurate non-financial information is difficult to obtain. Access to the hostel data, however, has been improved by the development of a new computer system, the Aged and Community Care Strategic Information System (ACCSIS) at the Department. Improved access has helped to identify data deficiencies and facilitated enhancement of the data in CHIPS.

The Commonwealth Hostel Information Payment System contains information gathered through a number of instruments. Among those instruments, the following three are directly relevant to this report:

- Hostel Care Assessment (HCA, form 197) – a form completed by persons applying for admission to a hostel or by someone (normally a carer) on behalf of the applicant.
- Personal Care Assessment Instrument (PCAI, form 199) – a form completed by the hostel to determine the resident's overall level of personal care needs
- Hostel Claim Form (HCF) – a form completed by the hostel as part of the 28-day recurrent funding.

Resident information

All residents admitted to a hostel must have a positive and valid HCA form. This form is valid for 1 calendar year from the date of the approval decision. Aged Care Assessment Teams with delegation are authorised to approve HCA forms.

The information entered into the CHIPS from the HCA form is the major source for the following data items in the tables:

- sex
- date of birth
- marital status
- pension status
- Indigenous status
- country of birth
- preferred language
- resident's usual residence (before admission)
- resident's living arrangements (before admission).

Of the above only sex and date of birth are mandatory fields.

Personal Care Assessment Instrument (PCAI)

The Personal Care Assessment Instrument (PCAI) form is forwarded to State/Territory offices of the Commonwealth Department of Health and Family Services by hostels for each resident who may be eligible for one of the three assessed levels of Personal Care (PC) subsidy. On the basis of the information provided, residents are assigned to one of three service need categories for the purpose of funding. The three categories are Personal Care High (PCH), Personal Care Intermediate (PCI), and Personal Care Low (PCL). The information provided on the PCAI form is the source of data on resident dependency.

Claim for Commonwealth Benefits

The Claim for Commonwealth Benefits form (Hostel Claim Form – HCF) is sent to approved hostels every 28 days as part of the recurrent payment cycle. It shows claim details for the previous period plus a 'forecast' schedule for the current period. The hostel checks the information and records separation and absence (hospital and social leave) data for current residents and details of any admissions to the hostel which occurred during the period.

The HCF is the source for the following data items in the tables:

- date of admission
- date of separation
- separation mode
- admission type.

The location and characteristics of these hostels are also recorded on CHIPS.

Populations used in tables

It should be noted that tables in this publication have different coverage and, consequently, may not be directly comparable. The populations covered in the tables in this report are summarised below.

Section 2: Hostel residents and hostel characteristics

All tables in this section (except Table 2.4) relate to the number of residents who were in hostels on 30 June 1996. This population includes all approved residents and totalled 58,177 people (56,681 for permanent care and 1,496 for respite care). Table 2.4 shows the number of people who had at least one stay in a hostel during the period from 1 July 1995 to 30 June 1996: this totalled 84,990.

Section 3: Hostel admissions and separations

There were 19,584 admissions for permanent care (permanent admissions) and 21,816 admissions for respite care (respite admissions) over the period from 1 July 1995 to 30 June 1996. Tables 3.1 to 3.4 relate to these populations.

Tables 3.5 to 3.14 refer to populations of 17,212 (separations of permanent residents) and 21,687 (separations of respite residents) over the period from 1 July 1995 to 30 June 1996.

Section 4: Hostel resident characteristics (data from HCA)

These tables are based on the same population as that used in Section 2. As only sex and date of birth are mandatory for the HCA forms, there are considerable numbers of 'not reported' cases in some of these tables.

Section 5: Hostel resident dependency (data from PCAI)

Residents receiving Personal Care (PC) are categorised according to the information from PCAI. The rest of residents are assumed to be receiving Hostel Care (HC) only. Tables 5.1 to 5.4 in this section relate to the number of permanent or respite hostel residents as at 30 June 1996 (the same as in Sections 2 and 4). Respite residents are categorised as either Hostel Care (HC) or Personal Care (PC). Tables 5.5 to 5.10 relate to the number of people (19,311 for permanent care and 17,198 for respite care) who were admitted to a hostel for permanent care or respite care during the period from 1 July 1995 to 30 June 1996. Multiple admissions are excluded from these tables.

Tables 5.11 to 5.20 represent those permanent residents (16,838) or respite residents (17,184) who separated from the hostels during the period from 1 July 1995 to 30 June 1996. Multiple separations are also excluded from these tables.

Data limitations

It should be noted that the accuracy of some specific data items may be limited. Such cases include:

- Date of birth: Century of birth is not entered on CHIPS. Residents have been assigned a century of birth and in a small number of cases errors may have been made, e.g. a resident aged 102 could be imputed as 02 years old. Effort has been made to minimise this error by employing other available information. For example, if a resident is coded as 03 years old, but is also reported as married or receiving an aged pension, the age of the resident is adjusted to 103 years for this report. These adjustments occurred for only a very small number of residents.
- Death indicator: Hostels generally are not equipped for terminally ill residents. Accordingly, some residents are transferred to acute-care institutions immediately before death. These cases may be recorded as discharges to hospital. Hence there is an under-enumeration of discharges due to death.
- Length of stay: The length of stay of a resident is based upon the time between the date of admission and the date of separation for completed stays, and between the date of admission and 30 June 1996 for current residents' incomplete stays. When a person is transferred from one hostel to another, the date of admission to the first hostel is the date from which the length of stay is calculated. The calculation of length of stay is also limited by the cut-off date of admission for some residents who lived in hostels before the establishment of CHIPS. If the date of admission is 27 June 1990 then this record may be an existing record loaded from a previous system, and the real effective date was prior to 27 June 1990. In such cases, it is impossible to know the exact length of stay of the resident.