

1 Introduction

1.1 Structure and purpose of this report

This report is a deliverable (Project 3) under the Schedule for Aged and Community Care Data Development under the Memorandum of Understanding between the Commonwealth Department of Health and Ageing (DoHA) and the Australian Institute of Health and Welfare (AIHW). The purpose of this report is to facilitate cross-program analysis of client characteristics data, by completing a 'stocktake' of data items relating to client characteristics in primary data collection forms used in the residential aged care program. Client characteristics are basic socio-demographic variables such as *Date of birth*, *Sex* and *Country of birth* (see Section 3 for a full listing). Each data item has been assessed for consistency and mappability with national standards and other related national program data collections.

Four short-term recommendations have been made to revise some data collection and reporting requirements to achieve greater comparability across programs, to improve the data's ability to inform policy issues, and to improve data collection and reporting methods. This report includes a discussion of the usefulness and relevance of these data on client characteristics to current policy issues and debates. The main policy areas discussed include:

- the potential for record linkage between residential aged care and other programs;
- types of accommodation settings and geographic locations in which people live prior to entry into residential aged care;
- income status across all programs; and
- informal support networks available to older people in the community, prior to entry into residential aged care;
- cultural and linguistic diversity across all programs;
- insurance characteristics across all programs.

Short-term recommendations are summarised at the beginning of this report, and discussed in Section 2.

Longer-term modifications have also been suggested in relation to some data items on residential aged care forms, which are aimed at improving quality and consistency with national standards. Data collected on the forms are generally used for administrative purposes only, and are not collected for the purposes of analysis for national reports on clients of residential aged care. These modifications may be incorporated into the forms at some point in the future, perhaps in conjunction with other revisions. Longer-term modifications are summarised in Section 3 and are detailed in Appendix A.

1.2 Residential aged care forms included in this report

The residential aged care forms included in the scope of this report include:

Forms completed and submitted by residential aged care service providers:

- Resident Entry Record (Version 2721 (0005))
- Application for Classification (Version 2568 (9907))
- Residential Aged Care Payment Claim form (Revised 04/00)

Forms completed and submitted by Aged Care Assessment Teams:

- Aged Care Application and Approval form (2624 (0011))
- Respite Care – 21 Day Extension form (2670 (9711))

Forms completed and submitted by residents of aged care facilities (or their representatives):

- Helping you with your residential aged care fee (SA316.9803)
- Appointment of a nominee (SA316.9803)
- Application for Financial Hardship Assistance (2799(0201))

1.3 Residential aged care data available for analysis

Data from the forms listed above are currently entered into DoHA's electronic 'System for Payment of Aged Residential Care' (SPARC). Data from SPARC is then loaded onto DoHA's data warehouse, the 'Aged and Community Care Management Information System' (ACCMIS). ACCMIS contains data on clients of the Aged Care Assessment Program, Community Aged Care Packages and residential aged care. Each client within the data warehouse has a completed Aged Care Application and Approval (2624) form, and is identified as either CACP or residential aged care. Not all the data from the 2624 is currently entered onto SPARC and ACCMIS. Data items from Section B of the 2624 relating to the 'applicant's condition' and 'additional care considerations' (dependency items and carer information) are not entered, and are therefore not available for data analysis.

For the purposes of data analysis for AIHW national reports on residential aged care, data collected on the 2624 has been used, as it is the most comprehensive source of data on the characteristics of residents of aged care facilities. Therefore, the current version of the 2624 form and Version 2.0 of the ACAP MDS are the focus of this report. Version 2.0 of the ACAP MDS, due for implementation in January 2003, will replace the current data items on the 2624. Therefore, recommendations have not been made to change any of the 2624 data items, although some inconsistencies with national standards and related national data collections are documented in mapping exercises throughout this report, in order to highlight any issues around comparability with current 2624 data which may affect time-series analyses.

Data from the 2624 are current at the time of the person's ACAT assessment, which may take place up to a year before the person enters a residential aged care service. Therefore, it should be noted that some client characteristics (such as *Accommodation setting* and *Carer availability*) may change before the person enters residential aged care. Other data items, such as *Date of birth*, *Indigenous status* and *Country of birth*, do not change over time.

1.4 National standards used for this report

The following national standards have been used when assessing data items for consistency:

- *National Community Services Data Dictionary* Version 2, 2000 (NCSDD);

- *National Health Data Dictionary* Version 10, 2001 (NHDD); and
- Australian Bureau of Statistics (ABS) Classifications.

The NCSDD and NHDD have been endorsed by the National Community Services Information Management Group (NCSIMG) and the National Health Information Management Group (NHIMG), respectively, for use in all national community services or health information development projects. Both NCSIMG and NHIMG endorse the use of Australian Bureau of Statistics standards where relevant. National standards that have been excluded from the assessment for consistency include HL7 and standards published by Standards Australia. These standards have not been included as their focus is on electronic transmissions protocols, and this report focuses on the content and meaning of data definitions, rather than transmission methods.

Data items are assessed as inconsistent with national standards when it is clear that the piece of information a data item is reporting has a relevant existing national standard, and the definition is not consistent in meaning and/or the data domain does not map to the highest level of the national standard data domain. Ideally, the coding categories in a data domain should be mappable to at least the highest level of the data domain in the national standard. However, this should not prevent national data collections from using only those coding categories that are relevant to the program, provided they are codes that can be mapped or aggregated to at least the highest level code in the national standard data domain.

1.5 National program data collections related to residential aged care included in this report

National program data collections that have been compared to residential aged care data items in the interests of cross-program analysis include:

- Aged Care Assessment Program (ACAP) Minimum Data Set Version 2.0;
- Community Aged Care Package (CACP) Program Data Dictionary Version 1.0 (census due for implementation in 2002);
- Current Community Aged Care Package Payment Claim form;
- Home and Community Care (HACC) National Minimum Data Set (incorporating Version 1.5 of the Guidelines);
- Admitted Patient National Minimum Data Set; and
- Community Mental Health Care National Minimum Data Set.

A diagram of client 'program groups' and related data resources is included in this section to assist in establishing an overall picture of the scope of this report. Programs such as ACAP are represented in square boxes with data resources listed inside, and electronic databases such as SPARC are represented in circular boxes. The box 'ACAT assessed clients' has a thicker border than other boxes to indicate that this is the primary source of data for aged care resident characteristics. Dotted lines between the residential aged care box and Centrelink and Department of Veterans' Affairs (DVA) data represent the fact that information is shared across these 2 entities in order to determine residential aged care fees.

Client groups and data resources related to residential aged care and other related programs

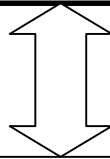
HACC CLIENTS
HACC MDS
Version 1.5

COMMUNITY MENTAL HEALTH CLIENTS
Community Mental Health Care NMDS

ADMITTED PATIENTS
Admitted patients NMDS

ACAT ASSESSED CLIENTS
(prior to permanent or respite entry into residential aged care or CACPs)
Aged Care Application and Approval form (2624)
(current version to be replaced by ACAP MDS V2.0)
ACAP MDS Version 2.0 (implementation in 2003)
Respite care 21 day extension

COMMUNITY AGED CARE PACKAGE CLIENTS
CACP Payment Claim form
CACP data collection (census week collection begins mid 2002)
Merlin—electronic database separate to SPARC ¹.



RESIDENTIAL AGED CARE LOW CARE and HIGH CARE

Resident entry record
Application for classification
Residential aged care payment claim form
Helping you with your residential aged care fee
Appointment of a nominee
Application for financial hardship

SPARC electronic database (System of Payment for Aged Residential Care)

Centrelink data
Linkage via Centrelink customer Ref. No.

DVA data
Linkage via DVA Ref No.

